

THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY, FLORIDA

LUNG CHIU, CIG, CPA  
INSPECTOR GENERAL

OFFICE OF INSPECTOR GENERAL  
3318 FOREST HILL BLVD., C-306.  
WEST PALM BEACH, FL 33406  
(561) 434-7335 FAX: (561) 434-8652  
[www.palmbeachschools.org](http://www.palmbeachschools.org)

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## MEMORANDUM

**TO:** Honorable Chair and Members of the School Board  
Dr. Robert Avossa, Superintendent  
Chair and Members of the Audit Committee

**FROM:** <sup>KIC</sup> Lung Chiu, Inspector General

**DATE:** May 15, 2017

**SUBJECT:** Transmittal of Final Investigative Report  
*Case #16-539*  
*Title: Athletic Supplements*

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In accordance with School Board Policy 1.092(6)(d), we hereby transmit the above-referenced final report.

The report is regarding supplements being received by three (3) School District employees who were not entitled to receiving supplements. Specifically, the three (3) individuals received supplements as a *ticket seller*; however, a *ticket seller* is not a valid supplement category.

The results of the investigation determined the allegation to be substantiated. The Classroom Teachers Association (CTA) Bargaining Agreement was utilized to substantiate the conclusion.

The report is finalized and will be posted on the Inspector General's website; [www.palmbeachschools.org/inspectorgeneral](http://www.palmbeachschools.org/inspectorgeneral).

Office of Inspector General  
The School District of Palm Beach County  
Case No. 16-539

*Allegations/Issue: Athletic Supplements*  
*Location: Pahokee Middle/Sr. High School*

**FINAL INVESTIGATIVE REPORT**

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**AUTHORITY**

Policy 1.092 Inspector General (4)(a)(iv). The Office of Inspector General is authorized to initiate, conduct, supervise, and coordinate investigations designed to detect, deter, prevent, and eradicate fraud, waste, financial mismanagement, fiscal misconduct, and other abuses in District government.

This preliminary review was conducted by Tanya Lawson, Investigator I.D. #201, in compliance with the *Quality Standards for Investigations, Principles and Standards for Offices of Inspector General*, promulgated by the Association of Inspectors General.

**BACKGROUND**

On November 21, 2016, the OIG received a request from Pahokee Middle/Senior High School's Principal, Michael Aronson, and Palm Beach School District Police Detective Sergeant William Murphy, requesting that an audit of Pahokee High's athletic department be completed. Mr. Aronson was concerned about the supplements being requested by his Athletic Director, [REDACTED]. The complaint was subsequently referred to the investigative unit of the OIG. Specifically, the Principal was concerned about the possibility that Athletic Director [REDACTED], Media Specialist Jacqueline Hester, and Data Processor Gloria Wilson may have received supplements that they may not have been entitled to receive.

**DOCUMENTS REVIEWED**

- Classroom Teachers Association (CTA)
- The Association of Educational Secretaries and Office Professionals (AESOP)
- PeopleSoft (Seasonal and Yearly Supplements)
- School Board Policy 3.02; Code of Ethics
- District Bulletin #P-14495-CLS/K12C (Guidelines for Club and Sports Supplements)
- District Bulletin #P-13540-HR/RR (Coaching Requirements)
- District Bulletin #HSP-1963-CAO/COO (H.S. Assistant Basketball Coach Supplements)
- U.S. Department of Education Title IX and Sex Discrimination

**INTERVIEWS CONDUCTED**

**Yetta Greene, Instructional Specialist, Athletics**

On January 11, 2017, the OIG conducted an interview with Yetta Greene, Instructional Specialist (Athletics) regarding athletic supplements. Yetta Greene stated that an Athletic Director can receive both the Athletic Director Supplement in addition to receiving a Supplement for Coaching. Ms. Greene stated that the gender equity is a source of funding and is not a supplement, and therefore does not go to coaches; it goes to the District, and the District gives it to the schools. Ms. Greene also stated that for the Female Sports Coach positions, the coach does not have to be female. Ms. Greene stated that usually the secretary at each school would be the person responsible for inputting the supplement information, but that the Principal is ultimately responsible for verifying and approving who should receive the specific supplement.

**UPDATE**

**Yetta Greene, Instructional Specialist, Athletics**

On February 1, 2017, the OIG conducted a follow-up interview with Yetta Greene who stated that supplements are to be paid according to the Classroom Teachers Association (CTA) Bargaining Agreement, and that the permissible coaching supplements are outlined in the CTA Agreement. Yetta Greene further stated that the supplements can be split in any manner agreed upon by the individuals such as a split of 1/2, 1/3, etc. by those who are performing the duties. For example, the bowling coach may split the bowling supplement with a person who may be performing duties related to the sport. The duties cannot be performed during the regular workday, but instead, must be performed after hours when these activities would normally be conducted. Ms. Greene stated that the Gender Equity dollars are supposed to be utilized to equal things out between girl and the boy sports. For example, if the Football team had a party where they were serving a three-course meal, but the Flag Football team could only afford a pizza party, the gender equity funds could be used to even that event out for the Flag Football team so that they were able to have a three-course meal as well. Ms. Greene stated that the gender equity funds are given directly to the schools by the District. High Schools receive \$10,000, and all activities must go to support female-related sports such as uniforms, cheerleading mats for the girls cheerleading team, etc. as long as it benefits the program. Ms. Greene stated that ultimately, the Principal is/should be the one approving the individuals whom are to receive supplements, but she does admit that the secretary can potentially input the supplements without the Principal knowing. Ms. Green stated that there is no such thing as an Assistant Coach for Bowling (See Exhibit 1-CTA Manual Appendix B, Exhibit 1A-AESOP).

**Gloria Wilson, Data Processor, Pahokee Middle/Sr High School**

On January 13, 2017, the OIG conducted an interview with Pahokee Middle/Sr High School's Data Processor, Gloria Wilson. Ms. Wilson stated that she has been at Pahokee Middle/Sr High for 32 years, and her other duties include the afterschool program, and ticket sales for the different afterschool activities such as football and basketball. Ms. Wilson stated that she has

been doing ticket sales on and off since, she has been working at the school. Ms. Wilson stated that she was approached by the previous Principal, Mr. Ocampo to be a ticket seller approximately two (2) years ago and was instructed by Mr. Ocampo to contact District employee Yetta Greene in order to take the necessary classes to obtain the required coaching certification. Ms. Wilson stated that in 2016, she received a supplement for approximately \$1200.00 for ticket selling at the games. Ms. Wilson stated that the supplement was included in her payroll check from the District. Ms. Wilson stated that she thinks that Mr. Ocampo put her in for the supplement to sell tickets. Ms. Wilson stated that prior to being approached by Mr. Ocampo, she voluntarily did ticket sales because at the time, her son was participating in sports, but when her son graduated, she no longer continued with ticket sales until approached by Mr. Ocampo. Ms. Wilson also stated that she was only doing what was asked of her by Mr. Ocampo.

Jacqueline Hester, Media Clerk, Pahokee Middle/Sr. High School

On January 13, 2017, the OIG conducted an interview with Jacqueline Hester, Media Clerk at Pahokee Middle/Sr. High School. Ms. Hester stated that she has been an Assistant Coach for the past three (3) years for the middle school. Ms. Hester also stated that she does ticket sales during Football and Basketball season. Ms. Hester also stated that Bookkeeper, "Brandy" recently informed her that she could no longer receive a supplement for the games and would have to be paid \$50 out of general funds per game for being a ticket seller. Ms. Hester stated that she received supplements for being an Assistant Coach for Bowling and Softball. Ms. Hester stated that she received \$962 for Bowling in October 2016, and received supplements for ticket selling in March for Football and Basketball last season. Ms. Hester stated that Athletic Director [REDACTED] did the paperwork necessary in order for her to receive the supplements, and the Bookkeeper "Brandy" would input the pay, but the Principal would have to approve it. Ms. Hester stated she has also been receiving an Assistant Bowling Coach supplement. Ms. Hester stated her responsibilities include making copies, and filing paper work for [REDACTED]. Ms. Hester stated that she keeps the books for Softball, and states that the record book is located at her home. Ms. Hester stated that the bowling slips are usually kept by [REDACTED], but Ms. Hester thinks she may have one or two slips in her personal vehicle, but normally, they are kept by [REDACTED]. The OIG requested copies of bowling slips/records from Ms. Hester, but as of February 23, 2017, the documents have not been received.

[REDACTED], Athletic Director, [REDACTED]

On January 13, 2017, the OIG conducted an interview with [REDACTED], Athletic Director at [REDACTED] High School. [REDACTED] stated that she has been the Athletic Director since approximately 2013 when the previous Athletic Director resigned, and she has been the Head Softball and Bowling Coach for the past three (3) years. [REDACTED] stated that Ms. Hester has been her Assistant Coach for the past three (3) years. [REDACTED] stated that the procedure for requesting supplements is usually; a blank supplement form is printed out by the secretary, who in turn gives it to [REDACTED] so that [REDACTED] can fill it out with the names of the individuals whom [REDACTED] wants to be put in for supplements. The OIG asked [REDACTED]

██████████ to explain the selection process of selecting individuals/coaches for coaching supplements, and ██████████ stated that since she knows the coaches, and asks the coaches to give her the names of the individuals each coach would like to receive supplements. ██████████ stated she then submits the supplement request to the Secretary, Ms. Hatton for input. ██████████ stated for 2016, she split the Bowling supplement of approximately \$1,932, with Ms. Hester. ██████████ stated that when she was told by Mr. Ocampo that ticket sellers could be paid a supplement, she hired ticket sellers. ██████████ further stated that previously, ticket sellers volunteered, and were not paid. ██████████ stated that between herself, Ms. Gloria Wilson, and Ms. Jacqueline Hester, they were being paid the ticket seller supplements from the *Female Coach* category, and was told it was "ok" to do so by previous Principal, Mr. Adrian Ocampo. ██████████ also stated that she puts the same people in for the supplements each year, and there is no conversation about anyone else doing the activities. ██████████ stated that Ms. Hester has been her Assistant Coach for school year's 2014, 2015, and 2016.

**Jessica Hatton, Secretary, Pahokee Middle/Sr. High School**

On January 13, 2017, the OIG conducted an interview with Jessica Hatton, Secretary, Pahokee Middle/Sr. High School (Middle School Location). Ms. Hatton stated she is currently the secretary for the Principal located at the Pahokee Middle campus that is under the supervision of Dr. Dwayne Dennard, Principal. Ms. Hatton stated that she was located at the high school until August 2016, when she swapped position/location with Secretary Cynthia Guerrero, who was originally located at the middle school campus. Ms. Hatton stated that under the previous Principal Mr. Adrian Ocampo, there was an incident involving Athletic Director ██████████ in which ██████████ submitted a supplement request for Jacqueline Hester and Gloria Wilson and after submission, Ms. Hatton stated that she was told by Mr. Ocampo to not put the supplements in for payment (Exhibit 2). Ms. Hatton stated she is not sure what the exact circumstances were regarding this, but that she only did what she was told, and did not put the supplements in for payment as submitted by Athletic Director ██████████.

**Mr. Adrian Ocampo, Principal, Pahokee Middle/Sr. High (Former)**

On January 23, 2017, the OIG conducted a phone interview with former Palm Beach County School District Principal Adrian Ocampo. Mr. Ocampo stated he does not recall anything out of the ordinary happening regarding ██████████; Jacqueline Hester, or Gloria Wilson. Mr. Ocampo stated that it is possible he told Ms. Wilson to be the ticket seller because he trusted her, and trusted the others. Mr. Ocampo stated that if the school didn't have an activity, then, the Athletic Director could not put in for that particular supplement, but cannot recall a specific incident. Mr. Ocampo stated nothing extraordinary happened with ██████████, Jacqueline Hester, or Gloria Wilson that he can remember.

**Follow-up contact with Adrian Ocampo on February 1, 2017**

On February 1, 2017, the OIG contacted Mr. Adrian Ocampo to ask if he recalled how the three individuals in question (██████████, Hester, and Wilson) were paid, and if he can recall telling Ms. Hester how she could become certified to coach. Mr. Ocampo stated, "I directed ██████████ to inform all coaches how to get certified so that they could get paid. I witnessed her telling the coaches at a meeting. I tell coaches that they need to have all of their paperwork in to receive a coaching supplement. I have never, or would never say otherwise."

Regarding the question of how all three (3) employees were paid, i.e., general funds account, regular payroll check, Mr. Ocampo stated that he believes they were paid as a Title IX supplement.

Additionally, on February 28, 2017, the OIG received a response from Mr. Ocampo via email stating that that he did approve Wilson, Hester, and ██████████ for Softball and Bowling supplements, however, he cannot recall if he approved Wilson, Hester, and ██████████ for any other supplements.

**RESULTS OF INVESTIGATION**

Based on PeopleSoft data, Jacqueline Hester received supplements in 2015 and 2016. In 2015, Ms. Hester received a supplement in the capacity of Bowling Coach and as the Assistant Coach for Softball, both in the amounts of \$1,925. Also, in the fall of 2015, Ms. Hester received a supplement in the amount of \$2,500 under the category of *Female Sports Coach JV HS*. In the fall and winter of 2016, Jacqueline Hester received two (2) \$2500 supplements for *Female Sports Coach JV HS* and a supplement in the amount of \$1,925 as the Assistant Softball Coach for a grand total of \$6,925 (See Table 1).

**TABLE 1**

<b>JACQUELINE HESTER, MEDIA SPECIALIST</b>				
<b>Activity</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
Fall-Bowling Coach Co-ed	\$962.50		\$1,925	
Fall-Female Sports Coach JV HS		\$2,500	\$2,500	
Winter-Female Sports Coach JV HS		\$2,500		
Spring-Softball Asst Coach HS		\$1,925	\$1,925	
<b>Total</b>	<b>\$962.50</b>	<b>\$6,925</b>	<b>\$6,350</b>	<b>\$0</b>

Data Source: PeopleSoft

Interviews conducted by the OIG, illustrate that the duties performed by Jacqueline Hester do not appear to meet the activities of an Assistant Coach, but appear to have been utilized to conduct ticket sales at sporting events such as Football and Basketball games. In addition, the category of *Female Sports Coach JV HS* was not being specifically described by the Athletic Director when submitting supplements for input at the start of the school year, and therefore,

may be in violation of *Bulletin #P-14495-CLS/K12C*; which states, "Supplements are to be paid according to the duties and amounts specified in the Classroom Teacher Association contract."

Regarding Gloria Wilson, based on the interview conducted with the former Principal of Pahokee Middle/Sr High School, Mr. Adrian Ocampo, stated he "possibly told Gloria Wilson to be the ticket seller," but could not give a definitive response as to whether he did or did not specifically ask Ms. Wilson to be the ticket seller because he "trusted her." PeopleSoft illustrated that Ms. Wilson received two (2) supplements in the fall of 2016 and in the winter of 2015 under the category of *Female Sports Coach Grade 9 HS* in the amount of \$1,925 each year for a total of \$3,850 received each year. No supplements were listed for school year 2017 or 2014 (See Table 2).

TABLE 2

GLORIA WILSON, DATA PROCESSOR				
Activity	2017	2016	2015	2014
Fall-Female Sports Coach GR 9		\$1,925	\$1,925	
Winter-Female Sports Coach GR 9		\$1,925	\$1,925	
<b>Total</b>	<b>\$0</b>	<b>\$3,850</b>	<b>\$3,850</b>	<b>\$0</b>

Data Source: PeopleSoft

On January 13, 2017, Athletic Director [REDACTED] provided back up documentation in an email via Pahokee Middle/Sr. High School (High School) Secretary Cynthia Guerrero. The email contained bowling slips, medical release forms, physical exams, parent consent forms, Temporary Duty Elsewhere (TDE) forms, and release from liability forms (Exhibit 3). In addition, there are two (2) documents titled "Commitment to Athletics" that are signed by Gloria Wilson and Jacqueline Hester. For Gloria Wilson, for type of agreement, "paid coach" is circled, but for the sport, it has written "all sports" with the words "float coach" in parentheses. It is signed by Gloria Wilson and under the heading of Head Coach Signature; it appears to be signed by [REDACTED], and the same signature appears on the line for Administrative Signature with the words "Athletic Director" in parentheses. The form does not have a date line, nor a line for the Principal to sign. The document appears to be an in-house document. Additionally, the document titled "Commitment to Athletics" that is signed by Jacqueline Hester specifically has Bowling, and Softball listed for the sport (Exhibit 4).

The OIG questioned Principal Michael Aronson about the in-house document, and Mr. Aronson stated that he questioned Athletic Director [REDACTED] about this supplement and [REDACTED] response was "she used this person to help her with covering events and selling tickets." Per Mr. Aronson, there is no official team or capacity.

The OIG has further determined that supplements received under the category of "float coach," and *Female Coach* may have been erroneously paid out to [REDACTED], Jacqueline Hester, and Gloria Wilson in order to receive supplemental pay as ticket sellers.

Regarding Athletic Director [REDACTED], the OIG determined that for fiscal years 2015 and 2016, [REDACTED] received three supplements (excluding the Athletic Director supplement); two (2) of the three (3) supplements that she received, under the category of *Female Sports Coach, Varsity* was not supported by documentation that would support the notion that an actual activity took place (See Table 3). For example, [REDACTED] provided bowling slips, medical documents, and parent permission forms for the bowling team as well as for the Softball team; however, there are no supporting documentation that clearly identifies a specific activity took place under the category of *Female Sports Coach, Varsity, or Junior Varsity*. The supplements that [REDACTED] received under the category of *Female Sports Coach, Varsity, or Junior Varsity* in the fall and winter of 2015 was \$5,775 and \$6,550 in the fall and winter of 2016. It should be noted that for fiscal year 2015, the OIG did not receive any supporting documentation. Records retention for sports-related documentation such as permission slips, and medical forms, are only maintained for one school year, and is replaced each year (Exhibit 5).

TABLE 3

[REDACTED], ATHLETIC DIRECTOR				
Activity	2017	2016	2015	2014
Athletic Director	(\$4,915)	(\$4,915)	(\$4,915)	N/A
Fall-Bowling Coach	\$962.50			\$1,925
Fall-Female Sports Coach VAR HS		\$3,275	\$2,500	\$0
Winter-Female Sports Coach VAR HS		\$3,275	\$3,275	
Spring-Softball Head Coach HS		\$3,275	\$3,275	\$2,500
Winter-Female Sports Coach JV HS				\$2,500
<b>Total</b>	<b>\$962.50</b>	<b>\$9,825</b>	<b>\$9,050</b>	<b>\$6,925</b>

Data Source: PeopleSoft

The OIG also determined that the employees may be in violation of the School District's *Code of Ethics Policy 3.02 (3)(a)*, which states in part "*District employees should use good judgment to fulfill the spirit as well as the letter of this Code of Ethics, and should evaluate the situation and identify ethical issues.*" In addition, School District's *Code of Ethics Policy 3.02 (5)(f)(iii)* states, "*except for occasional and incidental personal use, we will not tolerate improper use of public resources, and will report and reimburse the District for costs associated with personal use. Unethical conduct includes, but is not limited to submitting fraudulent requests for reimbursement of expenses or for pay.*"

**CONCLUSION**

Regarding the allegation of unentitled supplements being received by staff, the OIG finds this allegation to be substantiated.



Based on preliminary evidence obtained, the OIG has determined that the supplements received by [REDACTED], Jacqueline Hester and Gloria Wilson appear to be in violation of the CTA Agreement. The CTA Agreement outlines allowable supplements, and ticket seller is not an allowable supplement, and should not have been paid out for this purpose. For employees Gloria Wilson and Jacqueline Hester, who are under the Collective Bargaining Agreement for The Association of Educational Secretaries and Office Professionals (AESOP), this agreement refers to the CTA Agreement for a list of allowable supplements. Specifically, AESOP states "An AESOP represented employee who agrees to be assigned by his/her Principal to any supplemental position listed in Appendix B of the Collective Bargaining Agreement (CBA) between the District and the Palm Beach County Classroom Teachers Association (CTA) for which he/she is qualified as determined by the Principal and who can perform the duties of such supplemental position after his/her regularly assigned work hours, may be assigned to such position and paid the supplemental salary listed in Appendix B of the CTA/District CBA for that supplemental position upon the successful completion of the duties and responsibilities related to that supplemental position as determined by the Principal." Therefore, receiving a supplement for being a ticket seller is in violation of the CTA and AESOP agreement (See Table 4).

**Table 4**

**MISAPPROPRIATED SUPPLEMENTS 2014, 2015 & 2016**

	2014		2015		2016		
	Supplement Type	Amount	Supplement Type	Amount	Supplement Type	Amount	
[REDACTED]	Female Sports Coach Varsity	\$ 2,500	Female Sports Coach Varsity	\$ 3275	Female Sports Coach Varsity	\$ 3275	
			Female Sports Coach JV	\$ 2500	Female Sports Coach JV	\$ 3275	
<i>Total</i>		<i>\$ 2,500</i>		<i>\$ 5,775</i>		<i>\$ 6,550</i>	<i>\$14,825</i>
Gloria Wilson	N/A	\$ -	Female Sports Coach Gr 9 HS	\$ 1925	Female Sports Coach Gr 9 HS	\$ 1925	
			Female Sports Coach Gr 9 HS	\$ 1925	Female Sports Coach Gr 9 HS	\$ 1925	
<i>Total</i>		<i>\$ -</i>		<i>\$ 3,850</i>		<i>\$ 3,850</i>	<i>\$ 7,700</i>
Jacqueline Hester	N/A	\$ -	Female Sports Coach JV	\$ 2,500	Female Sports Coach JV	\$ 2500	
					Female Sports Coach JV	\$ 2500	
<i>Total</i>		<i>\$ -</i>		<i>\$ 2,500</i>		<i>\$ 5,000</i>	<i>\$ 7,500</i>
							<b><u>\$ 30,025</u></b>

**ACTION TAKEN**

A copy of this Final Investigative Report will be forwarded to School Police and Office of Professional Standards for further action.

**AFFECTED PARTY REPOSES**

In accordance with *School Board Policy 1.092 (6)(iv)*, a draft copy of this report was provided to [REDACTED], Jacqueline Hester and Gloria Wilson, who were given an opportunity to respond.

Response from Jacqueline Hester (See Exhibit 6, pgs. 1-4)

Response from Gloria Wilson (See Exhibit 7, pgs. 1-2)

Response from [REDACTED] (See Exhibit 8, pgs. 1)

In response to allegations made by Athletic Director [REDACTED]:

**FOLLOW-UP INVESTIGATION****Allegation:**

**Brian Crawford received a supplement for being an announcer at games.**

The OIG received documentation from Pahokee High School's Secretary Cyndie Guerra as it relates to Resource Teacher Brian Crawford. **Exhibit #9 (pgs. 1-5)** is in response to Athletic Director's allegation that Resource Teacher Brian Crawford received a supplement as an announcer, when he was not entitled to a supplement as announcer. The OIG reviewed the General Ledger accounts for Pahokee Middle/Senior High School, and the General Ledger illustrates that on December 7, 2016, Brian Crawford was issued \$900 from Pahokee High School's internal account, check number 12817. The OIG also obtained an inter-departmental document via Secretary Cyndie Guerra, outlining the dates of each football game where Brian Crawford was the announcer and the total for each game; each game totaled \$100 (9 games @ \$100 each). The document is signed by Brian Crawford and Athletic Director [REDACTED]. There is no date on the document nor is there a signature line for the Principal's authorization. The dates of payment appear to begin on August 19, 2016 and end on November 25, 2016. Cyndie Guerra stated since Principal Michael Aronson started at the school in August 2016, Mr. Aronson has been trying to get the supplements more organized, and making sure that for activities such as ticket seller, and announcer, the individuals get paid on the Monday after each game just as the referees are paid. Ms. Guerra verified that the \$900 pay out to Mr. Crawford was for the 2016 football season as an announcer, and the check was paid out of general funds, and was not a supplement.

Principal Michael Aronson verified that the payments given to Brian Crawford were for being an announcer at the football games. Mr. Aronson also stated that he (Mr. Aronson) phoned around to different schools in the area to get a consensus on what they were paying their announcers at games, and found that the responses were either the announcer volunteers or the amount is \$100 because the announcer stays and announces for the entire game whereas ticket takers

**REDACTED**

usually close at halftime. Mr. Aronson also stated [REDACTED] (Athletic Director) informed him that she ([REDACTED]) was paying Mr. Crawford \$100/per game as announcer.

The allegation that Brian Crawford was not entitled to receive pay as an announcer is unfounded.

# 14-539

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EXHIBIT

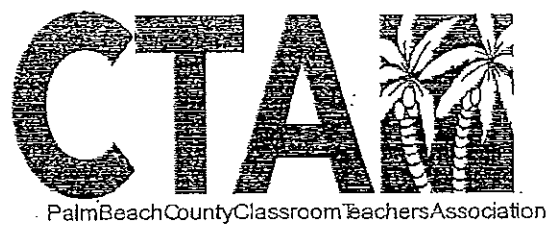
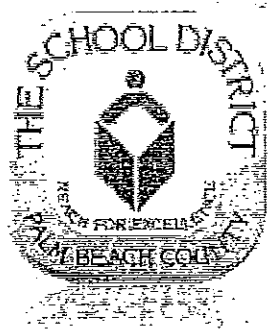
# Collective Bargaining Agreement

Between

The School District of  
Palm Beach County, Florida

And

The Palm Beach County  
Classroom Teachers Association



July 1, 2016 - June 30, 2017  
(One-Year Successor – FY17 Salary Modifications)

Exhibit 1  
pg 4/12

**ARTICLE VIII - COMPENSATION AND BENEFITS**

**Section C - Year of Service Defined**

A year of service shall be defined as that sum of compensated duty days of six (6) hours or more which exceeds one-half (½) of the employee's contract year or 99 compensated duty days, whichever is greater.

**Section D - SPECIAL Sessions Salary Schedule**

1. Special sessions employees shall be paid in accordance with Appendix C.
2. The Parties agree that the name change from "summer school" to "special session" is only a name change and does not in any way imply any agreement(s) concerning year-round schools or any other change(s) to employees' wages, hours and/or terms and conditions of employment.

**Section E - Supplemental Salary**

1. Supplemental salaries shall be paid in accordance with Appendix B with the appropriate final supplemental pay to be made on the employees' 196th contractual day.
2. Payments of supplements for services rendered over the entire contractual period shall be paid, commencing with the written recommendation of the Principal and approval of the Superintendent, and will be prorated over the entire contractual period.

**Section F - Retirement Supplement**

The Board shall provide a retirement supplement of four percent (4%) of gross salary to be paid to active employees remaining in the old Teacher Retirement System (TRS).

**Section G - Glades Supplement**

All full-time employees who reside in the Glades Area, but who are not assigned to work in the Glades Area and who were receiving the Glades supplement of \$2,200 during 2005-2006 school year will continue to receive that annual supplement amount for as long as they reside in the Glades Area or until such time they become eligible to receive the higher Glades Supplement as set forth below. If such employees become less than full-time employees, this \$2,200 supplement will be pro-rated for actual full and partial days the employees are assigned to work during his/her work year.

Full-time employees who are assigned to a Glades Area school/facility will be paid the following annual Glades Supplements:

Number of Actual Years of Teaching Service with the District	Annual Glades Supplement
0-2	\$3,750
3-8	\$4,750
9+	\$5,750

Should an employee who is eligible to receive a Glades Supplement be assigned to work in the Glades Area less than full-time, the appropriate Glades Supplement dollar amount in the chart above will be prorated for the number of actual full and partial days the employee is assigned to work at a Glades school/facility.

Exh. 1  
pg 2/12

## APPENDIX B - SUPPLEMENTS

1. Unless otherwise noted herein, supplements are paid for services/duties performed beyond the regular duty day. Therefore, employees, excluding High School Athletic Directors, receiving any supplements are to teach or carry a full instructional assignment.
2. The Parties agree that when filling these supplemental positions, the responsibilities/duties associated with each supplement may be divided among two or more employees. When this occurs, the supplement's salary will be divided between or among those employees who are sharing the supplement's responsibilities/duties. If the employees sharing the supplemental responsibilities/duties cannot agree on which duties and/or how often such duties are to be the responsibility of each employee, the principal will be asked to intervene to determine which duties and/or how often these duties will be assigned to each employee. When doing so, the Principal will not act in an arbitrary and capricious manner, and his/her decision will be final.
3. The Parties also agree that should the District determine that no employee at a work site is qualified to perform the responsibilities of a particular supplement or if no employee at that work site wishes to fill the supplement, the District may fill the position with an employee assigned to a different work site or with personnel not in the T-bargaining unit.

### CATEGORY 1 - \$5,460

- Athletic Trainer
- One per School District – Executive Director High School Athletics

### CATEGORY 2 - \$4,915

- High School Athletic Director

### CATEGORY 3 - \$4,110

- High School Head Coach Football
- High School Band Director
- High School Head Coach Basketball
- School Psychologist Administrative Duties

### CATEGORY 4 - \$3,275

- High School Head Coach Baseball
- High School Cheerleading Varsity Coach (2 semesters)
- High School Varsity Female-Sports Coach (one supplement for each Varsity Female-Sport offered)
- High School Head Coach Lacrosse
- High School Head Coach Soccer
- High School Head Coach Softball
- High School Head Coach Swimming
- High School Head Coach Wrestling
- High School Head Coach Track
- High School Head Coach Volleyball

**APPENDIX B – SUPPLEMENTS (cont'd)**

**CATEGORY 5 - \$3,015**

- High School Assist. Coach Football
- High School J. V. Coach Football
- High School Chorus Director
- High School 9<sup>th</sup> Grade Football Coach
- High School Assist. Band Director
- High School Science Club Advisor/Science Fair Coordinator
- High School J.V. Coach Basketball

**CATEGORY 6 - \$2,500**

- High School Assist. Athletic Director
- High School J. V. Coach Baseball
- High School J. V. Coach Wrestling
- High School J. V. Female Sports Coach (one supplement for each J. V. Female Sport offered)
- High School J. V. Coach Soccer
- High School J. V. Coach Softball
- High School J. V. Coach Volleyball
- Middle School Athletic Director (10-15 sports)

**CATEGORY 7 - \$2,185**

- High School Cross Country Coach
- High School Debate Coach
- High School Drama Coach
- High School Head Coach Tennis
- High School Student Government Sponsor
- Middle School Band Director
- All Levels - Special Olympics (Paid to an employee or shared among employees who prepare students for and supervise eligible students at official Special Olympic competitive events.)
- One per School District – County Council of Student Councils

**CATEGORY 8 - \$1,925**

- High School 9<sup>th</sup> Grade Coach Basketball
- High School Bowling Coach
- High School Assist. Coach Baseball
- High School J. V. Cheerleading Coach
- High School Dance/Drill Team Coach
- High School Golf Coach
- High School Gymnastics/Weight Coach
- High School Assistant Coach Basketball
- High School Assist. Coach Soccer
- High School Assist. Coach Softball
- High School Assist. Coach Swimming
- High School Assist. Coach Tennis
- High School Assist. Coach Track

Ech 1  
pg 4/12

**APPENDIX B – SUPPLEMENTS (cont'd)**

**CATEGORY 8 - \$1,925 (cont'd)**

- High School Assist. Coach Volleyball
- High School Assist. Coach Wrestling
- High School Newspaper Advisor
- High School Yearbook Advisor
- High School Senior Class Sponsor
- High School 9th Grade Female Sports Coach (one supplement for each 9th Grade Female Sport offered)
- Middle School Athletic Director (5-9 sports)
- Middle School Head Coach Baseball
- Middle School Head Coach Basketball
- Middle School Head Coach Soccer
- Middle School Head Coach Track
- Middle School Head Coach Volleyball
- Middle School Science Club Advisor/Science Fair Coordinator

**CATEGORY 9 - \$1,640**

- Middle School Athletic Director (2-4 sports)
- Middle School Assist. Band Director
- Middle School Chorus Director

**CATEGORY 10 - \$1,145**

- High School Junior Class Sponsor
- High School FL. Future Educators Club Advisor
- High School Vocational Ag.
- All Levels - SAC Chairperson (must serve as SAC Chairperson at school employed)
- Middle School Debate Coach
- Middle School Drama Coach
- Middle School Newspaper Advisor
- Middle school Student Government Sponsor
- Middle School Yearbook Advisor
- All Levels SECME Advisory \$1,145 per semester
- One Supplement per Area – District Science/Math Fair Coordinator/Facilitator

**CATEGORY 11 - \$835**

- High School Future Farmers of Amer. Club Advisor
- Middle School FL. Future Educators Club Advisor
- Middle School Intramural Coordinator
- Elementary Safety Patrol Coordinator
- Elementary Teachers of Tomorrow Sponsor
- All Levels - Academic Games Sponsor \$835 per season

Eph. 1  
pg 5/12



## APPENDIX B – SUPPLEMENTS (cont'd)

### CATEGORY 12 - \$575

- High School National Honor Society Sponsor
- High School Academic Tournament Sponsor
- Middle School Intramural Sponsor
- Elementary School Math/Science Fair Coordinator
- All Levels - Chess Club Sponsor
- All Levels - Art Exhibitors (Each school is allocated one art exhibit supplement for school-wide, District and/or community exhibits. For other art activities or clubs agreed upon by the art instructor and his/her Principal will count as one of the \$562.

### SPECIAL ACTIVITIES

- High Schools – one \$562 supplement/75 students
- Middle Schools – one \$562 supplement/75 students
- Elementary schools – one \$562 supplement/65 students. A minimum of ten supplements will be allocated to each elementary school.
- High School – Tech Prep and/or Career Academic Coordinator \$2,000 upon completion of all requirements (this Payment is contingent on continuation of Federal grant funding).
- Middle School – Tech Prep and/or Career Academic Coordinator \$575 upon completion of all requirements (this payment is contingent on continuation of Federal grant funding).
- Secondary Schools - \$1000 (one-time supplement) to be paid to each fulltime school-based employee assigned to a secondary school (Middle School or High School) who has or adds the Reading Endorsement on his/her Florida State Department of Education issued teaching certificate making the employee certified to teach Reading at the secondary level.

This one-time supplement will be paid after the Reading Endorsement is added to the employee's certificate and will be paid either on the last pay date in June or on the last pay date in December whichever occurs first after the endorsement is added to the employee's certificate.

New employees who resign their employment or whose employment is terminated during their probationary period will not be eligible to receive this stipend. If an employee has received the stipend and his/her employment ends during his/her probationary period, the District may retrieve this supplement from the employee's pay.

Eph  
09/10/12

## APPENDIX B – SUPPLEMENTS (cont'd)

- Elementary Music Coordinator - \$208 per major production, not to exceed three major productions per school year
- All Levels – High School Department Head/Chair; Elementary Grade Chair; Middle School Department Head/Chair or Team Leader \$235 per member as of Oct. 1 of each year

Middle Schools having both Team Leaders and Department Chairs such Leaders and Chairs will receive \$235 per member as of Oct. 1 of each year.

Note: In instances when the same employee is both a Middle School Team Leader and a Middle School Department Chair at the same time, such employee will receive \$167 per member of the Department and \$167 per member of the Team as of Oct. 1 of each school year.

-All Levels - Supplemental Hourly Rate - \$25.00/hour effective on the date the School Board approves this Agreement.

-All Levels - Trainers who provide training for those attending Mandatory In-Service –\$7 per hour in addition to the Mandatory In-Service Hourly Rate.

- All Levels – Professional Development (PD) Contact (one per school) \$700.00  
Professional Development Team Member (per member) \$500.00

High School Professional Development Teams consist of five (5) members and one (1) PD Contact.

Middle School Professional Development Teams consist of three (3) members and one (1) PD Contact.

Elementary, Alternative & Non-Traditional School Professional Development Teams consist of two (2) members and one (1) PD Contact.

- High School Advanced Placement (AP) Supplement - \$50 per student passing an AP exam. (This ratio and payment is contingent on continuation of State AP funding and compliance with the State AP funding formula.)

- High School – Community Service Facilitator supplement dependent on the number of students enrolled in and who successfully complete the course(s) “Voluntary School/Community Service” and/or “Voluntary Public Service” that semester, i.e.,

(1-25 students - \$510 per semester  
26-50 students - \$1,020 per semester; and  
51+ students - \$1,530 per semester.)

#### APPENDIX C - SUMMER SCHOOL (SPECIAL SESSION) SALARY SCHEDULE

Summer school (special session) employees will be paid at their hourly rate of pay based on their daily rate of pay in effect during the contract period immediately preceding the summer school (special session) program. Supplementary salaries shall not be included in calculating the daily and hourly rate of pay.

To calculate the hourly rate of pay, divide the annual salary by 196 days and divide the quotient by 7.5 hours. The Parties agree that the name change from "summer school" to "special session" is only a name change and does not in any way imply any agreement(s) concerning year-round schools or any other change(s) to employees' wages, hours and/or terms and conditions of employment.

*Edh 1  
pg 8/12*

# CTA - Variable Pay

16-539

*Not all supplements are available to all schools.  
The type of school determines which supplements will be allocated.*

## Supplements - Service Beyond Regular Duty Day

### High School - Year Round Supplements

Paid out over the entire year in equal increments in each payroll

\$2,500	Athletic Asst Director	\$1,145	FL Future Educ Club Advisor
\$4,915	Athletic Director	\$835	Future Farmers of Amer Club Advisor
\$575	Art Exhibits (1 per school)	\$1,145	Junior Class Sponsor
\$3,015	Band Assistant Director	\$575	National Honor Society Sponsor
\$4,110	Band Director	\$1,925	Newspaper Advisor
\$575	Chess Club Sponsor	\$1,145	SAC Chair (same school employed)
\$3,015	Chorus Director	\$3,015	Science Club Adv/Science Fair Coor
\$2,185	Debate Coach	\$1,925	Senior Class Sponsor
\$235	Dept Head/Grade Chair (per member)	\$2,185	Student Government Sponsor
\$2,185	Drama Coach	\$1,145	Vocational Agriculture
		\$1,925	Yearbook Advisor

### High School - Fall Supplements

Paid out on the last pay date prior to Winter Break

\$1,820	Athletic Trainer	\$3,015	Football Assistant Coach
\$835	Academic Games Sponsor (per season)	\$4,110	Football Head Coach
\$1,925	Bowling Coach	\$3,015	Football JV Coach
\$963	Cheerleading JV Coach	\$1,925	Golf Coach
\$1,638	Cheerleading Varsity Coach	\$1,093	Special Olympics (may be shared)
\$2,185	Cross Country Coach	\$1,925	Swimming Asst Coach
\$1,925	Dance/Drill Team Coach	\$3,275	Swimming Head Coach
\$1,925	Female Sports 9th Gr Coach (1 for each)	\$2,500	Volleyball JV Coach
\$2,500	Female Sports JV Coach (1 for each)	\$1,925	Volleyball Asst Coach
\$3,275	Female Varsity Sports Coach (1 for each)	\$3,275	Volleyball Head Coach
\$3,015	Football 9th Grade Coach		

### High School - Winter Supplements

Paid out on the last pay date prior to Spring Break

\$835	Academic Games Sponsor (per season)	\$3,275	Female Varsity Sports Coach (1 for each)
\$1,820	Athletic Trainer	\$1,925	Gymnastics/Weight Coach
\$1,925	Basketball 9th Grade Coach	\$1,145	SECME Advisor (per semester)
\$4,110	Basketball Head Coach	\$1,925	Soccer Asst Coach
\$3,015	Basketball JV Coach	\$3,275	Soccer Head Coach
\$963	Cheerleading JV Coach	\$2,500	Soccer JV Coach
\$1,638	Cheerleading Varsity Coach	\$1,925	Wrestling Asst Coach
\$1,925	Female Sports 9th Gr Coach (1 for each)	\$3,275	Wrestling Head Coach
\$2,500	Female Sports JV Coach (1 for each)	\$2,500	Wrestling JV Coach

Exh-1  
pg. 9/12

# CTA - Variable Pay

## High School - Spring/Final Supplements

Paid out on the last pay date of the School Year

\$835	Academic Games Sponsor (per season)	\$1,925	Gymnastics/Weight Coach
\$575	Academic Tournament Sponsor	\$1,145	SECME Advisor (per semester)
\$1,820	Athletic Trainer	\$1,925	Softball Asst Coach
\$1,925	Baseball Asst Coach	\$3,275	Softball Head Coach
\$3,275	Baseball Head Coach	\$562	Special Activity - 75 Students
\$2,500	Baseball JV Coach	\$1,093	Special Olympics (may be shared)
\$1,925	Female Sports 9th Gr Coach (1 for each)	\$1,925	Tennis Asst Coach
\$2,500	Female Sports JV Coach (1 for each)	\$2,185	Tennis Head Coach
\$3,275	Female Varsity Sports Coach (1 for each)	\$1,925	Track Asst Coach
		\$3,275	Track Head Coach

## Middle School - Year Round Supplements

Paid out over the entire year in equal increments in each payroll

\$575	Art Exhibitors (1 per school)	\$235	Dept Head/Grade Chair (per member)
\$2,500	Athletic Director (10 to 15 sports)	\$1,145	Drama Coach
\$1,640	Athletic Director (2 to 4 sports)	\$835	FL Future Educators Club Advisor
\$1,925	Athletic Director (5 to 9 sports)	\$1,145	Instrumental Music Coordinator
\$1,640	Band Asst Director	\$835	Intramural Coordinator
\$2,185	Band Director	\$1,145	Newspaper Advisor
\$575	Chess Club Sponsor	\$1,145	SAC Chair (same school employed)
\$1,640	Chorus Director	\$1,925	Science Club Adv/Science Fair Coor
\$1,145	Communications Coordinator	\$1,145	Student Govt Sponsor
\$1,145	Dance Coordinator	\$1,145	Visual Art Coordinator
\$1,145	Debate Coach	\$1,145	Yearbook Advisor

## Middle School - Fall Supplements

Paid out on the last pay date day prior to Winter Break

\$835	Academic Games Sponsor (per season)	\$1,925	Soccer Head Coach
\$1,925	Baseball Head Coach	\$1,093	Special Olympics (may be shared)
\$575	Intramural Sponsor	\$1,925	Volleyball Head Coach

## Middle School - Winter Supplements

Paid out on the last work day prior to Spring Break

\$835	Academic Games Sponsor (per season)	\$1,145	SECME Advisor (per semester)
\$1,925	Basketball Head Coach	\$1,925	Soccer Head Coach
\$575	Intramural Sponsor		

Exh-1  
Pg. 10/12

# CTA - Variable Pay

## Middle School - Spring/Final Supplements

Paid out on the last pay date for the School Year

\$835	Academic Games Sponsor (per season)	\$1,093	Special Olympics (may be shared)
\$575	Intramural Sponsor	\$1,925	Track Head Coach
\$1,145	SECME Advisor (per semester)	\$1,925	Volleyball Head Coach
\$562	Special Activity - 75 Students (supplement allocation based on actual school enrollment)		

## Elementary School - Year Round Supplements

Paid out over the entire school year in equal increments

\$575	Art Exhibitors (1 per school)	\$1,145	SAC Chair (same school employed)
\$575	Chess Club Sponsor	\$835	Safety Patrol Coordinator
\$235	Dept Head/Grade Chair (each member)	\$835	Teachers of Tomorrow Sponsor

## Elementary School - Fall Supplements

Paid out on the last pay date prior to Winter Break

\$835	Academic Games Sponsor (per season)
\$208	Music Coor (per production, max 3 p/yr)
\$1,093	Special Olympics (may be shared)

## Elementary School - Winter Supplements

Paid out last work day prior to Spring Break

\$835	Academic Games Sponsor (per season)
\$208	Music Coor (per production, max 3 p/yr)
\$1,145	SECME Advisor (per semester)

## Elementary School - Spring/Final Supplements

Paid out on the last pay date of the School Year

\$835	Academic Games Sponsor (per season)
\$575	Elem Math/Science Fair Coordinator
\$208	Music Coordinator (max 3 productions per year)
\$1,145	SECME Advisor (per semester)
\$1,093	Special Olympics (may be shared)
\$562	Special Activity - 65 Students (min 10 supplements per school)

## One Per District

Paid out over the entire school year in equal increments

\$5,460	Executive Director HS Athletics
\$2,185	County Council of Student Councils (1)

## All 3 School Levels

\$2,185	SACS Chair for Sch Improv Accred
\$1,145	Dist Science/Math Fair Coor/Facilitator (1 per Area)

Exh 1  
pg. 11/12

# CTA - Variable Pay

## Additional

- \$235 Middle School - with both Team Leaders & Department Chairs supplement paid for each member
- \$167 When same employee is both Lead & Chair, paid for each Dept member & each Team member
- \$25 A minimum rate of \$25 per hour shall be paid when performing additional tasks outside of the normal duty day requirements. Such tasks need not necessarily be instructional to be paid this rate.
- \$25 Supplemental Hourly Rate - applies to middle, high, vocational, alternative and/or special schools. Supplemental pay shall be paid for each additional period assigned beyond standard 5 periods. Also paid additional for each hour when Mandatory In-Service Training or Institutes are required.
- \$7 All Levels - Trainers receive additional \$7 hourly in addition to Mandatory In-Service pay
- \$50 High School - Advanced Placement (AP) - paid for each student passing an AP exam Contingent upon State continuation of AP funding and compliance with State AP funding formula
- \$2,000 High School - Tech Prep Coordinator, paid out upon completion of all requirements Contingent upon Federal continuation of grant funding
- \$575 Middle School - Tech Prep Coordinator, paid out upon completion of all requirements Contingent upon Federal continuation of grant funding
- \$158.64 Daily Rate for Permanent Substitute Teachers

## Reading Endorsement Incentive

\$1000 one-time supplement will be paid to each full-time school-based employee that has or adds to their professional teaching certificate 'Reading Endorsement' (secondary level only - Middle/High). A distribution report is run twice each year to be paid out on the last pay day in either June or December (will be the subsequent June or December following addition of the endorsement).

## Summer School (Special Session)

Same base hourly rate of contract period (divide annual by 196; divide result by 7.5 for hourly rate) Including advanced degree pay, and excluding any National Board or certification supplements

## Glades Supplement for Teachers working in the Glades area

Paid out year round. Based on years of service as a Teacher with the District

Begin time of hire through completion of 2 years:	\$3,750
Begin year 3 through completion of 8 years:	\$4,750
Begin year 9 and thereafter:	\$5,750

## Community Service Facilitator

1 - 25 students	\$510 per semester
26 - 50 students	\$1020 per semester
51+ students	\$1530 per semester

Exp. 1  
Pg 12/15

#16-539

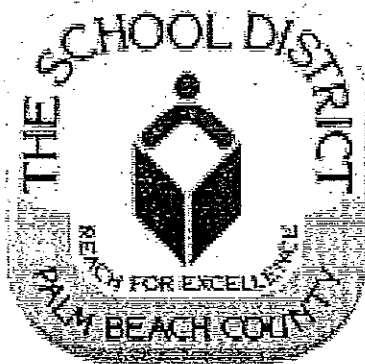
# COLLECTIVE BARGAINING AGREEMENT

BETWEEN

THE SCHOOL DISTRICT OF PALM BEACH COUNTY, FLORIDA

AND

THE ASSOCIATION OF EDUCATIONAL SECRETARIES AND  
OFFICE PROFESSIONALS (AESOP)



January 1, 2014 – December 31, 2016  
2016 SALARY MODIFICATIONS

Exh 1A  
Pg 1/2



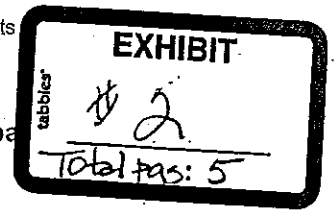
## ARTICLE 6 - COMPENSATION AND BENEFITS

### SECTION A - PAY SCHEDULE (cont'd)

10. The Association shall appoint two (2) representatives to provide input on topics that will be addressed by the District's *ad hoc* Payroll Advisory Committee. One topic of the *ad hoc* Payroll Advisory Committee will be to make an annual recommendation to the Chief Operating Officer of the first Friday paycheck date of each school year for employees who are less than 12 month employees. Another topic to be addressed by this Committee will be to recommend to the District the best means of communicating in advance with all employee groups the payroll schedules for the ensuing school year. The Association representatives will be provided a TDE at District expense to attend meetings of this Committee when such meetings are scheduled during regular duty hours.
  11. The Parties agree to continue the District's attendance/payroll time tracking system whereby all employees are required to log-in and log-out by using an individual magnetic employee identification swipe card/badge, by using a computer terminal and/or using some other identification time and attendance devices/procedures approved by the District when they arrive at and depart from their work location(s). Logging out and logging in for the employee's lunch period is temporarily suspended, but may be reinstated at any time by the District after giving prior notice to affected employees and the Association.
  12. Employees do not receive a paper pay stub, but are able to access their payroll stub and other payroll information including their Federal W-2 annual earnings Statement by going to a District website and, after entering their user name and password, employees can view and retrieve their individual payroll information.
  13. The Parties further agree to conduct a classification and pay equity study for selected positions in the AESOP bargaining unit by December 1, of each year. The Parties further agree that the findings of this study for AESOP positions, including but not limited to Instructional Technical Support Assistants, Treasurers I & II (School Fiscal Coordinators I & II) and Community Language Facilitators (CLFs) shall be given priority consideration when the District's budget stabilizes and additional financial resources become available to address to identify pay inequities
- ⑭ An AESOP represented employee who agrees to be assigned by his/her Principal to any supplemental position listed in Appendix B of the Collective Bargaining Agreement (CBA) between the District and the Palm Beach County Classroom Teachers Association (CTA) for which he/she is qualified as determined by the Principal and who can perform the duties of such supplemental position after his/her regularly assigned work hours, may be assigned to such position and paid the supplemental salary listed in Appendix B of the CTA/District CBA for that supplemental position upon the successful completion of the duties and responsibilities related to that supplemental position as determined by the Principal. Such employment for a supplemental position is separate and not a part of the employee's regular employment and time worked to fulfill the responsibilities of said supplemental position shall neither be paid at the employee's regular rate of pay nor count as overtime hours worked. It is understood that any such assignment may be terminated without recourse by the Principal at any time. It is further understood that the Principal may ask an AESOP represented employee to fill such supplemental position only after the Principal has determined that no CTA represented employee at the school is qualified to perform the responsibilities of that specific supplemental position or if no qualified CTA represented employee wishes to fill that supplemental position. Nothing herein requires the Principal to fill a CTA supplemental position with an AESOP represented employee. A list of these supplemental positions and corresponding salary categories can be viewed on the District's website in Appendix B of the CTA Collective Bargaining Agreement.



Jessica Hatton <jessica.hatton@pa



### Additions to Summer & Winter Supplements

1 message

Jessica Hatton <jessica.hatton@palmbeachschools.org>  
To: Adrian Ocampo <adrian.ocampo@palmbeachschools.org>

Tue, May 31, 2016 at 8:06 AM

Per our discussion on Friday I did not enter the following supplements given to me. Please advise if I am supposed to enter the additional supplements for the following staff members:

**Summer:**

- B. Angram / FB 6 Football JV Coach HS / \$663.00
- G. Wilson / FB 6 Football JV Coach HS / \$663.00
- J. Hester / FB 4 Football Asst. Coach HS / \$663.00

**Winter:**

[REDACTED] / BK3 Basketball 9th Grade Boys HS / \$1925.00

*\$ 16-539*

Be who you are and say what you feel, because those who mind don't matter, and those who matter don't mind. --  
Dr. Seuss--

Jessica L. Hatton  
Confidential Secretary for:  
Adrian Ocampo, Principal  
Pahokee High School  
900 Larrimore Road  
Pahokee, FL 33476  
PX: 4-0449

*1/13/17  
Rec'd from  
Jessica Hatton, Secretary  
via email*

*Exhibit 2 1/5*

Dept 1771 Pahokee Middle-Senior Hsch

Find | View All First 1 of 4 Last

Year 2016		Season Summer		Intended Pay End Date 05/13/2016			
Earn Code	Description	Amount	Qty	EmpId	Amount	Description	Proc Date
FB3	FOOTBALL HEAD COA (2/9 FIN) HS	904.20	1.0000	1046402	904.20	Walkes, Orson Errol Waldo	05/16/2016
FB4	FOOTBALL ASST COA (2/9) HS	663.30	5.0000	1047929	663.30	Johnson, Johnathan Jerard	05/16/2016
				1090783	663.30	Dean, Alvin Lequinn	05/16/2016
				1090265	663.30	Mostey, Kendrick D	05/16/2016
				1095407	663.30	Gary, Ricky R	
FB6	FOOTBALL JV COA (2/9 FIN) HS	663.30	2.0000		0.00		
FB8	FOOTBALL 8TH GRD COACH HS	663.30	2.0000		0.00		
SM1	SECME (PER SEMESTER) JUNE MS	1145.00	1.0000	1068725	1145.00	Paniagua, Luis David	05/16/2016
SM5	SECME (PER SEMESTER) JUNE HS	1145.00	1.0000		0.00		
TN2	TENNIS ASST COACH BOYS HS	1825.00	1.0000		0.00		
TN4	TENNIS ASST COACH GIRLS HS	1825.00	1.0000		0.00		

I certify that I have reviewed the supplements and each employee is entitled to receive the payment per the contract.

Save Notify

FB Seasonal Job | PB Yearly Job

*Rec'd for  
Guarantantee 4/13/17*

*Exhibit 2*

*2/5*

PB Seasonal Job PB Yearly Job

Dept 1771 Pahokee Middle-Senior High

Find | View All First 1 of 4 Last

Year 2016-	Season Summer	Intended Pay End Date 05/13/2016							
Earn Code	Description	Amount	Qty	Emplid		Amount	Description	Proc Date	
FB3	FOOTBALL HEAD COA (2/3 FIN) HS	904.20	1.0000	1046402	Walke, Orson Errol Waldo	904.20			
FB4	FOOTBALL ASST COA (2/3) HS	663.30	5.0000	1080783	Dean, Aln Lequinn	663.30			
				1080365	Mosley, Kendrick D	663.30			
				1047929	Johnson, Johnathan Jerard	663.30			
FB6	FOOTBALL JV COA (2/3 FIN) HS	663.30	2.0000			0.00			
FB8	FOOTBALL 8TH GRD COACH HS	663.30	2.0000			0.00			
SM1	SECME (PER SEMESTER JUNE) MS	1145.00	1.0000	1068725	Pantagua, Luis David	1145.00			
SM5	SECME (PER SEMESTER) JUNE HS	1145.00	1.0000			0.00			
TN2	TENNIS ASST COACH-BOYS HS	1925.00	1.0000			0.00			
TN4	TENNIS ASST COACH GIRLS HS	1925.00	1.0000			0.00			

I certify that I have reviewed the supplements and each employee is entitled to receive the payment per the contract.

Save Notify

PB Seasonal Job | PB Yearly Job

Summer:  
 B. Angrom  
 G. Wilson  
 J. Hester

Winter  
 [Redacted]

Hold per  
 S.O.  
 5/27/16

Exhibit 2

3/5

PB Seasonal Job PB Yearly Job

Dept 1771 Pahokee Middle-Senior High

Find | View All First 1 of 4 Last

Year	Season	Intended Pay End Date	Amount	Qty	Emplid	Amount	Description	Proc Date
2016	Summer	05/13/2016						
FB3	FOOTBALL HEAD COA (2/9 FIN) HS	904.20	1.0000		Orson Walkes	0.00		
FB4	FOOTBALL ASST COA (2/9) HS	663.30	5.0000			0.00		
FB6	FOOTBALL JV COA (2/9 FIN) HS	663.30	2.0000			0.00		
FB8	FOOTBALL 9TH GRD CDACH HS	663.30	2.0000			0.00		
SM5	SECME (PER SEMESTER) JUNE HS	1145.00	1.0000			0.00		
TN2	TENNIS ASST COACH BOYS HS	1925.00	1.0000			0.00		
TN4	TENNIS ASST COACH GIRLS HS	1925.00	1.0000			0.00		

I certify that I have reviewed the supplements and each employee is entitled to receive the payment per the contract.

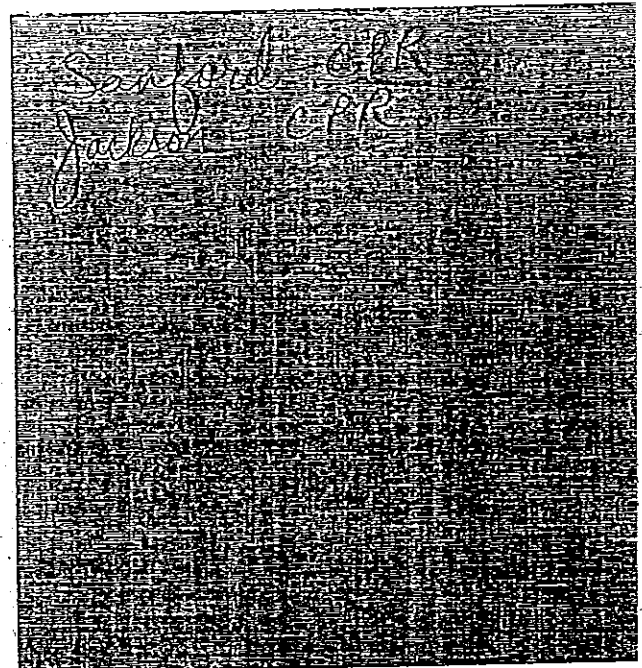
Save Notify

PB Seasonal Job | PB Yearly Job

B-Angam

FB4 - Johnathan Johnson ✓  
 J. Hester - Jose Paniagua?  
 Kendrick Mosely ✓  
 Alvin Dean ✓  
 Ricky Gary ✓ Added 5/27/16 JST

FB6 - Demetrius Hampton ?  
 G. Wilson - Jarvis Byrd ?



FB4 - Gary R. - (State Teaching Cert.)  
 Can't enter

Exhibit 2 4/5

PB Seasonal Job PB Yearly Job

Dept 1771 Pahokee Middle-Senior High

Find | View All First 1 of 4 Last

Year 2016		Season Summer		Intended Pay End Date 05/13/2016		Amount	Description	Proc Date
Earn Code	Description	Amount	Qty	Empid		Amount	Description	Proc Date
FB3	FOOTBALL HEAD COA (2/8 FN) HS	904.20	1.0000			0.00		
FB4	FOOTBALL ASST COA (2/8) HS	663.30	5.0000			0.00		
FB6	FOOTBALL JV COA (2/8 FN) HS	663.30	2.0000			0.00		
FB8	FOOTBALL 9TH GRD COACH HS	663.30	2.0000			0.00		
SM5	SECME (PER SEMESTER) JUNE HS	1145.00	1.0000			0.00		
TN2	TENNIS ASST COACH BOYS HS	1925.00	1.0000			0.00		
TN4	TENNIS ASST COACH GIRLS HS	1925.00	1.0000			0.00		

I certify that I have reviewed the supplements and each employee is entitled to receive the payment per the contract.

Save Notify

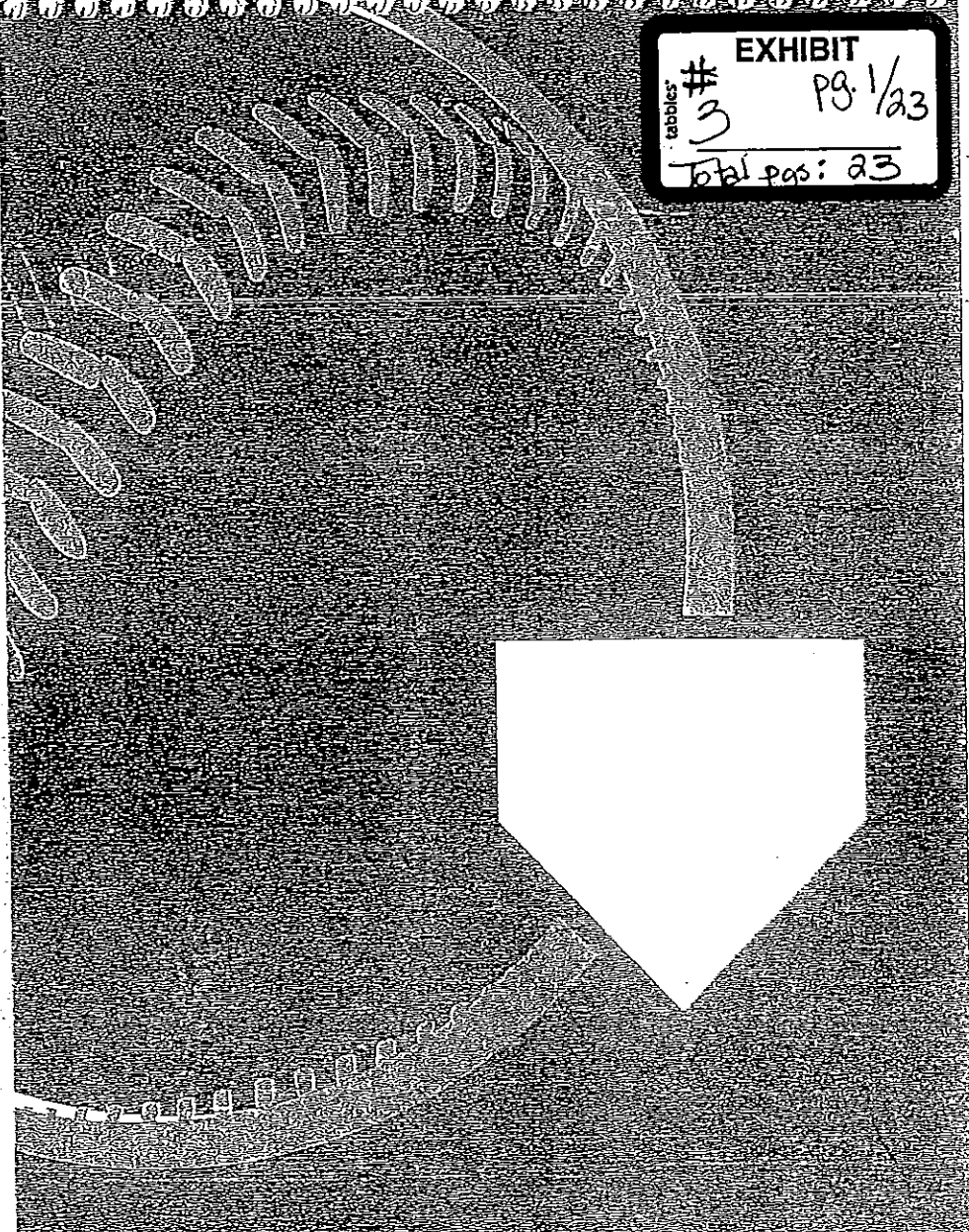
PB Seasonal Job | PB Yearly Job

Exhibit 2 5/5

REDACTED

EXHIBIT # 3 pg. 1/23  
Total pgs: 23

# 11534  
Columbus  
on 10/14



FOOTBALL  
BOOK

Team: Palmer High  
Year: \_\_\_\_\_  
Coach: [Redacted] / Hector

REDACTED

Exhibit 3  
1/23

DATE *2/19/16*

BALLPARK

# Franklin SCORECARD

29

© 2010 Franklin Spor

START END

WEATHER

UMPIRES

SCORER

*Fort Meade*

# PLAYERS POS

1	2	3	4	5	6	7	8	9	R	H
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REDACTED

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# PITCHERS W/L IP K BB H R ER HB

PITCH COUNT

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51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

*Exhibit 3*  
*[Signature]*



DATE 3/4/16  
 START END

# Franklin SCORECARD 21

© 2010 Franklin Sports Jr.

BALLPARK

WEATHER

UMPIRES

SCORER

FrostProof

DS

	1	2	3	4	5	6	7	8	9	AB	R	H	RBI	SB
5	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>					
6	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>					
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4	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>					
7	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>	<i>out</i>					
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REDACTED

Exhibit B  
 3/23

#	PITCHERS	W/L	IP	K	BB	H	R	ER	HB	PITCH COUNT
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51										51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
1										1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
51										51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

# Franklin SCORECARD

© 2010 Franklin Sports Inc

DATE  
START

3/9/16  
END

BALLPARK

WEATHER

UMPIRES

SCORER

Palm Beach Central  
@H  
Jahokee

# PLAYERS POS

	B	S	B	S	B	S	B	S	B	S	B	S	B	S	B	S	B	S	B	S	AB	R	H	RBI	BB	K	
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REDACTED

Subst: none

4/23

PITCHERS W/L IP K BB H R ER HB

PITCH COUNT

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51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

EWING LEAGUE RECORD

LEAGUE

TEAM: Royal Palm Beach

TEAM: Pahokee

WEEK

DATE 10/4/10

FOR REORDER: RR DONNELLEY BUSINESS PRODUCTS 1-800-296-5338 FORM #92752

TEAM: <i>Royal Palm Beach</i>			LEAGUE					TEAM: <i>Pahokee</i>					
LINE NO.	POSITION	NAME	GAME 1	GAME 2	GAME 3	GAME 4	TOTAL	AVG/ HDQP	GAME 1	GAME 2	GAME 3	GAME 4	TOTAL
1			85	60	B	B			87	87	B	B	
2			86	60	A	A					A	A	
3			122	103	K	K					K	K	
4			150	100	E	E					E	E	
5			117	150	R	R					R	R	
			SUB-TOTAL		489 124		93			87 71		163	
			HANDICAP										
			TOTAL INCLUDING HANDICAP										
WON			568		184		93	87		71		163	
LOST													

INDICATE GAME OR TOTAL PINS WON BY "X" IN SQUARE:

INDICATE GAME OR TOTAL PINS WON BY "X" IN SQUARE:

SIGNED: \_\_\_\_\_ Opposing Team Captain

SIGNED: \_\_\_\_\_ Opposing Team Captain

PLEASE PRINT CLEARLY AND FILL IN ALL TOTALS

PLEASE HAND IN ORIGINAL COPY. PUBLICITY OR HOUSE COPY

REDACTED

Exhibit 3  
5/23



PAHOKEE MIDDLE HIGH SCHOOL

2016

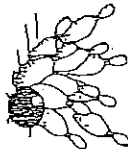
BOWLING SCHEDULE

DATE	OPPONENT	TIME	LOCATION
09/08	GLADES CENTRAL	3:30	VERDES
09/13	GOLD COAST	3:30	GREENACRES
09/15	LAKE WORTH	3:30	VERDES
09/20	KING'S ACADEMY	3:30	GREENACRES
09/22	SOMERSET	3:30	VERDES
09/27	JOHN I LEONARD	3:30	GREENACRES
09/29	WELLINGTON	3:30	VERDES
10/04	ROYAL PALM	3:30	GREENACRES
10/06	TBA	3:30	VERDES
10/11	PALM BEACH CENTRAL	3:30	GREENACRES
10/13	FOREST HILL	3:30	VERDES
10/27- 10/21	CHAMPIONSHIP	TBA	BOCA RATON

Exhibit 3  
6/23

REDACTED

Joy Busby, Director  
16112 E Grand National Dr  
Loxahatchee, FL 33470-4143  
Cell: 371-1611



High School League

Palm Beach County

Home: 793-7949  
Fax: 793-0219  
E-mail: HSBowling123@aol.com  
Website: HSBowling.com

Bowling

Greenacres Bowl  
6126 Lake Worth Rd.  
561-968-0100  
gatorbowling.com

MERCHANT ID: 884300S1208005  
CLERK ID: Matthew

SALE

VISA \*\*\*\*\*1287  
ENTRY METHOD: CHIP  
DATE: 09/13/2016 TIME: 15:51:11

INVOICE: 685538  
REFERENCE: 5522  
AUTH CODE: 005645

AMOUNT USDS 18.00  
TOTAL USDS 18.00

APPROVED - THANK YOU

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

APPLICATION LABEL: VISA CREDIT  
AID: A0000000031010  
TVR: 0000008000  
IAD: 06010A0364A802  
TSI: F800  
ARC: 00  
CVM: PIN VERIFIED

cardholder copy

Exhibit 3  
7/23

Greenacres Bowl  
6126 Lake Worth Rd.  
561-968-0100  
Gator8bowling.com

MERCHANT ID: 88430051208005  
CLERK ID: Matthew

SALE

VISA \*\*\*\*\*1287  
ENTRY METHOD: CHIP  
DATE: 10/04/2016 TIME: 15:13:58

INVOICE: 694840  
REFERENCE: 5509  
AUTH CODE: 014803

AMOUNT	USDS 22.50
	=====
TOTAL	USDS 22.50

APPROVED - THANK YOU

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

APPLICATION LABEL: VISA CREDIT  
AID: A0000000031010  
TVR: 0000008000  
IAD: 06010A03642002  
TSI: F800  
ARC: 00  
CVM: PIN VERIFIED

Cardholder Copy

REDACTED

*Bowling*

*Exhibit 3*  
*8/23*



[Redacted]@palmbeachschools.org>

Baseball/Softball TLE 3/11/16

[Redacted]@palmbeachschools.org> Fri, Mar 11, 2016 at 8:11 AM  
To: Edna Stephens <edna.stephens@palmbeachschools.org>, Linda Johnson-Earsley  
<linda.earsley@palmbeachschools.org>, 1771stteachers@palmbeachschools.org,  
1771msteachers@palmbeachschools.org, Ofelia Barletta Chacon <o.barlettachacon@palmbeachschools.org>, Mary Ford  
<mary.ford@palmbeachschools.org>

----- Forwarded message -----

From: [Redacted]@palmbeachschools.org>  
Date: Thu, Mar 10, 2016 at 12:23 PM  
Subject: Baseball/Softball TLE 3/11/16  
To: 1771stteachers@palmbeachschools.org, 1771msteachers@palmbeachschools.org, Ofelia Barletta Chacon  
<o.barlettachacon@palmbeachschools.org>, Titanesha Manderville <titanesha.manderville@palmbeachschools.org>,  
Dwayne Dennard <dwayne.dennard@palmbeachschools.org>

Good afternoon Teachers,

Please release the students listed below at 12:45pm on 3/11/16, to come to the bus loop on the high school campus. These students will participant in a district baseball/softball game at Fort Meade High School. Please allow them to make up any missed assignments. If you have any questions or concerns please do not hesitate to contact me. Thank you

REDACTED

Exhibit 3  
9/23

# 15-18 YEAR WELL VISIT INFORMATION

P  
B  
Palm Beach  
PEDIATRICS

REDACTED *Temp 97.9*

NAME: \_\_\_\_\_ DATE: 7/12/16  
 WEIGHT: \_\_\_\_\_ lb. \_\_\_\_\_ oz. ( \_\_\_\_\_ %) HEIGHT: \_\_\_\_\_ ( \_\_\_\_\_ %) BMI: \_\_\_\_\_ (%)

## HELPFUL TIPS

Allow at least 8 hours of sleep at night to be well rested for the day.

Be proud of yourself when you do something good.

Talk with your parents about your values and expectations for drinking, drug use, tobacco use, driving and sex.

Make healthy choices since you only have one life to live. Mistakes you make at this age, you will regret when you get older.

Avoid peer pressure by choosing your friends wisely. If you choose friends who make good choices, it will be easier for you to make good choices.

Consider volunteering and helping other in the community.

Find new activities/hobbies that you enjoy.

Good communication is important for your parents to help you make sound decisions.

Brush your teeth twice a day and floss once a day. Visit the dentist twice a year.

Set high goals for yourself in school. Take responsibility for doing your homework and getting school work done on time.

Spend time with your family and help around the house.

Learn how to deal with conflict without using violence.

Never allow physical harm to yourself or others at home or school.

Understand healthy dating relationships are built on respect and saying "no" is OK.

It's important to become familiar with your body and what "normal" for you is. Girls should begin self-breast exam and boys should begin self-testicular exam.

It is important for you to have accurate information about sexuality, your physical development, and your sexual feelings. Feel free to ask when you have questions.

Practice safe sex. It only takes one time to get a non-curable disease or cause pregnancy.

Protect yourself. Realize that your boy/girlfriend may not be honest with you about previous sexually transmitted diseases.

## NUTRITION

Eat three well balanced meals a day. Breakfast is very important.

Try to eat healthy food, including 5 fruits and vegetables a day, 3 cups of low-fat milk, yogurt or cheese.

Drink 8 glasses of water a day.

Eat with your family often.

Aim for 1 hour of vigorous physical activity every day.

Try to limit watching TV, playing video games or playing on the computer to 2 hours a day.

## SAFETY

Wear helmets when you ride bikes, skate boards or motorcycles.

Use sunscreen with an SPF of 15 or higher when out in the sun.

Never drink and drive or ride in a vehicle with someone who has been using drugs or alcohol.

If you feel unsafe driving or riding in with someone, call someone you trust.

Insist that seat belts be used by everyone.

Always be a safe and cautious driver.

Limit the number of friends you have in the car with you due to the distractions.

Take a driver's education class.

**DO NOT TEXT OR TALK ON YOUR CELL PHONE AND DRIVE!!!** You may think you are paying attention, but many deadly accidents can be blamed on the use of cell phones. It is best that you turn off your cell phone when in the car.

## VACCINES GIVEN TODAY:

- MenaCTra
- HPV
- Hepatitis A
- Tdap
- Flu

STD HANDOUT GIVEN

NEXT WELL VISIT IN ONE YEAR.

*11/6/16  
80  
20*

## IMPORTANT INFORMATION

• <http://www.211palmbeach.org>  
 • <http://www.cdc.gov>

• <http://www.choosemyplate.gov>  
 • <http://www.smoking-cessation.org>

5589 OKEECHOBEE BLVD. • SUITE 102 • WEST PALM BEACH, FL 33417 • 561-471-1144  
 12955 PALM WEST DRIVE • SUITE 100 • LOXAHATCHEE, FL 33470 • 561-798-2468  
 8200 S. JOG RD. • SUITE 101 • BOYNTON BEACH, FL 33472 • 561-509-5009  
[www.pbpediatrics.com](http://www.pbpediatrics.com)

*Exhibit 3  
10/23*





Revised 03/16



# Florida High School Athletic Association Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form must be re-submitted.

### Part 1.

Student's }  
School: }  
Home Address }  
Name of Parent/Guardian: }  
Person to Contact in Case: }  
Relationship to Student: }  
Personal/Family Physician

Grade in School: \_\_\_\_\_ Sex: \_\_\_\_\_  
Sport(s): \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
City/State: Pahokee, FL Office Phone: \_\_\_\_\_

**REDACTED**

### Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

- |   | Yes                                 | No                                  |  | Yes                                 | No                                  |  |
|---|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|--|
| 1. Have you had a medical illness or injury since your last check up or sports physical?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 26. Have you ever become ill from exercising in the heat?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 2. Do you have an ongoing chronic illness?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 27. Do you cough, wheeze or have trouble breathing during or after activity?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 3. Have you ever been hospitalized overnight?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 28. Do you have asthma?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 4. Have you ever had surgery?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 29. Do you have seasonal allergies that require medical treatment?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 31. Have you had any problems with your eyes or vision?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 32. Do you wear glasses, contacts or protective eyewear?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 8. Have you ever had a rash or hives develop during or after exercise?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 33. Have you ever had a sprain, strain or swelling after injury?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 9. Have you ever passed out during or after exercise?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 10. Have you ever been dizzy during or after exercise?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 11. Have you ever had chest pain during or after exercise?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <i>If yes, check appropriate blank and explain below:</i>  |                                     |                                     |  |
| 12. Do you get tired more quickly than your friends do during exercise?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | ___ Head   | ___ Elbow                           | ___ Hip                             |  |
| 13. Have you ever had racing of your heart or skipped heartbeats?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | ___ Neck   | ___ Forearm                         | ___ Thigh                           |  |
| 14. Have you had high blood pressure or high cholesterol?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | ___ Back   | ___ Wrist                           | ___ Knee                            |  |
| 15. Have you ever been told you have a heart murmur?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | ___ Chest  | ___ Hand                            | ___ Shin/Calf                       |  |
| 16. Has any family member or relative died of heart problems or sudden death before age 50?                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | ___ Shoulder   | ___ Finger                          | ___ Ankle                           |  |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | ___ Upper Arm  | ___ Foot                            |                                     |  |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems?                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 36. Do you want to weigh more or less than you do now?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| 19. Do you have any current skin problems (for example, itching, rashes, zoe, warts, fungus, blisters or pressure sores)?     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 37. Do you lose weight regularly to meet weight requirements for your sport?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 20. Have you ever had a head injury or concussion?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 38. Do you feel stressed out?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 21. Have you ever been knocked out, become unconscious or lost your memory?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 39. Have you ever been diagnosed with sickle cell anemia?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 22. Have you ever had a seizure?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 40. Have you ever been diagnosed with having the sickle cell trait?  | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| 23. Do you have frequent or severe headaches?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 41. Record the dates of your most recent immunizations (shots) for:<br>Tetanus: <u>07/25/12</u> Measles: <u>06/20/08</u><br>Hepatitis B: <u>07/01/02</u> Chickenpox: <u>07/25/12</u>   |                                     |                                     |  |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>FEMALES ONLY (optional)</b>   |                                     |                                     |  |
| 25. Have you ever had a sting, burner or pinched nerve?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 42. When was your first menstrual period?  | _____                               |                                     |  |

Explain "Yes" answers here: \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s. 1006.20, Florida Statutes, and FHSAA Bylaw 3.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO) and/or exercise stress test.

Signature of Student: T. B. H. Signature of Parent/Guardian: \_\_\_\_\_ Date: 7.12.16

Exhibit 3  
11/22

EL2

Revised 03/16



# Florida High School Athletic Association Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

### Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physical therapist assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: 20 Blood Pressure: 116/64 (\_\_\_\_/\_\_\_\_)  
 Temperature: \_\_\_\_\_ Hearing: right P  F \_\_\_\_\_ left P  F \_\_\_\_\_  
 Visual Acuity: Right 20 PASS Left 20 PASS Corrected: Yes  No  Pupils: Equal  Unequal \_\_\_\_\_  
 FINDINGS: Normal ABNORMAL FINDINGS: \_\_\_\_\_ INITIALS: \_\_\_\_\_

#### MEDICAL

- 1. Appearance
- 2. Eyes/Ears/Nose/Throat
- 3. Lymph Nodes
- 4. Heart
- 5. Pulses
- 6. Lungs
- 7. Abdomen
- 8. Genitalia (males only)
- 9. Skin

#### MUSCULOSKELETAL

- 10. Neck
- 11. Back
- 12. Shoulder/Arm
- 13. Elbow/Forearm
- 14. Wrist/Hand
- 15. Hip/Thigh
- 16. Knee
- 17. Leg/Ankle
- 18. Foot

REDACTED

\* - station-based examination only

#### ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation  
 Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Precautions: \_\_\_\_\_  
 Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 Referred to: \_\_\_\_\_ For: \_\_\_\_\_

#### Recommendations:

Name of Physician:  
Address:

Date: 7.1.16

Signature of Physician:

Exhibit 3  
12/22



Revised 03/16



Florida High School Athletic Association

# Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: \_\_\_\_\_

### ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date:    /    /   

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Orthopedic Surgeons, American Society for Sports Medicine and American Osteopathic Association*

*Recognized by: American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine*

**REDACTED**

*Exhibits  
13/22*



Florida High School Athletic Association

Revised 04/16

# Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: Pahokee High School District (if applicable): Palm Beach

### Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

### Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

N/A

#### List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My child/ward is covered by his/her school's activities medical base insurance plan.

I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

7/12/16

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

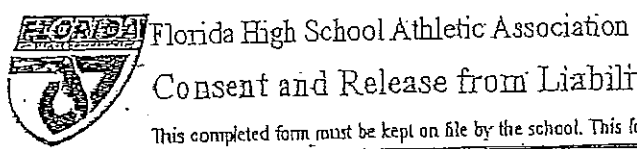
7/12/16

Name of Student (printed)

Signature of Student

Date

Exhibit B 14/23



# Consent and Release from Liability Certificate for Concussions (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: Panther Middle School High School District (if applicable): Yalm Beach

### Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

### Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

REDACTED

### DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

### Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

### Return to play or practice:

Following physician evaluation, the return to activity process requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussionin youthsports/> or <http://www.seeingstarsfoundation.org>

### Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at [www.nflslearn.com](http://www.nflslearn.com). I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) \_\_\_\_\_ Signature of Student-Athlete J. B. 16 Date 7.12.16

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date 7.12.16

Exhibit 3 15/23



Revised 04/16



# Florida High School Athletic Association Consent and Release from Liability Certificate for

## Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: Pahokee Middle Sr. High School District (if applicable): Palm Beach

### Sudden Cardiac Arrest Information

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

### FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

#### Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

**REDACTED**

By signing this agreement, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at [www.fhsaa.org](http://www.fhsaa.org). Please go to [www.fhsaa.org/departments/health](http://www.fhsaa.org/departments/health) for further instructions to view the courses. I have been advised of the dangers of participation for myself and that of my child/ward.

<u>        </u> Name of Student Athlete (printed)	<u>        </u> Signature of Student Athlete	<u>7,12,16</u> Date
<u>        </u> Name of Parent/Guardian (printed)	<u>        </u> Signature of Parent/Guardian	<u>7,12,16</u> Date

Exhibits 16 / 23



Revised 04/16



# Florida High School Athletic Association Consent and Release from Liability Certificate (Page 4 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

## Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. This form is non-transferable; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.3)
3. Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)
4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade-point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have enrolled in the ninth grade for the first time more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 2.6)
12. Must display good sportsmanship and follow the rules of competition before, during and after every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 1.7)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

**REDACTED**

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

7, 12, 16

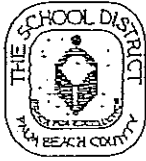
Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

7, 12, 16

Exhibit 3. 17 / 23



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Release and Consent for  
 Student Information Publication**

**REDACTED**

Parents (including legal guardians) are required to provide written permission to their child's school if they wish to:

- 1) allow their child to participate in school activities and the School District to publish the student's name, school name, grade level, photograph, video image, art work, writing, etc. in annual yearbooks, graduation programs, web sites, school newspapers, approved news gatherings, releases and articles, etc.  
 and
- 2) allow publication to the public of certain specified information (such as honors received) related to their child.

**DIRECTIONS:** If this is a blanket consent for all student publications throughout the school year, the parent will check the appropriate box and provide the school year. If a one-time release and consent for a special project is required, the parent will check the special release box and list below the name of the special project publication. The parent will sign and return to the student's school.

Student Name (last, first, middle initial) \_\_\_\_\_  
 Student Number \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_  
 School Name Pahokee Middle Sr. High Grade Level 11  
 School Contact [REDACTED] Contact telephone \_\_\_\_\_

**TYPE OF CONSENT (check one only)**

- blanket release and consent for all student information publications for school year 2016-2017

I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

- special release and consent for the student information publication listed below:

I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, etc. in the special production named above:

I also understand the production, publication, presentation or materials may be submitted for classwork, for open broadcast by *Instructional Television (ITV)*, *The Education Network (TEN)*, a film festival or contest or any other display according to the broadcast/ publication rules of the appropriate trade.

The School District of Palm Beach County shall have the right to sell, duplicate, reproduce or make other use of such rights transferred as The School District of Palm Beach County so desires. This agreement is given with free knowledge of the rights transferred to the School District of Palm Beach County. This agreement is made without restrictions or time limits.

- I give permission for the consent request indicated above.  
 I do not give permission for the consent request indicated above.

**REDACTED**

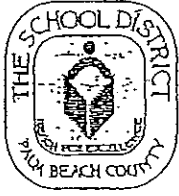
Signature of Parent/Legal Guardian of \_\_\_\_\_  
(Signature must be made by parent or guardian 18 or over) (proof of age required)

Date 7/12/16

7/12/16

Exhibit 3  
 18/23





THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Student Medical Consent for Athletics

Print Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged. (Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

REDACTED

NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to or affirmed and subscribed before me this 26<sup>th</sup> day of July, 2016

by \_\_\_\_\_

(parent/guardian or adult/emancipated student)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL-DL

Signature of Notary Public - State of Florida

Exhibit 3  
19/23

**INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT**

I live with (check one)  Both parents  Mother Only  Father Only  Guardian Other \_\_\_\_\_

Relationship to other \_\_\_\_\_ I have lived with the person(s) stated above since \_\_\_\_\_

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school.  I have been accepted into a Choice Program.
- I am attending this school on an approved student reassignment (reassignment requires approval by the Reassignment Specialist)
- I have been assigned to this school by the Department of Exceptional Student Education.

**CONSENT AND RELEASE OF LIABILITY CERTIFICATE - READ CAREFULLY BEFORE SIGNING**

I (the student) and we (the parent(s)/legal guardian(s)) have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA By Laws. I/we also understand that a complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's-administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept such risks. I (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School District and the contest officials, the National Federation of State High School Associations, (NFHS) and the FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation, and agree to take no legal action against any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize EMERGENCY MEDICAL TREATMENT for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons. I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Bowling, Cheerleading, Cross Country, 11-Man Tackle Football, Flag Football, Golf, Lacrosse, Soccer, Fast-Pitch Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weight-lifting, Wrestling.

(Other sports added to form by school)

**REDACTED**

I/we understand that participation may necessitate an early dismissal from classes. I/we consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my/our child/ward.

*Exhibit 20/23*

ADDENDUM TO CONSENT AND RELEASE

This form was created to comply with the provisions of Fla. Stat. § 744.301 as it relates to the enforceability of a waiver or release executed by a parent/guardian on behalf of their child/ward. This addendum applies to the parent/guardian waiving the right of a child/ward in advance of the child's/ward's participation in an activity.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I/WE HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE  
with parent(s)/legal guardian(s) should sign.

REDACTED

STATE OF FLORIDA

COUNTY OF palm Beach

Sworn to or affirmed and subscribed before me this 26<sup>th</sup> day of July 2016 by \_\_\_\_\_

(parent/guardian or adult/emancipated student)

Personally Known \_\_\_\_\_ OR Produced Identification

[Signature]  
Signature of Notary Public - State of Florida

Type of Identification Produced FL - DL

Exhibit 3  
21/23



~~09/01/2014~~  
GPA 3.5

# Athletic Eligibility for High School Students

Parents, in order for your son or daughter to be eligible to participate in athletics at his/her high school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. Make sure you read each page carefully before signing! A parent or the student (if an adult or emancipated) needs to sign papers in front of a notary. We cannot notarize any papers if they come to us already signed.

Student's Full Name (first, middle initial, last)	Student ID #	Today's Date 09/01/2014
---	--------------	----------------------------

REDACTED

### PROOF OF INSURANCE FOR STUDENT

Name of Policy Holder (Insurance Policy that covers student)	Policy Holder Relationship to Student	Policy Holder Place of Employment
Insurance Policy that covers student)		Insurance Policy #

### ATHLETIC ELIGIBILITY REQUIREMENTS FOR HIGH SCHOOL STUDENTS

TRANSFER STUDENTS AND NEW STUDENTS must have transcripts on file before an athlete is eligible to participate.

ALL STUDENT OBLIGATIONS must be met before participation in athletics/activities is allowed.

ALL SECTIONS OF THIS FORM must be filled out, signed & MUST BE ON FILE in Athletic Director's Office ten days prior to the first contest.

ALL STUDENTS MUST HAVE a Birth Certificate\* on file in the Athletic Office.

ALL STUDENTS will be responsible for a portion of their athletic insurance.

ALL FRESHMEN must be academically promoted.


A STUDENT SHALL BE ELIGIBLE for no more than four (4) consecutive academic years from the date he/she first enrolls in the ninth (9th) grade.

A STUDENT SHALL BE ELIGIBLE until reaching the age nineteen (19) and nine months.

A STUDENT ENTERING the 9th through 12th grades must maintain a 2.0 cumulative grade point average in all courses taken that are required for graduation to be academically eligible to participate in interscholastic athletic competition. If student in the ninth or 10th grade falls below the 2.0 cumulative grade point average requirement, the student will be allowed to participate on a semester-by-semester basis, if the student (a) earns a 2.0 grade point average on courses taken in the previous semester alone, (b) signs an academic performance contract with the school, and (c) attends summer school, if offered. Once, however, the student enters the 11th grade he or she must have and maintain from that point forward the 2.0 cumulative grade point average to be eligible. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

\* If specific documentation requested is not available, contact the athletic director for further instruction.

School [REDACTED]	Athletic Director [REDACTED]	Telephone # [REDACTED]
----------------------	---------------------------------	---------------------------

	THE SCHOOL DISTRICT OF PALM BEACH COUNTY <b>Leave of Absence          Temporary Duty Elsewhere (TDE)</b>	Check new or, to change a previously submitted request, choose revised <input type="checkbox"/> New <input type="checkbox"/> Revised
---	---	---

Click the appropriate circle above. Only the areas you are required to complete will be visible. Enter Employee ID number and tab to the next field to obtain employee information.

Employee ID # [REDACTED] Last Name [REDACTED] First [REDACTED] MI [REDACTED]  
 School/Dept. [REDACTED] Sch/Dept # [REDACTED]  
 Date(s) of Absence or TDE (duty days) From: Oct 04 2016 AM PM Total Duty Hours 6  
 To: Oct 04 2016 AM PM

LEAVE OF ABSENCE

REDACTED

TEMPORARY DUTY ELSEWHERE (TDE)

Justification (Do not exceed field boundaries - if more space is required attach a word document)

**BOWLING COMPETITION**

Destination **GREENACRES, FL** In-county  
Out-of-county  
Out-of-State

Provide funding information below for the following

1. Substitute teacher required? Yes No

2. Estimated Transportation Costs

$\$0.00 + \$0.00 + \$0.00 = \$0.00$

Transportation Costs    Lodging Costs    Other (Registration)    Total Estimated Travel Costs

DEPT	FUND	FUNC	ACCOUNT	PROG	BUDG MGR	LOC CD	AWD YR	PROJECT

Electronic signature certifies that funds are available in the accounts shown above for the specified amount(s). Area Superintendent Signature required for Principal's Leave/TDE request. Out of county travel requires the approval of the Area Superintendent, Assistant Superintendent or Division Head. Out of State travel requires the approval of the Chief Officer in addition to out of county approvals.

[REDACTED]  
10/3/2016 4:40:08 PM

*Dayne Demard*  
10/10/2016 9:16:32 AM

Area Superintendent signature required for out-of-state/county

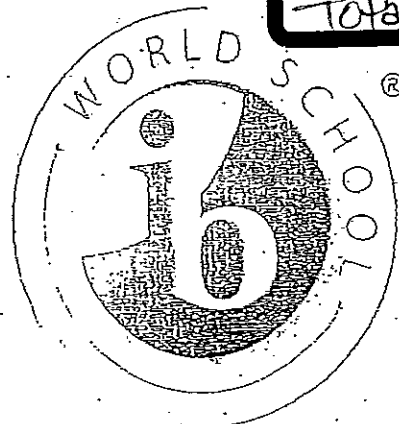
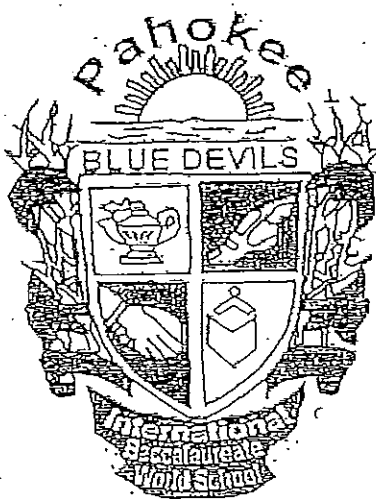
Signature of Area Superintendent

Chief Officer signature required for out-of-state/county

Signature Chief Officer

How to attach a file

*Exhibit 3 23/23*



REDACTED

Commitment to Athletics:

ALL SPORTS (FLOAT COACH)  
SPORT

Type of Agreement circle one: Paid-Coach or Volunteer Non-Paid

I am hereby offering my services to serve as a school athletic coach of the above sport to Pahokee's Middle/Sr. High School student body. In addition, I have reviewed and discussed the school's expectations and clearly understand the district bylaws of my duties and responsibilities in operating an organized and efficient school sport.

Gloria Wilson  
Coach Printed Name

Gloria Wilson  
Coach Signature

[REDACTED]  
Head Coach Printed Name

[REDACTED]  
Head Coach Signature

[REDACTED]  
Administrative Signature (Athletics Director)

Approved or Dis-Approved

\*\*\*\*Please Return to Ms. Mullins, Athletics Director for Approval.

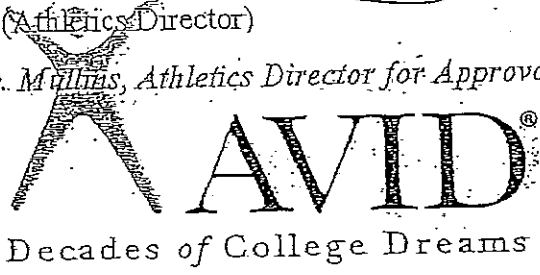
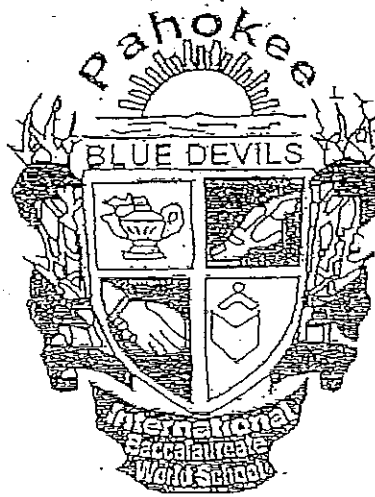


Exhibit 4

1/2



Commitment to Athletics:

Bowling, Softball  
SPORT

REDACTED

Type of Agreement circle one: Paid-Coach or Volunteer Non-Paid

I am hereby offering my services to serve as a school athletic coach of the above sport to Pahokee's Middle/Sr. High School student body. In addition, I have reviewed and discussed the school's expectations and clearly understand the district bylaws of my duties and responsibilities in operating an organized and efficient school sport.

Jacqueline D. Hester  
Coach Printed Name

Jacqueline D. Hester  
Coach Signature

[Redacted]

[Redacted]

Head Coach Printed Name

Head Coach Signature

[Redacted]

Approved or Dis-Approved

Administrative Signature (Athletics Director)

\*\*\*Please Return to Ms. Mullins, Athletics Director for Approval

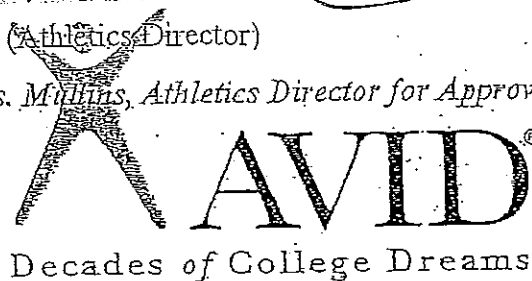
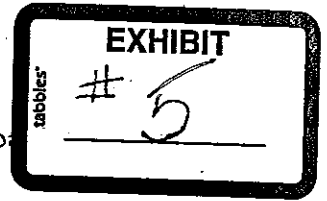


Exhibit 4  
2/2



TANYA LAWSON <tanya.lawson@p...



16-539

Permission Slips

3 messages

TANYA LAWSON <tanya.lawson@palmbeachschools.org>
To: recordsmanagement@palmbeachschools.org

Wed, Dec 21, 2016 at 11:27 AM

Can you please tell me the retention time for permission slips, e.g., permission for a student to participate in sports and the signed parental permission slips for each away game?

Thx.
Tanya M. Lawson
Office of Inspector General
Investigator
561-434-8511
PX 48511

Records Management <recordsmanagement@palmbeachschools.org>
To: TANYA LAWSON <tanya.lawson@palmbeachschools.org>

Wed, Dec 21, 2016 at 3:31 PM

Hello Tanya,

Below is the description and retention from the District's Records Retention Schedule:

FIELD TRIP/STUDENT ACTIVITY AUTHORIZATIONS GS7 Item #37 This record series documents parent/guardian approval/disapproval for their child to participate in field trips and school activities such as clubs, performance groups, and athletics. Documentation may provide such information as type and purpose of activity, date(s), location(s), emergency contact information, and medical treatment authorization. The series does not include the record copy of any financial documentation. Schools are responsible for ensuring that internal management policies are in place establishing criteria for which authorizations should be retained longer in the event of accidents or other incidents occurring during authorized activities.

RETENTION: a) Record copy. Retain until end of school year.
b) Duplicates. Retain until obsolete, superseded or administrative value is lost.

Records eligible for disposal must be documented and submitted using PBSO 0783 - Records Disposal Certification form.

[Quoted text hidden]

TANYA LAWSON <tanya.lawson@palmbeachschools.org>
To: Records Management <recordsmanagement@palmbeachschools.org>

Wed, Dec 21, 2016 at 3:43 PM

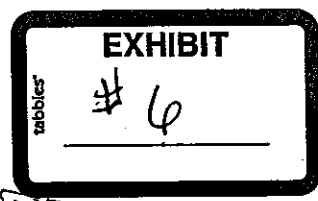
Thank you.

Tanya M. Lawson
Office of Inspector General
Investigator
561-434-8511
PX 48511

[Quoted text hidden]

Remove Records from Management





Date: April 18, 2017

From: Ms. Jacqueline Hester

In Reference to Case#16-539

To Whom It May Concern:

**REDACTED**  
**RECEIVED**  
APR 18 2017  
**INSPECTOR GENERAL**

I am writing this Incident Report in reference to (OIG) Supplement Payment Investigation.

During the 2014-2015 school year, I was asked by the Athletic Director, \_\_\_\_\_ to coach sports for Pahokee High School. I accepted the following sports positions: Girl's Bowling and Softball. I also accepted an athletic operational position as a Ticket-seller for Football and Basketball. Shortly after my acceptance, I was informed by The Athletic Director,

that Mr. Adrian Ocampo, Principal said there were specific trainings/course work that must be completed before I could coach. The Athletic Director, scheduled a meeting to give information regarding coaching certification procedures. I completed all coaching requirements that allowed me to be a certified coach with my certification expiring on June 30, 2017.

As a new coach, I did not have any knowledge or authority in reference to what funds could or couldn't be used to pay supplements and I was never informed of what funding account would finance my compensation for my athletic work. However, Mr. Adrian Ocampo stated to me "to receive your supplement, coaches must have all the proper papers in order and that Mrs. Linda Barnes, Principal's Secretary will put the paperwork in for the supplements."

During the 2015-2016 school year, I rendered the same services in Girl's Bowling, Softball, and Ticket-seller for Football and Basketball. I was never informed about submission of incorrect paperwork, inappropriate compensation out of wrong accounts etc.... To my knowledge the administration at Pahokee High School never discuss supplement paying procedures/policies

*Exhibit 6 pg 1/4*

during department or one on one meetings. Therefore, I had no knowledge of any unlawful payments being paid to any individual(s) and I was confident that everyone was very knowledgeable of their job responsibilities within the Palm Beach County School District's policies and procedures.

During the past 2.5 years that I been working these sporting events/operational duties without any knowledge of being in violation of the district polices and/or procedures. I know that my coaching certificate was in compliance, I showed up on time to monitor students, I made sure students were safe and arrive home safely after their competition. I worked beyond my job responsibilities because of my strong dedication to the students, even when transportation was not provided, myself and the Athletic Director driven our own personal vehicle for making sure that Pahokee High School Bowling Team met their Bowling tournaments on Tuesday and Thursday evenings. During a recent meeting with Mr. Aronson, I asked a question about mileage and I was told by the Bookkeeper Ms. Brandi Angram to do a mileage slip and submit it to her, in which I did but upon submission to Principal Aronson he denied the request. It saddens me because Principal Aronson knowing that Pahokee High School had a Bowling Team, and aware of the transportation issues for our student-athletes but did not support our efforts to make sure the team was able to make it to competition.

I feel like I am much unappreciated for what I have done for Pahokee High School due to the following reasons: I am under investigation concerning payments as if I have taken funds or falsified to receive funds in which I had no authority of designation, submission and/or implementation of supplements. . I am not guilty of taking anything, to my knowledge I completed the paperwork, I performed the job and I received payment for services rendered.

REDACTED

In November, 2016, Mr. Michael Aronson called a meeting to meet with Athletic Director

Media Clerk Ms. JacQueline Hester, Data Processor Mrs. Gloria Wilson, Announcer Brian Crawford, Secretary Mrs. Cynthia Guerra and Bookkeeper Ms. Brandi Ingram.

In this meeting Mr. Aronson was reviewing who was coaching specific sports, the Secretary Mrs.

Cynthia Guerra stated that it was only one supplement for Bowling; therefore, Coach Hester and

had to split the supplement but this was never told to us by the now former principal Mr. Adrian Ocampo. Principal Aronson and Secretary Mrs. Cynthia Guerra stated in order to get paid for Football and Basketball, ticket sellers have to get paid out of a different account and the amount will be \$50 per game. Here is another statement that we were never told by Mr. Ocampo or Mrs. Barnes about how we were to be paid nor which accounts the compensation will be applied to.

I have been nothing but been a dedicated worker to the students at Pahokee High School. I am unaware that I was responsible for which accounts compensation supplements is applied to even though my job title/level responsibilities do not give me the authority to do so. However, I strongly believe in operational efficiency and for me this have been a painful learning experience.

During Football and Basketball season, I leave home at 6:30 am and work my regular eight hours then I work the sports events that make me return home some nights around 9:30 pm or 10:30 pm. This is a strong sacrifice for my family because I spent most of my time at Pahokee High School working these activities that our wonderful students love but no one in authority really cares about the coaches' sacrifice as long as the job is done for the low compensation. I was dedicated to my job; I can see if I wasn't working and receiving a supplement but I honestly didn't know what type of supplement I was receiving and had no idea that my superiors was

Exhibit 6 pg 3/4

paying me incorrectly. However, I feel that this investigation is trying to divert responsibility for my superiors and have me held liable for their actions.

Thank you for your time and attention in handling this very important matter! Also, I am affirming that everything I have written in this document is true.

Respectfully Submitted,

Ms. JacQueline Hester

**REDACTED**

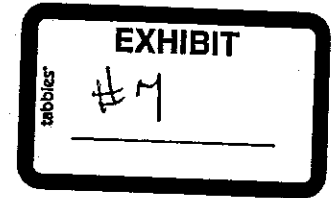
Exhibit 6 pg. 4/4

Gloria Wilson  
605 Southwest 10<sup>th</sup> Street  
Belle Glade, FL 33430

RECEIVED  
APR 21 2017

INSPECTOR GENERAL

Fulton-Holland Educational Services Center  
3300 Forest Hill Boulevard  
West Palm Beach, FL 33406  
(561) 434-8000



Dear Inspector General Lung Chiu,

I am submitting this response in reference to your letter dated April 5, 2017, and following reflections on the information contained in the materials given me to examine. I begin by saying that I have worked at Pahokee Middle Senior High School for 33 years. This is one of the longest relationships I have had in life, and I have honored the time and the growth I have experienced here. I have also trusted this institution to educate my two children. I have been honest and loyal as a staff member and have not questioned the authority of my superiors, when asked to perform righteous duties. This circumstance has occurred as a result of me being asked by our former principal, Mr. Adrian Ocampo, to sell tickets at local sporting events. I had rendered this service for Pahokee Middle High School on a volunteer basis for several years. Mr. Ocampo stated to me "Gloria, I was given your name as a person I could trust. I feel that you are trustworthy I need you to become ticket seller for the school." He told me that I would be selling tickets for all home sporting events and that a supplemental payment for me would come from his "Gender Equity Account", or as Mr. Ocampo stated later, a "Title IX Supplement". This arrangement began in 2015, and it wasn't until Mr. Ocampo left and Mr. Aronson became principal that I became aware of concerns in this area.

Apparently prior to Mr. Ocampo's departure there was a request that a supplement requisitioned for myself and two other school employees was not to be paid. I did not inquire about it because, money was not the issue for me. I thought I was being helpful to my school and after all, I had performed the same duties after school as a volunteer. Since Mr. Ocampo directed me to perform the duties for which I was provided a supplemental salary, please understand that I did not question Mr. Ocampo, since he had served as a principal elsewhere before joining the Pahokee High team as its leader. And, while I did not consult a CBA or CTA agreement, an excerpt from your draft. Information states that "...an AESOP represented employee who agrees to be assigned by his/her Principal to any

Exhibit 7  
Pg 1/2

REDACTED

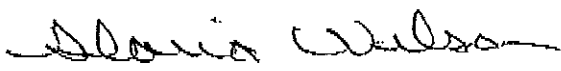
*supplemental position listed in (an appendix of the CBA) for which he/she is qualified as determined by the Principal and who can perform the duties for such supplemental position after his/her regularly assigned work hours, may be assigned to such position and paid the supplemental salary listed (in an appendix) for that supplemental position upon the successful completion of the duties and responsibilities related to that supplemental position as determined by the Principal.*” Isn't the supplement made in 2015 and afterward supported by this language?

On December 5, 2016 in a meeting, after Mr. Ocampo left, the new principal, Mr. Aronson, became our leader is when I told there was something out of order in the supplement arrangements made earlier. I had signed documents presented to me, and I thought all was done in order, according to Mr. Ocampo. He had told me to go to a training conducted by Yetta Green and that I would be given the date and time to report, that this would be cleared by Yetta Green's office. Although I did not contact Yetta Green, a schedule was made for me. I do not know who scheduled the training, but ..... told me the date and time to report. Later ..... gave me a document to sign. She told me to sign as "float coach", because I worked selling tickets at all home athletic games. After reading through the materials given to me, I feel that I was taken advantage of, because the payment of a supplementary salary was new to me, following many years of volunteering for the same scope of work for football games and basketball games.

I didn't have an opportunity to discuss this with Mr. Ocampo, and I don't understand why I was not contacted, if he found out there was paperwork violations with the supplemental payment. Integrity is of utmost importance to me. I have functioned as a trusted staff member for my entire career while working at Pahokee Middle Senior High School. I wouldn't have ever put my livelihood in jeopardy for 1,200 to 1,925 that I earned as a ticket seller. I feel that I have been victimized in this situation. How was I to know that my superiors did not take the appropriate steps in processing paper work and or using funds in the correct manner?

I am looking forward to a resolution that considers the truth and employs fair measures to all individuals that are involved.

Respectfully Submitted,



Gloria Wilson

Exhibit 7  
pg 2/2

I truly believe this is and was an unfair investigation. I was instructed by the Principal at the time on how to pay out supplements, but I'm being held as the one in violation. I cannot input nor approve payroll. If this was a violation I believe the Principal should have address it and stated a proper way for payment. When Mr. Aronson address this situation and reviewed the correct way that supplements were paid then I did just as he requested. I think it's a little strange that only Ms. Hester, Ms. Wilson, and I was named in the investigation. Mr. Brian Crawford was paid a supplement for being the announcer at the football games, but this was not reported by Mr. Aronson. Please share with me how being paid for announcing the games is ok and that's not a violation, but the person who actually worked the games, and completed necessary paperwork for the teams was and is a violation. All ask if you are going to do investigation make sure you get all necessary documents. Mr. Aronson also conducted a meeting with Ms. Hester, Mrs. Wilson, Mr. Crawford, and myself on how each individual would get paid for the things they did. If you take a look at the supplements for football this year, I only submitted Orson Walkes as head coach to be paid. Other coaches were paid and I did not submit their names, and after all supplements for JV and Varsity football was paid because we only had 2 teams, other football coach was paid from a supplement that was not a team we had for this year. The Principal had to approve these supplements, but I didn't submit their names. So, my question is this a violation? All I request is a FAIR and JUST procedure. I believe a form of discrimination and unfair treatment has been place on everyone named in this investigation.

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Exhibit 8  
Pg 1/1

#16-539

EXHIBIT #9

PAHOKEE HIGH

ANNOUNCER PAYMENT

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Brian Crawford Employee #1032659

August 19, 2016----	Village Academy	\$100.00
September 2, 2016-	Wayne Hills	\$100.00
September 9, 2016-	Cardinal Newman	\$100.00
October 14, 2016----	Frostproof	\$100.00
October 21, 2016----	Fort Meade	\$100.00
November 4, 2016--	Glades Central	\$100.00
November 11, 2016-	Newberry	\$100.00
November 18, 2016-	Trenton	\$100.00
November 25, 2016-	Madison	\$100.00

REDACTED

Total 900.00

Brian Crawford

Exhibit 9  
Pg 1/5



Pahokee High Football

Ticket-Seller Payment

**RECEIVED**  
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Jacqueline Hester Employee # 1073888

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August 19, 2016	---Village Academy	\$50.00
September 2, 2016	---Wayne Hills	\$50.00
September 9, 2016	---Cardinal Newman	\$50.00
October 14, 2016	-----Frostproof	\$50.00
October 28, 2016	-----Taylor	\$50.00
November 4, 2016	-----Glades Central	\$50.00

Jacqueline Hester Jacqueline Hester

Exhibit 9  
Pg 215

**PAHOKEE HIGH VOLLEYBALL  
TICKET-SELLER PAYMENT**

REDACTED

Jacqueline Hester Employee# 1073888

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August 31, 2016-----Dreyfoos \$50.00

Total \$50.00

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Jacqueline Hester

Jacqueline Hester

Exhibit 9  
pg 3/5

**PAHOKEE HIGH VOLLEYBALL  
TICKET-SELLER PAYMENT**

REDACTED

Gloria Wilson Employee# 1027987

August 30, 2016-----Atlantic Christian Academy	\$50.00
August 31, 2016-----Dreyfoos	\$50.00
September 8, 2016—Clewiston	\$50.00
October 1, 2016-----Frostproof/Fort Meade	\$50.00
October 4, 2016-----Glades Central	\$50.00
October 10, 2016-----Seminole Ridge	\$50.00
Total	\$300.00

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*Gloria Wilson*

Gloria Wilson

Exhibit 9  
pg 4/5

Pahokee High Football

Ticket-Seller Payment

REDACTED

Gloria Wilson Employee # 1027987

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August 19, 2016	---Village Academy	\$50.00
September 2, 2016	---Wayne Hills	\$50.00
September 9, 2016	---Cardinal Newman	\$50.00
October 14, 2016	----Frostproof	\$50.00
October 28, 2016	----Taylor	\$50.00
November 4, 2016	----Glades Central	\$50.00

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Gloria Wilson Gloria Wilson

Exhibit 9  
pg 5/5