Board Office Use: Legislative File Info.			
File ID Number	22-1360		
Introduction Date	6/8/22		
Enactment Number	22-1150		
Enactment Date	6/8/2022 er		



# **Board Cover Memorandum**

**To** Board of Education

From Kyla Johnson-Trammell, Superintendent

Sondra Aguilera, Chief Academic Officer

April Harris, Principal, Bret Harte Middle School

Board Meeting Date June 8, 2022

Subject Approval of Request for Student Travel

Action Requested	Approval by the Board of Education of Board Resolution No. 2122-0200, authorizing student travel by school site <a href="mailto:206/Bret Harte Middle School">206/Bret Harte Middle School</a> to



Fiscal Impact	Amount of District funds to be used for trip costs will be $\frac{$0.00}{}$ .		
	Funding source for the trip will be:  General Purpose Restricted Funds No District funds will be used		

Board Office Use: Leg	islative File Info.
File ID Number	21-1360
Introduction Date	6/8/22
<b>Enactment Number</b>	22-1150
Enactment Date	22-1150 6/8/2022 er

# RESOLUTION OF THE BOARD OF EDUCATION OF THE OAKLAND UNIFIED SCHOOL DISTRICT

Resolution No. 2122-0200

## **AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL**

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

bisaries to approve all trips involving out-of-state an	d out or country travel; and
WHEREAS, pursuant to Board Policy 6143, t	the Superintendent requests the Board of Education
to authorize student travel for the period of July 6	through July 9
to NACRJ Conference, Chicago, Illinois	
by	
NOW, THEREFORE, BE IT RESOLVED, the District does hereby approve the following request f School: Bret Harte Middle School	Board of Education of the Oakland Unified School or student travel:
Destination: NACRJ Conference, Chicago III	inois
Departure Date: July 6	Return Date: July 9
Passed by the following vote:	
AYES: Aimee Eng, Clifford Thompson, Vice Presider	nt Benjamin "Sam" Davis, President Gary Yee
NAYS: None	
ABSTAINED: VanCederic Williams	
ABSENT: (Vacancy), Samantha Pal (Student Director	), Natalie Gallegos Chavez (Student Director)
I hereby certify that the foregoing is a full, tr Governing Board of the Oakland Unified School Distr	rue and correct copy of a Resolution adopted by the rict at a Regular Meeting held $\underline{\text{June 8, }2022}$ .
	OVICE .

By: Kyla Johnson-Trammell, Superintendent

Secretary, Governing Board



# OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

Basic Directions	
This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields opposite throughout the packet making it quicker and easier to complete.	VIII
<ol> <li>Requests must be submitted to Network Superintendent no later than 120 days prior to departure</li> <li>Board approval is required for all out of state trips.</li> <li>Return Health Services Notification Form to the School Nurse or approval for a field trip</li> <li>Use of Restricted Funds requires additional approval by Office of Accountability Partners</li> <li>Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through ousd.org/volunteers or email volunteers@ousd.org. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)</li> <li>Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153</li> <li>Check the Pre-Approved Vendor List for contract and insurance requirements</li> <li>Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster</li> </ol>	e
Required Documents for Request Approval  Required Documents for Request Approval Memo and Board Resolution  Required Documents for Request Approval Memo and Board Resolution  Required Documents for Request Approval Memo and Board Resolution	
Required Documents for Trip Approval  "Checklist Prior to Trip Departure"  List of students and adults attending trip "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle	e
TRIP INFORMATION TO BE COMPLETED BY TEACHER:  School or Center: Bret Harte Middle School  Site Number: 208	_
Destination: National Association of Community and Restorative Justice (NACRJ) Conference  Address: Hyatt Regency McCormick Place, Chicago Illinois	-
Phone or Contact Info: 510-282-7291	
Departure - Date: July 6 Time: Place of Departure:  Return - Date: July 9 Time: Place of Return:  Class(es)/Group Attending: Bret Harte Peer RJ Leaders	_
Grade(s): 6-8 # of Students: 12 # of Adults: 5  Teacher Supervising Trip: Colleen Tiffenson  Emergency Contact # During Trip: 510-282-7291  Supervising Teacher's Email Address: colleen.tiffenson@ousd.org	_
Supervising Teacher's Email Address:  Kim Powell, Risk Mgt.	



Site: Bret Harte Middle Sch	ool
Teacher Supervising Trip:	Colleen Tiffenson
Destination: NACRJ Confe	rence
Date of Departure: July 6.2	022
Date of Departure: July 6.2	022

Describe itinerary and activities:  (☐ Trip will include swim or water activities)	7:30am-8:30 am Breakfast 8:30am -10:00 am-Keynote Speaker Address 10:15am-11:45 am Morning Workshop sessions 12:00pm -1:00pm Lunch and Community Connection 1:00pm-2:00pm-Special Events/ Guest performances 2:15pm -3:30pm Afternoon workshop sessions 3:45pm -5:00 pm-Plenary Session 7:00 pm- Dinner
Names of teachers and staff attending trip:	Teachers:  ColleenTiffenson, Inji El Ghannan, Dyamen Williams, Aris Tunson,Inshirah Tsetser  Staff:
Describe mode of transportation for each leg of the trip:	Ground Transportation- Hotel shuttle. ride share,
Describe educational purpose of trip, including how it aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	Bret Harte Middle School has taken a whole school approach to implementation of restorative philosophy in alignment with OUSD's strategic goals of reducing racially disproportionate discipline, promoting social/emotional learning, and increasing academic outcomes through the development of restorative leaders and a restorative school culture. Students will explore the potential of restorative and community justice - relational justice practices. engage in deep discussions that flow from plenary/keynote and breakout sessions. explore how relational justice (i.e., community and restorative justice) values, principles and practices can meaningfully address social problems enetwork and build relationship with restorative justice practitioners nationwide elearn and expand their own personal practtice of using community circles to build community and set things right
TRIP COSTS  District funds may be used to include airfare, bus fare, car for school sponsored activities dur (e.g. museum).  District funds may NOT be us sundries, lodging, etc.	pay transportation costs for out of state trips or direct educational program costs. Transportation costs are, etc. related to transportation to/from the out-of-state destination and the transportation costs for the ring the trip. Direct educational program costs include admission fees for visits which are part of the program and the trips of the program of state trips. Non-travel pupil expenses include meals, is to pay for non-travel pupil expenses on an out of state trip, you must first obtain approval for a waiver of the OUSD Board of Education and the State Board of Education.
Amount of District funds to	be used for trip costs will be \$   Restricted funds  No District funds will be used
Funding source for the trip	will be: General Funds Restricted funds No District funds will be used

Overnight Field Trip/Excursion Request Form

Page 2 of 5

Resource #: \_\_\_\_

Legal Rev.7/26/21



SCHOO	ND UNIFIED OL DISTRICT hools, Thriving Students	Teacher Sup Destination: Date of Depa	arte Middle School pervising Trip: Colleer NACRJ Conference arture; July 6	n Tiffenson	
Total Cost of Program	n/Admission: \$	Sour	ce: 🗌 General Fu	nds 🗌 Restricted 🔳	No District Funds
Cost per stud	ent: \$	Cost per adult: \$			
Org. Key	Object #	Resource #	Amount	Req#	PO#
	5829				
	5829				
Bus Company: # of buses ordered: _	used, the approve	ed bus company list i			e needed?
Cost of transportation	: \$	Source:	eneral Funds	Restricted Funds	
Org. Key	Object #	Resource #	Amount	Req#	PO#
	5826				
HEALTH CONDIT	5826	TION			
			ne following condition	ons? Yes: No: [	
Severe Allergy Asthma Diabetes Seizures	Student has a	an Epi-pen at school an inhaler at school medication at school medication at school medication at school		☐ Student has me	
Will any students nee	d medications dur	ing the trip? Yes:	☐ No: ☐		
If the answer is yes, p	lease fax the attach	ched Health Services	Notification Form	to 879-4605.	
CERTIFICATES (	OF INSURANC	E			
Facility/Program Insu operated).	rance: Attach copi	es of Proof of Insura	nce from all private	vendors (except public	cly owned and
If yes, attach the wr	itten requirement ct person at the fa	s provided by the F cility and the school s	acility. (Once the site contact. The or	District's insurance? `Certificate of Insurance iginal certificate will the	e is prepared, it will

#### CERTIFICATES OF INSURAN

#### OFFICE OF ACCOUNTABILITY PARTNERS

If restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #:\_

- 1. Attach a copy of the site plan, if modified. Modified SPSA Date:
- 2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



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Tenetini Sunrivining Imp Colonia fillimena	and the second state of the second state of the second second second second second second second second second
Destination UACHT Confirmed	efore only a manifest for providing an electronic provider and the contract of the contract of the contract of
Date at Departure July 1, 2027	residente de la companya de la comp

APPROVAL OF REQUEST	Signature	Approved Denied	Date
Site Administrator  Trip aligns with grade level standards Trip purpose, supervision plan, Iransportation, safety parameters and Junding are appropriate Reviewed agreements/contracts with any Jacility program or vendor (attach copies) Organization(s) involved in the trip have expertise in operating student trips	Alfrikan		3/21/22
Network Superintendent  Trip purpose, transportation, and funding are appropriate Organization(s) involved in the trip have expertise in operating student trips	26.13		320/2
Office of Accountability Partners of restricted funds)  Compliant use of resources and in alignment with school site plan (SPSA)			
Risk Management  Business contracts, insurance, safety and policy compliance are sufficient.  Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)	RS "		1/20/22
APPROVAL OF TRIP	Signature	Approved Denied	Date
Site Administrator  Forward the completed: (1) Checklist  Prior to Trip Departure, (2) list of students and adults attending trip. (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle	Atlackson		3/2/2
Risk Management) Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver Notify Site of Trip Approval once approved by Superintendent	DES	~	4/20p
Superintendent Approve/disapprove trip Returns Request Form to Risk Management	Soula Agil	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4/25/2022



Site: Bret Harte Middle School	
Teacher Supervising Trip: Colleen Tiffenson	
Destination: NACRJ Conference	

	Date of Departure. 331, 33, 33
(initial e	KLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE each item certifying completion)
AT	"OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
All	"Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
AS	OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.
AX	No student has been prevented from making a trip due to lack of sufficient funds.
All	No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)
ory	Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.  Meeting date:
<del>P</del>	Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
A	Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.
AX	Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
4	Sleeping arrangements and night supervision are safe and appropriate.
A	Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
AV	Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
NA	OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
	Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
	Site and trip leader has a list of students and adults attending trip.
All	Staff and students will wear masks while indoors (including transportation) during the trip.
	Each individual attending the trip will have their own room/tent/cabin to spend the night, or will sleep outdoors.

# TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



# FIELD TRIP/EXCURSION INFORMATION DESTINATION OUTSIDE OF CALIFORNIA

(to be kept by Parent/Guardian)

#### TO BE COMPLETED BY TEACHER

School or Center: Bret Harte	Middle School		
Destination: NACRJ Conf Address: Hyatt Regency	ference Hotel, McCormick Place, Cl	hicago II	Ilinois
•	Time:		
Class/Group Attending: Bret	Harte RJ Peer Leaders		
Name(s) of Classroom Teache			,
Teacher Supervising Trip: Co			
Emergency Contact # During	Trip: 510-282-7291		
The field trip will involve the following: (Describe activities and itinerary):  (□Swim/water activities permission required)	7:30am-8:30 am Breakfast 8:30am -10:00 am-Keynote Speaker Address 10:15am-11:45 am Morning Workshop sessions 12:00pm -1:00pm Lunch and Community Connection 1:00pm-2:00pm-Special Events/ Guest performances 2:15pm -3:30pm Afternoon workshop sessions 3:45pm -5:00 pm-Plenary Session 7:00 pm- Dinner		
Mode(s) of transportation:	Ground Transportation-Hot	tel Shutt	tle. Ride Share
Student needs to bring:	ID, Mask,Proof of vaccine,	negative	e test within 72 hours

<u>Insurance Notice to Parents</u>: OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities within the U.S. To make an insurance claim, obtain a claim form from the school principal. For information on accident insurance, contact OUSD Risk Manager Rebecca Cingolani at Rebecca.Cingolani@ousd.org.



# **OUT OF STATE FIELD TRIP**

# **HEALTH SERVICES NOTIFICATION FORM**

TRIP INFORMATION:	
School or Center: Bret Harte Middle School	Site Number: 208
Destination: NACRJ Conference, Chicago Illinois	
Departure - Date: July 6 Time:	
Return - Date: July 9 Time:	
Class(es)/Group Attending: Bret Harte Peer Leaders	
Grade(s): 6-8 # of Students: 12 # of Adults:	5
Teacher Supervising Trip. Colleen Tiffenson	
Supervising Teacher's Email Address: colleen,tiffenson@ousd.c	org
HEALTH CONDITIONS/MEDICATION:	
Will there be any students participating in the field trip with the following of	onditions? Yes: No:
Severe Allergy       ☐ Student has an Epi-pen at school         ☐ Asthma       ☐ Student has an inhaler at school         ☐ Diabetes       ☐ Student has medication at school         ☐ Seizures       ☐ Student has medication at school         ☐ Sickle Cell Anemia       ☐ Student has medication at school         ☐ Other condition(s):       ☐ Other condition(s)	Student has medication at school
Will any students need medications during the trip? Yes: No:	
If the answer to any of these questions is yes, please fax this form to 87	9-4605.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.



# STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

### TO BE COMPLETED BY PARENT/GUARDIAN I give permission for my daughter/son/ward \_\_\_\_\_ (Name of Student - please print) to participate in a field trip on Date(s): to: July6-July9;NACRJ Conference, Chicago Illinois Emergency Number(s) for Parent/Guardian: 1. \_\_\_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_\_ Phone Number(s): Alternate Emergency Contact Name: **Student Health Conditions** ☐ Student has an Epi-pen at school ☐ Severe Allergy to: \_ ☐ Diabetes ☐ Student has medication at school Student has an inhaler at school □ Asthma ☐ Sickle Cell Anemia ☐ Student has medication at school ☐ Seizures ☐ Student has medication at school ☐ Student has medication at school ☐ Other condition(s): \_\_\_ Medications needed during the school day: Medications needed after school hours: \_\_\_\_\_ Special Instructions: All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information. Health Insurance Plan Name: \_\_\_\_\_\_ Subscriber/Policy No. \_\_\_\_\_ ☐ Swim/Water Activities Permission – If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes \_\_\_\_\_ No \_\_\_\_ My child's swimming ability is (check one): Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward. Notice of Waiver of All Claims: I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330) Print Name Parent or Guardian Signature FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that My high school student has my permission to arrive at and/or leave the destination on his/her own: \_\_\_\_ arrive \_\_\_\_ leave Print Name Parent or Guardian Signature



## ADULT PARTICIPANT OUT OF STATE FIELD TRIP/EXCURSION CHAPERONE AGREEMENT (NON-OUSD EMPLOYEE)

#### TO BE COMPLETED BY CHAPERONE

I,(Name of Adult)	, have read and understand the	e trip information materials ar	nd hereby agree to
participate in the field trip or excursion on	July 6	through July 9	
NACRJ Conference, Hyatt Reg			to
TAXONO COMOTONOC, TIYALI TIC	(Destination)	oc, Ornoago, miriois	
<ol> <li>I understand that my participation is provided by supervising teacher/coad of students. I understand that I must</li> </ol>	ch and I will comply with all Dis	strict requirements pertaining	
2. I understand that no insurance is p	provided by the Oakland Unified	School District for this field t	rip/ excursion.
Swim/Water Activities Participation to participate in these activities as needed?		activities are a part of the field	l trip, do you agree
My swimming ability is (check one):	I do not swim Beginn	er Intermediate	Advanced
Authorization to treat: I hereby give per	rmission to the School staff to	secure proper treatment for m	ie.
<b>Notice of Waiver of All Claims</b> : I herel and/or the State of California for injury, according excursion. (Education Code Section 3533)	cident, illness or death occurring		
Adult Participant Phone Numbers: Cell:	Home:	Work:	
Emergency Contact Person:			
Emergency Contact Numbers: 1	2	3	
Adult Participant's Critical Medical Needs/M	edications/Allergies/Conditions	:	
Health Insurance Plan Name:	Subsc	riber/Policy No.	
Date: Adult P	articipant Signature:		
	Print Name:		

<sup>&</sup>lt;sup>1</sup> For more information, see <a href="http://ousd.org/volunteers">http://ousd.org/volunteers</a>. For questions, email <a href="mailto:volunteers@ousd.org">volunteers@ousd.org</a>.



# **Certificate of Insurance Coverage Request Form**

(Field Trip)

Request Date:	Site Name:	arte Middle	School		
Site Contact Person:	Telephone:	arto iviladio	Fax:		
Colleen Tiffenson	510-28	2-7291	rax.		
Site Contact Person Email Address:		L			
colleen.tiffenson@ousd.org					
Event Location Name:					
Hyatt Regency-McCormick P					
Address:					
Hyatt Regency McCormick Place, Chicago Illinois					
Event Contact Person Information Name:	Telephone:		Fax:		
Mark Thaler, Conference Planner	954-64	19-1000			
Event Date and Time:					
July 6-July 9					
Brief Description of the Event:					
National Association of Community and Restorat					
together people from restorative justice and restorate, engage, and network with leaders in the fie					
emerging field that is growing rapidly.					
Facility Insurance Requirements: (Please attach the writte	t provided by the Eve	nt Facility)			
	•				

Email or Fax Request (not less than 15 calendar days prior to the event) to:

Risk Management Department

Attn: Cynthia Grice

Email: cynthia.grice@ousd.org

Fax (510) 879-4022

CG 7/2016