

Board Office Use: Legislative File Info.	
File ID Number	14-1817
Introduction Date	10-22-14
Enactment Number	14-1801
Enactment Date	10/22/14 <i>aj</i>



Memo

To Board of Education

From Antwan Wilson, Superintendent

Board Meeting Date
(To be completed by Procurement) 10/22/14

Subject Professional Services Contract - Prevent Blindness Northern California
- 968/ Health Services (site/department)

Action Requested Approval of professional services contract between Oakland Unified School District and Prevent Blindness Northern California. Services to be primarily provided to 968/ Health Services for the period of 9/2/2014 through 8/30/2015.

Background
A one paragraph explanation of why the consultant's services are needed.

OUSD Health Services is collaborating with the PBNC in providing free vision screening to pre-kindergarten and transitional kindergarten students. Vision screening to detect vision problems in preschool is crucial because it can be difficult to treat them by kindergarten. Students who do not pass the initial screening will be scheduled for a comprehensive dilated eye exam (by a licensed optometrist) on a mobile eye clinic that will return to the school or nearby location. Health Services will work with the PBNC staff to implement the vision screening program to its full capacity and assess its progress.

Discussion
One paragraph summary of the scope of work.

Approval by the Board of Education of the Professional Services Contract between Oakland Unified School District and Prevent Blindness Northern California, San Francisco, CA, for the latter to provide free vision screening to pre-kindergarten and transitional kindergarten students for the period of September 2, 2014 through June 30, 2015, at no cost to the District.

Recommendation Approval of professional services contract between Oakland Unified School District and Prevent Blindness Northern California. Services to be primarily provided to 968/ Health Services for the period of 9/2/2014 through 6/30/2015.

Fiscal Impact Funding resource name (please spell out) No Fiscal Impact
not to exceed \$ 0.00

Attachments

- Professional Services Contract including scope of work
- Fingerprint/Background Check Certification
- Insurance Certification
- TB screening documentation
- Statement of qualifications

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**OAKLAND UNIFIED
SCHOOL DISTRICT**

PROFESSIONAL SERVICES CONTRACT 2014-2015

This Agreement is entered into between Prevent Blindness Northern California (CONTRACTOR) and Oakland Unified School District (OUSD). OUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in financial, economic, accounting, engineering, legal, and administrative matters with persons specially trained, experienced, and competent to perform such services. CONTRACTOR warrants it is specially trained, experienced, and competent to provide such services. The parties agree as follows:

- Services:** CONTRACTOR shall provide the ("Services" or "Work") as described in **Exhibit "A,"** attached hereto and incorporated herein by reference.
- Terms:** CONTRACTOR shall commence work on 9/2/2014, or the day immediately following approval by the Superintendent if the aggregate amount CONTRACTOR has contracted with the District is below \$84,100 in the current fiscal year; or, approval by the Board of Education if the total contract(s) exceed \$84,100, whichever is later. The work shall be completed no later than 6/30/2015.
- Compensation:** OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement. The compensation under this Contract shall not exceed zero Dollars (\$ 0.00) [per fiscal year], at an hourly billing rate not to exceed _____ per hour. This sum shall be for full performance of this Agreement and includes all fees, costs, and expenses incurred by Contractor including, but not limited to, labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs.

If CONTRACTOR will be compensated hourly for services provided under this Contract, CONTRACTOR shall describe in Exhibit "A," attached hereto, the specific scope of services to be delivered on an hourly basis to OUSD.

OUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred by CONTRACTOR in performing services for OUSD, except as follows: _____

Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after CONTRACTOR submits an invoice to OUSD for Work actually completed and after OUSD's written approval of the Work, or the portion of the Work for which payment is to be made.

The granting of any payment by OUSD, or the receipt thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by the District and in that case must be replaced by CONTRACTOR without delay.

- Equipment and Materials:** CONTRACTOR shall provide all equipment, materials, and supplies necessary for the performance of this Agreement *except:* _____ which shall not exceed a total cost of _____.
- CONTRACTOR Qualifications / Performance of Services:**
CONTRACTOR Qualifications: CONTRACTOR warrants it is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and/or regulations, as they may apply.
Standard of Care: CONTRACTOR warrants that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of OUSD. CONTRACTOR's services will be performed, findings obtained, reports and recommendations prepared in accordance with generally and currently accepted principles and practices of its profession for services to California school districts.
- Invoicing:** Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to OUSD. All amounts paid by OUSD shall be subject to audit by OUSD. Invoices shall include, but not be limited to: Contractor name, Contractor address, invoice date, invoice number, purchase order number, name of school or department service was provided to, period of service, name of the person performing the service, date service was rendered, brief description of services provided, number of hours of service, hourly rate, total payment requested.
- Notices:** All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below:

Professional Services Contract

OUSD Representative:

Name: Barbara Parker
Site /Dept.: 968/ Health Services
Address: 746 Grand Ave
Oakland, CA 94610
Phone: 273-1510
Email: barbara.parker@ousd.k12.ca.us

CONTRACTOR:

Name: Wing-See Fox
Title: CEO
Address: 1388 Sutter Street Suite 408
San Francisco CA 94109
Phone: 415-567-7500
Email: wleung@eyeinfo.org

Notice shall be effective when received if personally served or, if mailed, three days after mailing. Either party must give written notice of a change of address.

8. **Status of Contractor:** This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of OUSD, and are not entitled to benefits of any kind or nature normally provided employees of OUSD and/or to which OUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Worker's Compensation. CONTRACTOR shall assume full responsibility for payment of all Federal, State, and local taxes or contributions, including unemployment insurance, social security and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work, OUSD being interested only in the results obtained.

9. **Insurance:**

1. Unless specifically waived by OUSD, the following insurance is required:

- i. If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

Check one of the boxes below:

CONTRACTOR is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and will comply with such provisions before commencing the performance of the Work of this Contract.

CONTRACTOR does not employ anyone in the manner subject to the workers' compensation laws of California.

- ii. CONTRACTOR shall maintain Commercial General Liability insurance, including automobile coverage with limits of One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage. The coverage shall be primary as to OUSD and shall name OUSD as an additional insured. Evidence of insurance must be attached. Endorsement of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- iii. If CONTRACTOR is offering OUSD professional advice under this Contract, CONTRACTOR shall maintain Errors and Omissions insurance or Professional Liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.

OR

- iv. CONTRACTOR is not required to maintain any insurance under this agreement. (Completed and approved Waiver of Insurance Form is required from OUSD's Risk Management.) Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.

10. **Licenses and Permits:** CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.

11. **Assignment:** The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD.

12. **Non-Discrimination:** It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age; therefore, CONTRACTOR agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, CONTRACTOR agrees to require like compliance by all its subcontractor(s). CONTRACTOR shall not engage in unlawful discrimination in employment on the basis of actual or perceived; race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation.

Professional Services Contract

13. **Drug-Free / Smoke Free Policy:** No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to use controlled substances, alcohol or tobacco on these sites.
14. **Indemnification:** CONTRACTOR agrees to hold harmless, indemnify, and defend OUSD and its officers, agents, and employees from any and all claims or losses accruing or resulting from injury, damage, or death of any person, firm, or corporation in connection with the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend OUSD and its elective board, officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of this Agreement. This provision survives termination of this Agreement.
15. **Copyright/Trademark/Patent/Ownership:** CONTRACTOR understands and agrees that all matters produced under this Agreement shall become the property of OUSD and cannot be used without OUSD's express written permission. OUSD shall have all right, title and interest in said matters, including the right to secure and maintain the copyright, trademark, and/or patent of said matter in the name of OUSD. CONTRACTOR consents to use of CONTRACTOR's name in conjunction with the sale, use, performance and distribution of the matters, for any purpose and in any medium. These matters include, without limitation, drawings, plans, specifications, studies, reports, memoranda, computation sheets, the contents of computer diskettes, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, source codes or any other original works of authorship, or other documents prepared by CONTRACTOR or its Sub-CONTRACTORS in connection with the Services performed under this Agreement. All works shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in those works are the property of OUSD.
16. **Waiver:** No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
17. **Termination:** OUSD may at any time terminate this Agreement upon 30 days prior written notice to CONTRACTOR. OUSD shall compensate CONTRACTOR for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this Agreement for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, OUSD may secure the required services from another contractor. If the cost to OUSD exceeds the cost of providing the services pursuant to this Agreement, CONTRACTOR shall pay the additional cost.
18. **Conduct of CONTRACTOR:** By signing this Agreement, CONTRACTOR certifies compliance with the following requirements and will provide OUSD with evidence of staff qualifications, which include:
 1. **Tuberculosis Screening:** CONTRACTOR is required to screen employees who will be working at OUSD sites for more than six hours. CONTRACTOR affirms that each employee has current proof of negative TB testing on file and TB results are monitored.
 2. **Fingerprinting of Employees and Agents.** The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to CONTRACTOR's services under this Agreement and CONTRACTOR certifies its compliance with these provisions as follows: "CONTRACTOR certifies that CONTRACTOR has complied with the fingerprinting and criminal background investigation requirements of Education Code section 45125.1 with respect to all CONTRACTOR's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of CONTRACTOR, who may have contact with OUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. Contractor further certifies that it has received and reviewed fingerprint results for each of its Employees and Contractor has requested and reviews subsequent arrest records for all Employees who may come into contract with OUSD pupils in providing services to the District under this Agreement.

In the event that OUSD, in its sole discretion, at any time during the term of this contract, desires the removal of any CONTRACTOR related persons, employee, representative or agent from an OUSD school site and, or property, CONTRACTOR shall immediately, upon receiving notice from OUSD of such desire, cause the removal of such person or persons.
19. **No Rights in Third Parties:** This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.
20. **OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors.** OUSD may evaluate CONTRACTOR's work in any way that OUSD is entitled to do so pursuant to applicable law. The OUSD's evaluation may include, without limitation:
 1. Requesting that OUSD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and each of their performance.
 2. Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).
21. **Limitation of OUSD Liability:** Other than as provided in this Agreement, OUSD's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall OUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits or revenue, arising out of, or in connection with, this Agreement for the services performed in connection with this Agreement.
22. **Confidentiality:** CONTRACTOR and all CONTRACTOR's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that student records are confidential and agrees to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Contractors will be permitted

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By: OK

Professional Services Contract

access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.

- 23. **Conflict of Interest:** CONTRACTOR shall abide by and be subject to all applicable, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of OUSD to perform any service by this Agreement without the prior approval of OUSD Human Resources.

CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.

Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of section 1090 *et seq.* and section 87100 *et seq.* of the Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify OUSD in writing.

- 24. **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion:** CONTRACTOR certifies to the best of his/her/its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, certifies that this vendor does not appear on the Excluded Parties List (<https://www.sam.gov/>).

- 25. **Litigation:** This Agreement shall be performed in Oakland, California and is governed by the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any state court litigation initiated to enforce or interpret this Agreement.

- 26. **Incorporation of Recitals and Exhibits:** The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.

- 27. **Integration/Entire Agreement of Parties:** This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.

- 28. **Counterparts:** This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.

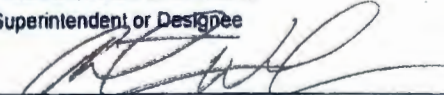
- 29. **Signature Authority:** Each party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been given the proper authority and empowered to enter into this Agreement.

- 30. **Contract Contingent on Governing Board Approval:** OUSD shall not be bound by the terms of this Agreement until it has been formally approved by OUSD's Governing Board, and no payment shall be owed or made to CONTRACTOR absent formal approval. This Agreement shall be deemed to be approved when it has been signed by the Board of Education, and/or the Superintendent as its designee.

- 31. **W-9 Form:** If CONTRACTOR is doing business with OUSD for the first time, complete and return with the signed Contract the W-9 form.

OAKLAND UNIFIED SCHOOL DISTRICT

- President, Board of Education
- Superintendent or Designee


Secretary, Board of Education

CONTRACTOR


Contractor Signature

Wing-See Fox CEO

Print Name, Title

Form approved by OUSD General Counsel for 2014-15 FY

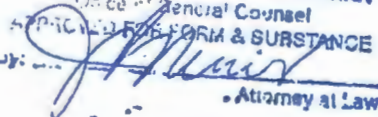
OAKLAND UNIFIED SCHOOL DISTRICT
Office of General Counsel
APPROVED FOR FORM & SUBSTANCE

Attorney at Law

EXHIBIT "A" SCOPE OF WORK

[IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES MAY BE ATTACHED WITHOUT ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

- 1. Description of Services to be Provided:** Provide a description of the service(s) the contractor will provide. Be specific about what service(s) OUSD is purchasing and what *this* Contractor will do.

Under the supervision of OUSD Health Services staff, Preventing Blindness Northern California (PBNC) will provide the following vision services: 1. Preschool and Transitional Kindergarten children are screened with a Retinomax (handheld autorefractor), Hirschberg, and Cover tests. 2. Children who do not pass these tests are scheduled for a comprehensive eye exam and visual acuity test by a licensed optometrist on the mobile eye clinic that will return to the school or nearby location. 3. Parents of the referred students will be notified 4. A parent/ guardian must give consent as well as accompany the child for the dilated eye exam (the parent can also give consent for a teacher to accompany the child) 5. If the child needs glasses, the optometrist will write a prescription that is subsequently filled by the project, free of charge to the family (glasses will be delivered to the site by PBNC). 6. PBNC will return to the sites for follow-up.

2. Specific Outcomes: What are the expected outcomes from the services of this Contract? Be specific. For example, as a result of the service(s): 1) How many more Oakland children are graduating from high school? 2) How many more Oakland children are attending school 95% or more? 3) How many more students have meaningful internships and/or paying jobs? 4) How many more Oakland children have access to, and use, the health services they need? Provide details of program participation (Students will...) and measurable outcomes (Participants will be able to...). **NOT THE GOALS OF THE SITE OR DEPARTMENT.**

A recent pilot of 300 pre-kindergarten students in OUSD identified 10% of the students to have vision problems. The advantage of PBNC identifying students with vision problems and providing the necessary care early on ensures overall care of the student.

3. Alignment with District Strategic Plan: Indicate the goals and visions supported by the services of this contract:
(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Ensure a high quality instructional core | <input type="checkbox"/> Prepare students for success in college and careers |
| <input checked="" type="checkbox"/> Develop social, emotional and physical health | <input checked="" type="checkbox"/> Safe, healthy and supportive schools |
| <input checked="" type="checkbox"/> Create equitable opportunities for learning | <input type="checkbox"/> Accountable for quality |
| <input type="checkbox"/> High quality and effective instruction | <input type="checkbox"/> Full service community district |

4. Alignment with Community School Strategic Site Plan – CSSSP (required if using State or Federal Funds):

Please select:

Action Item included in Board Approved CSSSP (no additional documentation required) – Item Number: _____

Action Item added as modification to Board Approved CSSSP – Submit the following documents to the Resource Manager either electronically via email of scanned documents, fax or drop off.

1. Relevant page of CSSSP with action item highlighted. Page must include header with the word "Modified", modification date, school site name, both principal and school site council chair initials and date.
2. Meeting announcement for meeting in which the CSSSP modification was approved.
3. Minutes for meeting in which the CSSSP modification was approved indicating approval of the modification.
4. Sign-in sheet for meeting in which the CSSSP modification was approved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER DeWitt Stern Group, Inc. 150 N. Wacker Drive, Suite 2120 Chicago IL 60606	CONTACT NAME: Jo Delgado PHONE (A/C No. Ext): 312 252 2155 E-MAIL ADDRESS: jdelgado@dewittstern.com	FAX (A/C No.): 312 252 2175	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED National Society to Prevent Blindness 1388 SUTTER ST. STE 408 SAN FRANCISCO, CA 94109	INSURER A: Philadelphia Indemnity Insurance Co		
	INSURER B: Hartford		
	INSURER C: Underwriters at Lloyds of London		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1594805247 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			PHPK1154387	4/1/2014	4/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			PHPK1154387	4/1/2014	4/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$\$10,000			PHUB454711	4/1/2014	4/1/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	83WECEBU9094	4/1/2014	4/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C	Professional Liability Claims-Made Retro Active Date: 4/1/2005			470941	4/1/2014	4/1/2015	Each Claim \$1,000,000 Aggregate \$3,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Preschool Vision Screening and Exams:

OUSD is an Additional Insured as their interest may appear by written contract as respects the General Liability regarding the operations of the Named Insured per GL Deluxe Endorsement Form PI-GLD-HS which forms part of the policy.

CERTIFICATE HOLDER

Oakland Unified School District
 968/Health Services
 746 Grand Avenue
 Oakland CA 94610

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Charles R Johnson

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The Prevent Blindness *See Well to Learn* VISION SCREENERS ARE COMING

to _____

on _____

The screeners will arrive at approximately _____

- ✓ We will need your assistance before, during and after the screening so that all parents and children receive the information and vision services that they need.
- ✓ Please remind all teachers that we will be coming to provide the vision screenings for the preschool children.
- ✓ Please review the Instruction Sheet attached for specific items to be completed.

If you have any questions,
please call Prevent Blindness Northern California at (415) 567-7500

Thanks for your help and cooperation. Together we are helping children see well to learn!

Confidentiality Notice: This transmission, including any attachments, is for the sole use of the named recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the named recipient (or named recipient's employee or agent responsible for delivery), you may not use, copy, disclose, distribute, or take any action in reliance on this transmission. State and federal law specifically prohibit further disclosure of patient information without the specific written authorization of the patient. If you believe you have received this transmission in error, please contact the sender immediately and destroy all copies of this transmission.

INSTRUCTION SHEET

Before the screening date, please prepare the following materials:

- **Parent Flyer:** Photocopy and distribute to parents *before the scheduled screening date* to inform them of the importance of vision screening. Post a copy of the flyer (with your scheduled screening date written on it) on the bulletin board or on the classroom door.
- **Vision Screening Results Form:** Photocopy the Vision Screening Results form and print the name and date of birth of each child at the top of the form. The Vision Screening Results Form should be printed double-sided for bilingual classes so that the Chinese and Spanish translations are available as well. Please note that we will screen every child in the classroom unless a parent has specifically told you that they do not want their child screened. **Parents do not need to be present for the screening.**
- **Class Roster:** Please print out a class roster that includes the name of the child, their date of birth, ethnicity, gender, and classroom number.

On the day of the screening:

- **Class Roster:** Give the class roster to the screener and tell him/her if you have noticed any signs of vision problems with a child.
- **Screening Area:** Set aside a small area **in the classroom** for the screeners to “play the eye game” with the children. This assigned area should have an outlet available. The space needs to be in the classroom to minimize time spent getting children.
- **Staff Assistance:** Assign a staff member in the classroom to pull children aside (3 at a time) for the screening. Before directing the children over to the screening area, hand them their Vision Screening Results form. This form identifies the child to the screener. Accuracy is ensured if children are brought in the same order as the class roster.

At the end of the screening: Screeners will fill out the Vision Screening Results form for you to give to the parents. (If you are required to keep a record of the results, make photocopies of the forms.) Children will fall into 3 categories: Pass, Refer, Unable/Absent.

- **Pass:** Give the parent the Vision Screening Results form indicating that their child passed.
- **Absent:** Give the parent the Vision Screening Results form indicating that their child was unable to be screened due to absence.
- **Unable/ Refer:** The Vision Screening Results form indicating that their child was referred for further evaluation and a Consent Form will be handed directly to you to give to the parents of children that are referred. Explain to parents of referred or unable children that their child is eligible to receive a free eye exam on the See Well to Learn mobile eye clinic (which will come to the school or nearby location). If the child needs glasses, the program will also provide those for free. The parent will need to sign the Consent Form if they want their child to receive the free exam. They or another authorized adult will need to accompany the child to the exam.

After the screening:

- Please collect the signed Consent Forms for your site and email/mail/fax them back to PBNC within one week. **Once PBNC receives all of the Consent Forms for the site, we will send an eye exam schedule for your students.**
- Make note of any parent who declines the free exam and try to find out why.



Without proper screening, vision problems in preschoolers often go unnoticed

Because there are no obvious signs or symptoms, children can easily accommodate, and they don't know that how they see is not normal.

It's not just about seeing well, it's about preventing permanent vision loss

Amblyopia (Lazy Eye) means that the brain has permanently turned off the use of one eye. If detected before age 5, the chance of successful treatment is very high. Once the child reaches elementary school, it becomes difficult or impossible to treat.

It's About Learning

Impaired vision can affect a child's brain development by limiting the range of experiences and kinds of information to which the child is exposed.

It's About Promoting Healthy Social Development

"When my daughter was a toddler, she refused to leave my side. She clung to my legs. I blamed myself for her behavior. It turned out she had a vision problem. Once we got her glasses, she was all over the monkey bars and just so friendly to other children."

- A Grateful Mother

The See Well to Learn Initiative

By offering vision screening, eye exams by licensed optometrists, and prescription glasses—all for FREE and at the preschool sites—we aim to make each child's world as big and clear as possible for them to explore!

Prevent Blindness Northern California is performing free vision screening at your child's school on _____. Screening is fast, non-invasive and fun. All children present will be screened unless we receive a written refusal of service.

If the screening indicates your child needs an eye exam, you will be notified and given a consent form for a free eye exam appointment.



Sin un chequeo inicial apropiado, los problemas de la vista en la edad preescolar seguido pasan inadvertidos

Por que no hay signos o síntomas obvios, los niños fácilmente pueden acomodar, y ellos no saben que la forma en que ellos ven no es normal.

No es solamente de ver mejor, es de prevenir la perdida permanente de la vista

Ambliopía (Ojo Perezoso) significa que el cerebro permanentemente ha apagado el uso de uno de los ojos. Si es detectado antes de la edad de 5 años, la oportunidad de un tratamiento exitoso es bien alta. Una vez que el niño/a alcance la escuela primaria puede ser dificultoso o hasta imposible de tratar.

Es Sobre Aprendizaje

La vista defectuosa puede afectar el desarrollo cerebral de un niño/a, limitando el alcance de experiencias y clase de información a la cual el niño/a esta expuesto.

Es Sobre Promover Un Desarrollo Social Saludable

"Cuando mi hija era pequeña, ella rechazaba irse de mi lado. Se agarraba de mis piernas. Yo me culpaba a mi misma por su comportamiento. Resulto que ella tenia un problema de la vista. Una vez que le agarramos anteojos, ella estaba toda sobre las barras de mono y muy amigable con otros niños."

- Una Madre Agradecida

La Iniciativa de See Well to Learn (Ver Mejor para Aprender)

¡Por medio de chequeos iniciales, exámenes de la vista por optometristas licenciados, y anteojos de prescripción - todo de GRATIS y en los sitios preescolares- nuestro objetivo es hacer el mundo de cada niño/a lo más grande y claro posible para que lo exploren!

Prevent Blindness Northern California estará haciendo chequeos iniciales de la vista en la escuela de su niño/a en _____. El chequeo inicial es rápido, no invasivo y divertido. Todos los niños presente tendrán un chequeo inicial a menos que recibamos por escrito un rechazo de servicio.

Si el chequeo inicial indica que su niño/a necesita un examen de la vista, usted será notificado y recibirá una forma de consentimiento para una cita de un examen de la vista gratuito.



如果沒有適當的檢查，學齡前兒童的視力問題往往被忽視

由於沒有明顯的跡象或癥狀，孩子們可以輕鬆地容納，而且也不會知道他們看到的是不正常的。

這不只是看不到，這是關於防止永久的視力喪失

弱視眼（懶惰眼）是指大腦已經永久關閉了一隻眼睛的使用。如果檢測到在5歲之前，治療成功的機會是非常高的。一旦孩子進入小學，治療變得困難或無法治療。

這是關於學習

視覺障礙會影響孩子的大腦發育以限制孩子接觸到的各種信息和經驗範圍。

這是關於促進社會健康發展

“當我的女兒在蹣跚學步的時候，她拒絕離開我的身邊。她緊緊抱住我的腿。我把她的行為歸咎於自己。原來她有視力問題。一旦我們得到了她的眼鏡，她攀登在單槓和其他孩子那麼友好。”

— 感謝母親

看得清學得好計劃

通過提供視力檢查，眼睛檢查由持有執照的驗光師和配鏡處方 - 所有是免費和進行在幼兒園學校 - 我們的目標是讓每個孩子的世界盡可能大而清晰讓他們去探索！

北加州防止失明協會會進行免費視力檢查在你的孩子學校在_____。檢查快捷、不損健康組織、樂趣多！在場所有的孩子將被提供視力檢查，除非我們收到的書面拒絕服務。

如果視力檢查表明你的孩子需要眼科檢查，你會被通知並會收到一個免費的眼科檢查預約同意書。

SAM Search Results
List of records matching your search for :

Search Term : Prevent* Blindness* Northern* California*
Record Status: Active

No Search Results



PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2014-2015

Basic Directions

Additional directions and related documents are in the School Operations Library (<http://intranet.ousd.k12.ca.us>)

Services cannot be provided until the contract is fully approved and a Purchase Order has been issued.

1. Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation.
2. Ensure contractor meets the consultant requirements (including The Excluded Party List, Insurance and HRSS Consultant Verification)
3. Contractor and OUSD contract originator complete the contract packet together and attach required attachments.
4. Within 2 weeks of creating the requisition the OUSD contract originator submits complete contract packet for approval to Procurement.

Attachment Checklist	<input type="checkbox"/> For individual consultants: HRSS Pre-Consultant Screening Letter for the current fiscal year. <input type="checkbox"/> For individual consultants: Proof of negative tuberculosis status within past 4 years. <input checked="" type="checkbox"/> For All Consultants: Results page of the Excluded Party List (https://www.sam.gov/) <input checked="" type="checkbox"/> For All Consultants: Statement of qualifications (organization); or resume (individual consultant). <input checked="" type="checkbox"/> For All Consultants: Proof of Commercial General Liability insurance naming OUSD as an Additional Insured. <input checked="" type="checkbox"/> For All Consultants with employees: Proof of Workers' Compensation Insurance. (Ref. to Section 10 of the Contract)
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OUSD Staff Contact *Emails about this contract should be sent to: (required)* barbara.parker@ousd.k12.ca.us

Contractor Information

Contractor Name	Prevent Blindness Northern California	Agency's Contact	Wing-See Fox
OUSD Vendor ID #	1005308	Title	CEO
Street Address	1388 Sutter Street Suite 408	City	San Francisco
Telephone	415-567-7500	State	CA
		Zip	94109
		Email (required)	wleung@eycinfo.org
Contractor History	Previously been an OUSD contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Worked as an OUSD employee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Compensation and Terms – Must be within the OUSD Billing Guidelines

Anticipated start date	9/2/2014	Date work will end	6/30/2015
Pay Rate Per Hour (required)		Number of Hours (required)	
		Other Expenses	

Budget Information

If you are planning to multi-fund a contract using LEP funds, please contact the State and Federal Office before completing requisition.

Resource #	Resource Name	Org Key	Object Code	Amount
	No Fiscal Impact		5825	\$ 0.00
			5825	
			5825	
Requisition No. (required)			Total Contract Amount	\$ 0.00

Approval and Routing (in order of approval steps)

Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued.

OUSD Administrator verifies that this vendor does not appear on the Excluded Parties List (<https://www.sam.gov/>)

1.	Administrator / Manager (Originator)	Name	Barbara Parker	Phone	273-1510
	Site / Department		968/ Health Services	Fax	273-1511
	Signature			Date Approved	
2.	Resource Manager, if using funds managed by: <input type="checkbox"/> State and Federal <input type="checkbox"/> Quality, Community, School Development <input type="checkbox"/> Family, Schools, and Community Partnerships				
	<input type="checkbox"/> Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (SPSA)				
	Signature			Date Approved	8/20/14
	Signature (if using multiple restricted resources)			Date Approved	
3.	Regional Executive Officer				
	<input type="checkbox"/> Services described in the scope of work align with needs of department or school site				
	<input type="checkbox"/> Consultant is qualified to provide services described in the scope of work				
	Signature			Date Approved	
4.	Deputy Superintendent Instructional Leadership / Deputy Superintendent Business Operations			Consultant Aggregate Under <input type="checkbox"/> , Over <input type="checkbox"/> \$50,000	
	Signature			Date Approved	
5.	Superintendent, Board of Education <i>Signature on the legal contract</i>				
Legal	Required if not using standard contract	Approved		Denied - Reason	
Procurement	Date Received			PO Number	
				Date	8/26/14