

Board Office Use: Legislative File Info.	
File ID Number	12-1222
Introduction Date	5-23-12
Enactment Number	12-1396
Enactment Date	5-23-12 <i>HS</i>



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To Board of Education

From Tony Smith, Ph.D., Superintendent
By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action
Vernon Hal, Deputy Superintendent, Business & Operations

Board Meeting Date
(To be completed by
Procurement)

Subject Amendment No. 1, Professional Services Contract - Prevent Blindness Northern California (contractor) - 968/Health Services Department (site/department)

Action Requested Approval of Amendment No. 1 of the professional services contract between Oakland Unified School District and Prevent Blindness Northern California. Services to be primarily provided to the Health Services Department for the period of May 2, 2011 through June 30, 2012.

Background
A one paragraph explanation of why the consultant's services are needed. Prevent Blindness Northern California (PBNC) is a non-profit organization trained to detect vision disorders at a treatable stage. Screenings include an external inspection of the eyes and a test of visual acuity. Pre-kindergarten students will participate in the screening with written parental consent.

Discussion
One paragraph summary of the scope of work. Approval by the Board of Education of Amendment No. 1 of the professional services contract between District and Prevent Blindness Northern California (PBNC), San Francisco, CA, for the latter to provide free vision screening to pre-kindergarten students to detect vision problems in preschool as it is difficult to treat them by kindergarten; parents will be notified prior to the screening, and Health Services will work with the PBNC staff to implement the vision screening program to its full capacity and assess its progress for the period of May 2, 2011 through June 30, 2012 at no cost to the District.

Recommendation Approval of Amendment No. 1 of the professional services contract between Oakland Unified School District and Prevent Blindness Northern California. Services to be primarily provided to 968/ Health Services Department for the period of May 2, 2011 through June 30, 2012.

Fiscal Impact Funding resource name (please spell out) No Fiscal Impact.

Attachments

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

Board Office Use: Legislative File Info.	
File ID Number	12-1222
Introduction Date	5-23-12
Enactment Number	12-1396
Enactment Date	5-23-12



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

**AMENDMENT NO. 1
TO PROFESSIONAL SERVICES CONTRACT**

This Amendment is entered into between the Oakland Unified School District (OUSD) and Prevent Blindness Northern California (CONTRACTOR). OUSD entered into an Agreement with CONTRACTOR for services on _____, 20____, and the parties agree to amend that Agreement as follows:

1. **Services:** The scope of work is unchanged. The scope of work has changed.
If the scope of work has changed: Provide brief description of revised scope of work including a measurable description of expected final results, such as services, materials, products, and/or reports; attach additional pages as necessary.
 Revised scope of work attached. **OR,** The CONTRACTOR agrees to provide the following amended services:
Screenings include an external inspection of the eyes and a test of visual acuity. Students who do not pass the test of visual acuity will be scheduled for a comprehensive dilated eye exam (by a licensed optometrist) on a mobile eye clinic. Parents will be required to give consent and be present at the time of assessment with the licensed optometrist. If the student needs glasses, the optometrist will write a prescription that is subsequently filled by the project, free of charge to the family.

2. **Terms (duration):** The term of the contract is unchanged. The term of the contract has changed.
If the term has changed: The contract term is extended by an additional _____ (days/weeks/months), and the amended expiration date is 06/30/2012.

3. **Compensation:** The contract price is unchanged. The contract price has changed.
If the compensation has changed: The contract price is amended by
 Increase of \$ 0.00 _____ to original contract amount
 Decrease of \$ _____ to original contract amount
and the new contract total is _____ dollars (\$ 0.00 _____)

4. **Remaining Provisions:** All other provisions of the Agreement, and prior Amendment(s) if any, shall remain unchanged and in full force and effect as originally stated.

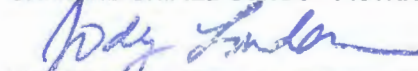
5. **Amendment History:**

There are no previous amendments to this Agreement. This contract has previously been amended as follows:

No.	Date	General Description of Reason for Amendment	Amount of Increase (Decrease)
			\$
			\$
			\$

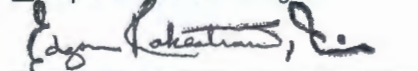
6. **Approval:** This Agreement is not effective and no payment shall be made to Contractor until it is approved. Approval requires signature by the State Administrator, the Board of Education, and/or the Interim Superintendent as their designee.

OAKLAND UNIFIED SCHOOL DISTRICT

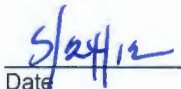


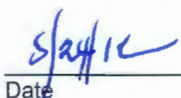
President, Board of Education

Superintendent or Designee



Edgar Rakestraw, Jr., Secretary
Board of Education


Date


Date

CONTRACTOR

 3/26/12
Contractor Signature Date

Wing See Leung, CEO
Print Name, Title

EXHIBIT "A" Scope of Work

DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

CONTRACTOR's entire Proposal is not made part of this Agreement. [IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES CAN BE ATTACHED WITHOUT ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

Summary for Board Memo and Board Agenda – Must accurately align with scope of work below.

PBNC is a nonprofit organization trained to detect vision disorders at a treatable stage. Screenings include an external inspection of the eyes and a test of visual acuity. Students who do not pass the test of visual acuity will be scheduled for a comprehensive dilated eye exam (by a licensed optometrist) on a mobile eye clinic. Parents will be required to give consent and be present at the time of the dilated eye exam with the licensed optometrist. If the student needs glasses, the optometrist will write a prescription that is subsequently filled by the project, free of charge to the family.

SCOPE OF WORK

Prevent Blindness Northern California will provide a maximum of _____ hours of services at a rate of \$ 0.00 per hour for a total not to exceed \$ 0.00. Services are anticipated to begin on 05/02/2011 and end on 06/30/2012.

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 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 type="checkbox"/> Develop social, emotional and physical health | <input type="checkbox"/> Safe, healthy and supportive schools |
| <input 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 Single Plan for Student Achievement (required if using State or Federal Funds)

Please select:

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

 - Action Item added as modification to Board Approved SPSA** – Submit the following documents to the Resource Manager either electronically via email of scanned documents, fax or drop off.
 1. Relevant page of SPSA 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 SPSA modification was approved.
 3. Minutes for meeting in which the SPSA modification was approved indicating approval of the modification.
 4. Sign-in sheet for meeting in which the SPSA modification was approved.
-

General Description of Pilot Project

- a. PBNC staff schedules OUSD preschools for vision screening.
- b. A vision screener screens the child at the preschool with a Retinomax (handheld autorefractor), Hirschberg, and Cover tests.
- c. Children who do not pass these tests are scheduled for a comprehensive dilated eye exam and visual acuity test on the mobile eye clinic that will return to the school or nearby location within one month. PBNC will coordinate with the preschools to schedule a day for the mobile eye clinic to arrive and email (or mail) them an appointment schedule for their students. In turn, preschool personnel will notify and obtain consent from the parents of their referred students.
- d. A parent or authorized adult must give consent for the exam as well as release of information to PBNC. The parent or authorized adult must also accompany the child for the dilated eye exam.
- e. The dilated eye exam is completed by a licensed optometrist on the mobile eye clinic.
- f. If the child needs glasses, the optometrist will write a prescription that is subsequently filled by the project, free of charge to the family. Once the glasses arrive at the PBNC office, the screener will deliver them to the preschool to distribute to the parents/guardians. PBNC staff members will call preschool personnel to follow up on the children's progress with the glasses throughout the year.
- g. At the time of the dilated eye exam, if the optometrist determines that the child needs to be seen by a pediatric ophthalmologist, the optometrist makes a referral for ophthalmic care. Additionally, the vision screener returns to the preschool 6-8 weeks after the child has received glasses to test the visual acuity. If the acuity has not improved, the child is referred to a pediatric ophthalmologist.
- h. If the child returns to that same preschool the following year, the child will receive a vision screening.

Don't let vision problems that can be detected at 3 last a lifetime.



Many of the most serious vision problems have no outward signs or symptoms. Vision screening to detect vision problems in preschool is crucial because it can be difficult, if not impossible, to treat them by the time your child reaches grade school.

Prevent Blindness Northern California is performing free vision screening at your child's school.

"We are so thankful for the screening provided at Wyatt's school. Without it, his vision weakness would have been undetected for years. He's only been wearing glasses for one month and his eyesight has improved greatly."

*Sincerely,
Scott and Shanna
Parents of a vision-screened child*

PBNC is a nonprofit devoted to the detection of vision disorders at a treatable stage. The gold standard in children's vision screening, PBNC screens 25,000 children annually in Northern California.

Screenings include an external inspection of the eyes and a test of visual acuity. PBNC's screening protocols have been developed by eye doctors to ensure screenings are of the highest quality. Check with your preschool to find out the date of the vision screening for your child.

Screening is fast, non-invasive and fun.

It's often easier to perform vision screening in a preschool than in a pediatrician's office because your child feels comfortable and at ease. Your child's class will be coached by their teacher before the screening so they're ready to "play the game." We make it so much fun, children who don't participate often feel left out.

At _____
we're proud to partner with:



**Prevent
Blindness**
Northern California

Focused on vision screening.

1388 Sutter Street, Suite 408 • San Francisco, CA 94109
www.eyefinfo.org

Please direct questions to: **Prevent Blindness Northern California, 800-338-3041**
Visit www.eyefinfo.org to view videos about children we've helped through our "Screen at 3" campaign and to make a donation.
Or text PBNC to 50555 to give \$10 to screen the vision of two children.

© 2010 Prevent Blindness Northern California. All rights reserved.

No permita que los problemas de la visión que se pueden detectar a los 3 años duren toda la vida.
Examen de la visión a los tres



Muchos de los problemas más graves de la visión no presentan signos ni síntomas externos. Los exámenes de detección de problemas de la visión para niños en edad preescolar son decisivos ya que puede ser difícil, si no imposible, tratar estos problemas cuando su hijo ingresa a la escuela primaria.

Prevent Blindness Northern California realiza exámenes de la visión gratuitos en la escuela de su hijo.

“Estamos muy agradecidos por el examen que le brindaron a Wyatt en la escuela. Si no fuera por el examen, la fatiga visual no se hubiese detectado durante años. Hace sólo un mes que usa anteojos y su visión ha mejorado mucho”.
Atentamente,
Scott y Shanna
Padres de un niño al que se le realizó el examen de la visión.

PBNC es una organización sin fines de lucro dedicada a la detección de trastornos visuales en la etapa cuando es más fácil tratarlos. El método de referencia en exámenes de la visión para niños, PBNC revisa a 25,000 niños por año en Northern California.

Los exámenes incluyen una revisión externa de los ojos y una prueba de agudeza visual. Los protocolos de examen de PBNC han sido desarrollados por oftalmólogos para asegurar que los exámenes sean de la más alta calidad.

Comuníquese con el preescolar para conocer la fecha del examen de la visión de su hijo.

El examen es rápido, no invasivo y divertido.

Los exámenes de la visión, en general, son más fáciles de realizar en el preescolar que en el consultorio del pediatra ya que su hijo se siente más cómodo y a gusto. La maestra preparará a la clase de su hijo antes del examen para que estén listos para "jugar el juego". Hacemos que parezca tan divertido que los niños que no participan con frecuencia se sienten excluidos.

La ayuda de nuestros dedicados voluntarios es lo que nos permite revisar a tantos niños por año, cada uno de los voluntarios ha sido avalado por PBNC.

En _____, estamos orgullosos de asociarnos con:



Focused on vision screening.

1388 Sutter Street, Suite 408 • San Francisco, CA 94109

www.eyefinfo.org

Dirija sus preguntas a: **Prevent Blindness Northern California, 800-338-3041**
Visite www.eyefinfo.org para ver videos de niños que hemos ayudado a través de nuestra campaña "Examen a los 3" y para realizar una donación. O envíe un mensaje de texto al 50555 para donar 10 dólares para el examen de la visión de dos niños.

© 2010 Prevent Blindness Northern California. All rights reserved. Todos los derechos reservados.



YOUR CHILD'S VISION SCREENING RESULTS

Dear Parent:

As a free community health service, *Prevent Blindness Northern California (PBNC)* certified screeners and/or staff have screened the vision of your child, _____ on _____ (date). Children wearing glasses are screened with their glasses *on*.

Vision screening is not a substitute for a complete eye examination but may help detect decreased vision. Many of the most serious vision problems, including refractive errors and amblyopia, have no outward signs or symptoms. Detecting these vision problems in preschool is crucial because it can be difficult, if not impossible, to treat them by the time a child reaches grade school.

- Your child's vision was considered within normal screening range.
- Your child did not pass the vision screening. Prevent Blindness Northern California will be offering free eye exams and glasses at the See Well to Learn Mobil Eye Van at the school. If you would like your child to receive a See Well to Learn exam, please complete the attached consent form. It is recommended you make an appointment for a complete eye exam for your child.
- It was not possible to screen your child's vision due to absence or inability to complete the screening process. Please check with your child's teacher or school director for the next screening date, if available.

If you have questions please call (415) 567-7500 and ask for Program Staff.



Resultados del Examen de La Vista de su Hijo

Estimado padres:

Somos una organización que proporciona servicios de salud gratuitos para la comunidad. Nuestros evaluadores y/o personal de *Prevent Blindness Northern California (PBNC)* han efectuado un examen de la vista de su hijo(a) _____ el _____ (fecha). A los niños que usan lentes les han hecho el examen con los lentes puestos.

Un examen de la vista no es sustituto de un examen completo de los ojos, pero puede ayudar a detectar deficiencias en la vista. Como los niños muchas veces no se dan cuenta que tienen dificultades para ver correctamente, y no se quejan o presentan señales de problemas de la vista, el examen de ésta es el primer paso para asegurar una vista saludable para el resto de la vida de su hijo. La detección temprana de problemas de la vista permite que las posibilidades de un tratamiento satisfactorio aumenten considerablemente.

- La vista de su hijo se considera normal dentro del alcance del examen.
- Su hijo no aprobó el examen de la vista. Se recomienda que haga una cita para que se le realice un examen de la vista completo a su hijo.
- No se pudo hacer el examen de la vista de su hijo debido a su ausencia o incapacidad para completar el proceso del examen. Se recomienda que se le haga de nuevo el examen al niño en otra ocasión.

Si tiene alguna pregunta, no dude en llamar al (415) 567-7500 y hable con el personal del programa.



Child's Name: _____

School: _____

PREVENT BLINDNESS SEE WELL TO LEARN MOBILE EYE CLINIC FOR CHILDREN CONSENT FORM

Your child has recently completed a vision screening. Your child has been recommended for an exam by an eye doctor (optometrist or ophthalmologist). The purpose of this professional eye exam is to determine if your child has an eye problem and, if needed, to provide glasses or referral in order to prevent permanent vision loss and to help assure that your child has the eyesight to succeed in school. This eye exam may be performed by your personal eye doctor or by an eye doctor in the Prevent Blindness *See Well to Learn* mobile eye clinic. Because of a special program funded by the Tipping Point Foundation, we are currently able to provide free eye examinations and eyeglasses, if needed, in the Prevent Blindness *See Well to Learn* mobile eye clinic.

VISION EXAM AND GLASSES, (IF NEEDED) AT NO COST

With your consent, your child will receive a standard eye examination in the Prevent Blindness *See Well to Learn* mobile eye clinic at school. As part of this standard exam, in some cases, your child's eyes may be dilated in order for the eye doctor to get the best results from the examination. If your child is found to need glasses, an experienced professional will make an appropriate selection of glasses. A parent or other adult designated by the parent must accompany the child to the exam.

I consent to the See Well to Learn exam

- I will accompany my child to the exam
- I give permission for _____ to accompany my child
- Please have a teacher or school staff accompany my child

I do not wish to have my child examined

(Please share the results of your child's exam for program evaluation)

- My child has already received an eye exam
- I will make an exam with an eye doctor
- Other _____

Signature of Parent or Legal Guardian Date

() _____
Phone Number of relative or friend, if you cannot be reached

SAFEGUARDS TO PRIVACY

Your child's record is confidential. We request your authorization to release information to Prevent Blindness Northern California and to the UCSF/UCSD Departments of Ophthalmology to be used to evaluate the success of the program. All information that identifies your child will be kept confidential. The information to be released includes the results of your child's eye exam, age, ethnicity, and use of glasses, if needed.

You agree to release this information. All information that identifies your child will be kept confidential by Prevent Blindness and the UCSF/UCSD Departments of Ophthalmology.

Signature of Parent or Legal Guardian Relationship Date

() _____
Phone Number (Required) Address

Site Staff: Please fax this form to 415-567-7500. For questions, call PREVENT BLINDNESS 415 567-7500

Child's Name: _____

School: _____

PREVENT BLINDNESS SEE WELL TO LEARN MOBILE EYE CLINIC PARA NIÑOS FORMULARIO DE AUTORIZACIÓN

Recientemente se le hizo una prueba de la vista a su hijo/hija y hemos solicitado que lo examine un especialista (optometrista u oftalmólogo). El propósito de este examen de la vista es determinar si el niño/niña tiene problemas visuales y, si fuera necesario, proporcionarle anteojos con un especialista. Este examen puede hacerlo su oftalmólogo personal o un especialista de la vista en el Prevent Blindness "See Well to Learn" Mobile Eye Clinic. La Fundación Tipping Point ha financiado un programa especial que hace posible que Prevent Blindness "See Well to Learn" Mobile Eye Clinic de exámenes de la vista y de anteojos gratuitos, a los niños que los necesiten.

EXAMEN DE LA VISTA Y ANTEOJOS (SI FUERAN NECESARIOS) GRATIS

Con su autorización, su hijo/hija recibirá un examen regular de la vista en el "UCSD EyeMobile para Niños" en la escuela. Como parte de este examen, podría dilatarse las pupilas del niño/niña para que el médico pueda examinarlo mejor. Si se detecta que el niño/niña necesita anteojos, un profesional seleccionará apropiadamente los anteojos.

Yo doy mi consentimiento para el examen "See Well to Learn"

- Yo voy acompañar a mi hijo/hija al examen
- Yo doy permiso para _____ que acompañe a mi hijo/hija
- Por favor tener un maestro/a o personal de la escuela que acompañe a mi hijo/hija

Yo no deseo que examinen a mi hijo/hija

(Por favor comparta los resultados del examen para la evaluación del programa)

- Mi hijo/hija ya ha recibido un examen de los ojos
- Yo voy hacer una cita con un oculista
- Otro _____

Firma del Padre/Madre/Tutor

Fecha

(_____) _____
Número de teléfono de familia ó amistad,
si no se le puede localizar

GARANTÍA DE CONFIDENCIALIDAD

El expediente de su niño/niña es confidencial. Para dar información al Departamento De Oftalmología de UCSD nosotros le pedimos autorización para usar dicha información y así poder evaluar el éxito del programa. La información que se daría a Prevent Blindness, UCSF/UCSD incluiría los resultados del examen de la vista de su niño/niña, edad, etnicidad, uso de anteojos (si fuera pertinente) y su futuro desempeño en la escuela.

Acepto se facilite la información del expediente de la vista de mi hijo/hija al Departamento de Oftalmología de UCSD que mantendrá confidencial toda información que identifique a mi hijo/hija.

Firma del Padre/Madre/Tutor

Parentesco

Fecha

(_____) _____
Número de Teléfono (**Requerido**)

Dirección



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2011

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. Two Prudential Plaza 180 N. Stetson Avenue, Suite 4475 Chicago IL 60601	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	
INSURED Prevent Blindness Northern California 1388 Sutter Street; #408 San Francisco, CA 94109	INSURER A: Philadelphia Indemnity Insurance Co	
	INSURER B: Hartford Fire Insurance Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 664648960

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PHPK699949	4/1/2011	4/1/2012	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	83WECII9253	4/1/2011	4/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Preschool Vision Screening: January 2012-June 2012 | 8:30 to 5pm
 Evidence of Coverage

CERTIFICATE HOLDER**CANCELLATION**

Oakland Unified School District
 Health Services
 2850 West Street
 Oakland CA 94608

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

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/16/2012

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	FAX (A/C, No): 312-252-2175
E-MAIL ADDRESS: jdelgado@dewittstern.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED NORTH25 Northern California Society to Prevent Blindness to Prevent Blindness 1388 Sutter Street, Suite 408 San Francisco CA 94109		INSURER A : National Indemnity Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1249787135 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		71APR273510	3/9/2012	3/9/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Liability as respects the PBNC Eye Mobile Vehicle
Evidence of Coverage

CERTIFICATE HOLDER Oakland Unified School District Health Services 2850 West Street Oakland CA 94608	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 <i>Charles R. Johnson</i>
---	---

© 1988-2010 ACORD CORPORATION. All rights reserved.

PROFESSIONAL SERVICES CONTRACT AMENDMENT ROUTING FORM 2011-2012

Directions

Services beyond the original contract cannot be provided until the amendment has been fully approved and the Purchase Order amount has been increased by Procurement.

1. Contractor and OUSD contract originator reach agreement on modification to original contract.
2. Insert the amendment number (i.e. if this is the first amendment enter "1," second enter "2," etc.) at the top of the amendment.
3. If contract total amount has increased, the scope of work has changed. OUSD contract originator **creates new requisition with the original PO number referenced in the item description.**
4. OUSD contract originator submits amendment packet to Procurement for approval within two weeks of creating the requisition.

When the contract amendment is approved Procurement will add additional funds to the original Purchase Order.

Attachment Checklist	<input checked="" type="checkbox"/> Contract amendment packet including Board Memo and Amendment Form <input checked="" type="checkbox"/> Amended Scope of work (be specific as to what is changing) <input checked="" type="checkbox"/> Copy of original contract
OUSD Staff Contact	Emails about this contract should be sent to: <u>barbara.parker@ousd.k12.ca.us</u>

Contractor Information

Contractor Name	Prevent Blindness Northern California	Agency's Contact	April Nakayoshi				
OUSD Vendor ID #	I005308	Title	Program Director				
Street Address	1388 Sutter Street Suite 408	City	San Francisco	State	CA	Zip	94610
Telephone	(415) 567-7600	Email	anakayoshi@eveinfo.org				

Compensation and Terms – Must be within the OUSD Billing Guidelines

Original Contract Amount	\$	Original PO Number				
Amended Amount	\$ 0.00	New Requisition #	n/a			
New Total Contract Amount	\$ 0.00	Start Date	05/02/2011	End Date	06/30/2012	

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	\$

Approval and Routing (in order of approval steps)

Additional services above original contract amount cannot be provided before the amendment is fully approved and the Purchase Order amount has been increased by Procurement.

1.	Site Administrator or Manager	Name	Barbara Parker	Phone	8743753	Fax	8743748
	Site / Department	968/ Health Services					
	Signature				Date Approved	5/1/12	
2.	Resource Manager , if using funds managed by: <input type="checkbox"/> State and Federal <input type="checkbox"/> Quality, Community, School Development <input type="checkbox"/> Complementary Learning / After School Programs						
	Signature				Date Approved		
	Signature				Date Approved		
3.	Regional or Executive Officer						
	Signature				Date Approved	5/2/12	
4.	Deputy Superintendent Instructional Leadership / Deputy Superintendent Business Operations						<input type="checkbox"/> Consultant Aggregate Under \$50,000
	Signature				Date Approved	5-10/12	
5.	Superintendent or Board of Education Signature on the legal contract						
Legal Required if not using standard contract		Approved	Denied - Reason		Date		
Procurement	Date Received	PO Number					



Board Office Use: Legislative File Info:	
File ID Number	11-0441
Introduction Date	5-25-11
Enactment Number	11-0928
Enactment Date	5-25-11 <i>HS</i>



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

Memo

To Board of Education
From Tony Smith, Ph.D., Superintendent
 By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action
 Vernon Hal, Deputy Superintendent, Business & Operations

Board Meeting Date
(To be completed by Procurement) MAY 25, 2011

Subject Professional Services Contract - Prevent Blindness Northern California
 (contractor) - 968/Health Services Department (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 the Health Services Department for the period of May 2, 2011 through June 30, 2012.

Background
A one paragraph explanation of why the consultant's services are needed. Prevent Blindness Northern California (PBNC) is a non-profit organization trained to detect vision disorders at a treatable stage. Screenings include an external inspection of the eyes and a test of visual acuity. Pre-kindergarten students will participate in the screening with written parental consent.

Discussion
One paragraph summary of the scope of work. Approval by the Board of Education of a professional services contract between Oakland Unified School District and Prevent Blindness Northern California (PBNC), San Francisco, CA, for the latter to provide free vision screening to pre-kindergarten students to detect vision problems in preschool as it is difficult to treat them by kindergarten; parents will be notified prior to the screening, and Health Services will work with the PBNC staff to implement the vision screening program to its full capacity and assess its progress for the period of May 2, 2011 through June 30, 2012 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 Department for the period of May 2, 2011 through June 30, 2012.

Fiscal Impact Funding resource name (please spell out) No Fiscal Impact.

Attachments

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

Board Office Use	Legislative File Info
File ID Number	11-0441
Introduction Date	5-25-11
Enactment Number	11-0928
Enactment Date	5-25-11



OAKLAND UNIFIED
SCHOOL DISTRICT

PROFESSIONAL SERVICES CONTRACT 2010-2011

This Agreement is entered into between the Oakland Unified School District (OUSD) and Prevent Blindness Northern California (PBNC) (CONTRACTOR). 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:** The 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 05/02/2011, or the day immediately following approval by the Superintendent if the aggregate amount CONTRACTOR has contracted with the District is below \$78,500 in the current fiscal year; or, approval by the Board of Education if the total contract(s) exceed \$78,500, whichever is later. The work shall be completed no later than 06/30/2012.
- Compensation:** OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement, a total fee not to exceed zero Dollars (\$ 0.00). 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: N/A

Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after the 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.

- Submittal of Documents:** CONTRACTOR shall not commence the Work under this Contract until CONTRACTOR has submitted and OUSD has approved evidence of the following:
 - Individual consultants:
 - Tuberculosis Clearance – Documentation from health care provider showing negative TB status within the last four years.
 - Completion of Pre-Consultant Screening Process – Attach letter from Human Resources Support Services showing completion of Pre-Consultant Screening for this current fiscal year.
 - Insurance Certificates and Endorsements – General Liability insurance in compliance with section 9 herein.
 - Agencies or organizations:
 - Insurance Certificates and Endorsements – Workers' Compensation insurance in compliance with section 9 herein.
- Equipment and Materials:** CONTRACTOR shall provide all equipment, materials, and supplies necessary for the performance of this Agreement *except:* N/A which shall not exceed a total cost of \$ _____.

6. 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.

- 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: 2850 West Street
Oakland, CA 94608
Phone: (510) 879-8138

CONTRACTOR:

Name: Prevent Blindness Northern California
Title: _____
Address: 1388 Sutter Street, Suite 408
San Francisco CA 94109
Phone: (415) 567-7600

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. CONTRACTOR shall submit invoices in a form that includes the name of the person providing the service, the service performed, the date service was rendered, and the hours spent on the work.

8. 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.

1. Invoices shall include, but not be limited to: Consultant name, consultant address, invoice date, invoice sequence number, purchase order number, name of school or department service was provided to, period of service, number of hours of service, brief description of services provided, hourly rate, total payment requested.
2. Invoices from Agencies or Organizations must include evidence of compliance with section 19 herein:
 - i. Fingerprinting of Employees and Agents: Agency or organization must provide a current list of all employees, agents and volunteers working at an OUSD site when invoicing, and must include the Department of Justice ATI number for each person, and at statement that subsequent arrest records have been requested for each person listed.
 - ii Tuberculosis Screening: The list must also include a statement that TB Clearance is on file for each person.

9. **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.

10. Insurance:

1. Commercial General Liability Insurance: 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.) Waiver of insurance does not release CONTRACTOR from responsibility for any claim or demand.

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

Professional Services Contract

12. **Assignment:** The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD.
13. **Anti-Discrimination.** It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination against any employee engaged in the work because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age and therefore the 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, the 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.
14. **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 drugs on these sites.
15. **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.
16. **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.
17. **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.
18. **Termination:** OUSD may at any time terminate this Agreement upon 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.
19. **Conduct of Consultant.** CONSULTANT will adhere to the following staff requirements and provide OUSD with evidence of staff qualifications, consistent with invoicing requirements outlined in Section 8, which include:
 1. **Tuberculosis Screening**
 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.
Contractor initial: WJ
20. **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.
21. **OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors.** OUSD may evaluate the 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).

Professional Services Contract

22. **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.
23. **Confidentiality.** The 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 access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.
24. **Conflict of Interest.** CONTRACTOR shall abide by and be subject to all applicable OUSD policies, 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.
 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.
25. **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.
26. **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. If litigation is initiated, the prevailing party shall be entitled to reasonable attorney's fees and costs.
27. **Contract Contingent on Governing Board Approval:** The District shall not be bound by the terms of this Agreement until it has been formally approved by the District'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.
28. **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.
29. **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.
30. **Incorporation of Recitals and Exhibits** The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.

Summary of terms and compensation:

Anticipated start date: 05/02/2011 Work shall be completed by 06/30/2012 Total Fee. \$ 0.00

OAKLAND UNIFIED SCHOOL DISTRICT

Maria Santos 4-15-11
 President, Board of Education Date
 Superintendent or Designee

 Secretary, Board of Education Date
 Certified:

Edgar Rakestraw, Jr. 5/26/11
 Edgar Rakestraw, Jr., Secretary
 Board of Education

CONTRACTOR

Wing-Sec Leung 2/9/11
 Contractor Signature Date

Wing-Sec Leung, CEO
 Prevent Blindness Northern Cal
 Print Name, Title

File ID Number: 11-0441
 Introduction Date: 5-25-11
 Enactment Number: 11-0928
 Enactment Date: 5-25-11
 By: SR

EXHIBIT "A" Scope of Work

DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

CONTRACTOR's entire Proposal is not made part of this Agreement. [IF A CONTRACTOR PROVIDES AN ACCEPTABLE DESCRIPTION OF SERVICES AS PART OF A PROPOSAL, THAT DESCRIPTION OF SERVICES CAN BE ATTACHED WITHOUT ANY TERMS, CONDITIONS, LIMITATIONS, ETC., FROM THAT PROPOSAL.]

Summary for Board Memo and Board Agenda – Must accurately describe scope of work below.

Approval by the Board of Education of a professional services contract between Oakland Unified School District and Prevent Blindness Northern California (PBNC), San Francisco, CA, for the latter to provide free vision screening to pre-kindergarten students to detect vision problems in preschool as it is difficult to treat them by kindergarten; parents will be notified prior to the screening, and Health Services will work with the PBNC staff to implement the vision screening program to its full capacity and assess its progress for the period of May 2, 2011 through June 30, 2012 at no cost to the District.

SCOPE OF WORK

Prevent Blindness Northern California (PBNC) will provide services at No Cost to the District. Services are anticipated to begin on 5/2/2011 and end on 6/30/2012.

- 1. Description of Services to be Provided** Please provide a one or two paragraphs program description of the service(s) the contractor will provide. Be specific about what service(s) OUSD is purchasing and the planned outcome.

Under the supervision of the OUSD Health Services staff, Prevent Blindness Northern California (PBNC) will provide free vision screening to pre-kindergarten students, with counsel to parents and appropriate referral, working with several partner agencies which provide financial resources for eye exams and eye glasses for those who need it.

- 2. Strategic Alignment:** **School-based contracts:** Make clear how this service supports your academic goals and increases student achievement. Provide details as to program participation (Students will...) and intended outcomes (Students will be able to...) **Central office contracts:** How does this service support the overall strategic goals of your department and increase student achievement?

PBNC trained and certified volunteer screeners provide vision screening at pre-scheduled pre-school sites. Appropriate paperwork is provided to inform the parents of the date and the importance of the screening. Letters are sent to parents or guardians of every child screened informing them of the screening results. For children who fail the screening, a Referral Form is sent home for the parent to bring to the child's appointment. The referral form as the screening results so the doctor knows why the child needs further evaluation. PBNC staff are available to counsel parents on appropriate next steps when their child is referred. PBNC works with several partner agencies which provide financial resources for eye exams and glasses for those who need it. PBNC provides follow-up services to ensure every child identified with a possible vision problem receives the necessary care.

- 3. Alignment with Single Plan for Student Achievement (required if using State or Federal Funds)**

Please select:

- Action Item included in Board Approved SPSA (no additional documentation required)**
Action Item Number: _____
- Action ion Item added as modification to Board Approved SPSA – Submit the following documents to the Resource Manager either electronically via email of scanned documents, fax or drop off.**
 1. Relevant page of SPSA with action item highlighted. Page must include header with the word "Modified" and the modification date, school site name, both principal and school site council chair initials and date.
 2. Meeting announcement for meeting in which the SPSA modification was approved.
 3. Minutes for meeting in which the SPSA modification was approved indicating approval of the modification.
 4. Sign-in sheet for meeting in which the SPSA modification was approved.



Prevent Blindness Northern California
1388 Sutter Street, Suite 408
San Francisco, CA 94109
Phone: (415) 567-7500 Fax: (415) 567-7600
Toll Free (No. Calif.) (800) 338-3041
Web Site: www.EyeInfo.org
E-Mail: SavingSight@eyeinfo.org

Prevent Blindness Northern California Description of the Agency

Prevent Blindness Northern California (PBNC) was founded in 1962 by three ophthalmologists from Stanford University and was first known as the "San Francisco Bay Area Vision Screening Project," one of the pioneer preschool vision screening studies in the nation. In 1966, this group merged with the National Society for the Prevention of Blindness and is now known as Prevent Blindness Northern California. PBNC is headquartered in San Francisco and has a satellite office in Redding. The mission of PBNC is as follows:

Prevent Blindness Northern California is devoted to the preservation of sight for the people of Northern California. We accomplish this through direct vision screening services, vision screening training programs, public education, and advocacy. We believe that the detection of vision disorders at a treatable stage and raising awareness of eye health and safety are essential to preventing vision loss and blindness.

Direct Vision Screening

The organization provides direct vision screening services to children and adults. These services are implemented by PBNC staff and PBNC-trained and certified volunteer groups. The Children's Vision Screening program offers direct screening, referral, and follow-up to preschool children throughout ten counties in Northern California. This program screens approximately 25,000 children each year, detecting possible signs of amblyopia while in its most treatable stage to prevent permanent vision loss. Free adult vision screening services are offered at clinics in the office, health fairs, and vision screening days at senior centers throughout the greater Bay Area and Northern Sierra Counties. The screening looks for signs of glaucoma, diabetic retinopathy and macular degeneration and includes the following: risk assessment, distance and near vision tests, visual fields (peripheral vision) check, retinal imaging through a fundus camera, exit interview, referral and follow-up.

Vision Screening Training Program

PBNC offers training, certification and, where applicable, continuing education contact hours to health professionals and student health professionals in children's vision screening. PBNC is the primary agency that trains California's Child Health and Disability Prevention (CHDP) providers, Head Start staff, nursing students and medical students across Northern California through our two-part course that includes theory and practicum. PBNC's class provides thorough coverage of guidelines accepted among ophthalmologists and the best evidence-based practices for children's vision screening. This program facilitates tens of thousands of children to be accurately screened annually.

Public Education

Prevent Blindness Northern California's Public Education Program consists of three main components: Annual Vision Health Symposiums, Health Fairs, and Presentations. The Symposiums increase awareness and educate the public on eye health and safety, vision disorders and preventive measures against vision loss and blindness. This is accomplished by providing culturally competent lectures in the target population's dominant language. Additionally, vision screening for participants is offered. PBNC also participates in health fairs to educate at-risk adults via educational materials and direct contact with PBNC staff. Finally, PBNC staff gives presentations to raise awareness of eye health and safety among groups (e.g., corporations, service organizations, churches, formal and informal social organizations).

Advocacy

With guidance from Prevent Blindness America, PBNC draws the attention of state and local officials to constituents' prioritization of vision-related issues in order to support effective policies and sufficient funding for vision-related initiatives.



**Prevent
Blindness**

Northern California®

Focused on vision screening.

VISION SCREENING PROGRAM REFERRAL FORM

Child's name _____ Age _____ Sex _____ Screening Date _____

Screening site _____ Screening team & contact phone# _____

TO PARENT OR GUARDIAN:

Our vision screening shows that your child may have a vision problem. We recommend that you make an appointment for a complete eye examination. PLEASE BRING THIS FORM WITH YOU TO YOUR CHILD'S EYE EXAM. When completed by the doctor, the form should be returned to us in the attached self-addressed envelope. If you need financial resources for an eye exam or have questions about the screening please contact us at (800) 338-3041.

I give permission to report the findings of my child's eye exam to screeners for Prevent Blindness Northern California, so that the value and accuracy of this community health service can be evaluated.

Parent's Name: _____

Address: _____ Phone: _____

Parent's Signature: _____ Date: _____

Dear Doctor:

This child was screened by certified PREVENT BLINDNESS volunteers or staff. A complete eye examination has been advised. Please complete this form and return it in the attached envelope. This confidential information is valuable to us in the evaluation of our program.

NOTE: Children wearing glasses are screened with glasses on. (BELOW FOR DOCTOR'S USE ONLY)

PREVENT BLINDNESS SCREENING RESULTS

Date #1: Right eye: 20/ _____ Left eye: 20/ _____

Date #2: Right eye: 20/ _____ Left eye: 20/ _____

HOTV E Lea SYMBOL LETTER

Other: _____

PHYSICIAN'S EXAMINATION RESULTS

UNCORRECTED VISUAL ACUITY:

Date of exam: ____ / ____ / ____

Right Eye: 20/ _____

Left Eye: 20/ _____

RESULTS/COMMENTS:

- Amblyopia
- Muscle imbalance
- Refractive error
 - Myopia
 - Hyperopia
 - Astigmatism
 - Anisometropia
 - Other _____

HISTORY:

- New case
- Previously diagnosed

**IMPORTANT
PLEASE RETURN**

(PLEASE SPECIFY)

TREATMENT:

- Glasses prescribed
- Other _____

Doctor's Name _____ Address _____

Please return to:

Prevent Blindness Northern California
Fax: 415-567-7600

Prevent Blindness Northern California
1388 Sutter Street, Suite 408
San Francisco, CA 94109
415-567-7500



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/30/2011

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. Two Prudential Plaza 180 N. Stetson Avenue, Suite 4475 Chicago IL 60601	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	
INSURED National Society to Prevent Blindness 1388 SUTTER ST. STE 408 SAN FRANCISCO, CA 94109	INSURER A: Philadelphia Indemnity Insura	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1987207679

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input 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"/> PRO-JECT <input checked="" type="checkbox"/> LOC		PHPK549769	4/1/2010	4/1/2011	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 - COMPROP AGG	\$3,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

Vision Screening: February - June 2011
 Evidence of Coverage

CERTIFICATE HOLDER**CANCELLATION**

Oakland Unified School District
 Health Services
 2850 West Street
 Oakland CA 94608

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

PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2010-2011

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 has OUSD Vendor Number and meets the consultant requirements (including insurance and background check)
3. Contractor and OUSD contract originator complete the contract packet together and attach required attachments.
4. OUSD contract originator creates the requisition.
5. Within 2 weeks of creating the requisition the OUSD contract originator submits complete contract packet for approval.

Attachment Checklist	<input type="checkbox"/> For individual consultants: HRSS Pre-Consultant Screening Letter for 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: 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

OUSD Staff Contact Emails about this contract should be sent to: barbara.parker@ousd.k12.ca.us

Contractor Information

Contractor Name	Prevent Blindness Northern California (PB)	Agency's Contact	April Nakayoshi		
OUSD Vendor ID #	1005308	Title	Program Director		
Street Address	1388 Sutter Street, Suite 408	City	San Francisco	State	CA Zip 94109
Telephone	(415) 567-7600	Email	anakayoshi@eveinfo.org		
Contractor History	Previously been an OUSD contractor? <input type="checkbox"/> Yes <input checked="" 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	05/02/2011	Date work will end	06/30/2012	Other Expenses	
Pay Rate Per Hour (required)	\$ 0.00	Number of Hours		Total Contract Amount	\$ 0.00

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	\$	
			5825	\$	
			5825	\$	
Requisition No.				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.

1.	Administrator / Manager (Originator)	Name	Barbara Parker	Phone	(510) 879-8138
	Site / Department	999/ Health Services	Fax	(510) 879-3078	
2.	Signature	<i>Barbara Parker</i>		Date Approved	2/1/11
	Resource Manager, if using funds managed by:	<input type="checkbox"/> State and Federal <input type="checkbox"/> Quality Community School Development <input checked="" type="checkbox"/> Complementary Learning / After School Programs			
	<input type="checkbox"/> Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (SPSA)	Signature	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	3/14/11	
4.	Deputy Superintendent Instructional Leadership / Deputy Superintendent Business Operations	<input type="checkbox"/> Consultant Aggregate Under \$50,000			
	Signature	<i>Maria Santos</i>		Date Approved	3-14-11
5.	Superintendent, Board of Education Signatures on the legal contract				
Legal	Required if not using standard contract	Approved	Denied - Reason	Date	
Procurement	Date Received	PO Number			



SEEING IS ACHIEVING



DID YOU KNOW THAT...

- 1 in 20 preschool children has a vision problem
- Children often do not realize that they are not seeing as they should and may not complain or show signs of vision problems
- Vision screening is the first step toward ensuring a lifetime of healthy vision for your child
- Catching a vision problem early significantly improves the chance that it can be treated successfully

**Make sure your child gets screened
A few minutes can save your child's vision**

Prevent Blindness Northern California

Is dedicated to making sure your child has the best sight possible

The next vision screening at your child's school will be held on:

(Place date sticker here)



Prevent Blindness Northern California

1388 Sutter Street, Suite 408

San Francisco, CA 94109

Phone (415) 567-7500 | Fax (415) 567-7600

www.eyefinfo.org | E-mail: SavingSight@eyefinfo.org

In partnership with

Place a sticker of
your team's logo

Don't let vision problems that could be detected at 3 last a lifetime.



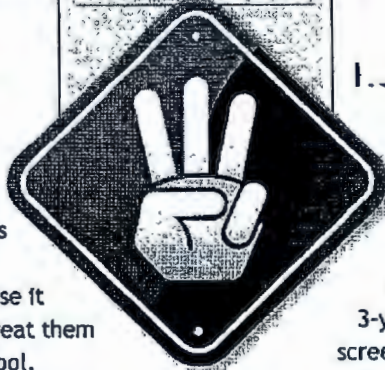
Flyer



Preventing blindness begins at 3.

Many of the most serious vision problems—including refractive errors and amblyopia—have no outward signs or symptoms. Detecting these vision problems in preschool is crucial because it can be difficult, if not impossible, to treat them by the time a child reaches grade school.

Fortunately, early detection through vision screening is fast, non-invasive, inexpensive and actually fun for children. Prevent Blindness Northern California screens 22,000 preschool children each year. 72% of the children who are referred to an eye doctor from these screenings are diagnosed with a treatable vision problem.



Help us change the statistics.

Only 22% of preschool children receive vision screening. Together we can raise awareness of the importance of vision health as part of a healthy lifestyle by making sure every 3-year-old in California gets vision screened. With your help, we can train enough screeners to get the job done right—and prevent vision problems that could be detected at 3 from lasting a lifetime.

Visit www.eyefinfo.org to find screening resources near you, to volunteer, or to make a donation. By joining our campaign, you'll help ensure 3-year-olds are successful in school—and in life.



Focused on vision screening.

Phone: (415) 567-7500

1388 Sutter Street, Suite 408 • San Francisco, CA 94109

E-mail: savingsight@eyefinfo.org

© 2010 Prevent Blindness Northern California. All rights reserved.

Don't let vision problems that can be detected at 3 last a lifetime.



Many of the most serious vision problems have no outward signs or symptoms. Vision screening to detect vision problems in preschool is crucial because it can be difficult, if not impossible, to treat them by the time your child reaches grade school.

Prevent Blindness Northern California is performing free vision screening at your child's school.

"We are so thankful for the screening provided at Wyatt's school. Without it, his vision weakness would have been undetected for years. He's only been wearing glasses for one month and his eyesight has improved greatly."

*Sincerely,
Scott and Shanna
Parents of a vision-screened child*

PBNC is a nonprofit devoted to the detection of vision disorders at a treatable stage. The gold standard in children's vision screening, PBNC screens 25,000 children annually in Northern California.

Screenings include an external inspection of the eyes and a test of visual acuity. PBNC's screening protocols have been developed by eye doctors to ensure screenings are of the highest quality. Check with your preschool to find out the date of the vision screening for your child.

Screening is fast, non-invasive and fun.

It's often easier to perform vision screening in a preschool than in a pediatrician's office because your child feels comfortable and at ease. Your child's class will be coached by their teacher before the screening so they're ready to "play the game." We make it so much fun, children who don't participate often feel left out.

The only way we can screen so many children each year is through the help of our dedicated volunteers, each of whom has been certified by PBNC.

At _____,
we're proud to partner with:



Focused on vision screening.

1388 Sutter Street, Suite 408 • San Francisco, CA 94109
www.eyefinfo.org

Please direct questions to: **Prevent Blindness Northern California, 800-338-3041**
Visit www.eyefinfo.org to view videos about children we've helped through our "Screen at 3" campaign and to make a donation.

© 2010 Prevent Blindness Northern California. All rights reserved.



Help protect the sight of your students.



Promote learning by offering vision screening right in your school.

Vision screening is the best way to identify vision problems early enough for treatment

PBNC is the gold standard in vision screening for preschool students

Non-invasive and fun for your students

Fits easily into your classroom schedule, using existing facilities

A high-value service parents will appreciate

Call today to protect sight

 **Prevent
Blindness**
Northern California
Focused on vision screening.

1388 Sutter Street, Suite 408, San Francisco, CA 94109 • Phone: 415-567-7500
www.eyefnfo.org

© 2010 Prevent Blindness Northern California. All rights reserved.



Focused on vision screening.

1388 Sutter Street, Suite 408
San Francisco, CA 94109
P(415) 567-7500 F (415) 567-7600
Web Site: www.EyeInfo.org
E-Mail: savingsight@eyeinfo.org

Date:

Dear Parents:

Some eye problems can be corrected only if detected in the preschool years. Certified Vision Screeners

will be providing free vision screening on _____ at _____
(Date) (School)

You will be notified of the results of the screening. If you do not wish to have your child screened,
please sign this form and return it to the school prior to the screening date.

Sincerely,

PREVENT BLINDNESS NORTHERN CALIFORNIA



Focused on vision screening.

1388 Sutter Street, Suite 408
San Francisco, CA 94109
P(415) 567-7500 F (415) 567-7600
Web Site: www.EyeInfo.org
E-Mail: savingsight@eyeinfo.org

Date:

Dear Parents:

Some eye problems can be corrected only if detected in the preschool years. Certified Vision Screeners

will be providing free vision screening on _____ at _____
(Date) (School)

You will be notified of the results of the screening. If you do not wish to have your child screened,
please sign this form and return it to the school prior to the screening date.

Sincerely,

PREVENT BLINDNESS NORTHERN CALIFORNIA



YOUR CHILD'S VISION SCREENING RESULTS

Dear Parent:

As a free community health service, *Prevent Blindness Northern California (PBNC)* certified screeners and/or staff have screened the vision of your child, _____ on _____(date). Children wearing glasses are screened with their glasses *on*.

Vision screening is not a substitute for a complete eye examination but may help detect decreased vision. Many of the most serious vision problems, including refractive errors and amblyopia, have no outward signs or symptoms. Detecting these vision problems in preschool is crucial because it can be difficult, if not impossible, to treat them by the time a child reaches grade school.

- Your child's vision was considered within normal screening range.
- Your child did not pass the vision screening **today**. This may be due to fatigue, the onset of illness, or unfamiliarity with the screening process. Many times a child *will* pass when **rescreened**. PBNC requires two screening attempts before referring a child for a complete exam or deeming the child unable to be screened. Please check with your child's teacher or school director for the rescreen date.
- Your child did not pass the vision screening. It is recommended you make an appointment for a complete eye exam for your child. Please see attached form for screening results.
- It was not possible to screen your child's vision due to absence or inability to complete the screening process. Please check with your child's teacher or school director for the next screening date.

If you have questions please call (415) 567-7500 and ask for Program Staff.

Prevent Blindness Northern California | 1388 Sutter Street, Suite 408 | San Francisco, CA 94109
(415) 567-7500 | Fax: (415) 567-7600 | www.eyefinfo.org | anakayoshi@eyefinfo.org

© 2010 Prevent Blindness Northern California. All rights reserved.