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File ID Number	14-0625
Introduction Date	4-23-14
Enactment Number	14-0663
Enactment Date	4/23/14



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

Memo

To Board of Education

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

Board Meeting Date 4-23-14
(To be completed by Procurement)

Subject Memorandum of Understanding - Vision To Learn (contractor) - 968/Health Services (site/department)

Action Requested Approval of Memorandum of Understanding between Oakland Unified School District and Vision To Learn, Los Angeles, CA. Services to be primarily provided to 968/Health Services Department for the period of April 1, 2014 through June 30, 2014.

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

The Vision To Learn operates a school-based mobile vision clinic program referred to as the "Mobile Clinic". They will work in conjunction with Health Services Department provide vision services to elementary students who have been identified as having potential uncorrected vision difficulties. They will perform basic vision examinations. They will also provide prescription eyeglasses, fitting of glasses, and referrals to the school nurse for additional care when indicated.

Discussion
One paragraph summary of the scope of work.

Approval by the Board of Education of a Memorandum of Understanding between District and Vision To Learn, Los Angeles, CA, for the latter to provide a school-based mobile vision clinic program for elementary students with potential uncorrected vision difficulties for the period of April 1, 2014 through June 30, 2014, at no cost to the District.

Recommendation Approval of Memorandum of Understanding between Oakland Unified School District and Vision To Learn. Services to be primarily provided to Health Services Department for the period of April 1, 2014 through June 30, 2014.

Fiscal Impact Funding Source: No Fiscal Impact

Attachments

- Memorandum of Understanding
- Certificate of Insurance
- Scope of Work
- Statement of qualifications

**MEMORANDUM OF UNDERSTANDING
BETWEEN
VISION TO LEARN AND OAKLAND UNIFIED SCHOOL DISTRICT**

This agreement ("Agreement") is entered into by and among Vision To Learn, hereinafter referred to as "Agency", and Oakland Unified School District, hereinafter referred to as "District".

WITNESSETH

WHEREAS, Agency operates a school-based mobile vision clinic program, hereinafter referred to as "Mobile Clinic";

WHEREAS, the District desires that Agency operate the Mobile Clinic on District property as set forth herein below;

NOW, THEREFORE, the parties hereto enter into this Agreement as a full statement of their respective responsibilities during the term of this Agreement, and in consideration of the representations made above and the covenants and conditions set forth herein, the parties agree as follows:

I. General Information:

1. The delivery of services by Agency will be on the premises of selected elementary school sites, on days and at times as mutually agreed upon by both parties.

II. Obligations of Agency:

1. Be solely responsible for staffing and providing services under this Agreement. Agency certifies that staff and/or trainees providing the services are adequately trained and prepared according to prevailing professional standards for providing such services.
2. Provide adequate supervision of the professional staff and/or trainees.
3. Certify that Agency staff will follow legal guidelines on reporting child abuse.
4. Certify that all personnel in contact with children shall provide evidence of freedom from tuberculosis upon request of the District and that personnel meet District criminal conviction standards.
5. Be responsible for the cost, care and maintenance of the Mobile Clinic.
6. Be responsible for the services described herein with parent/guardian written approval. Services shall include:
 - a. Basic vision examination for Referred Students'
 - b. Prescription and fitting of glasses
 - c. Provision of glasses from Provider's available selection. Glasses will be delivered on a separate date approximately two weeks after exam.
 - d. As feasible and appropriate, referrals to the school nurse additional care where indicated.
7. Should services by Agency include any form of medical services, including diagnostic services, treatment or counseling, Agency shall obtain written parent consent prior to providing service(s) to a minor.

III. Obligations of the District:

1. Provide the Mobile Clinic medical team with any necessary utilities, including electrical hookups, as required for the Mobile Clinic.

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2. Health Services Unit shall:

- a. Facilitate the education of OUSD faculty, staff and parents about the vision mobile clinic and how to make referrals to the vision mobile clinic
- b. Collaborate with the vision mobile clinic.
- c. Assist in developing a plan to identify students with vision difficulties who would benefit from the vision mobile clinic services
- d. Refer students that have been previously screened and failed the vision screening to the vision mobile clinic.
- e. Obtain written parent/guardian consent for referred students on a consent form provided by Agency.
- f. Assist in the scheduling of clinic dates with school site principals and assist in scheduling students and parents for clinic visits.
- g. Communicate with the vision mobile clinic team regarding the vision status of students seen in the vision mobile clinic as allowed by HIPPA and FIRPA.

IV. Billing:

Services will be provided at no cost to the District or to the students served.

V. Insurance:

Agency and District are self-insured entities for purposes of Professional Liability, General Liability, Automobile Liability and Workers' Compensation and warrant that through their respective programs of self-insurance, they have adequate coverage or resources to protect against liabilities arising out of the performance of the terms, conditions or obligations of this agreement.

VI. Indemnification:

Agency agrees to indemnify, defend (with counsel approved by DISTRICT) and hold harmless the DISTRICT its School Board, State Trustee, officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability resulting from the Agency's negligent acts or omissions which arise from the Agency's performance of its obligations under this Agreement.

DISTRICT agrees to indemnify, defend (with counsel approved by Agency) and hold harmless Agency and its officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability which arise from DISTRICT's negligent acts or omissions arising out if its obligations under this Agreement.

In the event Agency and/or the DISTRICT is found to be comparatively at fault for any claim, action, loss or damage which results from their respective obligations under the Agreement, the Agency and/or DISTRICT shall indemnify the other to the extent of its comparative fault.

VII. Status of Parties:

- 1. The parties hereby expressly understand and agree that this Agreement is not intended and shall not be construed to create a relationship of agent, servant, employee, partnership, joint venture, or association between District and Agency but is rather an Agreement by and between independent contractors.
- 2. The parties hereby expressly understand and agree that their employees, agents, and independent contractors are not the employees or agents of the other party for any purpose, including, but not limited to, compensation for

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services, employee welfare and pension benefits, other fringe benefits of employment, or workers' compensation insurance.

VIII. Assignment:

Neither party hereto shall assign its rights or obligations pursuant to this Agreement without the express written consent of the other party.

IX. Modification:

No modification, amendment, supplement to or waiver of any provision of this Agreement shall be binding upon the parties unless made in writing and duly signed by all parties.

X. Rules of Construction:

The language in all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against either the Agency or the District. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as the identifications of the person or persons, firm or firms, corporation or corporations may require.

XI. Governing Law:

This Agreement is made and entered into in the State of California, and shall in all respects be interpreted, enforced and governed by and under the laws of the State of California.

XII. Counterparts:

This Agreement may be executed in counterparts, and all such counterparts together shall constitute the entire Agreement of the parties hereto.

XIII. Severability:

The provisions of this Agreement are specifically made severable. If any clause, provision, right and/or remedy provided herein is unenforceable or inoperative, the remainder of this Agreement shall be enforced as if such clause, provision, right and/or remedy were not contained herein.

XIV. Alternative Dispute Resolution:

In the event the District determines that service is unsatisfactory, or in the event of any other dispute, claim, question or disagreement arising from or relating to this Agreement or breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.

Notwithstanding the above, nothing herein shall preclude either party from pursuing its legal remedies at law in the event a mutually satisfactory solution is not reached.

XV. Term and Termination:

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1. This agreement shall be effective commencing on the execution of this agreement by both parties and terminating June 30, 2014 at which time the agreement shall automatically renew for successive one year terms thereafter. However, this agreement may be terminated, with or without cause, by either party after giving the other party sixty (60) days advance written notice of its intention to terminate.
2. Any written notice given under this Section XV shall be sent, postage prepaid, by certified mail, return receipt requested, to the following person(s), as the case may be:

Vision To Learn

11611 San Vicente Blvd., Suite 500
 Los Angeles, CA 90049
 Attention: Gaye Williams, Executive Director

Oakland Unified School District

Health Services
 746 Grand Ave
 Oakland, CA 94610
 Attention: Barbara Parker, Coordinator, Health Services/ Section 504

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XVI. Health Insurance Portability and Accountability Act (HIPAA)

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), regulations have been promulgated governing the privacy and security of individually identifiable health information (IIHI) otherwise defined as Protected Health Information (PHI) or electronic Protected Health Information (ePHI). The HIPAA Privacy and Security Regulations specify requirements with respect to contracts between an entity covered under the HIPAA Privacy and Security Regulations and its Business Associates. A Business Associate is defined as a party that performs certain services on behalf of, or provides certain services for, a Covered Entity and, in conjunction therewith, gains access to IIHI, or PHI or ePHI. Therefore, in accordance with the HIPAA Privacy and Security Regulations, District shall comply with the terms and conditions as set forth in the attached Business Associate Agreement, hereby incorporated by this reference as Appendix I.

XVII. Entire Agreement:

This Agreement contains the final, complete and exclusive Agreement between the parties hereto. Any prior Agreement promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth herein are of no force or effect. This Agreement is executed without reliance upon any promise, warranty or representation by any party or any representative of any party other than those expressly contained herein. Each party has carefully read this Agreement and signs the same of its own free will.

XVIII. Authorization:

The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the named parties.

IN WITNESS whereof, this Agreement has been executed by the parties hereto as of the day and year first written above:

Vision To Learn -

► Mary Williams
Executive Director

Dated: 03/05/2014

The Oakland Unified School District

By: David Kakishiba
President, Board of Education
(Authorized signatory sign in blue ink)

Name: Dr. Gary Yee 4/24/14

Title: Acting Superintendent

Dated: _____

Address: 1000 Broadway, 6th floor
Oakland, CA 94607

OAKLAND UNIFIED SCHOOL DISTRICT
Counsel
APPROVED BY: [Signature]
SUBSTANCE
By: _____
Attorney at Law

Approved as to Legal Form ► _____ County Counsel Date _____	Reviewed by Contract Compliance ► _____ Date _____	Presented to BOS for Signature ► _____ Department Head Date _____
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/24/2014

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 800-866-0777 616-957-1204 Thum Insurance Agency, LLC Melissa Thum 3140 3 Mile Road, NE Grand Rapids, MI 49525	CONTACT NAME: Melissa Thum PHONE (A/C, No, Ext): 800-866-0777 FAX (A/C, No): 616-957-1204 E-MAIL ADDRESS: melissa@thuminsurance.com
INSURED VISION TO LEARN 11611 SAN VICENTE BLVD # 500 LOS ANGELES, CA 90049	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Transportation Insurance Company 20494 INSURER B: American Casualty Company 20427 INSURER C: Continental Casualty Company 20443 INSURER D: United Specialty Insurance Company 12537 INSURER E: Evanston Insurance Company 35378 INSURER F: United States Liability Insurance Group 25895

COVERAGES CERTIFICATE NUMBER: 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
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	5083150090	03/15/2014	03/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
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 Inland Marine	<input checked="" type="checkbox"/>	5083150123	03/15/2014	03/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000 UM Medical Equipment \$ 298,512
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input checked="" type="checkbox"/>	USA4032969	03/15/2014	03/15/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
F	Directors & Officers Liability		NPP1554428	03/15/2014	03/15/2015	Non-Profit D/O \$5,000,000
E	Medical Professional Liability		SM886487	04/16/2013	04/16/2014	\$1,000,000 EC/\$2,000,000 PA
C	Crime		596408416	01/01/2014	01/01/2017	Employee Theft (A) \$100,000

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

#1 2003 SPARTAN ARMOR CONVERSION VIN# 4VZKR10982C035209
 #2 2013 MERCEDES SPRINTER VAN 2500 VIN# WD3PE8CC8D5762242
 #3 2013 MERCEDES SPRINTER CARGO VAN M2CA170E VIN# WD3PE8CC6D5767651
 LOCATION: LOS ANGELES, CA 90049

CERTIFICATE HOLDER Additional Insured: Oakland Unified School District 900 High Street Oakland, CA 94601	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>Melissa Thum</i>
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Vision To Learn
Focus on the Future

March 10, 2014

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Glennville March, Jr., MD
Cynthia Wallis
Denta Willoughby
Jake Winebaum
Gaye Williams, Executive Director

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Janice Pober
Richard Rordan
Jan Sobel
Tom Soto
Leandro Tyberg
Dean Vogel
Tyrone Washington

Ms. Paris Pryor
Oakland Unified School District

Dear Ms. Pryor,

Thank you for shepherding the MOU between Vision To Learn and Oakland Unified School District over the finish line. In addition, to the MOU, which was mailed to you last week, you have requested the following information:

1. Copy of the current Certificate of Liability Insurance, including the mobile unit which is attached hereto.
2. Confirmation that Vision To Learn employees participating in this program with OUSD have received fingerprinting and TB clearance and that Vision To Learn assumes full liability.

All Vision To Learn employees, including Optometrists and Opticians, are required to complete a TB test and have fingerprinting completed before they are hired and allowed to work in the mobile clinic. TB test results are sent to and verified by the Vision To Learn Administrative staff. The Opticians have fingerprints scanned and verified at a Live Scan facility, with results verified by Vision To Learn's Executive Director. All Optometrists are required to send a current copy of their license to Vision To Learn, which is then verified. As such, the California Board of Optometry requires Optometrist's to submit Live Scan fingerprints when applying for a license and when renewing their license. LAUSD and all other school districts have deemed this process acceptable as proof of fingerprinting.

Finally, Vision To Learn, as outlined in the MOU, accepts full liability for the actions of its employees.

Please let me know if this satisfies all the requirements to move the MOU forward.

Sincerely,

Free Glasses for Kids

11611 San Vicente Blvd, Suite 500, Los Angeles, CA 90049 (310) 893-2305 VisionToLearn.org

*Vision To Learn is a nonprofit, tax-exempt public charity under Section 501(c)(3) of the Internal Revenue Code.
Your donation is fully tax deductible as provided under applicable law.
No goods or services were provided in exchange for this donation.*

SAM Search Results
List of records matching your search for :

Search Term : vision* to learn*
Record Status: Active, Inactive

No Search Results



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About Us

Vision To Learn was created by the Beutner Family Foundation borne out of a belief that public education is the foundation of our future.

Vision To Learn's trained eye doctors bring state-of-the-art mobile eye clinics to elementary schools in low-income communities to provide free eye exams and free eye glasses. The idea is simple. Instead of forcing families to go to where the glasses are—the eye clinic—we bring the glasses to where the kids are—the schools.

Nearly one-quarter-million young children across California do not have the glasses they need to read their books, see the chalkboard, or participate in class. According to a study by the UCLA Schools of Medicine and Public Health, more than 20 percent of elementary school students in low-income communities have a vision problem and 96 percent of those students who need glasses do not have them. Students with untreated eye problems have lower academic performance which impacts their life trajectory.

We wondered what effect the glasses Vision To Learn has provided were having on the kids who got them, so we commissioned an independent study by faculty members of the UCLA Schools of Medicine and Public Health. The results could not be clearer.

In numerous focus groups with students, parents and teachers, the **parents** repeatedly heard about how students' classroom performance has improved. They approached their school work with more confidence and had more success.

One student summed it up, "When I didn't have glasses, I had bad grades and my mom and dad weren't happy."

Parents reported a huge sense of relief. They said they could now understand their kids' previous academic struggles and why their children had been anxious in school. In the words of one parent, "The teacher told me that now I don't have to try to keep {my daughter's} focus... Now she sees and tries, and I don't have to be after her like before..."

Another spoke of the anxiety her child felt about going to school, "Why didn't he sleep? Why was he scared? I didn't know that it was because of {his vision}."

The teachers surveyed were equally enthusiastic, saying that the students who got glasses not only learned more; they became active learners. "A couple of the really shy kids started participating more... they started coming out of their shell," one teacher observed.

Another teacher reported, I've had about six kids that received glasses and these kids {who} were distracting other kids, socializing and you know I just couldn't get it... But when they got their glasses, that kind of just changed; it went away."

Helping so many students at the same time has another benefit. With multiple students getting glasses, the old "four-eyes" stigma loses its power. It's just the opposite. As one teacher reported, the students "are always wearing their glasses, they are proud to wear them. It's... a fashion statement..."

It's clear the work of Vision To Learn is having an impact. We couldn't do this work without the incredible support of school nurses, teachers and administrators who help bring this basic learning tool to the students who need it most. We are grateful to each of them along with our many volunteers and supporters. Together, we will ensure every child in California has a clear vision towards a brighter future.



**EXAMEN DE VISTA Y LENTES GRATIS
PERMISO Y CONSENTIMIENTO**

Vision To Learn se ha asociado con su escuela o la organización de servicio juvenil para proveer una clínica de visión móvil que ofrecerá exámenes gratuitos de la vista y anteojos básicos gratuitos a los estudiantes que los necesitan.

Un examen ha indicado que su hijo/a puede necesitar lentes. **Si usted desea que su hijo/a tenga la oportunidad de participar en este programa, por favor complete este formulario y devuélvalo a la enfermera de su escuela o la persona de contacto designada.** No es necesario tener seguro de salud o hacer ningún pago para participar en este programa.

Vision To Learn a veces obtiene imágenes de los niños que atienden la escuela, o la información sobre ellos, con el fin de dar a conocer el programa y hacerlo mejor. Usted está de acuerdo que su hijo/a sea fotografiado, filmado y / o participe en grabación de voz (colectivamente llamado "Grabaciones"), y entiende que *Vision to Learn* será dueño de estas grabaciones y pueda utilizarlas en cualquier formato sin compensación alguna para mi niño/a ni a los padres de su hijo o guardián. Usted está de acuerdo en que *Vision to Learn* puede solicitar el acceso a académico, conducta, asistencia y datos demográficos acerca de mi hijo (colectivamente llamado "Datos"). Usted está de acuerdo que estoy renunciando cualquier y todos los reclamos en contra de mi escuela o la organización de servicio juvenil y *Vision to Learn* que pudieran derivarse de la participación de mi hijo/a en el programa o, en su caso, el uso de las Grabaciones o Datos

Sí, estoy de acuerdo en permitir que mi hijo/a participe en la clínica de visión móvil del programa de *Visión to Learn* que se describe arriba.

Por Favor Escriba:

Nombre de su Hijo/a: _____ Masculino / Femenino (circule)

Fecha de Nacimiento: _____ Escuela: _____

Grado: _____ Maestro/a: _____ Número de aula _____

Nombre de Padre / Guardián: _____

Domicilio: _____

Teléfono de Padre / Guardián: _____ Tel. de Emergencia: _____

Correo Electrónico de Padre / Guardián: _____

***Por favor permitanos ayudar a mas niños poniendo el numero de MediCal de su hijo/a, si lo tiene disponible. Proporcionando este numero NO ES requisito para que nosotros podamos suplir nuestros servicios a su hijo/a.**

Numero de MediCal: _____ Fecha de Emisión: _____

Firma de Padre / Guardián: _____

Mi firma indica que he leído y entiendo este formulario de Permiso y Consentimiento voluntario, y estoy de acuerdo con sus disposiciones.

Si usted tiene preguntas acerca de este Permiso y Consentimiento o *Vision to Learn*, por favor póngase en contacto con nosotros: info@visiontolearn.org o 424-256-5350.



Para Español, vea el reverso.

**FREE EYE EXAMINATIONS AND FREE EYEGASSES
CONSENT AND RELEASE**

Vision To Learn is partnering with your school or youth service organization to provide a mobile vision clinic that will give free basic eye examinations and free glasses to students who need them.

A screening has indicated that your child may need glasses. **If you would like to give your child the opportunity to participate in this program, please complete the form below and return it to your school nurse or designated contact person.** No insurance or payment is required to participate in this program. However, if your child is covered by MediCal please see below.

Vision To Learn sometimes collects images and/or academic information about children it serves in order to publicize and evaluate its programs. You agree that your child may be photographed, filmed, and/or voice recorded in any format (collectively called "Recordings") and that Vision To Learn will own and may use such Recordings in any format without compensation to your child or your child's parents or guardian. You agree that Vision To Learn may collect your child's academic, behavioral, attendance, and demographic data (collectively called "Data") from your school or youth service organization. You agree that you are waiving any and all claims against your school and Vision To Learn that may arise from your participation in the program or the use of the Recordings or the Data.

YES, I agree to allow my child to participate in the Vision To Learn mobile vision clinic program, described above.

Please Print

Child's Name : _____ Male / Female (circle)

Date of Birth: _____ School: _____

Grade: _____ Teacher: _____ Classroom Number: _____

Parent/Guardian Name (please print): _____

Home Address: _____

Parent/Guardian Phone Number: _____ Emergency Number: _____

Parent/Guardian Email Address (if any): _____

***Please allow us to help more children by providing your child's MediCal number below if available. Providing this number is NOT a requirement for us to provide our services to your child.**

MediCal Number: _____ Issue Date: _____

Parent/Guardian Signature: _____

My signature shows that I have read and understand this voluntary Consent and Release and I agree to its provisions.

If you have questions about this Consent and Release or Vision To Learn, please contact us at info@visiontolearn.org or 424-256-5350.



CONGRATULATIONS ON YOUR NEW GLASSES!

“Now that I can see, it’s easier to learn”

Important Things to Know About Your New Eyeglasses

How Do I Take Care of My Glasses?

- Clean eyeglasses with dish soap and warm water
- Dry them with a soft cloth like a t-shirt
- Store glasses in the case when you’re not wearing them
- Attach glasses to a strap around your neck for sports and activities

What If I Break or Lose My Glasses

- Your glasses can be fixed or replaced within one year of receiving them
- Just contact your school nurse or the Vision To Learn team!



TO FIX OR REPLACE BROKEN OR LOST EYEGLASSES:

Call VISION TO LEARN at 1-424-256-5350 or

Email info@visiontolearn.org or go to visiontolearn.org for more information

TIPS FOR PARENTS

How to Help Your Child Adjust to New Eyeglasses

- Remind your child that by wearing eyeglasses, it’s easier to learn and to be successful at school.
- Help your child remember to wear their glasses all the time (unless they were only prescribed for reading).
- Give your child a safe spot to keep their glasses and case when not wearing them.
- Make putting on glasses in the morning and taking them off at night part of your child’s everyday routine.
- If after several days, your child is not wearing their glasses, try to determine why:
- Are the glasses uncomfortable? If so, the frame or the prescription may need to be adjusted.
- Notice other kids who wear glasses, and talk about their glasses
- Compliment your child for wearing and caring for his or her new glasses

For repairs or misplaced glasses, please contact Vision To Learn at 1-424-256-5350



¡FELICIDADES EN TUS NUEVOS LENTES!

“¡Ahora que puedo ver, es mas fácil de aprender!”

Cosas Importantes de Saber Sobre tus Nuevos Lentes:

¿Como puedo cuidar de mis lentes?

- Limpia los lentes con jabón y agua tibia.
- Seque con una tela suave, como una camiseta.
- Guarda los lentes un su estuche cuando no los estés usando.
- amarra los lentes en una correa alrededor del cuello para deportes y actividades.

¿Que tal si quiebro mis lentes?

- Tus lentes pueden ser reparados o cambiados durante el primer año.
- ¡Simplemente ponte en contacto con la enfermera de tu escuela o el equipo de Vision

To Learn!



Llama a VISION TO LEARN al: 1-424-256-5350 o email:

info@visiontolearn.org

PARA REPARA O CAMBIAR LENTES
QUEBRADOS O ROBADOS.

O visita la pagina web: visiontolearn.org para mas información

CONSEJOS PARA LOS PADRES

Como ayudar a su hija/o adaptarse a sus nuevos lentes

- ¡Recuérdale a su hijo que usando lentes, será mas fácil de aprender y tener éxito en la escuela!
- Ayude a su hijo a recordar el uso de sus lentes todo el tiempo (a menos que la prescripción sea solo para lectura).
- Dele a su hijo un lugar seguro para guardar sus lentes y estuche cuando no los lleva puestos.
- Haga ponerse los lentes en la mañana y quitárselos en la noche parte de su rutina diaria.
- Si después de varios días, su hijo no se pone los lentes, trate de determinar por que:
- ¿Son los lentes incomodos? Si es así, un ajuste del bastidor o a la prescripción pueda ser necesario.
- Observe a otros niños que usan lentes, y hable de los lentes. --¡Complemente a su hijo por usar y cuidar de sus lentes!

Llama a VISION TO LEARN al: 1-424-256-5350 PARA REPARA O CAMBIAR LENTES QUEBRADOS O ROBADOS.



Vision to Learn Referral

Vision To Learn examined _____ on _____

At _____ School for vision and eye health.

The exam indicated that your child needs additional testing. It is very important for your child to see an eyecare professional as soon as possible in order to make sure that your child's sight is protected. For more information see referrals below.

Cycloplegic _____ and Dilation _____ or Both _____

The following eye care centers will see you at reduced cost or free of charge. Please call them as soon as you can to schedule an appointment. Your child's health depends on you.

LA Vision
311 South Broadway
Los Angeles, CA 90013
(213) 680-0404

Dr. Curtis Knight
8475 South Van Ness Avenue
Inglewood, CA 90305
(323) 759-3721
Medicare and Cash exam \$35

Salud Digna
5900 Pacific Boulevard
Huntington Park, CA 90255
(888) 308-3323
Spanish 7 days a week
\$20.00 office visits
Medicare and insurance accepted
Must ask for Dr. Tyna Ahdout

Saban Free Clinic
8405 Beverly Boulevard
Los Angeles, CA 90048
(323) 653-1990

Dr. Jeff Marshak
1701 Cesar Chavez Avenue, Suite 535
Los Angeles, CA 90033
(323) 223-5900
\$35.00 Visit and dilation
Must ask for Connie

Valley Community Clinic
6801 Coldwater Canyon Avenue
North Hollywood, CA 91605
(818) 763-8836
Exam is \$50
Medicare and Insurance accepted
Must ask for Eva



Dear Parent or Caregiver,

A vision screening was given at your child's school, indicating that your child may have difficulty seeing. Vision To Learn, a mobile eye clinic that provides free eye exams and free eyeglasses, is coming to your school in the next few weeks and can help your child's vision. We know that when children can see well, they can be more successful at school, since 80% of children's learning is obtained through vision. Here's how the program works:

1. Send your signed consent form back to school, giving Vision To Learn permission to examine your child's eyes.



2. The Vision To Learn mobile clinic will arrive at the school and a school representative will take your child to our bus to be examined by an Optometrist and Optician.



3. If needed, the doctor will prescribe the correct eyeglasses lens for your child. Children choose frames they like and get fitted for glasses.



4. In 2-3 weeks, eye care professionals will return to the school to deliver your child's eyeglasses and make sure they fit correctly.

"The day I got glasses I realized that I did need glasses because everything was all blurry. I had trouble learning. And then the truck came and changed my life because I started to get vision."

If you have questions or need further information, please contact your school nurse or Vision To Learn at (424) 256-5350 or info@visiontolearn.org.



Estimado padre o cuidador,

Un examen de la vista se le dio en la escuela de su hijo, lo que indica que su niño pueda tener dificultad para ver. *Vision to Learn*, una clínica móvil de ojos, llegara a su escuela en las próximas semanas y puede ayudar con la visión de su hijo, **totalment gratis**. Sabemos que cuando los niños pueden ver bien, pueden tener más éxito en la escuela, ya que el 80% del aprendizaje de los niños se obtiene a través de la visión. Así es como funciona el programa:

1. Envíe su formulario de consentimiento firmado a la escuela, dando permiso a *Vision to Learn* que examine los ojos de su hijo.



2. Cuando *Vision to Learn* llegue a su escuela, su niño bordara nuestro autobús y será examinado por un optometrista con equipo moderno.

3. Si es necesario, el médico le prescribirá los lentes correctos para su hijo.
4. Los niños eligen los marcos que les gusta y serán medidos para sus lentes.
5. En 2-3 semanas, profesionales de la visión volveran a la escuela para entregarle los lentes a su hijo y asegurarse de que queden bien.



"El día que obtuve mis lentes me di cuenta que necesitaba lentes porque todo estaba borroso. Yo tenía problemas en aprender. Y luego el camión llegó y cambió mi vida porque empecé a tener visión."

Si usted tiene preguntas o necesita información adicional, por favor comuníquese con la enfermera escolar o *Vision to Learn* a (424) 256-5350 o info@visiontolearn.org.





Dear Principal/School Nurse,

Thank you for participating in Vision To Learn's free glasses for kids program!

We are a non-profit organization partnering to provide free eye examinations and glasses to elementary school students. We are delighted that your school has been selected to participate in our program. Here is some information that you and your staff will need to help make our visit a success:

WHAT YOU NEED TO KNOW

Day of Visit: Our Vision To Learn Sprinter bus will arrive with an optician and optometrist in the morning. The bus will need a location to park that will easily allow for students to access the bus. We will also need an outlet to plug the bus into. We can examine approximately 25 to 30 students per day in our Sprinter bus. If the number of signed consent forms is larger, we will schedule subsequent visits to accommodate the remaining students. We would prefer having all the consent forms one week prior to our initial visit.

Hours of Operation: We will arrive 30 minutes before school starts, begin seeing students about 15 minutes after class starts and finish about 15 minutes before school is over.

Students Who Will be Seen: We will see all students Pre K-5 identified in your recent screenings as having potential vision issues who have returned a signed consent form.

WHAT WE NEED FROM YOU NOW

Please complete and return the items described in the attached Site Visit Confirmation as soon as possible return to Vision To Learn at info@visiontolearn.org or fax: (213) 402-5261

WHAT WE WILL NEED ON THE DAY OF THE VISIT

1. Volunteers or Staff - to escort students between classrooms and the vehicle; as well as to translate if needed.
2. Signed Consent forms from all students we will be seeing
3. A location to park our mobile clinic. We prefer to be on the 'campus'. Usually a corner of the playground or a section of a parking lot.
4. Access to restrooms and if possible, staff break room, for the staff on the bus.
5. Access to a fax machine at the end of the day to fax the days glasses prescriptions.

Thank you and we are looking forward to working with you to enhance students' ability to succeed in your school.

Sincerely,

Vision To Learn
(424) 256-5350



Site Visit Confirmation

Please complete this form and return to Vision to Learn:

School Name: _____

Date(s) of Examinations: _____

WHAT WE NEED TO KNOW

Total student population: _____ Total pre-school population: _____

Total kindergarten population: _____ Total 1st grade population: _____

PRIMARY CONTACT

SCHOOL NURSE (if different from Primary Contact):

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

MAINTENANCE PERSON (to assist with vehicle placement and power source)

Name: _____

Email: _____

Phone: _____

WHAT WE NEED FROM YOU NOW

Please attach:

Completed student consent forms.

WHERE TO SEND IT

Scan and Email: info@VisionToLearn.org or fax to 213 402 5261

WHAT YOU NEED TO HAVE READY: VOLUNTEERS / STAFF

1. To Co-ordinate taking students between the vehicle and their classrooms.
2. For Translation, if necessary.

IF YOU HAVE QUESTIONS

Please call Vision To Learn (424) 256-5350 or (310) 893-2305

PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2013-2014

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.

- Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation.
- Ensure contractor meets the consultant requirements (including The Excluded Party List, Insurance and HRSS Consultant Verification)
- Contractor and OUSD contract originator complete the contract packet together and attach required attachments.
- 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/portal/public/SAM/)
	<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)

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

Contractor Information

Contractor Name	Vision To Learn	Agency's Contact	Gaye Williams		
OUSD Vendor ID #	1006301	Title	Executive Director		
Street Address	11611 San Vicente Blvd Suite 500	City	Los Angeles	State	CA Zip 90049
Telephone	(310) 893-2306	Email (required)	gaye@visiontolearn.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	4/1/2014	Date work will end	6/30/2014	Other Expenses	\$
Pay Rate Per Hour (required)	\$	Number of Hours (required)			

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)	N/A	Total Contract Amount		\$0

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/portal/public/SAM/>)

1.	Administrator / Manager (Originator)	Name	Barbara Parker	Phone	(510) 273-1586
		Site / Department	968/Health Services	Fax	(510) 273-1511
		Signature		Date Approved	3/20/14
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	3/20/14
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	3/20/14	
4.	Deputy Superintendent Instructional Leadership / Deputy Superintendent Business Operations				Consultant Aggregate Under <input type="checkbox"/> , Over <input type="checkbox"/> \$50,000
		Signature		Date Approved	3/20/14
5.	Superintendent, Board of Education Signature on the legal contract				
Legal Required if not using standard contract		Approved	Denied - Reason	Date	
Procurement		Date Received	PO Number		