Board Office Use: Le	gislative File Info.
File ID Number	19-1066
Introduction Date	5/17/19
Enactment Number	19-0718
Enactment Date	5/17/19 lf



Memo

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Board of Education

From

Kyla Johnson-Trammell, Superintendent

Meeting Date

5/17/19

Subject

Approval of Request for Student Travel

Action Requested	Approval of Board Resolution No. 1819-0213 authorizing student travel by school site				
	Community Schools and Student Services				
	to National Association of Community and Restorative Justice Conference Denver, CO				
	for the period of6/12/19 through6/16/19				
Itinerary and activities	Arrive to Oakland Airport: (individually), Everyone meet up & prepare to board, Arrive in Denver (DIA), get luggage, Get Boarding Passes, 1: Depart OAK airport Arrive in Denver (DIA), get luggage, Catch a Lyft to Hotel, Check In: On Your Own or group Activity, Curfew. Wake Up, Meet in Lobby, Conference in same hotel all day, Curfew. Wake Up, Make Up, Meet in Lobby, Curfew. Wake Up, Curfew. Wake Up, Curfew. Wake Up, Meet in Lobby, Curfew. Wake Up, Meet in Lobby, Curfew. Wake Up, Meet in Lobby, Mee				
Educational Purpose of Trip	This Restorative Justice field trip directly supports the student leadership development and engagement at school sites by providing district-wide training, team building, and connection with other schools, thus strengthening student ownership and investment in their own academic achievement. This trip supports restorative justice and meaningful student engagement at school sites and district wide, supporting the district's goal of graduating socially responsible students that are prepared for college and career.				
Teachers Attending Trip	OUSD RJ Team David Yusem, Heather Manchester, Arnoldo Garcia, Denise Curtis, Komoia Johnson and other district staff				
Site Administrator Affirms	 Parental permission forms will be on file for all students participating and school has emergency communication protocol There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements) School will address financial or accessibility issues that might prevent students from participating 				
Recommendation	Approval of Board Resolution authorizing student travel described above.				
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ 2500.00 Funding source for the trip will be: ☐ General Purpose ☐ Restricted Funds ☐ No District funds will be used ☐ Resource Code: ☐ 7085 - 922				

Board Office Use: Le	gislative File Info.
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RESOLUTION OF THE BOARD OF EDUCATION OF THE OAKLAND UNIFIED SCHOOL DISTRICT

Resolution No. 1819 -0213

AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL

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

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

biblied to approve all trips involving out-of-state and out of country travel; and
WHEREAS, pursuant to Board Policy 6143, the Superintendent requests the Board of Education
to authorize student travel for the period of 6/12/19 through 6/16/19
to National Association of Community and Restorative Justice Conference Denver, CO
by Community Schools and Student Services
NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel:
School: Community Schools and Student Services
Destination: National Association of Community and Restorative Justice Conference Denver, CO
Departure Date: 6/12/19 Return Date: 6/16/19
Passed by the following vote: AYES: Jumoke Hinton Hodge, James Harris, Roseann Torres and President Aimee Eng NAYS: None
ABSTAINED: None
ABSENT: Student Directors Omosowho and Chavez and Shanthi Gonzales, Gary Yee and Vice President Jody I
I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Special Meeting held 5/17/19
By:
Kyla Johnson-Trammell, Superintendent
Secretary, Governing Board



Required Documents

OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

R	96	ic	Di	rectio	ne

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.

- 1. Requests must be submitted to Network Superintendent no later than 120 days prior to departure
- 2. Board approval is required for all out of state trips.
- 3. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip
- 4. Use of Restricted Funds requires additional approval by Office of Accountability Partners
- 5. Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through <u>ousd.org/volunteers</u> or email <u>volunteers@ousd.org</u>. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)
- 6. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
- 7. Check the Pre-Approved Vendor List for contract and insurance requirements

☐ Certificate of insurance from all private vendors:

8. Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.

☐ All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract

Copy of program/vendor information describing vendor and scheduled activities

Approval	Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn)						
	☐ Board Approval Memo and Board Resolution						
Required	☐ "Checklist Prior to Trip Departure"						
Documents for Trip	List of students and adults attending trip						
Approval	☐ "Declaration of D	river" and required a	attachments, completed by each	driver of private or rental vehicle			
TRID INFO	RMATION TO BE	COMDIETED B	V TEACHED.				
	CHATION TO BE	COMPLETED B	I TEACHER.				
School or Cent	ter: <u>Community Schoo</u>	ols and Student Serv	/ices	Site Number: 922			
Destination:	Vational Association o	of Community and R	estorative Justice Conference De	enver, CO			
			•				
Address: Sne	raton Denver Downto	Wn 1550 Court Plac	ce, Denver CO 80202				
Phone or Cor	ntact Info: <u>303-893-33</u>	33					
Departure - Da	ite:6/12/19	Time: 	Place of Departure:	Oak Airport			
Return - Date:	6/16/19	Time:	Place of Return:	OAK Airport			
Class(es)/Grou	up Attending: <u>Two stuc</u>	dents from All City C	ouncil Governing Board				
Grade	(s): post graduatio # o	of Students: 2	# of Adults:15				
Teacher Super	vising Trip: <u>David Yus</u>	em, OUSD Staff					
Emergency Co	ntact # During Trip: 5	10-710-1269					
	eacher's Email Addres						
	o Eman , dui od	o. agrig. Jasoi ilagou	ou.org				



Site:	Community	Schools and	Student Services
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Teacher Supervising Trip: <u>David Yusem, OUSD Staff</u>
Destination: <u>National Association of Community and Restorative Justice</u>

Date of Departure: 6/12/19

	Describe itinerary and activities:						
	(☐ Trip will include swim or water activities)	[• •					
	Names of teachers and staff attending trip:	Teache	rs: OUSD RJ Team Curtis, Komoia	David	Yusem, Hea	ther Manch	nester, Arnoldo Garcia, Denise
	stan attending trip.	Staff: D	avid Yusem, Heath				
	Describe mode of transportation for each leg of the trip:	Airplane	and Uber/Lyft				
	purpose of trip, including how it aligns with grade level standards, supports the teaching and learning	engagen with othe academi engagen	nent at school sites or schools, thus stre c achievement. Thi	by pro engther s trip s and di	viding district ning student oupports resto strict wide, su	-wide traini ownership a rative justic upporting th	lent leadership development and ing, team building, and connection and investment in their own ce and meaningful student ne district's goal of graduating and career.
	RIP COSTS						
i	clude airfare, bus fare, car fare	e, etc. rela	ted to transportation	to/from	the out-of-sta	te destinatio	program costs. Transportation costs on and the transportation costs for the for visits which are part of the program
į	undries, lodging, etc.						-travel pupil expenses include meals,
F	you want to use District funds to ducation Code 35330 from the 0	o pay for r OUSD Box	non-travel pupil exper ard of Education and	nses on the Sta	an out of state te Board of Ed	trip, you mu ucation.	ust first obtain approval for a waiver of
١	mount of District funds to be	used for	trip costs will be \$		2500.00		
=	unding source for the trip wil	l be:	General Funds	,	Restricted	funds	☐ No District funds will be used
			KESULITCE #.	7 U.55	9//		



OAKLAND UNIFIED SCHOOL DISTRICT Community Schools, Thriving Students		Site:Community Schools and Student Services Teacher Supervising Trip:David Yusem, OUSD Staff Destination: National Association of Community and Restorative Justice Date of Departure:6/12/19				
PROGRAM/ADMIS	SSION COSTS			-		
Total Cost of Program			rce: 🗆 General Fun	de 🗆 Peetricted 🗀	No District Funds	
		Cost per adult: \$		us] No District Funds	
Org. Key	Object#	Resource #	Amount	Req #	PO #	
	5829					
	5829					
TRANSPORTATION Note: If buses will be to Bus Company: # of buses ordered:	used, the approve	ed bus company list i			•	
Cost of transportation:						
Org. Key	Object # 5826	Resource #	Amount	Req#	PO#	
	5826		<u> </u>			
Will there be any students participating in the field trip with the following conditions? Yes: No: Severe Allergy Student has an Epi-pen at school Student has an inhaler at school Student has medication at school Seizures Student has medication at school Sickle Cell Anemia Student has medication at school						
Will any students need		• . –	_	970 4605		
f the answer is yes, places of the construction of the constructio			i Noulleauon Form to	<i>u≀ a-40∪</i> 5.		
CERTIFICATES OF INSURANCE Facility/Program Insurance: Attach copies of Proof of Insurance from all private vendors (except publicly owned and operated).						
District Insurance: Has fyes, attach the writt be faxed to the contact school site contact and	en requirement person at the fac	s provided by the Facility and the school s	acility. (Once the Cate contact. The orig	ertificate of Insurance	is prepared, it will	
OFFICE OF ACCO	UNTABILITY	PARTNERS				
f restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Fracking Numbers to indicate alignment.						
SPSA Tracking #:						

Overnight Field Trip/Excursion Request Form

1. Attach a copy of the site plan, if modified. Modified SPSA Date:

Page 3 of 5

2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.

Legal Rev.7/28/17



Site: Community Schools and Student Services

Teacher Supervising Trip: <u>David Yusem, OUSD Staff</u>
Destination: <u>National Association of Community and Restorative Justice</u>

Date of Departure: 6/12/19

				
APPROVAL OF REQUEST	Signature	Check		Date
Site Administrator Trip aligns with grade level standards Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate Reviewed agreements/contracts with any facility, program or vendor (attach copies) Organization(s) involved in the trip have expertise in operating student trips	Day	Approved	Denied	5/6/4
Network Superintendent ☐ Trip purpose, transportation, and funding are appropriate ☐ Organization(s) involved in the trip have expertise in operating student trips	abust -	/		Slulm
Office of Accountability Partners (if restricted funds) Compliant use of resources and in alignment with school site plan (SPSA)			,	
Risk Management Business contracts, insurance, safety and policy compliance are sufficient Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)	Shorfe	C	•	5/13/19
APPROVAL OF TRIP	Signature	Check		Date
Site Administrator Forward the completed: (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle	M	Approved	Denied	5/6/19
Risk Management) Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver Notify Site of Trip Approval once approved by Superintendent	AL.	_		SIS/IG
Superintendent Approve/disapprove trip Returns Request Form to Risk	In De	/		5/13/19

Management



Site: Community Schools and Student Services

Teacher Supervising Trip: David Yusem, OUSD Staff

Destination: National Association of Community and Restorative Justice

Date of Departure: 6/12/19

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE (initial each item certifying completion)

10USD

"OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.

P

"Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.

OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.

A

No student has been prevented from making a trip due to lack of sufficient funds.

No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)

M_

Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.

Meeting date: My 2019

Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)

1

Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.

A S

Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).

Sleeping arrangements and night supervision are safe and appropriate.

Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.

Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.

OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.

Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.

Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



OUT OF STATE FIELD TRIP

HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: Community Schools and Student Services	Site Number:922				
Destination: National Association of Community and Restorative Justice Conference Denver, CO					
Departure - Date: 6/12/19 Time:	Oak Airport				
Return - Date: 6/16/19 Time:	OAK Airport				
Class(es)/Group Attending: Two students from All City Council Governing Board					
Grade(s): post graduatio # of Students: 2 # of Adults: 15					
Teacher Supervising Trip: David Yusem, OUSD Staff					
Supervising Teacher's Email Address: david.yusem@ousd.org					
HEALTH CONDITIONS/MEDICATION:					
Will there be any students participating in the field trip with the following conditions?	Yes: No:				
☐ Severe Allergy ☐ Student has an Epi-pen at school ☐ Asthma ☐ Student has an inhaler at school ☐ Diabetes ☐ Student has medication at school ☐ Seizures ☐ Student has medication at school ☐ Sickle Cell Anemia ☐ Student has medication at school ☐ Other condition(s): ☐ Student has medication at school					
Will any students need medications during the trip? Yes: ☐ No: ☐					
If the answer to any of these questions is yes, please fax this form to 879-4605.					

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



FIELD TRIP/EXCURSION INFORMATION DESTINATION OUTSIDE OF CALIFORNIA

(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center: Community	Schools and Stude	ent Services		
Destination: National Association Address: Sheraton Denver I	· <u>-</u> ,			0
Departure - Date: 6/12	2/19 Time:	Place of Dep	arture:	Oak Airport
Return - Date: 6/10	6/19 Time:	Place of Retu	urn:	OAK Airport
Class/Group Attending: Two s	OUSD RJ Te er(s): <u>Komoia John</u>	am David Yusem, Heather N son and other district staff	Manchester, Arnoldo	Garcia, Denise Curtis,
Teacher Supervising Trip: Dav				
Emergency Contact # During	Trip: 510-710-1269	3		
transportation:	Airplane and Uber/		u hoolth soloted room	diagtion or possesitive
Student needs to bring:	Clothes and toiletri California ID	es for 4 days, Notebook, any	y health related med	lication or necessities,

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



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

TO BE COMPLETED BY CHAPERONE

I,(Name of Adult)	, have read and understand	the trip information n	naterials and here	by agree to
participate in the field trip or excursion on	6/12/19	through	6/16/19	to
National Association of Community and	Restorative Justice Confer	ence Denver, CO		
	(Destination)			
 I understand that my participation in provided by supervising teacher/coac of students. I understand that I mus 	th and I will comply with all	District requirements		
2. I understand that no insurance is p	rovided by the Oakland Unit	fied School District for	this field trip/ exc	cursion.
Swim/Water Activities Participation to participate in these activities as needed?	n – If swimming and/or water No	er activities are a part	of the field trip, d	o you agree
My swimming ability is (check one):	I do not swim Beg	inner Interme	ediate Adv	anced
Authorization to treat: I hereby give per	mission to the School staff	to secure proper treat	ment for me.	
Notice of Waiver of All Claims: I herekt and/or the State of California for injury, according excursion. (Education Code Section 3533) Adult Participant Phone Numbers: Cell: Solution Code Section 2533	ident, illness or death occur 80)	ring during or by reas	on of the out-of st	ate field trip
Emergency Contact Person: \(\sum_{\text{OU}}\)	id Jusem 1	teather 1	Vanches	ter
Emergency Contact Numbers: 1	2		3	
Adult Participant's Critical Medical Needs/Me	edications/Allergies/Condition	ons:		
Health Insurance Plan Name:	Su	bscriber/Policy No	*	
Date: Adult Pa	articipant Signature:			
	Print Name:			_

 $^{^1 \ \}text{For more information, see} \ \underline{\text{http://ousd.org/volunteers}}. \ \text{For questions, email} \ \underline{\text{volunteers@ousd.org}}.$



DECLARATION OF DRIVER

Drive	r Name:					
Schoo	ol or Center: Community Schools	s and Student Services				
Teach	cher:School Year:			Year:		
	driver and registered owne ict as follows:	r who sign(s) this f	orm assure(s) the	Oakland U	nified School	
1.	That the driver is at least 21	driver is at least 21 years of age and holds a current valid California driver's license.				
2.	That the driver has not beer alcohol within the past five y		nvicted of reckless driving or driving under the influence of drugs or rs.			
3.	That the vehicle described by with policy limits of at least injury; and \$50,000 per occur.	\$100,000 per individua	al and \$300,000 per			
	Policy No.:	Policy exp	iration date:		·	
4.		That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:				
			Name of Insurance	e Agent		
	Telephone Number of Insura	ance Agent	Address of Insura	nce Agent		
5.	That the driver and registere for accidents or injuries that driver, passengers or others	may occur and provide				
6.	That the driver will ensure t	hat all passengers use	safety belts or appr	opriate child	car seat at all times.	
7.	That the vehicle meets all set the "Driver Instructions" on		i that the driver has	received a	copy and will follow	
Year	Make	Model	Passeng	er Capacity	Vehicle License No.	
I cert	ify that the information provid	ed on this form is true	and correct.			
Date	Driver Name	Signature of Driver	Driver's	License No.	Cell Phone No.	
	ify that the information provid e vehicle to drive Oakland Unif					
Date	Registered Owner Name		Signature of Registere	ed Owner (if dif	ferent from driver)	
Attac	ch a photocopy of driver's i	license and current	insurance card or	declaration	ns page	

OUSD Declaration of Driver Legal Revision 7/28/17



DRIVER INSTRUCTIONS FIELD TRIPS OR EXCURSIONS

Please follow the below instructions when transporting OUSD students on field trips or excursions:

- 1. Check the safety of the vehicle which will be used including: tires, brakes, lights, horns, suspension, etc.
- 2. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
- 3. Require each passenger to use an appropriate passenger restraint system (child car seat or safety belt) in accordance with law.
- 4. Obey all traffic laws.
- 5. Make sure the supervising teacher has advised you of any relevant medical conditions or allergies for those students assigned to your vehicle.
- 6. Make sure you have exchanged an emergency contact number with the supervising teacher in case you get lost, separated or there is an emergency. In case of emergency, keep all the children together and call 911, the supervising teacher and the school. If you cannot reach school personnel, contact the School District Superintendent's office at 879-8200.
- 7. You may not transport **anyone** during a field trip or excursion who has not been approved in advance by the supervising teacher and/or site principal.



Certificate of Insurance Coverage Request Form

(Field Trip)

Request Date:	Site Name:			
5/1/19	Community Schools and Student Services			
Site Contact Person:	Telephone:	Fax:		
David Yusem, OUSD Staff	510-710-1269	510-879-4605		
Site Contact Person Email Address:				
david.yusem@ousd.org				
Event Location Name:				
National Association of Community and	Restorative Justice Conference Den	ver, CO		
Address:				
Event Contact Person Information Name:	Telephone:	Fax:		
Event Date and Time:				
Departing: 6/12/19	Returning: 6/16/19			
Brief Description of the Event:				
Facility Insurance Requirements: (Please attach the written requirement provided by the Event Facility)				

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

Risk Management Department Attn: Cynthia Grice

Email: cynthia.grice@ousd.org

Fax (510) 879-4022

CG 7/2016

STUDENT PARENT PERMISSION SLIPS ON FILE