

SAN MATEO UNION HIGH SCHOOL DISTRICT

Approval of Special Education Agreements, Contracts, Invoices and Purchase Orders Over \$25,000

Submitted to the Board of Trustees on 8/12/2021

Requestor Name	Contract	Amount	Funding Source
Special Education	To reimburse parents for educational expenses as stated in the settlement agreement.	\$281,616.00	General Fund - SPED
Special Education	To pay the educational program and related services cost for a student attending NPS, Esther B. Clark School for the 2021/2022 school year.	\$108,680.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Esther B. Clark School for the 2021/2022 school year.	\$109,280.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Esther B. Clark School for the 2021/2022 school year.	\$109,280.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021/2022 school year.	\$91,619.50	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021-2022 school year.	\$92,601.25	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021-2022 school year.	\$93,155.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021-2022 school year.	\$112,380.25	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021-2022 school year.	\$112,380.25	General Fund - Special Education
Special Education	To pay for the 10 current pupils receiving physical therapy services through Children's Therapy Associates for the 2021-2022 calendar year.	\$67,200.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Cypress School for the 2021/2022 school year.	\$92,345.44	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Palo Alto Preparatory for the 2021/2022 school year.	\$64,813.00	General Fund - Special Education
Special Education	To reimbursed families as stated in the settlement. Board approved in Closed Session: 6/24/21	\$47,400.00	General Fund - Sped
Special Education	To pay for student's educational program and related services provided by NPS-Boulder Creek Academy	\$144,131.79	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Wings Learning Center for the 2021/2022 school year.	\$99,842.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Wings Learning Center for the 2021/2022 school year.	\$68,306.00	General Fund - Special Education
Special Education	To pay the educational program and related services cost for a student attending NPS, Wings Learning Center for the 2021/2022 school year.	\$68,723.00	General Fund - Special Education
		\$1,763,753.48	TOTAL

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 06/17/2021

From: Special Education

Site(s) or Department: Special Education

Number of Quotes: 1

Vendor/Contractor: SPED Settlement

Reason for proposal:

To reimburse parents for educational expenses as stated in the settlement agreement.

Certificate of Insurance: n/a

Contract Amount: \$281,616.00

Funding Source: General Fund - SPED

Approved by:

Sonia Gill 06/17/2021 Stephanie Quejada 06/17/2021

Personnel who oversees Site/Department budget

Vanessa Castano 06/17/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 06/18/2021

Director of Budget and Fiscal Services

Yancy Hawkins 06/18/2021

Associate Superintendent, Chief Business Officer

This Agreement is by and between **Shrub Oak International School**, a private provider of special education services in the State of New York, (the "Private Provider") and the **San Mateo Union District** (the "Board"), collectively referred to herein as the "Parties."

WHEREAS, the Board is the local educational agency ("LEA") responsible for providing educational and related services for [REDACTED] ("the Student") pursuant to the Individuals with Disabilities Education Act (the "IDEA") and New York law; and

WHEREAS, the Parents determined that the Student should be placed for non-educational reasons at the Private Provider's program for the period starting on or about July 1, 2021 and ending on or about June 30, 2022; and

WHEREAS, the Board has agreed to fund the reasonable costs of special education provided to the Student at the Private Program; and

NOW THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, the Parties agree to the following terms:

1. The Private Provider agrees to provide the special education and services set forth in Paragraph 3 of this Agreement to the Student at its facility, which is located in Mohegan Lake, NY. The cost of the Private Provider's program shall be calculated using the following Annual/Monthly rate(s) for the Private Provider's services:

RATE(S): Annual Tuition Rate = \$281,616.00 Monthly Obligation of San Mateo Union District Public Schools = \$23,468.00

2. The term of the Agreement shall commence on July 1, 2021 and shall continue through June 30, 2022, unless terminated by either of the Parties, as set forth in this Agreement. The Parties currently anticipate that the Student will be able to transition to an appropriate, less restrictive facility at a time determined by the Planning and Placement Team. The PPT does not currently anticipate that the Student will be able to transition to a less restrictive setting during the term of this Agreement. The Private Provider will promptly notify the Board if the Provider determines that the Student should transition to a less restrictive facility during the term of this Agreement.

3. During the term of this Agreement, the Private Provider shall furnish to the Student the special education and related services outlined in the Student's individualized Education Program ("IEP").

The Parties agree that the Student will be provided with special education and related services, less lunch/recess, equivalent to the length of a regular school day for each regular school day. The specific hours of special education and related services will be articulated by the Private Provider at a Planning and Placement Team meeting. Those hours will then be set forth in writing in a Rider to this Agreement, which Rider shall be countersigned by the Parties and incorporated herein by reference.

4. The Parties agree that the services set forth in Paragraph 3 of this Agreement are sufficient to allow the Student to achieve the goals and objectives set forth in the above-referenced IEP. Should either Party believe at any point during the term of this Agreement that the services set forth in Paragraph 3 of this Agreement are not sufficient to achieve said goals and objectives, such Party shall immediately notify the other party, and the Parties shall meet without undue delay to discuss and revise the Student's program. Any agreement regarding programmatic revisions by the Parties shall be included in a written amendment to this Agreement, which shall be promptly executed by the Parties and attached hereto.

5. If consideration for the Student's placement in the program of the Private Provider and the provision of services consistent with Paragraph 3 of this Agreement, and provided that the Student is enrolled and consistently attending the program of the Private Provider, the Board shall make the following monthly payments to the Private Provider within thirty (30) days of receipt of appropriate monthly invoices and reports documenting services provided to the Student during the relevant month (as required by Paragraph 9 of this Agreement), which services provided shall be consistent with the services set forth in Paragraph 3 of this Agreement, from the Private Provider: **\$23,468.00**

6. Professional staff employed by the Board shall have the right to obtain information from the Private Provider, including site visits to the Private Provider. The Board shall provide the Private Provider with signed consent from the Parents in advance of the first such visit or observation by any of the Board's professional staff members, if required by law. The Board agrees to provide at least twenty-four (24) hours' notice before conducting a site visit pursuant to this Paragraph. The Private Provider shall allow Board staff to access and review records maintained in accordance with Paragraph 9 of this Agreement during any site visit conducted during the term of this Agreement.

7. The Private Provider hereby represents that all staff members who will provide the services set forth in this Agreement hold the appropriate training, licensure and/or certification to provide said services. The Private Provider represents further that its staff has been subject to review of credentials and certifications, appropriate criminal background checks and checks under the relevant sexual offender registries to ensure that they are appropriately hired to provide services to students with disabilities. The Private Provider also represents that it has been duly accredited, licensed and/or approved to operate its program and that it will maintain such accreditation, licensure and/or approval for the duration of this Agreement. Upon request, the Private Provider shall provide criminal background information and/or proof of credentials, licensure and/or certification as to any staff working with the Student to the Board.

8. The Private Provider agrees that in providing services to the Student it will comply with at all times with the requirements of the Family Educational Rights and Privacy Act ("FERPA") and all other applicable state and federal laws relative to the maintenance and confidentiality of the Student's

records. To the extent that educational records concerning the Student are created and/or maintained by the Private Provider as a result of the services provided under this Agreement, the Private Provider agrees that such records shall be considered the property of the Board and shall be returned to the Board upon request or upon the Student's discharge or disenrollment from the Private Provider. The Board shall have the right to review all educational records related to the Student and to confer with staff of the Private Provider regarding the Student or the Student's educational program. Pursuant to FERPA, the Private Provider shall not disclose or re-disclose any personally identifiable student information or educational records pertaining to the Student, as those terms are used under FERPA, without parental consent, except as otherwise authorized by law. No educational records of the Student shall be destroyed without the express written consent of the Board, following appropriate notification procedures under State and Federal law. All employees and agents of the Private Provider will be trained regarding the requirements under FERPA concerning maintenance and disclosure of confidential student records and information. The Private Provider further agrees to notify the Board in writing immediately if there has been any unauthorized disclosure of the Student's educational records or personally identifiable student information.

9. The Private Provider represents, and agrees to provide proof upon request by the Board, that the rates charged for services in accordance with this Agreement are reasonable, customary, and commensurate with similar providers in the same geographical region. The Private Provider agrees to document and maintain records of all services provided to the Student and all payments made by the Board during the term of this Agreement. Such records shall be consistent with any guidance or standards developed by the New York State Department of Education and shall be provided to the Board on at least a monthly basis when requested. Such records shall document the scope and type of services provided to the Student on a daily, weekly and monthly basis, the number of sessions of such services provided on a daily, weekly and monthly basis, the date such service was provided, the length of time such service was provided, and the name and signature of the person providing such service. The Private Provider shall maintain such records for a period of five (5) years from the date of termination of this Agreement and shall promptly provide such records to auditors of the Board or the State of New York upon request made during the term of this Agreement or within five (5) years of the date of termination of this Agreement. The Private Provider agrees to make available to the Board, upon request, records sufficient to allow the Board to reconcile the services actually provided to the Student with the services set forth in Paragraph 3 of this Agreement.

10. The Private Provider shall submit all documentation required by the Board for purposes of the Board submitting claims to the Medicaid School Based Child Health Program.

11. The Board may elect to end the Student's enrollment in the Private Provider's program, or otherwise terminate this Agreement, at any time upon written notice to the Private Provider. Except in the event of an emergency, such written notice shall be provided at least two (2) months in advance of the Student's anticipated disenrollment from the Private Provider's program. In the event that the Board elects to discharge the Student, or should the Board otherwise terminate this Agreement, the Student's educational program at the Private Provider will be terminated and the financial responsibility of the Board to the Private Provider shall terminate as of the end of the month following of the Student's disenrollment from the Private Provider's program.

12. If for any reason, the Private Provider determines that it can no longer provide appropriate services to the Student, the Private Provider may terminate this Agreement by written notice to the Board and a meeting will be held to coordinate transition of the Student to another program and/or placement, as appropriate. Except in the event of an emergency, such written notice by the Private Provider to the Board shall be provided at least thirty (30) days in advance of the Student's anticipated discharge from the Private Provider's program.

13. Notices to Board: The Private Provider shall provide prompt notice to the Board: (a) in the event of any change in address of the Student, of the Student's new address; (b) upon execution, of the school calendar and, during the course of this Agreement, any changes thereto; and (c) in the event that a parent/guardian of the Student notifies Private Provider that the parent/guardian is seeking a PPT, mediation or a due process hearing over any matter pertaining to the Student.

14. Private Provider shall provide to the Board proof of Commercial General Liability insurance for claims arising out of any physical injury that occurs on the premises at which educational services are being provided pursuant to this Agreement in a manner satisfactory to the Board.

15. Upon termination of this Agreement, the Private Provider agrees to return to the Board a prorated amount of any payments identified in Paragraph 4 of this Agreement that were paid in advance by the Board to the Private Provider which correspond to dates when the Student was no longer receiving services from the Private Provider in accordance with this Agreement.

16. The Private Provider affirmatively represents that it does not discriminate on any basis prohibited by applicable state or federal law with regard to the admission of any student or in its hiring or employment practices, including on the basis of sex, sexual orientation, race, color, creed, religion, national origin, age, marital status, veteran status, disability or gender identity or expression. In carrying out the terms of this Agreement, the Private Provider shall comply with all applicable provisions of state and federal law, including, but not limited to the Individuals with Disabilities Education Act ("IDEA"), 20 U.S.C. §1400 *et seq.*, as amended, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, 42 U.S.C. §1983, FERPA and any other applicable laws including those related to restraint and seclusion and the mandated reporting of suspected child abuse and neglect.

17. The Parties agree and acknowledge that this Agreement does not create a joint employer relationship, nor should one entity be deemed an affiliate, subsidiary, division, agent or representative of the other.

18. Whenever possible, each provision of this Agreement shall be interpreted in such a manner as to be effective and valid under applicable law. In the event that any portion of this Agreement is found to be null and void under applicable law, such provision shall be deemed to be restated to reflect the original intentions of the Parties, as nearly as possible in accordance with the applicable law, and if capable of substantial performance, the remaining portions of the Agreement shall survive and be enforced as if this Agreement was entered into without an invalid provision. If the ruling and/or

controlling principle of law or equity leading to the ruling is subsequently overruled, modified or amended by legislation, judicial or administrative action, then the provision(s) in question as originally set forth in this Agreement shall be deemed valid and enforceable to the maximum extent permitted by the new controlling principle of law or equity.

19. This Agreement constitutes the entire agreement between the Board and the Private Provider, and supersedes all previous agreements and understandings, whether written or oral, related to such subject matter. Any modifications or amendments to this Agreement shall be in writing and signed by both Parties and attached to this Agreement.

20. This Agreement shall be governed by and construed in accordance with the laws of the State of New York, without regard to conflicts of law rules. The Parties hereby agree that any dispute(s) arising under the terms of this Agreement shall be resolved by a court of competent jurisdiction within the State of New York, each Party to bear its own costs and expenses.

21. Whenever notice is given or required to be given by either of the parties hereto to the other, it shall be in writing and deemed to have been given: (i) when delivered or refused by hand during regular business hours; (ii) five (5) days after being sent by United States Postal Service, registered or certified mail, postage prepaid, return receipt requested; (iii) the next business day if sent by a reputable national overnight express mail service that provides tracing and proof of receipt or refusal of items mailed; or (iv) when sent if sent by facsimile or email during business hours, addressed to Private Provider or the Board, as the case may be, at the address or addresses, facsimile number or email address set forth below or such other addresses as the parties may designate in a notice similarly sent. Notices to Private Provider and The Board shall be delivered as follows:

If to Private Provider:

Brian Koffler

Shrub Oak International School

3151 Stoney Street Mohegan Lake, NY 10547

If to Board

XXX

XXX

XXX

XXX

22. This Agreement shall be executed in one or more counterparts, each of which shall be considered an original, and all of which taken together shall constitute one in the same agreement.

23. No waiver by any party of a breach of any provision of this Agreement, and no failure by any party to exercise any right or remedy relating to a breach of any provision of this Agreement, shall (a) constitute a waiver or relinquishment for the future of such provision, (b) constitute a waiver of or consent to any subsequent breach of Such provision, or (c) bar any right or remedy of such party relating to any subsequent breach.

THE PRIVATE PROVIDER

_____ By: Brian G. Koffler

as General Counsel

THE BOARD

_____ By:

[Duly Authorized Representative of the Board]

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/06/2021

From: Special Education

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Esther B. Clark

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Esther B. Clark School for the 2021/2022 school year.

Certificate of Insurance: Philadelphia Indemnity Insurance Company

Contract Amount: \$108,680.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/06/2021 Stephanie Quejada 07/08/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

[illegible]

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(EC. § s 56365 et seq.)

This agreement is effective on July 1, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Union High School District Nonpublic School /Agency Esther B. Clark School – Palo Alto

LEA Case Manager: Name _____ Phone Number _____

Pupil Name: _____ Sex: ☒ Male ☐ Female Grade: ☐ _____
(Last) (First)

Address _____ City _____ State/Zip _____

DOB _____ Residential Setting: _____

Parent/Guardian _____ Phone _____
(Residence)

Address _____ City _____ State/Zip _____
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
_____ 20 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$280.00

Estimated Number of Days 200 x Daily Rate \$280.00 = PROJECTED BASIC EDUCATION COSTS \$56,000.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual		X		30 min/wk.	\$160/hr.	40	\$3,200.00
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450):							
Physical Therapy (460)							
Individual Counseling (510)		X		60 min/wk.	\$190/hr.	40	\$7,600.00

Counseling and guidance (515)		X		2x 50 min/wk.	\$190/hr.	80	\$12,680.00
Parent Counseling (520)		X		2x 60 min/mo.	\$190/hr.	20	\$3,800.00
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other: Lunch (State Meal Mandate costs)							
Transportation		X		daily	\$127.00	200	\$25,400.00
Other							
Other							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$ 52,680.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ 108,680.00**4. Other Provisions/Attachments:****5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____****6. Progress Reporting Requirements:**Quarterly
_____Monthly
_____Other (Specify)
3x per year (Oct.
Feb. May)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below

-CONTRACTOR-**-LOCAL EDUCATION AGENCY -****Esther B. Clark School - Palo Alto**

(Name of Nonpublic School/Agency)

Jody Miller

Jody Miller (Jun 17, 2021 09:54 PDT)

Jun 17, 2021

(Signature)

(Date)

Jody Miller, Head of EBC Schools

(Name and Title)

San Mateo Union High School District[Signature]6/21/21

(Signature)

(Date)

Holly Wade, Ph.D., Director of Special Education

(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature

Date

Kevin Skelly, Ph.D., Superintendent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2021

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 have **ADDITIONAL INSURED** provisions or 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 Bolton & Company 3475 E. Foothill Blvd., Suite 100 Pasadena, CA 91107 www.boltonco.com 0008309	CONTACT NAME: PHONE (A/C, No. Ext): (626) 799-7000 FAX (A/C, No): (626) 583-2117 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Children's Health Council 650 Clark Way Palo Alto, CA 943042300	NAIC # 18058

COVERAGES**CERTIFICATE NUMBER:** 56642337**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual or Abuse @ \$1,000,000 <input checked="" type="checkbox"/> Medical Prof. @ \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		PHPK2157211	7/25/2021	7/25/2022	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 Professional Liability \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2157211	7/25/2021	7/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB731995	7/25/2021	7/25/2022	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	Y / N <input type="checkbox"/>	N / A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime - Employee Dishonesty Coverage			PHPK2157211	7/25/2021	7/25/2022	\$700,000 Limit \$10,000 Deductible

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

Re: Project: As on file with the insured.
San Mateo SELPA is included as Additional Insured per the attached PI-GLD-HS form, if required by written contract/agreement.

CERTIFICATE HOLDER

San Mateo SELPA
Attn: Anjanette Pelletier
101 Twin Dolphin Drive; 2nd Floor
Redwood City, CA 94065

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

Mary Ann Sun

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ACORD 25 (2016/03)

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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/15/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Esther B. Clark

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Esther B. Clark School for the 2021/2022 school year.

Certificate of Insurance: Philadelphia Indemnity Insurance Company

Contract Amount: \$109,280.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/15/2021 Stephanie Quejada 07/15/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Esther B. Clark													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Esther B. Clark	NPS - Educational program and related services costs for 21/22 FY											
		Basic Education Costs	200 days @\$280/day		\$ 280.00						200		\$56,000
		Individual counseling	60min/wk @\$190/hr for 40 weeks	\$ 190.00							40		\$7,600
		Counseling and guidance	(2) 50 min/week for 40 weeks prorated cost is \$158.50/(50min session)							\$ 158.50	80		\$12,680
		Parent Counseling	60min/wk @\$190/hr for 40 weeks	\$ 190.00							40		\$7,600
		Transportation			\$ 127.00						\$ 200.00		\$25,400
												Total:	\$109,280.00

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(EC. § s 56365 et seq.)

This agreement is effective on July 1, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Union High School District Nonpublic School /Agency Esther B. Clark School - Palo Alto

LEA Case Manager: Name _____ Phone Number _____

Pupil Name: _____ Sex: ☐ _____ Grade: ☐ _____
(Last) (First)

Address _____ City _____ State/Zip _____

DOB _____ Residential Setting: ☐ _____ ☐ _____

Parent/Guardian _____ Phone _____
(Residence)

Address _____ City _____ State/Zip _____
(If different from student)

AGREEMENT TERMS:

1. *Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
_____ 20 during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. *INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only):* Daily Rate: \$280.00

Estimated Number of Days 200 **x Daily Rate** \$280.00 **= PROJECTED BASIC EDUCATION COSTS** \$56,000.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450):							
Physical Therapy (460)							
Individual Counseling (510)		X		60 min/wk.	\$190/hr.	40	\$7,600.00

Counseling and guidance (515)		X		2x 50 min/wk.	\$190/hr.	80	\$12,680.00
Parent Counseling (520)		X		60 min/wk.	\$190/hr.	40	\$7,600.00
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other: Lunch (State Meal Mandate costs)							
Transportation		X		daily	\$127.00	200	\$25,400.00
Other							
Other							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$ 53,280.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS

\$ 109,280.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements:

Quarterly
_____Monthly
_____Other (Specify)
3x per year (Oct.
Feb. May)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below

-CONTRACTOR-

-LOCAL EDUCATION AGENCY -

Esther B. Clark School - Palo Alto

(Name of Nonpublic School/Agency)

Jody Miller
Jody Miller (Jun 17, 2021 09:53 PDT)

(Signature)

Jun 17, 2021

(Date)

Jody Miller, Head of EBC Schools

(Name and Title)

San Mateo Union High School DistrictHolly Wade
(Signature)6/21/21
(Date)Holly Wade, Ph.D., Director of Special Education
(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature

Date

Kevin Skelly, Ph.D., Superintendent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2021

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 have **ADDITIONAL INSURED** provisions or 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 Bolton & Company 3475 E. Foothill Blvd., Suite 100 Pasadena, CA 91107 www.boltonco.com 0008309	CONTACT NAME: PHONE (A/C, No. Ext): (626) 799-7000 FAX (A/C, No): (626) 583-2117 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Children's Health Council 650 Clark Way Palo Alto, CA 943042300	NAIC # 18058

COVERAGES**CERTIFICATE NUMBER:** 56642337**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual or Abuse @ \$1,000,000 <input checked="" type="checkbox"/> Medical Prof. @ \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		PHPK2157211	7/25/2021	7/25/2022	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 Professional Liability \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2157211	7/25/2021	7/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB731995	7/25/2021	7/25/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	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"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime - Employee Dishonesty Coverage			PHPK2157211	7/25/2021	7/25/2022	\$700,000 Limit \$10,000 Deductible

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

Re: Project: As on file with the insured.
San Mateo SELPA is included as Additional Insured per the attached PI-GLD-HS form, if required by written contract/agreement.

CERTIFICATE HOLDER

San Mateo SELPA
Attn: Anjanette Pelletier
101 Twin Dolphin Drive; 2nd Floor
Redwood City, CA 94065

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

Mary Ann Sun

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ACORD 25 (2016/03)

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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/06/2021

From: Special Education

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Esther B. Clark

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Esther B. Clark School for the 2021/2022 school year.

Certificate of Insurance: Philadelphia Indemnity Insurance Company

Contract Amount: \$109,280.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/06/2021 Stephanie Quejada 07/08/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

[illegible]

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(EC. § s 56365 et seq.)

This agreement is effective on July 1, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Union High School District Nonpublic School / Agency Esther B. Clark School – Palo Alto

LEA Case Manager: Name _____ Phone Number _____

Pupil Name: _____ Sex: ☒ Male ☐ Female
(Last) (First)

Address _____ City _____ State/Zip _____

DOB _____

Parent/Guardian _____ Phone _____
(Residence)

Address _____ City _____ State/Zip _____
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
_____ 20 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$280.00

Estimated Number of Days 200 x Daily Rate \$280.00 = PROJECTED BASIC EDUCATION COSTS \$56,000.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450):							
Physical Therapy (460)							
Individual Counseling (510)		X		60 min/wk.	\$190/hr.	40	\$7,600.00

Counseling and guidance (515)		X		2x 50 min/wk.	\$190/hr.	80	\$12,680.00
Parent Counseling (520)		X		60 min/wk.	\$190/hr.	40	\$7,600.00
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other: Lunch (State Meal Mandate costs)							
Transportation		X		daily	\$127.00	200	\$25,400.00
Other							
Other							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$53,280.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS

\$ 109,280.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements:

Quarterly
_____Monthly
_____Other (Specify)
3x per year (Oct.
Feb. May)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below

-CONTRACTOR-

-LOCAL EDUCATION AGENCY -

Esther B. Clark School – Palo Alto

(Name of Nonpublic School/Agency)

Jody Miller
Jody Miller (Jun 17, 2021 09:53 PDT)

Jun 17, 2021

(Signature)

(Date)

Jody Miller, Head of EBC Schools

(Name and Title)

San Mateo Union High School DistrictHenry M
(Signature)6/21/21
(Date)Holly Wade, Ph.D., Director of Special Education
(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature

Date

Kevin Skelly, Ph.D., Superintendent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2021

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 have **ADDITIONAL INSURED** provisions or 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 Bolton & Company 3475 E. Foothill Blvd., Suite 100 Pasadena, CA 91107 www.boltonco.com 0008309	CONTACT NAME: PHONE (A/C, No. Ext): (626) 799-7000 FAX (A/C, No): (626) 583-2117 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Children's Health Council 650 Clark Way Palo Alto, CA 943042300	NAIC # 18058

COVERAGES**CERTIFICATE NUMBER:** 56642337**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual or Abuse @ \$1,000,000 <input checked="" type="checkbox"/> Medical Prof. @ \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		PHPK2157211	7/25/2021	7/25/2022	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 Professional Liability \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2157211	7/25/2021	7/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB731995	7/25/2021	7/25/2022	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	Y / N <input type="checkbox"/>	N / A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime - Employee Dishonesty Coverage			PHPK2157211	7/25/2021	7/25/2022	\$700,000 Limit \$10,000 Deductible

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

Re: Project: As on file with the insured.
San Mateo SELPA is included as Additional Insured per the attached PI-GLD-HS form, if required by written contract/agreement.

CERTIFICATE HOLDER

San Mateo SELPA
Attn: Anjanette Pelletier
101 Twin Dolphin Drive; 2nd Floor
Redwood City, CA 94065

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

Mary Ann Sun

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ACORD 25 (2016/03)

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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/07/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Creative Learning Center

Reason for proposal:

To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021/2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co.

Contract Amount: \$91,619.50

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/07/2021 Stephanie Quejada 07/08/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Creative Learning Center													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr, Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Creative Learning Center	NPS - Educational program and related services costs for 21/22 FY											
		Basic Education Costs	212 days @\$368/day		\$ 368.00						212		\$ 78,016.00
		Language/Speech Therapy											
		Individual	60min/wk for 45 weeks	\$ 119.00							45		\$ 5,355.00
		Group	15min/wk for 45 weeks @\$81/hr or \$20.25 per session	\$ 81.00						\$ 20.25	45		\$ 911.25
		Occupational Therapy											
		Individual	60min/wk for 45 weeks @\$119/hr	\$ 119.00							45		\$ 5,355.00
		Group	15min/wk for 45 weeks @\$81/hr or \$20.25 per session	\$ 81.00						\$ 20.25	45		\$ 911.25
		ST Consult	30min/month @ \$119/hr or \$59.50 per session	\$ 119.00						\$ 59.50	12		\$ 714.00
		OT Consult	15min/month @ \$119/hr or \$29.75 per session	\$ 119.00						\$ 29.75	12		\$ 357.00
												Total:	\$91,619.50

2021-2022

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**

(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2021, or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Union High School District Nonpublic School /Agency Creative Learning Center

LEA Case Manager: Name Kristina Ish Phone Number _____

Pupil Name _____ (Last) _____ (M.I.) _____
 _____ City _____ State/Zip _____

DOB _____ () _____

Address _____ (Residence) _____ (Business)
 (If different from student) City _____ State/Zip _____

AGREEMENT TERMS:

1. *Nonpublic School:* The average number of minutes in the instructional day will be: 342 during the regular school year
240 during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 192 during the regular school year
20 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$368

Estimated Number of Days 212 x Daily Rate 368 = **PROJECTED BASIC EDUCATION COSTS** \$ 78,016

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracts Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							included
Language/Speech Therapy (415) a. Individual b. Group		X (NPS)		a. 60 min/wk b. 15 min/wk	a. \$119/ hr b. \$81/ hr	a. 45 b. 45	a. \$5,355 b. \$911.25
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450) a. Individual b. Group		X (NPS)		a. 60 min/ wk b. 15 min/ wk	a. \$119/ hr b. \$81/ hr	a. 45 b. 45	a. \$5,355 b. 911.25
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contract Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Service (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900) ST Consult		X		30 min/ mon	\$119/hr	12	\$714
Other (900) OT Consult		X		15 min/ mon	\$119/hr	12	\$357
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ \$13,603.50

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$91,619.50

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)

X

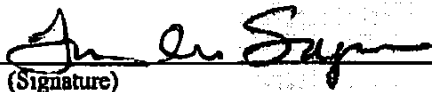
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

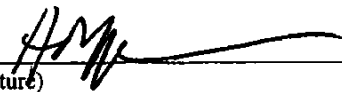
-CONTRACTOR-

-LEA -

Creative Learning Center
(Name of Nonpublic School/Agency)

San Mateo Union High School District
(Name of LEA)

 6/28/21
(Signature) (Date)


(Signature) (Date)

Tamila Sayar, Founder
(Name and Title)

Holly Wade, Ph.D., Director of Special Education
(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature Date
Kevin Skelly, Ph.D., Superintendent



CREALEA-01

PYNFANTE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2020

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 have ADDITIONAL INSURED provisions or 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 License # 0M75874 Burnham Risk and Insurance Solutions, LLC 15901 Hawthorne Blvd. Suite 200 Lawndale, CA 90260	CONTACT NAME:	
	PHONE (A/C, No, Ext): (310) 370-5000 FAX (A/C, No): (310) 370-5454	
INSURED Creative Learning Center, NPS, Inc.; Creative Learning Center, Special Educations Services, LLC dba: CLC Foothill Preschool P.O. Box 991 Los Altos, CA 94023	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Ins Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PHPK2208247	11/25/2020	11/25/2021	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 - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2208247	11/25/2020	11/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB747033	11/25/2020	11/25/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liabli			PHPK2208247	11/25/2020	11/25/2021	Aggregate \$ 2,000,000
A				PHPK2208247	11/25/2020	11/25/2021	Occurrence \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured as respects to the Commercial General Liability.

CERTIFICATE HOLDER

CANCELLATION

San Mateo Union High School District 650 North Delaware Street San Mateo, CA 94401	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>Penny Ynfante</i>

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/07/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Creative Learning Center

Reason for proposal:

To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co.

Contract Amount: \$92,601.25

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/07/2021 Stephanie Quejada 07/08/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

2021-2022

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**

(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2021, or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Union High School District Nonpublic School /Agency Creative Learning Center

LEA Case Manager: Name Kristina Ish Phone Number _____

Pupil Name _____ (Last) _____ (First) _____ (M.I.) Sex _____

Address _____ City _____ State/Zip _____

DOB _____

Parent/Guardian _____ Phone (_____) _____ (_____) _____

Address _____ (Residence) _____ (Business) _____
(If different from student) City _____ State/Zip _____

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 342 during the regular school year
240 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 192 during the regular school year
20 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$368

Estimated Number of Days 212 x Daily Rate 368 = **PROJECTED BASIC EDUCATION COSTS** \$ 78,016

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracte Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							included
Language/Speech Therapy (415) a. Individual b. Group		X (NPS)		a. 60 min/wk b. 15 min/wk	a. \$119/ hr b. \$81/ hr	a. 45 b. 45	a.\$5,355 b. \$911.25
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450) a. Individual b. Group		X (NPS)		a. 60 min/ wk b. 15 min/ wk	a. \$119/ hr b. \$81/hr	a. 45 b. 45	a.\$5,355 b. \$911.25
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contract Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Service (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900) Speech Consult		X		15 min/wk (CON)	\$119/hr	45	\$1338.75
Other (900) OT Consult		X		6 hrs/year (CON)	\$119/hr		\$714
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$14,585.25

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$92,601.25

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)

X


The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Creative Learning Center

(Name of Nonpublic School/Agency)


(Signature)

6/28/21

(Date)

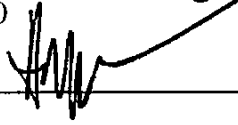
Tamila Sayar, Founder

(Name and Title)

San Mateo Union High School District

(Name of LEA)

(Signature)



(Date)

Holly Wade, Ph.D., Director of Special Education
(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature

Date

Kevin Skelly, Ph.D., Superintendent



CREALEA-01

PYNFANTE

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DATE (MM/DD/YYYY)
12/14/2020

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	PHONE (A/C, No, Ext): (310) 370-5000 FAX (A/C, No): (310) 370-5454	
INSURED Creative Learning Center, NPS, Inc.; Creative Learning Center, Special Educations Services, LLC dba: CLC Foothill Preschool P.O. Box 991 Los Altos, CA 94023	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Ins Co.	
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	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2208247	11/25/2020	11/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB747033	11/25/2020	11/25/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liabli			PHPK2208247	11/25/2020	11/25/2021	Aggregate \$ 2,000,000
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San Mateo Union High School District 650 North Delaware Street San Mateo, CA 94401	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>Penny Ynfante</i>

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/07/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Creative Learning Center

Reason for proposal:

To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co.

Contract Amount: \$93,155.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/07/2021 Stephanie Quejada 07/08/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Creative Learning Center													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Creative Learning Center	NPS - Educational program and related services costs for 21/22 FY											
		Basic Education Costs	212 days @\$368/day		\$ 368.00						212		\$ 78,016.00
		Language/Speech Therapy											
		Individual	60min/wk for 45 weeks	\$ 119.00							45		\$ 5,355.00
		Consult	8hrs/year	\$ 119.00							8		\$ 952.00
		Occupational Therapy											
		Individual	60min/wk for 45 weeks @\$119/hr	\$ 119.00							45		\$ 5,355.00
		Consult	3hrs/year	\$ 119.00							3		\$ 357.00
		Behavior Intervention Services	120min or 2hrs/month @\$130hr	\$ 130.00						\$ 260.00	12		\$ 3,120.00
												Total:	\$93,155.00

2021-2022

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**

(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Union High School District Nonpublic School /Agency Creative Learning Center

LEA Case Manager: Name Holly Wede, Ph.D. Director of Special Ed Phone Number _____

Pupil Name _____ Sex: _____
(Last) (First) (M.I.)

Address _____ City _____ State/Zip _____

DOB _____

Parent/Guardian _____ Phone (_____) _____

Address _____ (Residence) _____ (Business) _____
(If different from student) City _____ State/Zip _____

AGREEMENT TERMS:

1. *Nonpublic School:* The average number of minutes in the instructional day will be: 342 during the regular school year
240 during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 192 during the regular school year
20 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$368

Estimated Number of Days 212 x Daily Rate 368 = **PROJECTED BASIC EDUCATION COSTS** \$ 78,016

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contract Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							included
Language/Speech Therapy (415) a. Individual b. Consult		X (NPS)		a. 60 min/wk b. 8 hrs/yr	a. \$119/hr b. \$119/hr	a. 45	a. \$5,355 b. \$952
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
a. Individual Occupational Therapy (450) b. Consult		X (NPS)		a. 60 min/ wk b. 3 hrs/yr	a. \$119/ hr b. \$119/ hr	a. 45	a.\$5,355 b. \$357
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracts Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)		X		120 min/ month	\$130 /hr	12	\$3,120
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Service (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
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Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
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Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$15,139

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$93,155

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)

X

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Creative Learning Center

(Name of Nonpublic School/Agency)

San Mateo Union High School District

(Name of LEA)

Tamila Sayar

(Signature)

6/28/21

(Date)

Holly Wade

(Signature)

(Date)

Tamila Sayar, Founder

(Name and Title)

Holly Wade, Ph.D., Director of Special Education

(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature Date
Kevin Skelly, Ph.D., Superintendent



CREALEA-01

PYNFANTE

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER License # 0M75874 Burnham Risk and Insurance Solutions, LLC 15901 Hawthorne Blvd. Suite 200 Lawndale, CA 90260	CONTACT NAME:	
	PHONE (A/C, No, Ext): (310) 370-5000 FAX (A/C, No): (310) 370-5454	
INSURED Creative Learning Center, NPS, Inc.; Creative Learning Center, Special Educations Services, LLC dba: CLC Foothill Preschool P.O. Box 991 Los Altos, CA 94023	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Ins Co.	
	INSURER B:	
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INSURER E:		
INSURER F:		

COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PHPK2208247	11/25/2020	11/25/2021	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 - COMP/OP AGG \$ 2,000,000
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB747033	11/25/2020	11/25/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liabli			PHPK2208247	11/25/2020	11/25/2021	Aggregate 2,000,000
A				PHPK2208247	11/25/2020	11/25/2021	Occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured as respects to the Commercial General Liability.

CERTIFICATE HOLDER

CANCELLATION

San Mateo Union High School District 650 North Delaware Street San Mateo, CA 94401	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>Penny Ynfante</i>

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/07/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Creative Learning Center

Reason for proposal:

To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co.

Contract Amount: \$112,380.25

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/07/2021 Stephanie Quejada 07/08/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Creative Learning Center													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Creative Learning Center	NPS - Educational program and related services costs for 21/22 FY											
		Basic Education Costs	212 days @\$368/day		\$ 368.00						212		\$ 78,016.00
		Language/Speech Therapy											
		Individual	60min/wk for 45 weeks	\$ 119.00							45		\$ 5,355.00
		Occupational Therapy											
		Individual	60min/wk for 45 weeks @\$119/hr	\$ 119.00							45		\$ 5,355.00
		Group	15min/wk for 45 weeks @\$81/hr or \$20.25 per session	\$ 81.00						\$ 20.25	45		\$ 911.25
		Behavior Intervention Services											
		Individual	45min/day @\$127/hr or \$95.25 per session for 212 days	\$ 127.00						\$ 95.25	212		\$ 20,193.00
		Consult	60min/month @\$153/hr for 12 months	\$ 153.00							12		\$ 1,836.00
		Speech Consult	30min/month @\$119/hr or \$59.50 per session for 12 months	\$ 119.00						\$ 59.50	12		\$ 714.00
												Total:	\$112,380.25

2021-2022

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**

(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2021, or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Union High School District Nonpublic School /Agency Creative Learning Center

LEA Case Manager: Name Kristina Ish Phone Number _____

Pupil Name _____ (Last) _____ (First) _____ (M.I.) _____
Address _____ City _____ State/Zip _____

DOB _____

Parent/Guardian _____ Phone (_____) _____ (_____) _____

Address _____ (Residence) _____ (Business) _____
(If different from student) City _____ State/Zip _____

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 342 during the regular school year
240 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 192 during the regular school year
20 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$368

Estimated Number of Days 212 x Daily Rate 368 = **PROJECTED BASIC EDUCATION COSTS** \$ 78,016

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr, Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contract Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							included
Language/Speech Therapy (415) a. Individual b. Group		X (NPS)		a. 60 min/wk	a. \$119/ hr	a. 45	\$5,355
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450) a. Individual b. Group		X (NPS)		a. 60 min/ wk b. 15 min/ wk	a. \$119/ hr b. \$81/ hr	a. 45 b. 45	a.\$5,355 b.911.25
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contract Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)	a. Individual b. Consult	X		a. 45 min/ daily b. 60 min/ month	a. \$127/hr b. \$153/hr		a. \$20,193 b. \$1836
Specialized Services for Low Incidence Disabilities (810)							
Specialized Deaf and Hard of Hearing Service (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J Speech Consult		X		30 min/mon (CON)	\$119/hr	12	\$714
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ \$34,364.25

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$112,380.25

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

X


The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Creative Learning Center

(Name of Nonpublic School/Agency)



(Signature)

6/28/21

(Date)

Tamila Sayar, Founder

(Name and Title)

San Mateo High School District

(Name of LEA)



(Signature)

(Date)

Holly Wade, Ph.D., Director of Special Education

(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature

Date

Kevin Skelly, Ph.D., Superintendent



CREALEA-01

PYNFANTE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2020

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 have ADDITIONAL INSURED provisions or 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 License # 0M75874 Burnham Risk and Insurance Solutions, LLC 15901 Hawthorne Blvd. Suite 200 Lawndale, CA 90260	CONTACT NAME:	
	PHONE (A/C, No, Ext): (310) 370-5000 FAX (A/C, No): (310) 370-5454	
INSURED Creative Learning Center, NPS, Inc.; Creative Learning Center, Special Educations Services, LLC dba: CLC Foothill Preschool P.O. Box 991 Los Altos, CA 94023	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Ins Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PHPK2208247	11/25/2020	11/25/2021	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 - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2208247	11/25/2020	11/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB747033	11/25/2020	11/25/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liabil			PHPK2208247	11/25/2020	11/25/2021	Aggregate \$ 2,000,000
A				PHPK2208247	11/25/2020	11/25/2021	Occurrence \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured as respects to the Commercial General Liability.

CERTIFICATE HOLDER

CANCELLATION

San Mateo Union High School District 650 North Delaware Street San Mateo, CA 94401	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>Penny Ynfante</i>

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/07/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Creative Learning Center

Reason for proposal:

To pay the educational program and related services cost for a pupil attending NPS, Creative Learning Center for the 2021-2022 school year.

Certificate of Insurance: Philadelphia Indemnity Ins Co.

Contract Amount: \$112,380.25

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/07/2021 Stephanie Quejada 07/08/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Creative Learning Center													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr, Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Creative Learning Center	NPS - Educational program and related services costs for 21/22 FY											
		Basic Education Costs	212 days @\$368/day		\$ 368.00						212		\$ 78,016.00
		Language/Speech Therapy											
		Individual	60min/wk for 45 weeks	\$ 119.00							45		\$ 5,355.00
		Occupational Therapy											
		Individual	60min/wk for 45 weeks @\$119/hr	\$ 119.00							45		\$ 5,355.00
		Group	15min/wk for 45 weeks @\$81/hr or \$20.25 per session	\$ 81.00						\$ 20.25	45		\$ 911.25
		Behavior Intervention Services											
		Individual	45min/day @\$127/hr or \$95.25 per session for 212 days	\$ 127.00						\$ 95.25	212		\$ 20,193.00
		Consult	60min/month @\$153/hr for 12 months	\$ 153.00							12		\$ 1,836.00
		Speech Consult	30min/month @\$119/hr or \$59.50 per session for 12 months	\$ 119.00						\$ 59.50	12		\$ 714.00
												Total:	\$112,380.25

2021-2022

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Union High School District Nonpublic School /Agency Creative Learning Center

LEA Case Manager: Name Kristina Ish Phone Number _____

Pupil Name _____ Sex: _____
(Last) (First) (M.I.)

Address _____ City San Mateo State/Zip _____

DOB _____

_____) _____

Address _____ (Residence) City _____ State/Zip _____
(If different from student) _____ (Business)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 342 during the regular school year
240 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 192 during the regular school year
20 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$368

Estimated Number of Days 212 x Daily Rate 368 = **PROJECTED BASIC EDUCATION COSTS** \$ 78,016

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracts Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							included
Language/Speech Therapy (415) a. Individual b. Group		X (NPS)		a. 60 min/wk	a. \$119/hr	a. 45	\$5,355
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450) a. Individual b. Group		X (NPS)		a. 60 min/ wk b. 15 min/ wk	a. \$119/ hr b. \$81/hr	a. 45 b. 45	a.\$5,355 b. \$911.25
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per sessio	Maximum Number of Sessions	Estimated Maximum Total Cost for Contract Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)	a. Individual b. Consult	X		a. 45 min/ daily b. 60 min/ month	a. \$127/hr b. \$153/hr		a. \$20,193 b. \$1,836
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Service (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J Speech Consult		X		30 min/mon (CON)	\$119/hr	12	\$714
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$

\$34,364.25

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$112,380.25

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)

X

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Creative Learning Center

(Name of Nonpublic School/Agency)

San Mateo High School District

(Name of LEA)

Tamila Sayer

(Signature)

6/28/21

(Date)

Holly Wade

(Signature)

(Date)

Tamila Sayer, Founder

(Name and Title)

Holly Wade, Ph.D., Director of Special Education

(Name of Superintendent or Authorized Designee)

San Mateo Union High School District

Signature

Date

Kevin Skelly, Ph.D., Superintendent



CREALEA-01

PYNFANTE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2020

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 have ADDITIONAL INSURED provisions or 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 License # 0M75874 Burnham Risk and Insurance Solutions, LLC 15901 Hawthorne Blvd. Suite 200 Lawndale, CA 90260	CONTACT NAME:	
	PHONE (A/C, No, Ext): (310) 370-5000 FAX (A/C, No): (310) 370-5454	
INSURED Creative Learning Center, NPS, Inc.; Creative Learning Center, Special Educations Services, LLC dba: CLC Foothill Preschool P.O. Box 991 Los Altos, CA 94023	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Ins Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PHPK2208247	11/25/2020	11/25/2021	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 - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2208247	11/25/2020	11/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB747033	11/25/2020	11/25/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liabli			PHPK2208247	11/25/2020	11/25/2021	Aggregate \$ 2,000,000
A				PHPK2208247	11/25/2020	11/25/2021	Occurrence \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured as respects to the Commercial General Liability.

CERTIFICATE HOLDER

CANCELLATION

San Mateo Union High School District 650 North Delaware Street San Mateo, CA 94401	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>Penny Ynfante</i>

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/15/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Children's Therapy Associates

Reason for proposal:

To pay for the 10 current pupils receiving physical therapy services through Children's Therapy Associates for the 2021-2022 calendar year.

Certificate of Insurance: American Casualty Company of Reading, Pennsylvania

Contract Amount: \$67,200.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/15/2021 Stephanie Quejada 07/15/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Children's Therapy Associates													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr, Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Children's Therapy Associates	NPA - Physical therapy services	Up to 400 hours of PT @\$168/hr	\$ 168.00							400		\$67,200
												Total:	\$67,200.00

INCLUSIVE SERVICES AGREEMENT FOR NONPUBLIC NONPUBLIC AGENCY SERVICES

(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on 6/30/2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency CHILDREN'S THERAPY ASSOCIATES

LEA Case Manager: Name HOLLY WADE Phone Number 650-558-2265

AGREEMENT TERMS: THE FOLLOWING TERMS APPLY TO THE 10 CURRENT PUPILS RECEIVING PT SERVICES THROUGH CTA:

RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Physical Therapy (460), plus Admin			NPA		\$168 hrly	UP TO 400	\$67,200

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 67,200.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 67,200.00

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

CHILDREN'S THERAPY ASSOCIATES

(Name of Nonpublic School/Agency)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)



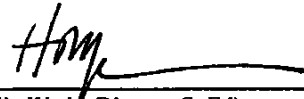
6/24/21

(Signature)

(Date)

Michelle F. Diamond, PT Director

(Name and Title)

 6/28/21

(Holly Wade, Director SpEd)

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP



Certificate of Insurance
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 6/25/2021

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0619340607	From: 07/10/21 to 07/10/22 at 12:01 AM Standard Time
Named Insured and Address:				Program Administered by:
Childrens Therapy Associates of the Bay Area 4046 26th St San Francisco, CA 94131-1913				Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-888-288-3534 www.hpsso.com
Medical Specialty:			Code:	Insurance Provided by:
Physical Therapist Firm			80995	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
Excludes Cosmetic Procedures				

Professional Liability	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
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Your professional liability limits shown above include the following:

- * Good Samaritan Liability
- * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit
- * Malplacement Liability
- * Personal Injury Liability

Coverage Extensions

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Enterprise Privacy Protection - Claims Made	\$ 25,000	per incident	\$ 25,000	aggregate
Retroactive Date: 7/10/2015 (Defense inside limits)				
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate

Workplace Liability

Workplace Liability	Included in Professional Liability Limit shown above
Fire & Water Legal Liability	Included in the PL limit shown above subject to \$150,000 aggregate sublimit
Personal Liability	Excluded

Total \$ 1,277.00

Base Premium \$1,277.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA93692 (11-2018)

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

COMMON POLICY FORMS & ENDORSEMENTS

FORM #	FORM NAME
G-121500-D (04-08)	Common Policy Conditions
G-121503-C (07-01)	Workplace Liability Form
G-121501-C1 (07-01)	Occurrence Policy Form - California
CNA94164 (11-18)	Amendment Definition of Claim Endorsement
G-145184-A (06-03)	Policyholder Notice - OFAC Compliance Notice
G-147292-A (03-04)	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15564 (10-09)	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565 (03-10)	Healthcare Providers Professional Liability Assault Coverage
GSL17101 (02-10)	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424 (05-09)	Services to Animals
GSL13425 (05-09)	Business Owner Coverage Extension Endorsement
CNA80052 (10-14)	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123846-D04 (07-01)	California Cancellation and Non-Renewal
CNA81753 (03-15)	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758 (03-15)	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA82011 (04-15)	Related Claims Endorsement
CNA79575 (07-14)	Exclusion of Cosmetic Procedures
CNA79516 (10-14)	Enterprise Privacy Protection
CNA89026 (05-17)	Media Expense Coverage

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax. As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form #:CNA93692 (11-2018)

Named Insured: Childrens Therapy Associates of the Bay

Master Policy #: 188711433

Policy #: 0619340607

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/26/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Cypress School

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Cypress School for the 2021/2022 school year.

Certificate of Insurance: Nonprofits Insurance Alliance of California

Contract Amount: \$92,345.44

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/26/2021 Stephanie Quezalez 07/28/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/28/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/29/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/29/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Cypress School													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max (Hrs)	Monthly Max (Hrs)	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Cypress School	NPS - educational program and related service costs											
		Inclusive and/or basic education program rate	209 days at \$231/day		\$ 231.00						209		\$48,279
		Intensive Individual Services	5.38 hrs/day for 209 days @32/hr or \$172.16 per session	\$ 32.00						\$ 172.16	209		\$35,981.44
		Language/Speech Therapy	180min/month for 11 months @\$105/hr	\$ 105.00				3			11		\$3,465.00
		Occupational Therapy	240min/month for 11 months @105 hr	\$ 105.00				4			11		\$4,620.00

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School / Agency CYPRESS SCHOOL

LEA Case Manager: Name HOLLY WADE, Ph.D., DIRECTOR OF SPECIAL EDUCATION Phone Number 650-558-2265

Pupil Name [REDACTED] (Last) [REDACTED] (First) [REDACTED] (M.I.) Sex: [REDACTED]

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [REDACTED] Phone [REDACTED] ()

Address [REDACTED] (Residence) City [REDACTED] (Business) State/Zip [REDACTED]
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
29 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$231.00

Estimated Number of Days 209 x Daily Rate \$231.00 = PROJECTED BASIC EDUCATION COSTS \$48,279.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		✓		5.38 hours/daily	\$32 hr	209	\$35,981.44
Language/Speech Therapy (415) a. Individual b. Group		✓		180 min/month	\$105 hr	11 months	\$3,465.00
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)		✓		240 min/month	\$105 hr	11 months	\$4,620.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)		√		80 min/year	n/c		
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 44,086.44

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 92,345.44

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

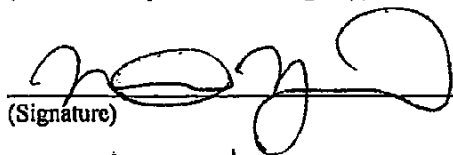
-LEA -

CYPRESS SCHOOL

(Name of Nonpublic School/Agency)

SAN MATEO UNION HIGH SCHOOL DISTRICT

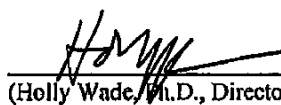
(Name of LEA)



(Signature)

7/21/2021
(Date)

Nate Yates, Director
(Name and Title)



(Holly Wade, Ph.D., Director of Special Education)

7/21/21
(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/01/2021

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 Pacific Horizon Insurance Services 1320 Harbor Bay Parkway, Suite 145 Alameda, CA 94502	CONTACT NAME: J. Gregory Dumas	
	PHONE (A/C, No, Ext): (510) 995-8033	FAX (A/C, No): (510) 995-8919
INSURED United Cerebral Palsy of the North Bay Cypress Primary School 3880 Cypress Drive Petaluma, CA 94954	E-MAIL ADDRESS: gdumas@pacifichorizonins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nonprofits' Insurance Alliance of California	
	INSURER B: United Cerebral Palsy Of The North Bay	
	INSURER C: Safety National	
	INSURER D:	
INSURER E:		
INSURER F:		

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> SEXUAL/PHYSICAL ABUSE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		2021-07962-NPO	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000.00 MED EXP (Any one person) \$ 20,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COM/OP AGG \$ 3,000,000.00 Liquor Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		2021-07962-NPO	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Umbrella Liability \$ 2,000,000.00
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		2021-07962-UMB-NPO	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 2,000,000.00 AGGREGATE \$ 2,000,000.00 Abuse Included \$
	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	Self Insured (Certified by DIR)	03/01/2012	03/01/2032	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00
C	Excess Workers Compensation		SP 4063945	10/08/2020	10/08/2021	Limit of Indemnity: \$10,000,000.00 Self Insured Retention: \$1,000,000.00

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

San Mateo County Superintendent of Schools, San Mateo County Board of Education, San Mateo County SELPA, and the SELPA Member Districts identified in the San Mateo County Special Education Local Planning Area Master Contract for Nonpublic, Nonsectarian School/Agency Services are each named as an additional insured for liabilities arising out of the operations by or on behalf of the Named Insured, and this policy protects each additional insured and each of their governing boards, officers, agents and employees against liability for bodily injuries, deaths, or property damage or destruction in the performance of the Contract. Except with respect to the limits of insurance, the insurance provided herein is primary and applies separately to each Insured. Enclosed: BLANKET Additional Insured Endorsement.

CERTIFICATE HOLDER**CANCELLATION**

San Mateo County SELPA
101 Twin Dolphin Drive
Redwood City, CA 94065

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

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/22/2021

From: Special Education

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Palo Alto Preparatory

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Palo Alto Preparatory for the 2021/2022 school year.

Certificate of Insurance: Philadelphia Indemnity Insurance Company

Contract Amount: \$64,813.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/22/2021 Stephanie Quejada 07/26/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/28/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/29/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/29/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Palo Alto Preparatory													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr, Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Palo Alto Preparatory	NPS - Educational program and related service costs											
		Inclusive and/or basic education program rate	182 Days at \$290 per day		\$ 290.00						182		\$52,780
		Individual Counseling	55min/week at \$191 per session for 42 weeks							\$ 191.00	42		\$8,022
		Parent Counseling	55min/week at \$191 per session for 21 weeks							\$191.00	21		\$4,011
												Total:	\$64,813.00

(Education Code Sections 56365 et seq.)

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)		X		55 min per week	\$191.00	42 sessions	\$8,022.00
Counseling and guidance (515).							
Parent Counseling (520)				55 mins per week	\$191.00	21 sessions	\$4,011.00

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 12,033.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 64,813

4. Other Provisions/Attachments:

First 30 days paid regardless of attendance

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

January and June

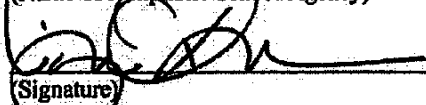
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Palo Alto Preparatory School

(Name of Nonpublic School/Agency)



(Signature)

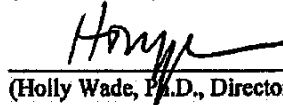
7/20/21
(Date)

Lisa O'Hearn-Keck

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)



(Holly Wade, Ph.D., Director of Special Education)

7/21/21

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2021

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 have ADDITIONAL INSURED provisions or 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 Risk Strategies Company
700 Airport Boulevard, Suite 300
Burlingame, CA 94010

CONTACT NAME: Robyn Civello
PHONE (A/C, No, Ext): (650) 762-0441 **FAX (A/C, No):** (650) 762-0490
E-MAIL ADDRESS: rcivello@risk-strategies.com

INSURED
In Your Hands
Palo Alto Preparatory School
2462 Wyandotte Street
Mountain View CA 94043

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Philadelphia Indemnity Insurance Company	18058
INSURER B:	Republic Indemnity Company of California	43753
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 62204159

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		PHPK2258406	6/8/2021	6/8/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2258406	6/8/2021	6/8/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB762936	6/8/2021	6/8/2022	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	<input type="checkbox"/> 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 <input checked="" type="checkbox"/> N	N/A	16975715 16975716	7/1/2020 7/1/2021	7/1/2021 7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

San Mateo County SELPA is included as an Additional Insured as respects General Liability per attached form PI-GLD-VS.

CERTIFICATE HOLDER

San Mateo County SELPA
San Mateo Office of Education
101 Twin Dolphin Drive
Redwood City CA 94065

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

Michael Christian

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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/14/2021

From: Special Education

Site(s) or Department: District Office

Number of Quotes: 1

Vendor/Contractor: Special Education Settlement

Reason for proposal:

To reimbursed families as stated in the settlement.

Board approved in Closed Session: 6/24/21

Certificate of Insurance: n/a

Contract Amount: \$47,400.00

Funding Source: General Fund - Sped

Approved by:

Sonia Gill 07/14/2021 Stephanie Quejada 07/14/2021

Personnel who oversees Site/Department budget

Vanessa Castano 07/15/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 07/15/2021

Director of Budget and Fiscal Services

Yancy Hawkins 07/15/2021

Associate Superintendent, Chief Business Officer

AGREEMENT

*and San Mateo Union High School
District*

This Agreement ("Agreement") is between [REDACTED] [REDACTED] or "Student"), and his parents, [REDACTED] ("Parents"), and the SAN MATEO UNION HIGH SCHOOL DISTRICT ("District") (hereafter collectively referred to as "Parties").

I. Nature and Status of Dispute

Student is a rising high school freshman who is eligible for special education. The Parties agree to place [REDACTED] at Compass High School for his freshman year, but as Compass is not a certified nonpublic school, the District cannot place him at Compass through the IEP process.

This Agreement constitutes a final resolution of all claims and issues arising from or related to Student's special through the end of the 2021-22 extended school year.

II. Actions to Resolve Dispute

- A. The District will contract for tuition at Compass High School for the 2021-22 school year \$45,900 for tuition, including a non-refundable deposit, and a technology fee, for a total amount not to exceed \$47,400.
- B. In Spring 2022, the District shall convene an IEP meeting to consider Student's progress and his placement for the 2022-23 school year. District shall have access to all of Student's pupil records at Compass High School, and, in District's discretion, District may assess Student to determine present levels prior to this IEP meeting. Parent agrees to cooperate in and facilitate District's access to records and assessment, if any. Nothing in this Agreement impedes Parents' rights with regard to offer of FAPE made for the 2022-2023 school year or with regard to any assessments conducted pursuant to this Agreement
- C. The District's funding of the services in paragraph II.A. constitute the District's sole obligations to Student through the end of the 2021-22 extended school year except for the IEP meeting and assessments, if any, pursuant to II.B. above. Student agrees not to request assessments, IEP meetings, services or any other educational funding or support from the District during the term of this Agreement. Should Student and/or Parents move outside District boundaries during the term of this Agreement, they shall immediately notify the District. The District's obligations under this Agreement shall terminate as of the date Student/Parents move outside District boundaries.
- D. The San Mateo Union High School District will reimburse Parents the mileage from home to Compass High School, for both morning drop off and afternoon pick up. The District will reimburse mileage at the current allowable rate per mile

driven upon receipt of mileage reports provided monthly to the District.

III. General Release and Discharge

Parents hereby fully release the District, including but not limited to, its past and present officials, employees, successors, predecessors, assigns, agents, attorneys, consultants, affiliates, and representatives from all claims, damages liabilities, rights and complaints of whatever kind or nature arising from or related to Student's educational program and services through the end of the 2021-22 extended school year.

This release and discharge precludes Parent and/or Student, and anyone acting on behalf of Parent and/or Student, from hereafter initiating or maintaining any actions or proceedings, other than proceedings to enforce this Agreement, arising from or related to Student's educational program and services. ***Excluded from this general release, however, are any claims related to enforcement or implementation of this Agreement.*** claims challenging any District assessments conducted pursuant to Section II.B above, and claims challenging the appropriateness of the IEP for the 2022-2023 school year.

This release and discharge applies to any action or proceeding based on any state or federal statute, regulation, case decision, tort or common law, including, but not limited to, claims under the Individuals with Disabilities in Education Improvement Act (20 U.S.C. § 1400 et seq.), the California Education Code § 56000 et seq., 42 U.S.C. section 1983, the Americans with Disabilities Act, the Unruh Act, Section 504 of the Rehabilitation Act, and School Committee of the Town of Burlington v. Dept. of Ed., 471 U.S. 359, 105 S. Ct. 1996 (1985).

IV. Unknown Claims

Parents waive the application of California Civil Code section 1542 as it applies to issues related to Student's educational program and services.

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

V. Advice of Attorney or Other Representative

The Parties warrant and represent that, in executing this Agreement, they have had the opportunity to seek advice from the attorney or other representative of their choice; that the terms of this Agreement have been read and its consequences (including risks, complications, and costs) have been completely explained to them by that attorney or other representative; and that they fully understand the terms of this Agreement. They further acknowledge and represent that, in executing this Agreement, they have not relied on any inducements, promises, or representations other than those stated in this Agreement.

VI. Conditions of Execution

Each party to this Agreement acknowledges and warrants that the party's execution of this Agreement is free and voluntary.

VII. Execution of Other Documents

Each party to this Agreement shall cooperate fully in the execution of any and all other documents and the completion of any additional actions that may be necessary or appropriate to give full force and effect to the terms and intent of this Agreement.

VIII. Nonadmission of Liability

This Agreement is not, and shall not be construed as, an admission of liability, fault or wrongdoing of any kind by Parents, Student and/or the District. No party shall be deemed the "prevailing party."

IX. Entire Agreement

This Agreement constitutes the entire agreement and understanding between the Parties. There are no oral understandings, terms, or conditions, and none of the Parties have relied upon any representation, express or implied, not contained in this Agreement. All prior understandings, terms, or conditions are deemed merged into this Agreement. This Agreement cannot be changed or supplemented orally and may be modified or superseded only by written instrument executed by all Parties.

X. Mediated Settlement Agreement.

The Parties agree that this Agreement was reached through the mediation process as per 20 U.S.C. § 1415(e) (2)(F), that all discussions that occurred during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding, and that this Agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States.

X. Effective Date

This Agreement shall be effective immediately upon execution by the Parties and approval by the District's governing board. The next board meeting is scheduled for May 20, 2021.

XI. Governing Law

This Agreement is entered into, and shall be construed and interpreted in accordance with, the laws of the State of California and the United States.

XII. Severability

If any provision of this Agreement is held to be invalid or unenforceable by a court of competent

jurisdiction, that determination shall not invalidate or render unenforceable any other provision of this Agreement.

XIII. Implementation and Confidentiality

By their signatures, the Parties acknowledge that they will carry out the terms of this Agreement, which shall be maintained as a confidential document by all parties except as required by law. However, for purposes of implementation and enforcement of the Agreement, the Parties mutually consent to disclosure and admissibility of this Agreement.

XIV. Signatures in Counterparts

This Agreement may be signed in counterparts, such that signatures appear on separate signature pages. A copy or original of this document with all signature pages appended together shall be deemed a fully executed Agreement.

Date

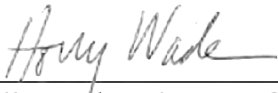
Date:

Date:

7/6/21

Date:

7-6-2021



Holly Wade, Director of Special Education
San Mateo Union High School District



Kevin Skelly
San Mateo Union High School District

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 08/04/2021

From: Special Education

Site(s) or Department: District Office

Number of Quotes: 1

Vendor/Contractor: Boulder Creek Academy

Reason for proposal:

To pay for student's educational program and related services provided by NPS-Boulder Creek Academy

Certificate of Insurance: National Union Fire Ins Co. of Pittsburgh PA

Contract Amount: \$144,131.79

Funding Source: General Fund - Special Education

Approved by:

Sonia Gill 08/04/2021 Stephanie Quezalez 08/04/2021

Personnel who oversees Site/Department budget

Vanessa Castano 08/04/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 08/05/2021

Director of Budget and Fiscal Services

Yancy Hawkins 08/05/2021

Associate Superintendent, Chief Business Officer

[illegible]

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on 08/06/21 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on 06/30/22, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency Boulder Creek Academy

LEA Case Manager: Name HOLLY WADE, Ph.D., DIRECTOR OF SPECIAL EDUCATION Phone Number 650-550-2265

Pupil Name [REDACTED] Sex: ☐ M ☒ F Grade: 10th
(Last) (First) (M.I.)

Address [REDACTED]

DOB [REDACTED] Residential Setting: ☐ Home ☐ Foster ☐ LCI # ☒ OTHER Therapeutic Boarding School

Parent/Guardian [REDACTED] ()

Address [REDACTED]
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: during the regular school year
 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
34 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$270.56

Estimated Number of Days 214 x Daily Rate \$270.56 = PROJECTED BASIC EDUCATION COSTS \$57,899.84

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (450)							
Individual Counseling (510)		X		60 mins weekly	Included		
Counseling and guidance (515)							
Parent Counseling (520)		X		60 mins weekly	Included		

Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (538)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)		X		30 mins/year	Included		Included
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)		X		30 mins month	Included		Included
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other: Admin Fee		X		Monthly	\$1,000.00	12	\$12,000.00
Other: Enrollment Fee		X		One time	\$2,000.00	1	\$2,000.00
Transportation-Emergency b. Transportation-Parent							
Residential Board and Care		X		Daily	\$135.72 p/day	329	\$44,651.88
Residential Treatment Services/Mental Health		X		Daily	\$83.83	329	\$27,580.07

ESTIMATED MAXIMUM RELATED SERVICES COST \$86,231.95

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 144,131.79

4. Other Provisions/Attachments:

Please send invoices by either email or mail to: specialdebilling@smuhds.org or SMUHSD, Special Ed Dept, Attn: Stephanie Quejada 650 N. Delaware St., San Mateo, Ca. 94401

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

Trimester

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Boulder Creek Academy

(Name of Nonpublic School/Agency)

Tai Komanec
(Signature)

8/3/2021
(Date)

Tai Komanec, CEO

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade
(Holly Wade, Ph.D., Director of Special Education)

8-4-2021

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2020

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 have ADDITIONAL INSURED provisions or 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 Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797 Attn: Healthcare.AccountsCSS@marsh.com Fax: 212 948-1307	CONTACT NAME PHONE (A/C, No, Ext) E-MAIL ADDRESS		FAX (A/C, No)
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED UHS OF KOOTENAI RIVER, INC. dba BOULDER CREEK ACADEMY C/O UHS OF DELAWARE, INC. 367 S. GULPH ROAD KING OF PRUSSIA, PA 19406	INSURER A National Union Fire Ins Co. of Pittsburgh PA		19445
	INSURER B New Hampshire Insurance Company		23841
	INSURER C N/A		N/A
	INSURER D Allu Insurance Co		19399
	INSURER E		
INSURER F			

COVERAGES**CERTIFICATE NUMBER:**

CLE-006501976-06

REVISION NUMBER: 4

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						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			6890150 (AOS)	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			6890152 (VA)	01/01/2021	01/01/2022	BODILY INJURY (Per person) \$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6890151 (MA)	01/01/2021	01/01/2022	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			058240193 (AOS)	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
D	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N		058240195 (FL)	01/01/2021	01/01/2022	E.L. EACH ACC DENT \$ 2,000,000
D	<input type="checkbox"/> If yes, describe under DESCR PTION OF OPERATIONS below	N / A		058240194 (CA)	01/01/2021	01/01/2022	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
B				058240196 (MA & WI)	01/01/2021	01/01/2022	E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

CIRF-827402-5445-AU, GL, HP, WC

GENERAL LIABILITY: BOULDER CREEK ACADEMY IS SELF INSURED FOR \$3,000,000 EACH AND EVERY OCCURRENCE FOR 01/01/21 - 01/01/22.

HOSPITAL PROFESSIONAL LIABILITY: BOULDER CREEK ACADEMY IS SELF INSURED FOR \$3,000,000 EACH AND EVERY OCCURRENCE FOR 01/01/21 - 01/01/22.

SEXUAL ABUSE/MISCONDUCT COVERAGE IS INCLUDED IN SELF-INSURANCE LIMITS EVIDENCED WITHOUT SUBLIMITS.

RE: SCHOOL DISTRICT CONTRACT FOR PLACEMENT

CERTIFICATE HOLDERSAN MATEO COUNTY SELPA
ATTN: ANJANETTE PELLETIER
101 TWIN DOLPHIN DRIVE
REDWOOD CITY, CA 94065**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
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/28/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Wings Learning Center

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Wings Learning Center for the 2021/2022 school year.

Certificate of Insurance: Nonprofits Insurance Alliance of California

Contract Amount: \$99,842.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/28/2021 Stephanie Quezalez 07/29/2021

Personnel who oversees Site/Department budget

Vanessa Castano 08/04/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 08/04/2021

Director of Budget and Fiscal Services

Yancy Hawkins 08/04/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Wings Learning Center													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max (Hrs)	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Wings Learning Center	NPS - educational program and related service costs											
		Inclusive and/or basic education program rate	290 days at \$283/day		\$ 283.00						209		\$59,147
		Intensive Individual Services											
		RSY	15hrs/wk for 36 weeks @\$37/hr				15			\$37.00	36		\$19,980
		ESY	22.5hrs/wk for 6 weeks @\$37/hr				22.5			\$37.00	6		\$4,995
													\$0
		Language Speech Therapy											
		RSY	60min/wk for 36 weeks @\$180/hr				1			\$180.00	36		\$6,480
		ESY	180min total over 6 weeks @\$180/hr				3			\$180.00			\$540
		Yearly Consult	5 hours/year @\$168/hr				5			\$ 168.00			\$840
		Occupational Therapy											
		RSY	60min/wk for 36 weeks @\$180/hr				1			\$180.00	36		\$6,480
		ESY	180min total over 6 weeks @\$180/hr				3			\$180.00			\$540
		Yearly Consult	5 hours/year @\$168/hr				5			\$ 168.00			\$840
												Total:	\$99,842.00

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on July 6, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency WINGS LEARNING CENTER

LEA Case Manager: Name HOLLY WADE, Ph.D., DIRECTOR OF SPECIAL EDUCATION Phone Number 650-558-2266

Pupil Name [REDACTED] (Last) [REDACTED] (First) Sex: [REDACTED] Grade: [REDACTED]

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [REDACTED] Phone [REDACTED]

(Residence) City [REDACTED] (Business) State/Zip [REDACTED]

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 336 during the regular school year
270 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
29 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$283.00

Estimated Number of Days 209 x Daily Rate \$283.00 = PROJECTED BASIC EDUCATION COSTS \$59,147.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		✓		RSY - 15 hrs/wk (900 min) ESY - 22.5 hrs/wk (1350 min)	\$37 p/hr	36 wks 6 wks	\$ 19,980.00 (RSY) \$ 4,995.00 (ESY)
Language/Speech Therapy (415) a. Individual b. Consult		✓		a. RSY: 60 min p/wk ESY: 180 min b. 5 hours yearly/consult	\$180 p/hr \$168 p/hr	36 wks 6 wks 5 hours	\$ 6,480.00(RSY) \$ 540.00 (ESY) \$840.00
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)		✓		a. RSY: 60 min p/wk ESY: 180 min b. 5 hours yearly/consult	\$180 p/hr \$168 p/hr	36 wk 6 wks 5 hours	\$ 6,480.00(RSY) \$ 540.00 (ESY) \$840.00

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 40,695.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 99,842.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

WINGS LEARNING CENTER

(Name of Nonpublic School/Agency)



07 / 23 / 2021

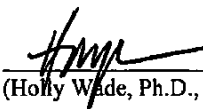
(Signature)

(Date)

Alicia Jennings, Executive Director

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT



(Holly Wade, Ph.D., Director of Special Education)

(Date)

7/23/21

(Kevin Skelly, Ph.D., Superintendent)

(Date)



WINGLEA-01

AGROTH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2021

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 have ADDITIONAL INSURED provisions or 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 License # 0757776 HUB International Insurance Services Inc. 548 W Cromwell Avenue Suite 101 Fresno, CA 93711	CONTACT NAME: Pam Carlock PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: pam.carlock@hubinternational.com
INSURED Wings Learning Center 1201 Main Street Redwood City, CA 94063	INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits' Insurance Alliance of California, Inc INSURER B: Service American Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 01184

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		09784	9/6/2020	9/6/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			09784	9/6/2020	9/6/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			09784	9/6/2020	9/6/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	SATIS0415100	3/5/2021	3/5/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Impr Sexual Conduct			09784	9/6/2020	9/6/2021	Agg \$1M/ Occ \$1M
A	Soc Serv Prof Liab			09784	9/6/2020	9/6/2021	Agg \$1M/ Occ \$2M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Endorsement Attached: CG2026 04-13 & NIAC E61 02-19

CERTIFICATE HOLDER

CANCELLATION

San Mateo County SELPA 101 Twin Dolphin Drive Redwood City, CA 94065	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
---	---

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/26/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Wings Learning Center

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Wings Learning Center for the 2021/2022 school year.

Certificate of Insurance: Nonprofits Insurance Alliance of California

Contract Amount: \$68,306.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/26/2021 Stephanie Quezalez 07/29/2021

Personnel who oversees Site/Department budget

Vanessa Castano 08/04/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 08/04/2021

Director of Budget and Fiscal Services

Yancy Hawkins 08/04/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Wings Learning Center													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max (Hrs)	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Wings Learning Center	NPS - educational program and related service costs											
		Inclusive and/or basic education program rate	182 days at \$283/day		\$ 283.00						182		\$51,506
													\$0
		Language Speech Therapy											
		RSY	60min/wk for 36 weeks @\$180/hr				1			\$180.00	36		\$6,480
		ESY	60min/wk for 36 weeks @\$180/hr				1			\$180.00	6		\$1,080
		Yearly Consult	5 hours/year @\$168/hr				5			\$ 168.00			\$840
		Occupational Therapy											
		RSY	60min/wk for 36 weeks @\$180/hr				1			\$180.00	36		\$6,480
		ESY	60min/wk for 36 weeks @\$180/hr				1			\$180.00	6		\$1,080
		Yearly Consult	5 hours/year @\$168/hr				5			\$ 168.00			\$840
												Total:	\$68,306.00

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on August 12, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency WINGS LEARNING CENTER

LEA Case Manager: Name HOLLY WADE, Ph.D., DIRECTOR OF SPECIAL EDUCATION Phone Number 650-558-2266

Pupil Name [REDACTED] Sex: [REDACTED]

Address [REDACTED] (Last) [REDACTED] (First) [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [REDACTED]

Address [REDACTED] (Residence) [REDACTED] (Business) [REDACTED]
(If different from student) City [REDACTED] State/Zip [REDACTED]

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 336 during the regular school year
270 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
2 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$283.00

Estimated Number of Days 182 x Daily Rate \$283.00 = PROJECTED BASIC EDUCATION COSTS \$51,506.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Consult		✓		a. RSY: 60 min p/wk ESY: 60 min w/dy b. 5 hours yearly/consult	\$180 p/hr \$168 p/hr	36 wks 6 wks 5 hours	\$ 6,480.00(RSY) \$ 1,080.00 (ESY) \$840.00
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)		✓		a. RSY: 60 min p/wk ESY: 60 min w/dy b. 5 hours yearly/consult	\$180 p/hr \$168 p/hr	36 wks 6 wks 5 hours	\$ 6,480.00(RSY) \$ 1,080.00 (ESY) \$840.00
Physical Therapy (460)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 16,800.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 68,306.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)


The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

WINGS LEARNING CENTER

(Name of Nonpublic School/Agency)



07 / 23 / 2021

(Signature)

(Date)

Alicia Jennings, Executive Director

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT



7/28/21

(Holly Wade, Ph.D., Director of Special Education)

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



WINGLEA-01

AGROTH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2021

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 have ADDITIONAL INSURED provisions or 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 License # 0757776 HUB International Insurance Services Inc. 548 W Cromwell Avenue Suite 101 Fresno, CA 93711	CONTACT NAME: Pam Carlock PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: pam.carlock@hubinternational.com INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits' Insurance Alliance of California, Inc INSURER B: Service American Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Wings Learning Center 1201 Main Street Redwood City, CA 94063	NAIC # 01184

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

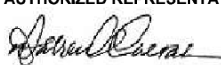
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		09784	9/6/2020	9/6/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			09784	9/6/2020	9/6/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			09784	9/6/2020	9/6/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SATIS0415100	3/5/2021	3/5/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Impr Sexual Conduct			09784	9/6/2020	9/6/2021	Agg \$1M/ Occ \$1M
A	Soc Serv Prof Liab			09784	9/6/2020	9/6/2021	Agg \$1M/ Occ \$2M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Endorsement Attached: CG2026 04-13 & NIAC E61 02-19

CERTIFICATE HOLDER

CANCELLATION

San Mateo County SELPA 101 Twin Dolphin Drive Redwood City, CA 94065	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 
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SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 07/28/2021

From: Special Education

Site(s) or Department: Special Education Special Education

Number of Quotes: 0

Vendor/Contractor: Wings Learning Center

Reason for proposal:

To pay the educational program and related services cost for a student attending NPS, Wings Learning Center for the 2021/2022 school year.

Certificate of Insurance: Nonprofits Insurance Alliance of California

Contract Amount: \$68,723.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 07/28/2021 Stephanie Quezalez 07/29/2021

Personnel who oversees Site/Department budget

Vanessa Castano 08/04/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 08/04/2021

Director of Budget and Fiscal Services

Yancy Hawkins 08/04/2021

Associate Superintendent, Chief Business Officer

SAN MATEO UNION HIGH SCHOOL DISTRICT													
Approval of Wings Learning Center													
Student	Vendor	Scope of Service	# of Times per wk/mo/yr, Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max (Hrs)	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Wings Learning Center	NPS - educational program and related service costs											
		Inclusive and/or basic education program rate	290 days at \$283/day		\$ 283.00						209		\$59,147
		Language Speech Therapy											
		RSY	30min/wk for 36 weeks @\$180/hr				0.5			\$180.00	36		\$3,240
		ESY	3 hrs total over 6 weeks @\$180/hr				3			\$180.00			\$540
		Yearly Consult	5 hours/year @\$168/hr				5			\$ 168.00			\$840
		Occupational Therapy											
		RSY	30min/wk for 36 weeks @\$180/hr				0.5			\$180.00	36		\$3,240
		ESY	3 hrs total over 6 weeks @\$180/hr				3			\$180.00			\$540
		Yearly Consult	7 hrs/year @\$168/hr				7			\$ 168.00			\$1,176
												Total:	\$68,723.00

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on July 6, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2022, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency WINGS LEARNING CENTER

LEA Case Manager: Name HOLLY WADE, Ph.D., DIRECTOR of SPECIAL EDUCATION Phone Number 650-558-2266

Pupil Name [REDACTED] Sex: [REDACTED] Grade: [REDACTED]

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [REDACTED] Phone () [REDACTED]

Address [REDACTED] (Residence) City [REDACTED] State/Zip [REDACTED]
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 376 during the regular school year
270 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 180 during the regular school year
29 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$283.00

Estimated Number of Days 209 x Daily Rate \$283.00 = PROJECTED BASIC EDUCATION COSTS \$59,147.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Consult		√		a. RSY: 30 min p/wk ESY: 3 hrs b. 5 hours yearly/consult	\$180.00/hr \$90.00 p/1/2 hr \$168.00/hr	36 wks 6 weeks 5 hours	\$ 3,240.00(RSY) \$ 540.00 (ESY) \$840.00
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)				RSY: 30 min p/wk ESY: 3 hrs 7 hours yrly/Consult	\$180 p/hr \$90.00 p/1/2 hr \$168.00	36 weeks 6 weeks 7 hours	\$ 3,240.00 RSY) \$ 540.00 (ESY) \$1,176.00
Physical Therapy (460)							
Individual Counseling (510)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 9,576.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 68,723.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)


The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

WINGS LEARNING CENTER


(Name of Nonpublic School/Agency)

 07 / 23 / 2021
(Signature) (Date)

Alicia Jennings, Executive Director

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

 7/23/21
(Holly Wade, Ph.D., Director of Special Ed.) (Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



WINGLEA-01

AGROTH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2021

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 have ADDITIONAL INSURED provisions or 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 License # 0757776 HUB International Insurance Services Inc. 548 W Cromwell Avenue Suite 101 Fresno, CA 93711	CONTACT NAME: Pam Carlock	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Wings Learning Center 1201 Main Street Redwood City, CA 94063	E-MAIL ADDRESS: pam.carlock@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nonprofits' Insurance Alliance of California, Inc	
	INSURER B: Service American Indemnity Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		09784	9/6/2020	9/6/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			09784	9/6/2020	9/6/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			09784	9/6/2020	9/6/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SATIS0415100	3/5/2021	3/5/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Impr Sexual Conduct			09784	9/6/2020	9/6/2021	Agg \$1M/ Occ \$1M
A	Soc Serv Prof Liab			09784	9/6/2020	9/6/2021	Agg \$1M/ Occ \$2M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Endorsement Attached: CG2026 04-13 & NIAC E61 02-19

CERTIFICATE HOLDER

CANCELLATION

San Mateo County SELPA 101 Twin Dolphin Drive Redwood City, CA 94065	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