

SAN MATEO UNION HIGH SCHOOL DISTRICT

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

Submitted to the Board of Trustees on 5/5/2022

VENDOR/CONTRACTOR	SITE/DEPT	REASON FOR PROPOSAL	FUNDING SOURCE	AMOUNT
Star View Adolescent Center	Special Education	To pay for the residential, educational, and related services for a student attending the residential program at Star Biew Adolescent Center.	General Fund - Special Education	\$ 150,552.03
Youth Care of Utah, Inc.	Special Education	To pay for the residential, educational, and related services for a student attending the residential program at Youth Care of Utah.	General Fund - Special Education	50,718.00
Youth Care of Utah, Inc.	Special Education	To pay for the residential, educational, and related services for a student attending the residential program at Youth Care of Utah.	General Fund - Special Education	64,302.00
			TOTAL	\$ 265,572.03

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN
SCHOOL/AGENCY SERVICES**

(Education Code sections 56365, 56366, et seq.) (Page 1 of 3)

NAME OF LOCAL EDUCATION AGENCY: San Mateo Union High School District

NAME OF NONPUBLIC SCHOOL/AGENCY: Star View Adolescent Center

PUPIL NAME: [REDACTED] SEX: [REDACTED]

(Last) (First) (Middle)

Student# [REDACTED] SSID# [REDACTED] BIRTHDATE: [REDACTED] GRADE: [REDACTED]

RESIDENTIAL SETTING: () HOME () POSTER () LCI LCI PHONE # [REDACTED]

PARENT/GUARDIAN: [REDACTED]

PHONE: [REDACTED]

PUPIL'S ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

NON-EDUCATIONAL PLACING AGENCY: (If applicable) [REDACTED]

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license:
Special Education Mild/Mod Credential (Generic description, i.e., LH credential).
2. The class size for the pupil will not exceed 12:1 and/or the therapist/pupil ratio will not exceed 6.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified.
4. Authorized educational services as specified in the IEP shall be provided by the CONTRACTOR under other provisions up to the amount specified.
5. Method for complying with statewide standardized assessment requirements: As per student's IEP
6. Other Provisions (attachments as necessary).
[REDACTED]
[REDACTED]
[REDACTED]

A. BASIC EDUCATION PROGRAM (Applies to Nonpublic schools only.)

Number of Days 67
× Per Diem \$ 178.23
= (A) Total Basic Education Costs
\$11,941.41

(Include extended school year days as appropriate to the pupil's IEP.)

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN
SCHOOL/AGENCY SERVICES**

(Education Code sections 56365, 56366, et seq.) (Page 2 of 3)

B. DESIGNATED INSTRUCTION AND SERVICES/RELATED SERVICES:

	SERVICE PROVIDER			TOTAL MINUTES HOURLY/PER WEEK/OR SESSION	COST PER SESSION				# OF WEEKS	ANNUAL MAX TOTAL COST FOR CONTRACT PERIOD
	LEA	NPS/A	OTHER		DAILY	WEEKLY	HOURLY	GROUP		
1. Occupational Therapy										
2. Speech & Language										
3. Transportation										
4. DIS Counseling		X		4 per month			\$122.00		12	\$1,464.00
5. Other										
6. Asst. Tech.										
7. Other - Board & Care/ Residential			X	Per diem	\$633.07				108 days	\$68,371.56
8. Other - Mental Health (CTF)			X	Per diem	\$303.05				108 days	\$32,729.40
9. Other - Mental Health (PHF)			X	Per diem	\$858.23				42 days	\$36,045.66

ESTIMATED MAXIMUM TOTAL RELATED SERVICES COST (B) \$138,610.62

ESTIMATED MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) \$150,552.03

ESTIMATED MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES \$1,003.68/day



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/2022

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 RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111 CN102356078-GAUES-22-23	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Star View Behavioral Health, Inc. South Bay High School, Inc. 4025 West 226th Street Torrance, CA 90505	INSURER A: Philadelphia Indemnity Insurance Company	18058	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** SEA-003816963-01 **REVISION NUMBER: 2**

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 (NSD, 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:		PHPK2384564	03/01/2022	03/01/2023	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 Deductible \$ 25,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		PHPK2384564	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMP/COLL \$ 1,000 / \$1,000
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		PHUB804828	03/01/2022	03/01/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	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				<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	Professional Liability (Claims Made)		PHPK2384564 Retro Date: 3/1/2001	03/01/2022	03/01/2023	Each Incident 1,000,000 Aggregate 3,000,000

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

CERTIFICATE HOLDER San Mateo County SELPA 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 <i>Marsh Risk & Insurance Services</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH RISK & INSURANCE SERVICES		NAMED INSURED Star View Behavioral Health, Inc. South Bay High School, Inc. 4025 West 226th Street Torrance, CA 90505	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Sexual Misconduct (Claims Made)
 Policy #: PHPK2384564
 Insurer: Philadelphia Indemnity Insurance Company
 Effective Date: 03/01/2022
 Expiration Date: 03/01/2023
 Limits:
 Each Incident: \$1,000,000
 Aggregate: \$1,000,000

Excess Liability
 Policy #: HC7AAB7KTV002
 Insurer: Ironshore Specialty Insurance Company
 Effective Date: 03/01/2022
 Expiration Date: 03/01/2023
 Limits: \$7M per claim / \$7M aggregate Excess \$3M / \$3M excess \$1M / \$3M
 Retroactive Dates: HPL 03/01/2001 first \$2M; 3/1/19 next \$5M
 Sexual Abuse 03/01/2001 first \$5M; 03/01/2019 next \$2M.

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

This agreement is effective on 04/04/2022 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 Youth Care of Utah, Inc.

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] City [REDACTED] 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
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: \$210.00

Estimated Number of Days 63 x Daily Rate \$210.00 = PROJECTED BASIC EDUCATION COSTS \$13,230

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 (460)							
Individual Counseling (510)		X		60 mins weekly	included		
Counseling and guidance (515).							
Parent Counseling (520)		X		60 mins weekly	included		

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)		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							
Other: Enrollment Fee		X					
Transportation-Emergency b. Transportation-Parent							
Residential Board and Care		X		Daily	\$289.00 p/day	88 days	\$25,432.00
Residential Treatment Services/Mental Health		X		Daily	\$137.00	88 days	\$12,056.00

ESTIMATED MAXIMUM RELATED SERVICES COST **\$37,488.00**

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS **\$50,718.00**

4. Other Provisions/Attachments:

Please send invoices by either email or mail to: specialdbilling@smuhdsd.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)

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

-CONTRACTOR-

-LEA -

YOUTH CARE OF UTAH, INC

(Name of Nonpublic School/Agency)

Star Waddell
(Signature)

4/15/22

(Date)

Star Waddell, CFO

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade
(Signature)

4/15/22

(Date)

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

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

9/1/2022

DATE (MM/DD/YYYY)
8/26/2021

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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____	
	E-MAIL ADDRESS: _____	
INSURED Youth Care of Utah, Inc. 1442957 Youth Care 12595 South Minuteman Drive Draper UT 84020	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Acadia Assurance Company	NAIC # 16040
	INSURER B: The Medical Protective Company	NAIC # 11843
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 16650767 **REVISION NUMBER:** XXXXXXXX

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 CERTIFICATION 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: _____	Y	N	AAC-2021-01	9/1/2021	9/1/2022	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
	AUTOMOBILE LIABILITY <input 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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
B B B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	N	N	AAC-2021-02 (100% reinsured by Medical Protective Company)	9/1/2021	9/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 PER STATUTE _____ OTH-ER _____
	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	NOT APPLICABLE			E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	Professional Liability (Claims Made)	Y	N	AAC-2021-01	9/1/2021	9/1/2022	\$10,000,000 Per Medical Incident \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 SEXUAL ABUSE AND MOLESTATION - AS RESPECTS GENERAL LIABILITY AND PROFESSIONAL LIABILITY COVERAGE IS INCLUDED.
 San Mateo County SELPA is included as additional insured as respects General Liability and Professional Liability where required by written contract.

CERTIFICATE HOLDER

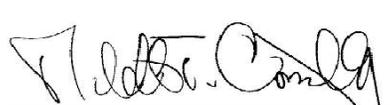
16650767

San Mateo County SELPA
 101 Twin Dolphin Drive
 Redwood City CA 94065-1064

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



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

This agreement is effective on 03/11/2022 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 Youth Care of Utah, Inc.

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] City [REDACTED] 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
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: \$210.00

Estimated Number of Days 79 x Daily Rate \$210.00 = PROJECTED BASIC EDUCATION COSTS \$16,590.00

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. 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		60 mins weekly	included		
Counseling and guidance (515).							
Parent Counseling (520)		X		60 mins weekly	included		

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)		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							
Other: Enrollment Fee		X					
Transportation-Emergency b. Transportation-Parent							
Residential Board and Care		X		Daily	\$289.00 p/day	112 days	\$32,368.00
Residential Treatment Services/Mental Health		X		Daily	\$137.00	112 days	\$15,344.00

ESTIMATED MAXIMUM RELATED SERVICES COST **\$47,712.00**

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS **\$64,302.00**

4. Other Provisions/Attachments:

Please send invoices by either email or mail to: specialbilling@smuhd.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)

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

-CONTRACTOR-

-LEA -

YOUTH CARE OF UTAH, Inc

(Name of Nonpublic School/Agency)

Star Waddell
(Signature)

4/15/22

(Date)

Star Waddell, CFO
(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

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

4/18/22

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

9/1/2022

DATE (MM/DD/YYYY)
8/26/2021

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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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Acadia Assurance Company		16040
INSURER B: The Medical Protective Company		11843
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Youth Care of Utah, Inc.
 1442957 Youth Care
 12595 South Minuteman Drive
 Draper UT 84020

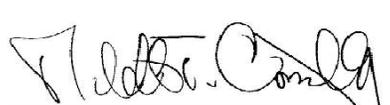
COVERAGES **CERTIFICATE NUMBER: 16650767** **REVISION NUMBER: XXXXXXXX**

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 CERTIFICATION 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:	Y	N	AAC-2021-01	9/1/2021	9/1/2022	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
	AUTOMOBILE LIABILITY <input 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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
B B B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	AAC-2021-02 (100% reinsured by Medical Protective Company)	9/1/2021	9/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
	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	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	Professional Liability (Claims Made)	Y	N	AAC-2021-01	9/1/2021	9/1/2022	\$10,000,000 Per Medical Incident \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 SEXUAL ABUSE AND MOLESTATION - AS RESPECTS GENERAL LIABILITY AND PROFESSIONAL LIABILITY COVERAGE IS INCLUDED.
 San Mateo County SELPA is included as additional insured as respects General Liability and Professional Liability where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

16650767 San Mateo County SELPA 101 Twin Dolphin Drive Redwood City CA 94065-1064	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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