



SCHOOL HEALTH SERVICES, A NURSING CORPORATION

SHS@schoolhealthservices.net

P.O. Box 2767, Riverside, CA 92516

Phone (951) 778-9564 or toll free (888) 843-7477 fax (951) 346-9350

MEMORANDUM OF UNDERSTANDING BETWEEN SCHOOL HEALTH SERVICES AND ALVORD UNIFIED SCHOOL DISTRICT 2021-2022 School Year

This agreement by and between School Health Services, A Nursing Corporation, hereafter called "VENDOR" and Alvord Unified School District, hereafter called "DISTRICT", together known as the "PARTIES" is entered into with the intent of providing staff for mandated services (as defined in Ed. Code 49452).

VENDOR Responsibilities: VENDOR agrees to provide mandated services per student (K-12) at the following rates:

Vision screening – Critical Line (far) – mass screening	\$ 2.20
Vision screening – Critical Line (near) – mass screening	\$ 2.00
Vision screening – Photoscreening – mass screening	\$ 3.00
Color vision during vision and hearing screening - mass screening 2 nd grade boys	\$ 1.70
Hearing screening – mass screening	\$ 2.00
Hearing recheck/thresholds – mass screening	\$ 2.20
OAE screening – mass screening	\$ 4.00

Hourly Rates:

Hourly rates 2-hour minimum charge / Per person / Per hour - apply to the following Make-up day, or clinical screening environment	\$100.00
Additional hours / Per person / Per hour - apply to the following Make-up day, or clinical screening environment	\$75.00
Screening Assistant / Per Hour	\$30.00
Screening forms	NC
Results on class lists	NC
Year-end list of hearing by grade/school for students screened by VENDOR	NC
Hourly charges apply to intermittent breaks in screening schedule in excess of 15 minutes between classes (exception (1) meal break of 30 minutes), or a 25% or more variance in student count occurring between two or more periods - Hourly charges apply, pro-rating done in 15-minute increments. Hourly rate/ per person	\$75.00

DISTRICT Responsibilities:

- Agrees to provide an appropriate screening space for testing students at each school site.
- Provide class lists suitable for charting results.

Mutual Coordination Responsibilities:

- The VENDOR and the DISTRICT health services coordinator will facilitate the exchange of information and provide for problem resolution.

DISTRICT expressly agrees to release, discharge, waive and hold harmless VENDOR, or any employee or agent of VENDOR, from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.


VENDOR follows the health and safety guidelines of the California Department of Public Health. Should additional operational measures above and beyond these guidelines be required at the request of the DISTRICT, and the requested measures would cause VENDOR to incur any additional expense, the DISTRICT agrees to pay VENDOR for this additional expense upon receipt of an invoice and its supporting documentation.

DISTRICT expressly agrees to release, discharge, waive and hold harmless VENDOR for the acts of any non-VENDOR employee on school premises to include, but not limited to parents/guardians/siblings of students and volunteers.

DISTRICT acknowledges the uncertainty of COVID-19 and will allow that VENDOR may experience a reduction in staff due to COVID-19, which may slow or stop VENDOR'S progress in screening in the current school year. Should COVID-19 impact either DISTRICT or VENDOR detrimentally, either may cancel immediately and VENDOR shall be required to submit a final invoice for services rendered within thirty (30) days and DISTRICT shall pay invoice within thirty (30) days of receipt. In this event, the contract obligation for the current school year shall be considered fulfilled by both VENDOR and DISTRICT.

Pertaining to cancellations only, both VENDOR and DISTRICT agree that any present or future infectious disease that may impact either VENDOR or DISTRICT performance of its duties herein, shall be treated the same as COVID-19 in this AGREEMENT and either VENDOR or DISTRICT will have the right to immediate cancellation if adversely affected by a present or future infectious disease.

This Agreement is being entered into near the close of the 2021-2022 school year. Therefore, DISTRICT acknowledges that VENDOR has an obligation to its' current customers and shall allow VENDOR to cancel any appointment made with DISTRICT, if necessary to meet its' obligations to existing customers.


Mary Raylon Colacion Date
Board Secretary for School Health Services.
A Nursing Corporation

Superintendent of Schools or Designee Date
Alvord Unified School District

SCHOOL HEALTH SERVICES, A NURSING CORPORATION
P.O. BOX 2767
Riverside, CA 92516

School Health Services

P.O. Box 2767
Riverside, CA 92516

Estimate

Date	Estimate #
3/16/2022	177

Name / Address

Alvord Unified School District
Attn: Dianne Cheney
9 KPC Parkway
Corona, CA 92879

Phone #

(951) 778-9564

Item	Description	Qty	Cost	Total
Vision Critical Line (FAR)	Far Vision - Kinder, 2nd, 5th, 8th, (approximate 50) Special Education	5,253	2.20	11,556.60
Vision Critical Line (NEA...	Near Vision Binocular - Kinder, 2nd, 5th, 8th, Special Education	5,253	2.00	10,506.00
Color Vision w/V&H	CV - 2nd grade boys	612	1.70	1,040.40
Photoscreen	Photoscreen - Special Education, Tk, Kinder UTTs	50	3.00	150.00
Hearing screen	Hearing - Kinder, 2nd, 5th, 8th, (approximate 50) Special Education	5,103	2.00	10,206.00
ThresHold Hearing	Threshold - Kinder, 2nd, 5th, 8th, (approximate 50) Special Education - assumes 3%	158	2.20	347.60
OAE Screen	OAE - Special Education, Tk, Kinder UTTs	50	4.00	200.00
Screening Assistant	Screening Assistant	25	30.00	750.00
	Make Up Days available (absent students / hearing rechecks) - 2 hour minimum, \$100.00 per screener / per day			
	Make Up Days additional hours (absent students / hearing rechecks) - \$75.00 per screener / per day			
	Travel Charges - waived			
	Screening forms - No Charge			
	Year end hearing report by school, by grade - No charge			
	Confidential Quote for 2021-2022 School Year			

Thank you for your consideration, School Health Services, A Nursing Corporation
951-778-9564

Total

\$34,756.60



SCHOEA-01

TCROME

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/4/2021

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 # 0F76001

CTK North American Insurance Services, LLC / INSURICA
1240 North Lakeview Avenue, #125
Anahim, CA 92807

CONTACT

NAME:

PHONE (A/C, No, Ext): (714) 779-2000

FAX (A/C, No): (714) 779-4129

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Underwriters at Lloyd's London

15792

INSURER B: AmGUARD Insurance Company

42390

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

School Health Services, A Nursing Corporation
P.O. Box 2767
Riverside, CA 92516

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE X OCCUR		20B01333249	11/5/2021	11/5/2022	EACH OCCURRENCE \$ 2,000,000
						DAMAGE TO RENTED PREMISES (Eo occurrence) \$ 100,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 2,000,000
						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS - COMP/OP AGG \$ 5,000,000
						ABUSIVE ACTS 2M \$ 5,000,000
						COMBINED SINGLE LIMIT (Eo accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$
						\$
	DED RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	SCWC280261	11/5/2021	11/5/2022	X PER STATUTE OTH-ER \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab		20B01333249	11/5/2021	11/5/2022	\$2M/\$5M -\$2,500 DED

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

ADDITIONAL COVERAGES:

CYBER COVERAGE
EFFECTIVE 10/1/2021 TO 10/1/2022
BCS INSURANCE CO.
POLICY #RPSP0862735M
LIMIT: \$1M
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

*****SAMPLE CERTIFICATE*****
IF JOB IS AWARDED, CERTIFICATE
WILL BE ISSUED UPON REQUEST

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



AGENCY CUSTOMER ID: SCHOEA-01

TCROME

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	License # 0F76001	NAMED INSURED
CTK North American Insurance Services, LLC / INSURICA		School Health Services, A Nursing Corporation
POLICY NUMBER		P.O. Box 2767
SEE PAGE 1		Riverside, CA 92516
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
EMPLOYMENT PRACTICES LIABILITY
EFFECTIVE 10/1/2021 TO 10/1/2022
PHILADELPHIA INSURANCE CO.
POLICY #PHSD1653166
LIMIT: \$500K