

MT. DIABLO UNIFIED SCHOOL DISTRICT JAMES W. DENT EDUCATION CENTER

1936 Carlotta Drive Concord, California 94519-1397 (925) 682-8000

CONTRACT NUMBER:

SPECIAL EDUCATION DEPARTMENT

EA: Mt. Diablo Unified School District

NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:

Psychology, Learning And You (P.L.A.Y.)

NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
MASTER CONTRACT

NOV 0 2 2009

AUTHORIZATION FOR MASTER CONTRACT AND GENERAL PROVISIONS

1. MASTER CONTRACT

This Master Contract is entered into this <u>1st</u> day of <u>July, 2009</u>, between the District (hereinafter referred to as "LEA") and <u>Psychology, Learning And You (P.L.A.Y.)</u> (hereinafter referred to as "CONTRACTOR") for the purpose of providing special education and/or related services to LEA pupils with exceptional needs under the authorization of California Education Code sections 56157, 56361 and 56365 et seq. and Title 5 of the California Code of Regulations section 3000 et seq., AB490 (Chapter 862, Statutes of 2003) and AB1858 (Chapter 914, Statutes of 2004). It is understood that this Master Contract does not commit LEA to pay for special education and/or related services provided to any LEA pupil, or CONTRACTOR to provide such special education and/or related services, unless and until an authorized LEA representative approves the provision of special education and/or related services by CONTRACTOR pursuant to an Individualized Education Plan (hereinafter referred to as "IEP"), Individual Family Service Plan (hereinafter referred to as IFSP) or Rehabilitation Act Section 504 plan.

SELPA Collaborative. The LEA is a member of the Bay Area SELPA Collaborative. Nonpublic schools and nonpublic agencies that are geographically located in one of the participating SELPAs agree to participate in this collaborative process to establish a uniform contract for identified services and standards. The established system provides NPA/Ss with an opportunity to have input to the development of the process, contract issues, etc., and a simplified, standard process for rate negotiation with the participating SELPAs. Issues listed on the Rate Schedule portion of this Master Contract may be reviewed on an annual basis upon request of the CONTRACTOR using the established Bay Area SELPA Collaborative system. CONTRACTOR agrees that the rates set forth in this Master Contract will remain unchanged from July 1 through June 30 of the term of contract, with no changes in the services provided, unless changed in a duly executed amendment to this Master Contract signed by both parties. Increases in rates will be considered on an annual basis and remain unchanged for the term of the contract from July 1 through June 30, with no changes in level of service provided without written approval by both parties.

NPA/Ss that are not geographically located in a participating SELPA should negotiate rates with their geographically corresponding SELPA(s). The LEA will contact the corresponding SELPA to verify established rates. Increases in rates will be considered on an annual basis and

] AN EQUAL OPPORTUNITY EMPLOYER

FAX (925) 687-3139

62. CONTRACTOR	CONTRACTOR NUMBER	2009-2010
P.L.A.Y		(CONTRACT YEAR)

Per CDE Certification, total enrollment may not exceed

The attached rate schedule limits the number of LEA students that may be enrolled and maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Per diem rates for LEA students whose IEPs authorize less than a full instructional day shall be adjusted proportionally. Special education and/or related services offered by CONTRACTOR, shall be provided by qualified personnel as per State and Federal law, and the codes and charges for such educational and/or related services during the term of this contract, shall be as stated in section 62.

Rate Schedule. Special education and/or related services offered by CONTRACTOR, and the charges for sucl educational and/or related services during the term of this contract shall be as follows:

	Rate	Period
A. Basic Education Program/Special Education Instruction		
Basic Education Program/Dual Enrollment*		

^{*}Per Diem rates for LEA pupils whose IEP/IFSPs authorize less than a full instructional day shall be adjusted proportionally. In such cases only, the adjustments in basic rate shall be based on the percentage of a 240-minute instructional day.

B. Related Services

(1)	a. Transportation – Round Trip			
(1)	b. Transportation - One Way			
	c. Transportation-Dual Enrollment	-++		
	d. MTA			
	e. Parent*			
(2)	a. Educational Counseling - Individual		1	
	b. Educational Counseling - Group of		1	
	c. Counseling – Parent			
(3)	a. Adapted Physical Education - Individual			
	b. Adapted Physical Education - Group of			
	c. Adapted Physical Education - Group of			
(4)	a. Language and Speech Therapy - Individual			
	b. Language and Speech Therapy - Group of 2			
	c. Language and Speech Therapy - Group of 3			
	d. Language and Speech Therapy - Per diem			
	e. Language and Speech - Consultation Rate			
(5)	Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)			
	b. Additional Adult Assistance - Group of 2			
	c. Additional Adult Assistance - Group of 3			
(6)	Intensive Special Education Instruction, by credentialed special education teacher			
(7)	a. Occupational Therapy - Individual			

	b. Occupational Therapy - Group of 2	
	c. Occupational Therapy – Group of 3	
	d. Occupational Therapy – Group of 4 - 7	
	e. Occupational Therapy - Consultation Rate	
(9)	Physical Therapy	
(10)	a. Behavior Intervention – BII	
	b. Behavior Intervention – BID	
	Provided by:	
(11)	Nursing Services	
(12)	Other: Psychological Services other than Assessment and IEP	
(13)	Home or Hospital Instruction	
(14)	Home Intervention Services	

The parties hereto have executed this Contract by and through their duly authorized agents or representatives. This contract is effective on the <u>1st</u> day of July 2009 and terminates at 5:00 P.M. on <u>June 30, 2010</u>, unless sooner terminated as provided herein.

CONTRACTOR,		SCHOOL DISTRICT		
Nonpublic School/Agency				
By:	By:			
Signature Date Big10	By:	Date		
Name and Title of Authorized Representative Cheryl Markowitz, M.A.	By:	Mildre Q. D. Browne Ed.D 7/7/09		
Notices to CONTRACTOR shall be addressed to: Name Cheryl Markowitz, M.A.		Notices to LEA shall be addressed to: Name Mildred D. Browne, Ed. D. Assistant Superintendent, Pupil Services/ Special Education		
Nonpublic School/Agency Service Provider Cheryl Markowitz P.L.A.Y.		Local Educational Agency Mt. Diablo Unified School District		
Address 891 SIR FRANCIS ORUKE SUD		Address 1936 Carlotta Drive		
City State Zip Shalls and CA 94960 Phone 415 - 259 - 0'307 Fax 415 - 634 - 3264 Email meekowitz@msn.com	City Phone Fax Email	Concord State CA Zip 94519 (925) 682-8000 (925) 674-0667 ferrok@mdusd.k12.ca.us		
Website www. plex/ocabi Z		www.mdusd.k12.ca.us		



State Farm General Insurance Company

6400 State Farm Drive Rohnert Park, OA 94926-0001

AT2

T-02- 2834-F147 U 3 F

000789 MARKOWITZ, CHERYL L & GJESTSON, ANN MARIE DBA PSYCHOLOGY LEARNING & YOU 891 SIR FRANCIS DRAKE BLVD SAN ANSELMO CA 94960-1916

Locations: Refer to schedule page

Forms, Options, and Endorsements

Continued on back of page

Special Form 3 FP-6143 Amendatory Endorsement FE-6205 Tree Debris Removal FE-6451 FE-6506.2 FE-6464 Policy Endorsement Policy Endorsement-Business FE-6538.1 FE-6510 Glass Deductible - Section I Testing/Consulting E&O Excl FE-6320 Additional Insured Amendatory Collapse FE-6551 FE-6587 FE-6610 FE-5383 Inc Cost and Demolition Cov Policy Endorsement-Business Registered Domestic Partnrship

RENEWAL CERTIFICATE

POLICY NUMBER 97-Q5-7437-2

Business- Office Policy FEB 14 2010 to FEB 14 2011

DATE DUE SEE BALANCE DUE NOTICE

FEB 14 2010

\$1,259.00

Coverages and Limits

Section I

Buildings See Schedule See Schedule Business Personal Property C Loss of Income Actual Loss

Deductibles - Section I

Basic Other deductibles may apply - refer to policy

500

Section II

\$1,000,000 10,000 2,000,000 2,000,000 **Business Liability** Medical Payments Gen Aggregate (Other than PCO) Products-Completed Operations

(PCO Aggregate)

Annual Premium \$517.00 Forms, Opts, & Endremnt 680.00 Bus Liability - Cov L 46.00 Previous Balance Due 16.00

Amount Due \$1,259.00

Premium Reductions

Renewal Year Discount Yrs in Business Discount Claim Record Discount

Cov. A - Inflation Index: Cov. B - Consumer Price:

N/A 220.0

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

38.30761.7

(a990CHa)

Rev. 11-14-2005

Thanks for letting as serve you Agent SHERE GOO 201E Telephone (415) 383-8437 If you have moved, please contact your agent. See reverse side for important information.

REB

Prepared DEC 08 2009

CONTINUED FROM FRONT

Forms, Options, and Endorsements Section II Additional Insured Dist Mat Violat Statues Excl Policy Endorsement FE-6859 * FE-6999.1 Building Coverage for Tenants Terrorism Insurance Cov Notice * FE-5801 Mandatory Reporting Endorsement

FE-6609 FE-6655 FE-6656

"Effective: FEB 14 2010

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc. using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your nolicy

SECTION II ADDITIONAL INSURED ENDORSEMENT

Policy No.: 97-Q5-7437-2

Named Insured: MARKOWITZ, CHERYL L & GJESTSON, ANN MARIE DBA PSYCHOLOGY LEARNING & YOU 801 DENISE CT MILL VALLEY CA 94941-3719



Additional Insured (include address): MT DIABLO UNIFIED SCHOOL DIST 1936 CARLOTTA DR CONCORD CA 94519-1358

WHO IS AN INSURED, under SECTION II DESIGNATION OF INSURED, is amended to include as an insured the Additional Insured shown above, but only to the extent that liability is imposed on that Additional Insured solely because of your work performed for that Additional Insured shown above.

Any insurance provided to the Additional Insured shall only apply with respect to a claim made or suit brought for damages for which you are provided coverage.

The Primary Insurance coverage below applies only when there is an "X" in the box.

Primary Insurance. The Insurance provided to the Additional Insured shown above shall be primary insurance. Any insurance carried by the Additional Insured shall be noncontributory with respect to coverage provided to you.

All other provisions of the policy apply.

FE-6609

PO 55448



MT. DIABLO UNIFIED SCHOOL DISTRICT JAMES W. DENT EDUCATION CENTER 1936 Carlotta Drive

1936 Carlotta Drive Concord, California 94519-1397 (925) 682-8000

CONTRACT NUMBER:

Mt. Diablo Unified School District

ORIGINAL

SPECIAL EDUCATION DEPARTMENT

NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:

Resilience School Of Health

NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES MASTER CONTRACT

SUBMITTED TO FISCAL SERVICES
SEP 1.5.2009

AUTHORIZATION FOR MASTER CONTRACT AND GENERAL PROVISIONS

1. MASTER CONTRACT

This Master Contract is entered into this District (hereinafter referred to as "LEA") and Resilience School of Health (hereinafter referred to as "CONTRACTOR") for the purpose of providing special education and/or related services to LEA pupils with exceptional needs under the authorization of California Education Code sections 56157, 56361 and 56365 et seq. and Title 5 of the California Code of Regulations section 3000 et seq., AB490 (Chapter 862, Statutes of 2003) and AB1858 (Chapter 914, Statutes of 2004). It is understood that this Master Contract does not commit LEA to pay for special education and/or related services provided to any LEA pupil, or CONTRACTOR to provide such special education and/or related services, unless and until an authorized LEA representative approves the provision of special education and/or related services by CONTRACTOR pursuant to an Individualized Education Plan (hereinafter referred to as "IEP"), Individual Family Service Plan (hereinafter referred to as IFSP) or Rehabilitation Act Section 504 plan.

SELPA Collaborative. The LEA is a member of the Bay Area SELPA Collaborative. Nonpublic schools and nonpublic agencies that are geographically located in one of the participating SELPAs agree to participate in this collaborative process to establish a uniform contract for identified services and standards. The established system provides NPA/Ss with an opportunity to have input to the development of the process, contract issues, etc., and a simplified, standard process for rate negotiation with the participating SELPAs. Issues listed on the Rate Schedule portion of this Master Contract may be reviewed on an annual basis upon request of the CONTRACTOR using the established Bay Area SELPA Collaborative system. CONTRACTOR agrees that the rates set forth in this Master Contract will remain unchanged from July 1 through June 30 of the term of contract, with no changes in the services provided, unless changed in a duly executed amendment to this Master Contract signed by both parties. Increases in rates will be considered on an annual basis and remain unchanged for the term of the contract from July 1 through June 30, with no changes in level of service provided without written approval by both parties.

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AN EQUAL OPPORTUNITY EMPLOYER

FAX (925) 687-3139

62. CONTRACTOR	CONTRACTOR NUMBER	2009-2010
Resilience School of Health		(CONTRACT YEAR)

Per CDE Certification, total enrollment may not exceed

The attached rate schedule limits the number of LEA students that may be enrolled and maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Per diem rates for LEA students whose IEPs authorize less than a full instructional day shall be adjusted proportionally. Special education and/or related services offered by CONTRACTOR, shall be provided by qualified personnel as per State and Federal law, and the codes and charges for such educational and/or related services during the term of this contract, shall be as stated in section 62.

Rate Schedule. Special education and/or related services offered by CONTRACTOR, and the charges for such educational and/or related services during the term of this contract shall be as follows:

	Rate	Period	
A. Basic Education Program/Special Education Instruction	175.00a day		
Basic Education Program/Dual Enrollment*			

^{*}Per Diem rates for LEA pupils whose IEP/IFSPs authorize less than a full instructional day shall be adjusted proportionally. In such cases only, the adjustments in basic rate shall be based on the percentage of a 240-minute instructional day.

B. Related Services

200			
(1)	 a. Transportation – Round Trip 		
	b. Transportation - One Way		
	c. Transportation-Dual Enrollment		
	d. MTA		
	e. Parent*		
(2)	a. Educational Counseling – Individual		
	b. Educational Counseling - Group of		
	c. Counseling - Parent		
(3)	a. Adapted Physical Education - Individual	75.00 hr	
	b. Adapted Physical Education - Group of		
	c. Adapted Physical Education - Group of		
(4)	a. Language and Speech Therapy - Individual	77.00 hr	
	b. Language and Speech Therapy - Group of 2	51.00 hr	
	c. Language and Speech Therapy - Group of 3		
	d. Language and Speech Therapy - Per diem		
	e. Language and Speech - Consultation Rate		
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)		
	b. Additional Adult Assistance - Group of 2		
	c. Additional Adult Assistance - Group of 3		
(6)	1:1 Aide		
(7)	a. Occupational Therapy - Individual	77.00 hr	
39/05	b. Occupational Therapy - Group of 2		
	- Control of the Cont		

	c. Occupational Therapy - Group of 3		
	d. Occupational Therapy - Group of 4 - 7		
	e. Occupational Therapy - Consultation Rate		
(9)	Physical Therapy	77.00 hr.	
(10)	a. Behavior Intervention – BII	75.00 hr.	
	b. Behavior Intervention – BID		
	Provided by:		
	1:1 Aide	15.00 hr	
(11)	Nursing Services	75.00 hr.	
(12)	Other: Psychological Services other than Assessment and IEP		
(13)	Home or Hospital Instruction		
(14)	Other Assistive Technology	75.00 hr	

The parties hereto have executed this Contract by and through their duly authorized agents or representatives. This contract is effective on the <u>1st</u> day of July 2009 and terminates at 5:00 P.M. on <u>June 30, 2010</u>, unless sooner terminated as provided herein.

ONTRACTOR, Resilience School of Health Mt. Diablo Unified School District		
Nonpublic School/Agency		
By: Mar/M/// n 6/18/2	By:	
MARK M. Oster Con 1	Date Date	
Name and Title of Authorized Representative	By: Mild. Q. brown Eld 5/26/97 Notices to LEA shall be addressed to:	
Notices to CONTRACTOR shall be addressed to: Name MARK M. Osiadon PhyD. Executive Director	Notices to LEA shall be addressed to: Name Mildred D. Browne, Ed. D. Assistant Superintendent, Pupil Services/ Special Education	
Normalic School/Agency Service Provider	Local Educational Agency Mt. Diablo Unified School District	
Address 2213 Buchann 20#104	Address 1936 Carlotta Drive	
Phone 925-976-2303 Fax Email F 925-976-2305 Website - Resilience school@	City Concord State CA Zip 94519 Phone (925) 682-8000, ext. 4109 Fax (925) 674-0667 Email samimij@mdusd.k12.ca.us Website www. mdusd.k12.ca.us	

PERCENTAGE OF THE GENERAL LIAB PREM **************** ************ PREMIUM ADJUSTMENTS: CERTIFIED ACTS OF TERRORISM COMMERCIAL GENERAL LIABILITY TOTAL	NOT OTHERWISE CLASSIFIED FLAT CHARGE SCHOOLS - PRIVATE - FLEMEN KINDERGARTEN OR JUNIOR HIG NOT-FOR-PROFIT INCLUDING PRODUCTS & COMPL (PER PUPIL)	COMMERCIAL GENERAL LIABILITY OTHER THAN PRODUCTS-COMPLETED PREMISES 1	COMMERCIAL GENERAL LIABILITY GENERAL AGGREGATE LINIT (OTHER THAN PRODUCTS-COMPLETED PRODUCTS-COMPLETED OPERATIONS AGGREGATE LINIT PERSONAL AND ADVERTISING INJURY LIMIT EACH OCCURRENCE LIMIT DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) MEDICAL EXPENSE LIMIT (ANY ONE PERSON) SEXUAL MISCONDUCT LIABILITY AGGREGATE LIMIT EACH OCCURRENCE LIMIT	NAMED INSURED: - RESILIENCE SCHOOL OF HEALTH POLICY FORM OF BUSINESS: ORGANIZATION OTHER THAN A PARTNERSHIP OR LIMITS OF INSURANCE	FIRST NATIONAL INSURANCE CO. OF A SEATTLE, WASHINGTON COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
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