Contract Year 2014-15 Contract Number:

LEA: San Leandro Unified School District

NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:

Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions

NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES MASTER CONTRACT

AUTHORIZATION FOR MASTER CONTRACT AND GENERAL PROVISIONS

1. MASTER CONTRACT

This Master Contract is entered into this day of, between the San Leandro Unified School District (hereinafter referred to as "LEA") and Maxim Staffing Solutions (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 remain unchanged for the following year from July 1 through June 30, with no changes provided without written approval by both parties.

Any CONTRACTOR not participating as a member of the Bay Area SELPA Collaborative shall individually negotiate rates following local SELPA and/or LEA procedures. Those CONTRACTORs shall notify the SELPA with whom they contract of any proposed rate changes effective July 1 by May 1 of the preceding year.

RATE SCHEDULE

62. CONTRACTOR

Per CDE Certification, total enrollment may not exceed: _____

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	_____	_____
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		
	b. Transportation – One Way		
	c. Transportation-Dual Enrollment		
	d. Parent*		
(2)	a. Educational Counseling – Individual		
	b. Educational Counseling – Group of ____		
	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)	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)	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		
(8)	Physical Therapy		
(9)	a. Behavior Intervention – BII		
	b. Behavior Intervention – BID		
	Provided by: _____		
	_____		
(10)	Nursing Services	$50	Hourly
(11)	Other: Psychological Services other than Assessment and IEP		
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		

	a. Educationally Related Mental Health		
	b. Board and Care		
(14)	Other		
(15)	Other		
(16)	Other		
(17)	Other		

The parties hereto have executed this Contract by and through their duly authorized agents or representatives. This contract is effective on the 1st day of July 2014, and terminates at 5:00 p.m. on June 30, 2015, unless sooner terminated as provided herein.

CONTRACTOR Maxim Healthcare Servs, Inc. d/b/a Maxim Staffing Solutions	**SCHOOL DISTRICT/SELPA**
Signature *Date*	*Signature* *Date*
7/22/14	*Signature* *Date*
Name and Title of Authorized Representative Jessa Lombo, Assistant Controller	Name and Title of Authorized Representative: Mike McLaughlin, Superintendent
Notices to CONTRACTOR shall be addressed to: Attn: Contracts Department Maxim Healthcare Services, Inc.	Notices to LEA shall be addressed to: San Leandro Unified School District
Address 7227 Lee Deforest Drive	Address 14735 Juniper Street
City State Zip Columbia MD 21046	City State Zip San Leandro CA 94579
Phone: (410) 910-1596 Fax: (410) 910-1515 E-mail: jekarko@maxhealth.com Website: www.maxhealth.com	Phone: (510) 667-3507 Fax: (510) 614-1075 E-mail: vforrester@slusd.us Website: www.sanleandro.k12.ca.us

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2014 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, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	San Leandro Unified School District		**Nonpublic School/Agency**	**Maxim Healthcare Services, Inc. d.b.a Maxim Staffing Solutions**	
Address	14735 Juniper Street		**Address**	**1000 Broadway, Suite 425**	
City, State Zip	San Leandro, CA 94579		**City, State, Zip**	**Oakland, CA 94607**	
LEA Case Manager	Colleen Palia		**Phone**	**(510) 873-0700**	**Fax** **(510) 873-0707**
			e-Mail	**www.maxhealth.com**	
Student Last Name		**Student First Name**	**Program Contact Name**	**Samuel Shelton**	
			Phone		**Fax**
D.O.B.	4/24/03	**I.D. #**	**e-Mail**	**sashelto@maxhealth.com**	
Grade 6	**Level**	**Sex** ( ) M (x) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**		**Number of Weeks** 36
			Education Schedule – Extended School Year		
			Number of Days		**Number of Weeks**
Address			**Contract Begins**	**7/1/14**	**Ends** **6/30/15**
City, State, Zip	**San Leandro, CA 94577**		**Master Contract Approved by the Governing Board on**		
Home Phone		**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	**PROVIDER**				**Cost and Duration of Session**	**Number of Sessions per wk/mo/yr**	**Maximum Number of Sessions**		**Estimated Maximum Total Cost for Contracted Period**
	LEA	**NPS**	**NPA**	**OTHER** Specify			**Reg School Year**	**ESY**	
A. BASIC EDUCATION									
B. RELATED SERVICES									
1. Transportation a. Paid to NPS/A b. Reimburse parent									
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of ____ b. Individual									
4. Speech/Language a. Group of ____ b. Individual c. Consultation									
5. SCIA a. Individual b. Group of ____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of ____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing			X		$50/day	2400 wk			$86,400
11. Other									
						TOTAL COST			$86,400

ESTIMATED MAXIMUM RELATED SERVICES COST $ _____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ _____

4. Other Provisions/Attachments: _____

_____

5. Progress Reporting Requirements: _____ Quarterly ____ Monthly ____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON

_____

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

-CONTRACTOR-

Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions
(Name of Nonpublic School/Agency)

(Signature) 7/22/14 (Date)

Jessa Lombo, Assistant Controller
(Name and Title)

-DISTRICT-

San Leandro Unified School District
(Name of School District)

(Signature) (Date)

Mike McLaughlin, Ed.D., Superintendent
(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2014 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, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	San Leandro Unified School District		**Nonpublic School/Agency**	**Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions**	
Address	14735 Juniper Street		**Address**	**1000 Broadway, Suite 425**	
City, State Zip	San Leandro, CA 94579		**City, State, Zip**	**Oakland, CA 94607**	
LEA Case Manager	Colleen Palia		**Phone**	**(510) 873-0700**	**Fax** **(510) 873-0707**
			e-Mail	**www.maxhealth.com**	
Student Last Name		**Student First Name**	**Program Contact Name**	**Samuel Shelton**	
			Phone		**Fax**
D.O.B.	11/9/05	**I.D. #**	**e-Mail**	**sashelto@maxhealth.com**	
Grade	**Level**	**Sex** (x) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**		**Number of Weeks** 36
			Education Schedule – Extended School Year		
			Number of Days		**Number of Weeks**
Address			**Contract Begins**	7/1/14	**Ends** 6/30/15
City, State, Zip	**San Leandro, CA 94577**		**Master Contract Approved by the Governing Board on**		
Home Phone	(	**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	**PROVIDER**				**Cost and Duration of Session**	**Number of Sessions per wk/mo/yr**	**Maximum Number of Sessions**		**Estimated Maximum Total Cost for Contracted Period**
	LEA	**NPS**	**NPA**	**OTHER** Specify			**Reg School Year**	**ESY**	
A. BASIC EDUCATION									
B. RELATED SERVICES									
1. Transportation a. Paid to NPS/A b. Reimburse parent									
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of ____ b. Individual									
4. Speech/Language a. Group of ____ b. Individual c. Consultation									
5. SCIA a. Individual b. Group of ____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of ____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing			X		$50/day	2400 wk			$86,400
11. Other									
						TOTAL COST			$86,400

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ _____

4. Other Provisions/Attachments: _____

_____

5. Progress Reporting Requirements: _____ Quarterly ____ Monthly ____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON

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Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions
(Name of Nonpublic School/Agency)

(Signature) 7/22/14 (Date)

Jessa Lombo, Assistant Controller
(Name and Title)

-DISTRICT-

San Leandro Unified School District
(Name of School District)

(Signature) (Date)

Mike McLaughlin, Ed.D., Superintendent
(Name of Superintendent or Authorized Designee)