

**AGREEMENT
BETWEEN
THE SCHOOL BOARD OF PALM BEACH COUNTY
AND
MANOR CARE OF AMERICA, INC.**

I. PARTICIPATING AGENCIES:

The participating agencies in this agreement are the SCHOOL BOARD of PALM BEACH COUNTY, Florida, hereinafter called the "SCHOOL BOARD" and, Manor Care of America, Inc. hereinafter called the "PROVIDER."

II. STATEMENT OF AGREEMENT:

This is an agreement between the PROVIDER and the SCHOOL BOARD whereby the provider will accept students from the SCHOOL BOARD'S career education programs as listed below for supervised learning experiences in the care of patients, in accordance with the provisions set forth in this agreement.

SECONDARY HEALTH SCIENCE EDUCATION PROGRAMS

**Health Science Careers
Allied Health Assisting
Dental Aide
Electrocardiograph Aide
First Responder
Health Unit Coordinator
Home Health Aide
Medical Laboratory Assisting
Nursing Assistant
Practical Nursing**

Health Occupations Cooperative Education-OJT

Health Occupations Education Directed Study

Whereas, the parties hereto recognize their mutual interest in promoting those educational goals and objectives of the State Department of Education and the SCHOOL BOARD of promoting excellence in health care; and

Whereas, the PROVIDER desires to provide the necessary health care facility to assist in this program; both parties therefore agree, in consideration of the mutual covenants and agreements expressed herein, as follows:

A. GENERAL PROVISIONS OF THE AGREEMENT:

1. The education of the student shall be the primary purpose of the training program.
2. The SCHOOL BOARD shall be responsible for the education of the student.
3. The PROVIDER agrees to provide the site and educational opportunities for the clinical experiences and cooperate with and assist the faculty of the SCHOOL BOARD through its health science education staff.
4. The SCHOOL BOARD shall be responsible for selecting learning experiences for the students, with the assistance and cooperation of the PROVIDER'S personnel.
5. Any student assigned to this program shall be properly supervised at all times by the PROVIDER when student is on the PROVIDER'S premises.
6. The SCHOOL BOARD instructor or school administrator shall be available for consultation by phone/pager or routine supervisory visits during times students are participating in clinical experiences.
7. Neither the SCHOOL BOARD nor PROVIDER shall be responsible for the students' personal property.
8. The SCHOOL BOARD agrees to comply with the applicable established policies and practices of the PROVIDER as provided to the SCHOOL BOARD. (Policies presented for review and mutual acceptance.)

9. The PROVIDER agrees to allow students and faculty, at their own expenses, to use any of the existing food services, at student and/or facility expense.
10. The PROVIDER, when applicable and available, shall provide a conference/meeting room for the SCHOOL BOARD'S use with adequate lighting and ventilation to accommodate twelve persons.
11. All services rendered by students pursuant to this agreement shall be uncompensated, except for the On-the-Job Training Program in accordance with law.
12. The SCHOOL BOARD recognizes its liability for certain tortious acts of its agents, officers, and employees to the extent and limit provided in Section 768.28, Florida Statutes, the State of Florida's partial waiver of sovereign immunity; provided, however, this provision shall not be construed as a waiver of any right or defense that the SCHOOL BOARD may possess and the SCHOOL BOARD reserves all such rights as against any and all claims that may be brought under this agreement.
13. The PROVIDER will assume all patient care responsibility including responsibility for the guidance and supervision of students (when on their premises), particularly in patient contact areas. The clinical faculty will direct students and instruct them in the procedures to follow relative to patient care.

B. SPECIFIC PROVISIONS OF THE AGREEMENT:

1. **HEALTH SCIENCE CAREERS** (Allied Health Assisting, Dental Aide, Electrocardiograph Aide, First Responder, Health Unit Coordinating, Home Health Aide, Medical Laboratory Assisting, Nursing Assisting, Practical Nursing).
 - a. The clinical experiences shall consist of no more than half of the instructional time unless deemed necessary by the supervising instructor.
 - b. Classes will be conducted during normal school hours or according to a prearranged schedule.
 - c. The number of students scheduled on the PROVIDER'S premises and student assignments shall be planned by the PROVIDER'S staff and the SCHOOL BOARD instructor.

2. **NURSING ASSISTANT**

- a. The PROVIDER agrees to accept a maximum number of twelve students per teacher for clinical educational experiences at one time. The teacher/student ratio shall be no more than 1:12.
- b. The educational program shall consist of classroom instruction, laboratory practice and clinical experience with a minimum of forty (40) hours in a clinical setting.

3. **PRACTICAL NURSING**

- a. The PROVIDER agrees to be responsible for the guidance and supervision of students, particularly in restricted areas such as Intensive Care and Coronary Care Units, Recovery Room, Emergency Room, Obstetrics and Pediatrics.
- b. The educational program of 1350 hours shall consist of classroom instruction, laboratory practice and clinical educational experiences. Classes will be conducted during normal school hours or a prearranged schedule.
- c. The clinical education experience shall makeup at least 50% of the total program. The teacher/student ratio shall be 1:12 (Chapter 464-Florida Statutes Nursing Programs Florida Administrative Code -64B9-2.008- Clinical Training).
- d. The SCHOOL BOARD will maintain standards recommended by the Rules and Regulations of the Florida State Board of Nursing, the Department of Education and the national accrediting agency.

4. **FIRST RESPONDER**

- a. The number of students scheduled and the length of time the student will be assigned to the PROVIDER'S premises will be planned by the PROVIDER'S staff and the SCHOOL BOARD instructor.
- b. The educational program shall consist of no more than 150 classroom hours and 25 hours observational ride time. Classes will be conducted during the normal school hours or according to a prearranged schedule.
- c. The PROVIDER will provide and supervise the students in observational ambulance experiences. Arrangements will be made so that the

PROVIDER and the SCHOOL BOARD instructor will confer in a timely manner.

- d. The SCHOOL BOARD will conduct the program in accordance with Florida Department of Education and Florida Department of Health guidelines.

C. THE SCHOOL BOARD'S RESPONSIBILITY:

1. To maintain standards and procedures as recommended by the Florida Department of Education and the state occupational governing Board (s) in accordance with the programs housed within the PROVIDER'S facility.
2. The SCHOOL BOARD will maintain standards for participating students and facility which include but are not limited to, requirements for physical examination, T.B. screening, MMR (measles, mumps, rubella) vaccination, tetanus, Varicella Titer or chicken pox vaccination, Hepatitis B vaccine (faculty/students to show documentation) or declination form and education on universal precautions and blood borne pathogens.
3. To employ qualified instructors who shall be responsible for conveying the philosophy and objectives of the SCHOOL BOARD and for developing the curriculum.

The instructor shall be responsible for:

- a. Selecting assignments in cooperation with the PROVIDER'S personnel and supervising students in their learning experiences when applicable.
- b. Planning concurrent related instruction (informal and formal classroom) as needed to meet the objectives of the program. This instruction will be scheduled during the regular school day.
- c. Maintaining individual records of class and clinical instruction, practice and evaluation of student competency and health.
- d. Preparing a clinical/observation rotation plan for services to be used for experience and securing the written approval of the plan from the PROVIDER prior to the beginning of the affiliation. Before any material changes are made in the

plan, they will be discussed and approved in writing by the administrator of the facility or designated person.

- e. Interpreting to agency and health care personnel the roles of the student within the occupation being taught, provided such interpretations are acceptable to the administrator of the facility.

D. THE PROVIDER'S RESPONSIBILITY:

1. To make available to instructors and students appropriate facilities and supervision for clinical services and planned learning experiences related to the approved program curriculum.
2. To provide guidance and supervision of the students while on their premises.
3. To provide instructors and students with emergency first aid care in case of illness or accident while on duty. It shall be the responsibility of the person who becomes ill or injured to pay for his/her own care.
4. The PROVIDER may include the instructors of the SCHOOL BOARD at staff meetings when policies are discussed that will affect or are related to the approved programs. The PROVIDER shall, at all times, provide the SCHOOL BOARD instructors with written notice of changes in policy and procedures in a timely manner, especially as such changes relate to or affect the approved educational programs.

E. THE SCHOOL BOARD POLICIES:

1. The educational program shall consist of classroom instruction, and laboratory practice experiences in selected learning situations in health care agencies. The division and arrangement of time to include the theoretical and clinical learning experiences shall be determined by the instructors, and be based upon the needs of the students for specific learning experiences to meet the objectives of the program.
2. The school day will be in conformance with state requirements.
3. Students will be given holidays as provided in the regular school calendar.

F. REQUEST FOR WITHDRAWAL OF STUDENT/FACULTY:

The participating PROVIDER has the right to demand the SCHOOL BOARD withdraw any student/faculty from its facility whose conduct, non-adherence to the dress code, work with patients, or general work and behavior is, in the reasonable opinion of the administrator of the health care facility, not in accordance with acceptable standards of performance and ethics. Students/faculty will be removed in accordance with SCHOOL BOARD policy.

The SCHOOL BOARD may at any time withdraw, in accordance with law, a student/faculty whose progress, conduct, or work does not meet the standards of the SCHOOL BOARD for continuation in the assigned area or program.

Notwithstanding anything to contrary, removal of faculty will be in accordance with law.

G. TERMINATION OF AGREEMENT:

Each party reserves the right to terminate this contract at any time and for any reason, upon giving thirty (30) days written notice to the other party, provided that all students currently enrolled in the Program at the PROVIDER'S facility at the time of notice of termination shall be given the opportunity to complete their clinical Program at facility, such completion not to exceed twelve (12) months. If said contract should be terminated for convenience as provided herein, each party will be relieved of all obligations under said contract. For purpose of notice, the SCHOOL

BOARD representative shall be the Director of the Choice Programs and School Choice of the School Board of Palm Beach County.

H. STUDENT INSURANCE:

Each student shall provide proof of professional liability insurance coverage with minimum limits of \$1,000,000/\$10,000,000, at SCHOOL BOARD' S expense. Students will be encouraged to be covered by their own health and accident plan.

I. MODIFICATION OF AGREEMENT:

Modification of the agreement shall be made only upon mutual consent of both parties in writing and a contract addendum shall be executed by both parties hereto.

J. NON-DISCRIMINATION:

The participating agency agrees not to discriminate against any trainee in any manner whatsoever on account of race, creed, color, age, sex, religion, handicap, national origin, or martial status.

K. LENGTH OF AGREEMENT:

This agreement will be effective on the date fully executed by all parties and extend through June 30, 2009 .

L. If the PROVIDER is a governmental entity, the following clause is hereby incorporated into this contract:

Indemnification:

Each of the parties to this agreement recognize their respective liability for certain tortious acts of their agents, officers, employees and invitees, and agree to be responsible respectively for all claims, liability, losses, and/or causes of action that may arise from any of its negligent acts or omissions due to the acts of its agents, servants, or employees to the extent and limits provided in Section 768.28, Florida Statutes, the State of Florida's partial waiver of Sovereign Immunity; provided, however, that this provision shall not be construed as a waiver of any right or defense that the SCHOOL BOARD and the County have under said statute.

- M. In the event the PROVIDER is not a governmental entity, the following clauses are hereby incorporated into this contract:

Indemnification:

Indemnification/Hold Harmless Agreement: PROVIDER shall, in addition to any other obligation to indemnify the Palm Beach County SCHOOL BOARD and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the SCHOOL BOARD, their agents, officers, elected officials and employees from and against all claims, actions, liabilities, losses (including economic losses), costs arising out of any actual or alleged bodily injury, sickness, disease or death, or injury to or destruction of tangible property including the loss of use resulting there from, or any other damage or loss arising out of , or claimed to have resulted in whole or in part from any actual or alleged act or omission of PROVIDER, or anyone directly or indirectly employed by them, or of anyone for whose acts any of them may be liable in the performance of the work or violation of law, statute, ordinance, governmental administration order, rule or regulation in the performance of the work; claims or actions made by PROVIDER or other party performing the work. The indemnification obligations hereunder shall be limited to the actual amount of damages, compensation or benefits paid to a claimant by the SCHOOL BOARD, after any statutory limits on liability are applied to a claim. PROVIDERS shall not be required to indemnify SCHOOL BOARD for any amounts not otherwise collectible from SCHOOL BOARD due to operations of Florida law, specifically including Section 768.28 F.S. Any reasonable costs or expenses, including reasonable attorney's fees, incurred by the Palm Beach County SCHOOL BOARD to enforce this agreement shall be borne by PROVIDER. PROVIDER recognizes the broad nature of this indemnification and hold harmless article, and voluntarily make this covenant for good and valuable consideration provided by SCHOOL BOARD in support of this indemnification in accordance with the laws of the State of Florida. This article will survive the termination of this Agreement.

- N. Insurance Clause

PROVIDER is self insured for all purposes.

III. CONFIDENTIAL INFORMATION AND RECORDS

PROVIDER recognizes that the Student Records to which it may have access constitute confidential information. In the event that PROVIDER is requested or required under compulsion of legal process to disclose any such confidential

information to any outside party, PROVIDER will not, unless required by law, disclose the confidential information until the SCHOOL BOARD and the SCHOOL BOARD'S Chief Counsel have each first (i) received prompt written notice of such request or requirement to disclose, and (ii) had an adequate opportunity to obtain a protective order or other reliable assurance that confidential treatment will be accorded the confidential information. PROVIDER shall not oppose actions by the BOARD or its Chief counsel to assure such confidential treatment.

The SCHOOL BOARD, its students, and instructors recognize that PROVIDER'S patient records to which SCHOOL BOARD, its students, and instructors may have access, constitute confidential health care information covered by one or more privacy and confidentiality laws, regulations and or rules, including HIPAA. The SCHOOL BOARD, its students, and instructors, shall be bound by all requirements for protection of this type of information, including the requirement to execute the PROVIDER'S Business Associates Agreement as required by law.

IV. JURISDICTION AND VENUE:

This agreement shall be governed by the laws of the State of Florida and if any dispute arises, then venue shall be in Palm Beach County.

V. COPIES OF THIS AGREEMENT:

Copies of this contractual agreement shall be submitted to the office of the State Board of Nursing and Florida State Department of Education.

Copies of this contractual agreement shall be placed on file in the Secondary/Career Education Department.

By: *Pamela M. Cox*
Provider Representative
PAMELA M. COX
Print Name

Date: 3/29/06

Attest: _____
VP General Counsel/Secretary

THE SCHOOL BOARD OF
PALM BEACH COUNTY

By: _____
Thomas E. Lynch
Chairman

Date: _____

Attest: _____
Arthur C. Johnson, Ph.D.
Superintendent

Reviewed and approved as to
legal sufficiency:

[Signature]
(Name of Attorney)

Date: 5/26/06

**Addendum Concerning Fingerprinting to the Agreement
Between the School Board of Palm Beach County ("School Board")
and _____ ("Contractor")**

The parties have entered into a Contract dated _____ for the Contractor to provide certain services to the School Board. The parties wish to amend the Contract based upon the terms and conditions contained herein. The following language is hereby incorporated into the Contract:

All contractual personnel (vendors, individuals, or entities) under contract with the School Board who are permitted access on school grounds when students are present, who have direct contact with students or who have access to or control of school funds must undergo level 2 screening. Level 2 screening consists of fingerprinting and a background check, as set forth in section 1012.32, Florida Statutes. All contractual personnel agree to undergo a background check and fingerprinting if he/she is an individual who meets any of the above conditions and to require that all employees and subcontractors of the organization who meet any of the above conditions submit to a background check, including fingerprinting by the School Board's Police Department, at the sole cost of the Contractor. Contract personnel shall not begin providing services contemplated by the Contract until he or she receives notice of clearance by the School Board. Neither the School Board, nor its members, officers, employees, nor agents, shall be liable under any legal theory for any claim whatsoever for the rejection of the Contractor (or discontinuation of the Contractor's services) on the basis of these compliance obligations. Contractor agrees that neither the Contractor, nor any employee, agent nor representative of the Contractor who has been convicted or who is currently under investigation for a crime delineated in section 435.04, Florida Statutes, will be employed in the performance of this Contract.

The parties acknowledge that the terms of this Addendum supersede any inconsistent terms in the Contract.

IN WITNESS WHEREOF, the parties hereto have executed this Addendum:

[Contractor]

The School Board of Palm Beach County, Florida

By: _____

By: _____

Date: _____

Date: _____

ADDENDUM, Concerning Student Information, to the Consultant Contract Agreement ("the Contract") dated 3/29/06, between The School Board of Palm Beach and ManorCare-Boynton Beach [vendor/partner].

Pursuant to School Board Policy 5.50, receipt of which is acknowledged by the vendor's/partner's signature below, the School District hereby designates ManorCare [vendor/partner] ("the Party") as an "other school official" for purposes of receiving limited personally-identifiable student information under FLA. STAT. § 1002.22(3)(d)2 because the School District recognizes the Party has legitimate educational interests in receiving this information in order to carry out the Party's responsibilities for the school or District under the Contract. (All other terms of the Contract remain the same.)

As a condition precedent to receiving confidential student information, the Party warrants and agrees that the Party:

- will limit the use of, or access to, confidential student information to the limited scope of information actually needed to complete the services under contract. The District has determined that the Party has a legitimate educational interest in receiving only the following fields of student data [for example: name, grade-level, school attending/etc.; add more spaces as necessary to cover the minimum scope of data actually deemed needed]: Name, grade, school, attending, program of study; and
- will limit the access to student information to its employees and/or agents who actually have a legitimate educational interest in the information (i.e., they legitimately need to access the information in order to carry out their responsibilities under the Contract); and
- shall avoid, and shall instruct applicable employees/agents to avoid, accessing personally-identifiable student information except for the legitimate purposes recognized under this Addendum, and shall require that all employees/agents accessing the data must be trained in, and sign an acknowledgement regarding, the confidentiality requirements; and
- will comply with the requirements of Fla. Admin. Code Rule 6A-1.0955(6)(g), that student information shall not be disclosed by the Party in any form to any party other than appropriate school officials or the Party's employees/agents to the extent allowed herein (even if the document is first redacted to remove personally-identifiable information), without the prior written consent of the adult student or the parent/guardian, as appropriate; and
- shall maintain any confidential student information in secure data processing facilities or in securely locked cabinets, and the Party shall monitor the security and safekeeping of the confidential data; and
- will dispose of all information disclosed to it by the School District (and any copies thereof), after the purpose for which the information is disclosed has been served, or five years after the receipt of the information (whichever is sooner), by shredding paper documents finely enough to prevent possible recovery of information, and by totally erasing and over-writing (or physically destroying) any electronic media such as computer files, tapes, or diskettes, or physically destroyed.

The parties acknowledge that the terms contained in this Addendum supersede any inconsistent terms in the Contract.

IN WITNESS WHEREOF, the parties hereto have executed this Addendum:

[Legal name of the Party]
ManorCare-Boynton Beach
By: Jamela M. Cox
[person having authority to enter legally-binding agreements on behalf of the Party]

The School Board of Palm Beach County

By: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR LW
MANOR-1

DATE (MM/DD/YYYY)
05/31/05

PRODUCER Hylant Group - Toledo 811 Madison Ave Toledo OH 43624 Phone: 419-255-1020 Fax: 419-255-7557	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Manor Care, Inc. and its subsidiaries P.O. Box 10086 Toledo OH 43699-0086	<table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: National Union Fire Ins Co PA</td> <td>19445</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins Co PA	19445	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER A: National Union Fire Ins Co PA	19445												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADOLTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Healthcare PLiab	GLCM4806432	06/01/05	06/01/06	EACH OCCURRENCE \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 100,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

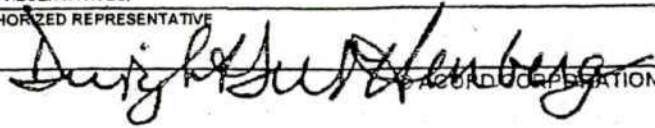
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*** See Attached List of Locations ***

Certificate holder is included as an Additional Insured

CERTIFICATE HOLDER

CANCELLATION

AGEHE01 Agency for Health Care Administration - State of FL 2727 Mahan Drive Tallahassee FL 32308	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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