



# TORRANCE UNIFIED SCHOOL DISTRICT

## AFTER-SCHOOL ENRICHMENT PROGRAM

### 2023-2024 SCHOOL YEAR

# INFORMATION & PROCEDURES

Thank you for your interest in Torrance Unified School District's After-School Enrichment Program. The purpose of this guide is to provide after-school program providers with information on how to introduce and receive approval for their after-school enrichment program for a TUSD elementary school.

After-school enrichment classes are **non-school affiliated activities** made available to TUSD students after school and outside of the regular school day. The after-school programs offered at a school site are specific to the needs of that particular school community. Parents and guardians of students in Grades 1-5 may enroll their child(ren) in an after school class. These enrichment programs focus on activities such as sports, music, fitness, fine arts, technology, academics, language, etc. The after school programs are **NOT** full service childcare providers.

#### STEP 1:

##### Obtain Site Approval

Interested applicants must obtain approval from the elementary school Principal to see if the program will serve the needs of the students.

#### STEP 2:

##### Fill Out Application (including DOJ/FBI clearance & TB screening clearance)

Please submit the application and corresponding checklist documents to Patty Jimenez at [jjimenez.patty@tusd.org](mailto:jjimenez.patty@tusd.org) and/or Van Chu at [chu.van@tusd.org](mailto:chu.van@tusd.org).

#### STEP 3:

##### Board Approval

Programs can only commence once the Board has approved of the program. Ed Services will inform the program owner of the Board's decision.

#### STEP 4:

##### Facilities Permit

Once the Board has approved of the program, the program owner will need to obtain permits for ALL sites where the program will be ran. Permits are issued through Facilitron at [www.facilitron.com/tusd90501](http://www.facilitron.com/tusd90501). Please indicate the sites, facility, sequence of dates, and time. A permit will need to be obtained for each site. The request will then be routed to the site administrator for approval to ensure days and times will not conflict with other programs or school events. If approved, there will be a \$6/day fee per site for the school year.

#### STEP 5:

##### Peachjar E-Flyer (optional)

The program owner has the option to promote their enrichment program utilizing TUSD's e-flyer distribution for a nominal fee. Flyers must be uploaded to the Peachjar portal and will be approved by the district's Communications Dept. Flyers are then electronically sent to parents and guardians of the participating school. Separate flyers must be uploaded and approved for each location of the after-school program. More information can be found at: [www.tusd.org/parents/electronic-flyers](http://www.tusd.org/parents/electronic-flyers).

#### STEP 6:

##### After-School Program Begins!

Congratulations! The After-School Program may commence once all appropriate steps above are completed.

## AFTER-SCHOOL ENRICHMENT PROGRAM – DETAILED INFORMATION

- LIVESCAN - DOJ/FBI FINGERPRINTING CLEARANCE
- TUBERCULOSIS (TB) SCREENING/CLEARANCE
- COVID-19 PROTOCOLS
- BOARD APPROVAL
- FACILITIES PERMIT
- PEACHJAR E-FLYER
- CONTINUING AFTER SCHOOL PROGRAMS
- CONTACT INFORMATION

### LIVESCAN - DOJ/FBI FINGERPRINTING CLEARANCE

Any person who will have direct contact with TUSD students and/or be present on a TUSD school campus needs to undergo a LIVESCAN and be cleared by the FBI and DOJ (Department of Justice).

If a person has been fingerprinted in the past for a different school district or agency, they will still need to be fingerprinted specifically for TUSD. **NO EXCEPTIONS.**

The LIVESCAN only needs to be completed once for TUSD. If the employee leaves the after-school program for an extended period of time and then returns, a new LIVESCAN is required.

Sole Proprietors: Programs classified as Sole Proprietors will need to have the individual undergo LIVESCAN. If the sole proprietorship have individuals/staff working directly with TUSD students, each individual will also need to undergo LIVESCAN as well. This procedure will be initiated via the district's Laserfiche independent contractor process.

Corporations: Programs classified as Corporations will submit the 'After-School Enrichment Program Certification Regarding Background Checks' listing all individuals who will be in contact with pupils. The after-school program owner is responsible to verify their employees have completed the fingerprinting process and have received clearance from the FBI/DOJ.

### TUBERCULOSIS (TB) SCREENING/CLEARANCE

As of January 1, 2015, school volunteers and/or independent contractors are no longer required to automatically undergo a tuberculosis (TB) test and report the results to their employer in order to be on school grounds. Instead, it has been replaced by a risk assessment screening and then depending on the results, a possible TB test.

When a four (4) year TB test proof has expired, the after-school program owner and/or their employees will take the 'California School Staff and Volunteers: Tuberculosis Risk Assessment' for Job-related requirements for child care, pre-K, K-12, and community colleges' form from the California Department of Public Health and California Tuberculosis Controllers Association to a licensed health care professional and complete the screening.

Once the screening is complete and no risk of TB exposure is determined, the health care professional will sign the Certificate of Completion. This certificate takes the place of a negative TB test. If the health care professional determines there is a risk of exposure to TB, then he/she will order a TB test. Once those negative results are determined, the after-school program employee will provide proof of a negative TB test.

Sole Proprietors: Programs classified as Sole Proprietors will complete the TB clearance through the district's Laserfiche independent contractor process. The clearance will need to be completed for all individuals in contact with pupils.

Corporations: Programs classified as Corporations will submit the 'Tuberculosis Clearance' Certification listing all individuals who will be in contact with pupils. The after-school program owner is responsible to verify their employees have obtained TB clearance.

## COVID-19 PROTOCOLS

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All after-school enrichment programs must follow Los Angeles County Department of Public Health guidelines to prevent the spread of the COVID-19 virus. As of June 15, 2022, the following protocols must be implemented for both indoor and outdoor events to ensure a safe environment for students and staff:

- Signed attestation that all employees and volunteers are vaccinated or will participate in weekly COVID testing.
- Maintain a seating chart.
- Maintain 6 ft. distance between students to the best of ability.
- Report any positive COVID cases that occur on our campus during your program to Van Chu at [chu.van@tUSD.org](mailto:chu.van@tUSD.org).

## BOARD APPROVAL

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Once application and supporting documents are received, the after-school program will be placed on the next available board meeting agenda. The day after the board meeting, the school and the after-school program owner will be notified of the Board's decision. The Board is only approving the after-school program content only. It is no way an agreement or guarantee of services between the District and the after-school program. Board approval DOES NOT automatically secure facilities usage, specific dates, space location at the school, or parent sign-up.

Board approval is granted annually and is only valid for the current school year of when the agenda item was approved. All after-school programs are required to obtain board approval each new school year, regardless if they have been board approved in the past.

## FACILITIES PERMIT

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A facilities permit is required to use any TUSD campus. Permits can be applied for AFTER receiving Board approval. After-school programs are required to have a valid permit issued for each school their program is being offered. This applies to both new and continuing programs.

The after-school program owner is responsible to read the renter's usage procedures provided on TUSD's website, [www.tUSD.org/administrative-services/facilities](http://www.tUSD.org/administrative-services/facilities).

New users will have to register and create an account by going to <https://www.facilitron.com/accounts/signup/>. Please select 'Non-Profit' if there is an EIN # or 'Commercial' as the group classification. Select the school, facility, sequence of dates, and time that you would like to run your program. This request will then be routed to the site for approval to ensure it does not conflict with another program or with an internal school event.

It is the responsibility of the after-school program owner to apply for the facilities permit. Requested documents that are not provided in a timely manner will delay the permitting process. The permit must also be issued before the start of the program at the requested school site. Failure to do so will result in the class being canceled for the day, until a valid permit is issued by the Administrative Services office.

Upon site approval, a \$6/day fee will be invoiced to the after-school program owner for each school site. Please note that Facilitron collects a 10% service fee.

## PEACHJAR E-FLYER

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The Program has the option to promote their enrichment program utilizing TUSD's e-flyer distribution for a nominal fee. Flyers must be uploaded to the Peachjar portal and will be approved by the district's Communications Department. Flyers are then electronically sent to parents and guardians of the participating school. Separate flyers must be approved for each location of the after school program. More information can be found at: [www.tUSD.org/parents/electronic-flyers](http://www.tUSD.org/parents/electronic-flyers).

A facilities permit must be obtained PRIOR to flyer approval. Therefore, after-school programs should not upload or apply for their flyer to be approved until AFTER a valid facilities permit is issued by the Administrative Services office.

## CONTINUING AFTER-SCHOOL PROGRAMS

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It is the school's discretion whether or not they wish to keep the after-school program running at the school or to continue the program in subsequent school years. The school may elect to cancel the after-school program at any time.

## CONTACT INFORMATION

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| TOPIC   | CONTACT PERSON   |
|---|--|
| General After-School Program Questions<br>Board Approval  | Patty Jimenez – Administrative Assistant-Ed Services<br>Phone: (310) 972-6009<br>Email: <a href="mailto:jimenez.patty@tusd.org">jimenez.patty@tusd.org</a> |
| Facilities Permit<br>Laserfiche – LIVESCAN & TB Clearance<br>Certificate of Insurance (COI) & Liability Insurance | Van Chu – Supervisor-Facility Use<br>Phone: (310) 972-6064<br>Email: <a href="mailto:chu.van@tusd.org">chu.van@tusd.org</a>                                |
| Peachjar E-Flyer  | Mallory Beard – Communications Coordinator<br>Email: <a href="mailto:beard.mallory@tusd.org">beard.mallory@tusd.org</a>                                    |



**TORRANCE UNIFIED SCHOOL DISTRICT**  
**AFTER-SCHOOL ENRICHMENT PROGRAM**  
**2023-2024 SCHOOL YEAR**  
**APPLICATION**

Organization/Program \_\_\_\_\_  
Type/Subject of Program \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Email \_\_\_\_\_ Phone # \_\_\_\_\_

- ☐ Please mark if this is a new after school enrichment program in the district  
☐ Please mark if this is a returning after school enrichment program within the last 3 years

**Please Give Description of Program (for New Programs ONLY):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is the responsibility of the applicant to receive approval from at least one site administrator prior to applying.  
Please list one school site where the program will be running: \_\_\_\_\_

The district determines the after school enrichment program's classification based on the applicant's W-9. Is the Program registered as a:

☐ Sole Proprietor ☐ Corporation

**Checklist for Sole Proprietor (New Programs) – Please submit the following:**

- ✓ Application
- ✓ W-9 form
- ✓ Certificate of Insurance (COI) & Hold Harmless Agreement
- ✓ LIVESCAN/Background Check (completed through district's Laserfishe process)
- ✓ TB Clearance (completed through district's Laserfishe process)
- ✓ COVID-19 Attestation

**Checklist for Sole Proprietor (Returning Programs) – Please submit the following:**

- ✓ Application
- ✓ W-9 form
- ✓ Certificate of Insurance (COI) & Hold Harmless Agreement
- ✓ COVID-19 Attestation

**Checklist for Corporation (New & Returning Programs) – Please submit the following:**

- ✓ Application
- ✓ W-9 form
- ✓ Certificate of Insurance (COI) & Hold Harmless Agreement
- ✓ Background Check Certification
- ✓ TB Clearance Certification
- ✓ COVID-19 Attestation

\_\_\_\_\_  
Program Owner/Representative Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |   |   |
|--|---|---|
| Print or type.<br>See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |   |
|  | 2 Business name/disregarded entity name, if different from above  |   |
|  | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) ► _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.   | Requester's name and address (optional)   |
|  | 6 City, state, and ZIP code   |   |
|  | 7 List account number(s) here (optional)  |   |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |  |  |  |   |  |  |  |   |  |
|--------------------------------|--|--|--|---|--|--|--|---|--|
| Social security number         |  |  |  |   |  |  |  |   |  |
|                                |  |  |  | - |  |  |  | - |  |
| or                             |  |  |  |   |  |  |  |   |  |
| Employer identification number |  |  |  |   |  |  |  |   |  |
|                                |  |  |  | - |  |  |  |   |  |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|           |                            |        |
|-----------|----------------------------|--------|
| Sign Here | Signature of U.S. person ► | Date ► |
|-----------|----------------------------|--------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



## TORRANCE UNIFIED SCHOOL DISTRICT

### CERTIFICATE OF INSURANCE (COI) REQUIREMENTS

Torrance Unified School District must be listed as the 'Certificate Holder' and as the additional insured with a copy of the endorsement attached.

| TYPE OF INSURANCE                    | LIMITS              |
|--------------------------------------|---------------------|
| Each Occurrence                      | \$1,000,000 minimum |
| Damage to Rented Premise/Fire Damage | \$1,000,000 minimum |
| Medical Expenses                     | ANY                 |
| Personal & Adv Injury                | ANY                 |
| General Aggregate                    | \$2,000,000 minimum |
| Products Comp/Op Aggregate           | \$1,000,000         |

### SAMPLE COI & ADDITIONAL INSURED ENDORSEMENT

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** (DATE MM/DD/YYYY)

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:** INSURANCE COMPANY  
ADDRESS/CONTACT INFO

**CONTACT:** NAME, PHONE, FAX, E-MAIL, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

**INSURED:** YOUR ORGANIZATION NAME  
YOUR ORGANIZATION ADDRESS

**COVERAGES:** CERTIFICATE NUMBER: REVISION NUMBER: MUST BE MINIMUM \$1,000,000

**TYPE OF INSURANCE:** COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIABILITY, WORKERS COMPENSATION AND EMPLOYERS LIABILITY

**POLICY #** **MUST BE A CURRENT POLICY**

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

**CERTIFICATE HOLDER IS NAMED AS ADDITIONALLY INSURED**

**CERTIFICATE HOLDER:** TORRANCE UNIFIED SCHOOL DISTRICT  
2335 PLAZA DEL AMO  
TORRANCE, CA 90501

**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:**

**POLICY NUMBER:** COMMERCIAL GENERAL LIABILITY CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location(s) Of Covered Operations |
|---|-----------------------------------|
| TORRANCE UNIFIED SCHOOL DISTRICT                        |                                   |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
- Your acts or omissions; or
  - The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.
- However:**
- The insurance afforded to such additional insured only applies to the extent permitted by law, and
  - If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**
- This insurance does not apply to "bodily injury" or "property damage" occurring after:
- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

|   |   |             |                |
|---|---|-------------|----------------|
| <b>PRODUCER</b><br><br><b>INSURANCE COMPANY</b><br><b>ADDRESS/CONTACT INFO</b>          | CONTACT NAME:<br>PHONE (A/C. No. Ext):<br>E-MAIL ADDRESS: |             | FAX (A/C. No): |
|   | INSURER(S) AFFORDING COVERAGE                             |             | NAIC #         |
| <b>INSURED</b><br><br><b>YOUR ORGANIZATION NAME</b><br><b>YOUR ORGANIZATION ADDRESS</b> | INSURER A :   |             |                |
|   | INSURER B :   |             |                |
|   | INSURER C :   |             |                |
|   | INSURER D :   |             |                |
|   | INSURER E :   |             |                |
|   |   | INSURER F : |                |

## 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. **MUST BE MINIMUM \$1,000,000**

| INSR LTR                            | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY)         | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|-------------------------------------|---|-----------|----------|-----------------|---------------------------------|-------------------------|--|
| <input checked="" type="checkbox"/> | <b>COMMERCIAL GENERAL LIABILITY</b><br><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | <b>POLICY #</b> | <b>MUST BE A CURRENT POLICY</b> |                         | EACH OCCURRENCE \$ <b>1,000,000 MIN</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000 MIN</b><br>MED EXP (Any one person) \$ <b>ANY</b><br>PERSONAL & ADV INJURY \$ <b>ANY</b><br>GENERAL AGGREGATE \$ <b>2,000,000 MIN</b><br>PRODUCTS - COMP/OP AGG \$ <b>1,000,000 MIN</b><br>\$ |
|                                     | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |                 |                                 |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|                                     | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED \$ RETENTION \$   |           |          |                 |                                 |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|                                     | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N / A    |                 |                                 |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

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

**CERTIFICATE HOLDER IS NAMED AS ADDITIONALLY INSURED**

↑  
**INCLUDE THIS VERBIAGE**

## CERTIFICATE HOLDER

## CANCELLATION

|  |   |  |
|--|---|--|
| TORRANCE UNIFIED SCHOOL DISTRICT<br>2335 PLAZA DEL AMO<br>TORRANCE, CA 90501 | <b>MUST STATE THE DISTRICT AS CERTIFICATE HOLDER AND ADDITIONALLY INSURED</b> | 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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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

| <b>Name Of Additional Insured Person(s)<br/>Or Organization(s)</b>                                     | <b>Location(s) Of Covered Operations</b> |
|--|--|
| <b>TORRANCE UNIFIED SCHOOL DISTRICT</b>  |  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |  |

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

## **HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

The undersigned agrees to defend, indemnify and hold harmless the **Torrance Unified School District**, its Board of Trustees, Officers, Agents and Employees, individually and collectively, from and against all costs, losses, claims, demands, suit actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by undersigned's \_\_\_\_\_.

This includes but is not limited to be incurred by reason of:

- A. Bodily injury to or death of persons, or damage to or theft of property sustained by the undersigned, its volunteers and agents or any person, firm or corporation hired or employed by the undersigned in connection with the activity/use of the property; except for liability, loss or damage attributed to the sole negligence or willful misconduct of the District, its Board, officers, agents, employees and volunteers.
- B. Bodily injury to or death of persons, or damage to property, sustained by any participant in the Activity listed below, any guest or attendee, or any other third party that is caused by any act, neglect, default, omission, or liability of the undersigned, its volunteers and agents, or any person, firm, or corporation hired or employed by the undersigned in connection with the activity/use of the property; except for liability, loss or damage attributed to the sole negligence or willful misconduct of the District, its Board, officers, agents, employees or volunteers.
- C. Harm (including death and health related injuries) arising from any person claiming to have contracted, or demonstrating contraction of, COVID, or any related sickness or ailment as the result of participating in an activity and/or entering the property at the permission or request of the undersigned. The undersigned is solely responsible for implementing any cleaning measures required or suggested to ensure the property is safe for use prior to any of undersigned's volunteers, agents, personnel or invitees enter the property and adequately cleaning the property after any such use/or activity.
- D. The undersigned's responsibility and liability set forth herein shall include, but is not limited to, taking all steps and actions necessary or required to address the COVID pandemic with respect to this agreement, including but not limited to, ensuring any of the undersigned's volunteers, agents, personnel and invitee(s) comply with all current and future requirements and recommendations issued by any government agency (including the City, County, State, or the Federal Government, including its associated agencies such as the Center for Disease Control) related to the COVID pandemic that are applicable to the property, including adherence to any protective measures established by such government agencies applicable to events at or use of the property. The undersigned shall be solely responsible for determining and implementing the specific actions and requirements applicable to any activity that is conducted on the property at the time of the activity, including any limitation on the number of attendees, required

protective gear (such as mask and/or gloves) and the specific social distancing requirements applicable at the time.

- E. The undersigned acknowledges and understands that the District makes no representation or warranty regarding the condition of the property with respect to COVID at any time during this agreement and shall have no duty or responsibility to ensure the property is sanitized or otherwise made clear of the COVID virus. The undersigned shall be solely responsible for determining whether the activity/use of the property listed is permissible based on current and future regulations or requirements established by any governmental agency at the time of such event and shall indemnify, defend, hold harmless the District from any penalty, cost, or action claiming that any District activity at the property violated any applicable governmental regulation or requirement. However, the District, at its sole discretion, can require the undersigned to cancel or reschedule any activity by the undersigned at the property if the District determines, at its sole discretion, that the activity would be in violation of any applicable governmental regulation or requirement or create a public safety hazard. However, the District's right to require cancellation or rescheduling shall in no way limit the undersigned's liability and indemnification obligations set forth herein.
- F. The undersigned at his/her own expense, cost and risk, shall defend any and all actions, suits or other proceedings that may be brought or instituted against the District, its Board, officers, agents, employees or volunteers, on any such claim, demand or liability and shall pay or satisfy any judgment that may be rendered against the District, its Board, officers, agents, employees or volunteers in any action, suit or other proceedings as a result thereof.

The undersigned further agrees to provide a Certificate of Insurance for liability coverage and limits acceptable to the District. The insurance coverages shall be considered primary and non-contributory. The undersigned shall pay for any and all damage to the property of the District, or loss or theft of such property, done or caused by any persons associated with the undersigned and resulting from the activity/use of property. The District assumes no responsibility whatsoever for any property placed on the premises. At the District's sole discretion, limits of liability coverage may be increased and additional insurance may be required depending upon use of property.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT, AND ASSERT BY THE SIGNATURE BELOW THAT I HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT.

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Signature

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Date

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Title

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Organization

**TORRANCE UNIFIED SCHOOL DISTRICT  
AFTER-SCHOOL ENRICHMENT PROGRAM  
CERTIFICATION REGARDING BACKGROUND CHECKS**

2023-2024 ACADEMIC YEAR

\_\_\_\_\_ certifies that it has performed the following:  
Name of Program

☐ Pursuant to Education Code section 45125.1, Organization has conducted criminal background checks, through the California Department of Justice, of all employees providing services to the Torrance Unified School District, and that none have been convicted of serious or violent felonies, as specified in Penal Code sections 1192.7(c) and 667.5(c), respectively.

☐ As further required by Education Code section 45125.1, attached hereto as Attachment "A" is a list of the names of the employees of the undersigned who may come in contact with pupils.

☐ Pursuant to Education Code section 45125.2, Organization will ensure the safety of pupils by continual supervision and monitoring of all employees of the entity by an employee of the entity whom the Department of Justice has ascertained has not been convicted of a violent or serious felony.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Name of Organization

By (signature)

Print Name

Title

Date

**ATTACHMENT A:**

**AFTER-SCHOOL ENRICHMENT PROGRAM  
CERTIFICATION REGARDING BACKGROUND CHECKS**

***[REQUIRED: INSERT NAMES OF EMPLOYEES WHO MAY COME IN CONTACT  
WITH PUPILS, INCLUDING PROGRAM'S SUPERVISING EMPLOYEE(S).]***

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**TORRANCE UNIFIED SCHOOL DISTRICT  
AFTER-SCHOOL ENRICHMENT PROGRAM  
TUBERCULOSIS (TB) CLEARANCE**

2023-2024 ACADEMIC YEAR

The undersigned does hereby certify to the Governing Board of the District as follows:

I am a representative of the \_\_\_\_\_ (“Program”) currently entering into this Agreement with the District and I am familiar with the facts herein certified, and am authorized and qualified to execute this certificate on behalf of the after-school enrichment program.

The after-school enrichment program’s responsibility for tuberculosis clearance extends to all of its employees, subcontractors, and employees of subcontractors coming into contact with District students regardless of whether they are designated as employees or acting as independent contractors of the Program.

Program certifies the following items applies to the services that are the subject of the Agreement:

- ☐ The after-school enrichment program has complied with the tuberculosis requirements of Education Code Section 49406.1 with respect to all Program's employees and all of its subcontractors' employees who may have contact with District students in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those employees has active tuberculosis, as that term is defined in Education Code Section 45122.1. A complete and accurate list of Program's employees and of all of its subcontractors' employees who may come in contact with District students during the course and scope of the Agreement is attached hereto; and/or

Name of Program

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By (signature)

---

Print Name

---

Title

---

Date

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**AFTER-SCHOOL ENRICHMENT PROGRAM  
TUBERCULOSIS (TB) CLEARANCE**

***[REQUIRED: INSERT NAMES OF EMPLOYEES WHO MAY COME IN CONTACT WITH PUPILS, INCLUDING PROGRAM'S SUPERVISING EMPLOYEE(S). Add more pages if needed.]***

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**TORRANCE UNIFIED SCHOOL DISTRICT  
AFTER-SCHOOL ENRICHMENT PROGRAM**

**COVID ATTESTATION**

Attention: Dr. Keith Butler  
Torrance Unified School District  
2335 Plaza Del Amo  
Torrance, CA 90509

\_\_\_\_\_  
Date

Dear Dr. Butler,

Please accept this letter as verification that

\_\_\_\_\_  
Agency/Organization

complies with the Health Order dated August 11, 2021, requiring all school employees and volunteers to be vaccinated or participate in weekly COVID testing. We have verified the vaccination status of all of our employees and volunteers who attend any Torrance Unified School District campus by collecting evidence of vaccination as follows:

- Official COVID 19 Vaccination Record Card that includes name, type of vaccine provided, and dates administered; or
- A photo or screenshot of the card; or
- Other documentation of COVID-19 vaccination from a health care provider; or
- A digital record that includes a QR code that when scanned by a SMART Health Card reader displays the client name, date of birth, vaccine dates, and vaccine types.

Any employee and/or volunteer associated with our agency who has not provided such evidence is engaging in weekly COVID testing for which we collect and monitor the test results. No employee and/or volunteer from our agency will visit or work at a Torrance Unified School District location who is not fully vaccinated or who has not received a negative COVID test within one week of the visit.

Yours in compliance,

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Agency