



BLOOMFIELD BOARD OF EDUCATION - BOARD OF EDUCATION FINANCE COMMITTEE MEETING

Board of Education Finance Committee Meeting AT Tuesday, October 27, 2026

Bloomfield Board of Education 1133 Blue Hills Avenue Board Room, 1133 Blue Hills Avenue ,
Bloomfield, CT 06002

1. Establishment of a Quorum and Call to Order
K. Dunbar
2. Consent Agenda
 - A. Approval of Minutes - Finance Committee Meeting - September 22, 2026 2
K. Dunbar
3. Old Business
 - A. Review and Possible Action on the UCONN ISM Sports Medicine Services 5
Contract
A. Borawski
4. New Business
 - A. Draft Communication for the Device Protection Plan 20
T. Youngberg
5. Adjournment
K. Dunbar



Board of Education Finance Committee Meeting

Tuesday, September 22, 2026 at 6:00 p.m.

Bloomfield Board of Education, Board Room

1133 Blue Hills Avenue

Bloomfield, CT 06002

ATTENDANCE: K. Dunbar, Chair Present
T. Mack-Mohammed Present
R. Ike Present

ALSO PRESENT: L. Easmon T. Youngberg L. Lamenzo

1. Establishment of a Quorum and Call to Order

K. Dunbar called the meeting to order at 6:02 p.m. The roll was called and a quorum was present.

2. Consent Agenda

A. Approval of Minutes – Finance Committee Meeting – May 26, 2026

A motion was made by T. Mack-Mohammed and seconded by R. Ike for the Finance Committee to approve the minutes from May 26, 2026, as presented.

K. Dunbar Aye
T. Mack-Mohammed Aye
R. Ike Aye

The motion was passed unanimously 3-0-0.

A motion was made by T. Mack-Mohammed and seconded by R. Ike for the Finance Committee add an agenda item under New Business, Item 3F, regarding the utilization of the GEMS Student Activity Fund to pay for the Bloomfield High School Scoreboard.

K. Dunbar Aye
T. Mack-Mohammed Aye
R. Ike Aye

The motion was passed unanimously 3-0-0.

3. New Business

A. Review of the District Alliance Grant Application

Lisa Lamenzo, Assistant Superintendent, presented a PowerPoint overview of the Alliance Grant allocations to the Finance Committee. She noted that Alliance districts were required to submit a detailed plan to the Connecticut State Department of



Education (CSDE) annually and that progress-monitoring meetings were held throughout the year.

Ms. Lamenzo reviewed the budget allocations and provided examples from each funding area. She noted that a portion of the funding would support an audit of PowerSchool.

The committee discussed PowerSchool, progress reports, scheduling, and transitioning PowerSchool to a cloud-based platform.

A motion was made by T. Mack-Mohammed and seconded by R. Ike for the Finance Committee to recommend to the full Board of Education approval the Alliance Grant Application, as presented.

K. Dunbar	Aye
T. Mack-Mohammed	Aye
R. Ike	Aye

The motion was passed unanimously 3-0-0.

B. Advertising Proposal

Dr. Tracy Youngberg, Superintendent, presented a proposal from Adams Knight to support public relations and improve public perceptions of the district through marketing and positive community messaging. The total proposed cost was \$100,000.

The committee discussed the need to develop a new narrative about the district within the community. Members expressed concerns regarding the cost but discussed the possibility of pursuing selected components of the proposal. The committee requested that the proposal be shared with the full Board of Education.

C. Master Staffing List

Dr. Tracy Youngberg, Superintendent, reported that a districtwide master staffing list had been developed to replace the separate spreadsheets and varying versions used by individual departments. She noted that the Human Resources Office was now responsible for maintaining the list.

D. Non-Affiliated Benefits and Salary Review

Dr. Youngberg further reported on the need to establish consistent procedures for reviewing the salaries of non-bargaining employees. She noted that the district employed 17 non-affiliated staff members. The district was also developing a tiered benefits structure to ensure alignment of employee benefits.

E. UCONN ISM Sports Medicine Services

Dr. Youngberg presented a proposed renewal contract from UConn ISM Sports Medicine Services, which currently provides athletic training services to Bloomfield High School. She noted that the proposed three-year contract totaled \$194,000 and would require competitive bidding and Board of Education approval.



The Athletic Director requested a waiver of the bidding requirement, citing the district's use of the same provider for several years. The committee discussed the proposal and expressed interest in inviting the Athletic Director to the October Board of Education meeting.

It was suggested that the district consider a one-year contract to maintain its relationship with UConn before initiating a competitive bidding process.

F. Utilization of the GEMS Student Activity Fund to pay for the Bloomfield High School Scoreboard.

Dr. Tracy Youngberg, Superintendent, reported on the need to obtain Board approval to use student activity funds from the former Global Experience Magnet School (GEMS) to cover the cost of the scoreboard in the Bloomfield High School gymnasium. It was noted that student activity funds must be used to directly benefit students.

In response to a committee member's inquiry regarding the account balance, Dr. Youngberg reported that the account held approximately \$100,000. She explained that the funds had been raised over several years to support GEMS student trips.

A motion was made by T. Mack-Mohammed and seconded by R. Ike for the Finance Committee recommend to the full Board of Education approval to utilize the GEMS Student Activity Fund to pay for the Bloomfield High School Scoreboard, as presented.

K. Dunbar	Aye
T. Mack-Mohammed	Aye
R. Ike	Aye

The motion was passed unanimously 3-0-0.

4. Adjournment

At 7:06 p.m., a motion was made by T. Mack-Mohammed and seconded by R. Ike to adjourn.

The motion passed unanimously 3-0-0.

K. Dunbar, Committee Chair

AGREEMENT
between
University of Connecticut Health Center Finance Corporation on behalf of
UNIVERSITY OF CONNECTICUT HEALTH CENTER
and
Bloomfield Public Schools on behalf of
BLOOMFIELD HIGH SCHOOL

This Agreement for Sports Medicine Services ("Agreement") is entered into by University of Connecticut Health Center Finance Corporation on behalf of UNIVERSITY OF CONNECTICUT HEALTH CENTER (collectively, "UConn Health") on behalf of the UConn Institute for Sports Medicine ("ISM"), 263 Farmington Avenue, Farmington, Connecticut, 06030, and Bloomfield Public Schools on behalf of BLOOMFIELD HIGH SCHOOL ("Client"), 5 Huckleberry Lane, Bloomfield, Connecticut, 06002. UConn Health and Client may sometimes be referred to in this Agreement individually as a "party" or collectively as "parties."

A. The University of Connecticut Health Center Finance Corporation ("UCHCFC") is a statutorily-created public instrumentality and political subdivision of the State of Connecticut that was established to promote the University of Connecticut Health Center's efficient and effective provision of health care services. In performing its functions under Connecticut General Statutes §§ 10a-250 through 10a-263, UCHCFC enters into a variety of contracts on behalf of the University of Connecticut Health Center's clinical operations. References in this Agreement to "UConn Health" shall mean both UCHCFC and the University of Connecticut Health Center, unless the provision explicitly indicates otherwise

B. UConn Health is an academic medical center and constituent unit of the State of Connecticut's system of public higher education.

C. The ISM includes various departments from the University of Connecticut ("UConn") and UConn Health, including UConn Department of Kinesiology and UConn Health Orthopedics and Sports Medicine.

D. The ISM provides clinical care, education and research to enable athletes at all levels of play to reach their peak performance while working to prevent and treat sports-related injuries and develop safe return to play practices.

E. The ISM brings together nationally recognized researchers, clinicians and surgeons who are committed to the health, performance, and longevity of athletes.

F. The UConn Department of Kinesiology trains exercise and healthcare professionals through programs in athletic training, exercise science, physical therapy, and exercise prescription.

G. UConn Health Orthopedics and Sports Medicine, whose specialists are part of an academic medical center providing orthopedic care and sports medicine, collaborate with scientists and or researchers to find the fastest and most effective treatments to maximize mobility and overall health.

H. UConn Health provides a complete range of medical and dental services including preventative care, specialty care, and emergency care.

I. Bloomfield High School is an independent co-educational, college preparatory public high school and desires to enter into this Agreement with UConn Health to obtain sports team based training, injury prevention programs, and professional sports medicine expertise for its student athletes.

J. UConn Health is willing to enter into this Agreement for the provisions of various services as more particularly set forth in this Agreement.

K. University of Connecticut Health Center enters into this Agreement pursuant to its authority granted by Connecticut law, including Conn. Gen. Stat. §§ 4a-52a, 10a-104, 10a-108, 10a-151 and 10a-151b.

The parties hereby enter into this Agreement and agree to the following terms and conditions:

1. **Scope of Services.** The services to be provided by ISM are more particularly set forth in Exhibit A, "Scope of Services."
2. **Site of Services.** The services will be performed at Client's site or at alternative sites as mutually agreed in advance by the parties. No rent or other site/logistical costs shall be charged UConn Health.
3. **Exclusivity.** ISM shall be the sole sports medicine provider to contract with Client for the Services contemplated under this Agreement during the Term of this Agreement.
4. **Term.** The Term of this Agreement shall be for a period of 3 years, commencing July 1, 2026 and continuing through and including June 30, 2029.
5. **Termination.** A party may terminate this Agreement without penalty by providing the other party with at least ninety (90) days written notice in advance of termination date. Said notice shall set forth the effective date of termination.
6. **Obligations of Client.** Client agrees to the following:
 - (a) Provide on-site coverage of games and practices (prevention, evaluation and treatment) by a BOC Certified, CT Licensed Athletic Trainer.
 - (b) Provide and maintain an appropriate level of athletic training supplies as may be recommended by ISM.
 - (c) Provide appropriate space for the conduct of any athletic training program, including appropriate athletic training supplies and equipment for the development of preventative programs.
 - (d) Communicate to ISM the dates and times of all practices, athletic contests and other events requiring the presence of an ISM athletic trainer as soon as they are known, but no less than seven (7) days prior to the practice, athletic contest or event. The dates and times of rescheduled practices, contests or events that require ISM coverage shall be communicated to UConn Health as soon as they are known to the Organization, but not less than twenty-four (24) hours prior to the scheduled time.
 - (e) Communicate to ISM all cancellations no later than 1:00 p.m. on weekdays or two (2) hours prior to the scheduled event on weekend days or holidays. ISM reserves the right to apply up to two (2) hours of coverage against the weekly maximum allotment in the event the Organization fails to notify ISM of a cancellation as set forth above.
 - (f) Have Client's Athletic Director serve as the primary liaison for all services provided under this Agreement.
 - (g) Inform ISM of its policies and procedures concerning official reporting of injuries and potential/suspected cases of abuse that may be identified by the ISM athletic trainer during the performance of his/her responsibilities, and the name and title of the person within the Organization to whom such matters should be reported.
 - (h) Client will promote/adhere to the best practices outlined by associated the Emergency Action Plan ("EAP"). If EAP is out of date or nonexistent – Client will inform Athletic Trainer and EAP will be developed/reviewed by ISM.
7. **Hours and Schedule.**
 - (a) Client's Athletic Director may prioritize the time spent by ISM employees so that the work hours may be shifted from day to day to accommodate the week's events.
 - (b) A schedule specifying hours and days will be provided and may be amended and updated as needed upon mutual agreement of the parties.
 - (c) The number of contracted hours should not exceed 480 hours for each of the fall, winter and spring seasons. However, additional hours, if needed, may be provided as mutually agreed upon by the parties.
 - (d) The ISM athletic trainer is responsible to be present at every agreed upon home game.
 - (e) The ISM athletic trainer will also provide athletic training room time daily, ranging from 2-4 hours, depending on game coverage needs for that week.

8. **Compensation.** Compensation to be paid by Client to UConn Health for the ISM services shall be as follows:
 - (a) For the period July 1, 2026 through June 30, 2027, Client shall pay a flat fee of \$61,000.
 - (b) For the period July 1, 2027 through June 30, 2028, Client shall pay ISM a flat fee of \$65,000.
 - (c) For the period July 1, 2028 through June 30, 2029, Client shall pay ISM a flat fee of \$68,000.
 - (d) The total of the flat fees payable for the 3-year term of this Agreement is \$194,000.
 - (e) The flat fee paid by Client to UConn Health does not include any on-site physician services or additional per diem athletic training services described in **Exhibit A** Scope of Services sections 5 and 6.
 - (f) The total amount payable during the 3-year term of this Agreement to UConn Health shall not exceed \$250,000, unless the parties amend this Agreement to specify a higher amount payable.
 - (g) Compensation paid by Client to ISM will cover all the expenses of the ISM athletic trainer, except for any additional expenses incurred when the ISM athletic trainer is required to participate in out-of-town athletic events that require travel, food and/or overnight lodging. In such situations Client shall provide and pay the direct costs of such additional expenses as they are incurred by or on behalf of the ISM athletic trainer.
 - (h) Compensation payable hereunder has been determined through good faith and arm's length bargaining is consistent with what the parties reasonably believe to be within fair market value for the Services provided under this Agreement. During the term of this Agreement, compensation may be adjusted by mutual written agreement in order to comply with the requirement that compensation be set at a fair market value rate. Any such adjustment shall occur no more frequently than annually.
 - (i) No amount paid hereunder is intended to be, nor shall be construed as, an inducement or payment for referral of or recommending referral of, patients by Client to UConn Health, ISM or any affiliates.
9. **Invoicing.**
 - (a) ISM will invoice Client for the flat fee, and Client will submit payment within 30 days of receipt of invoice.
 - (b) UConn Health shall be responsible for the timely invoicing of any costs to be reimbursed to UConn Health by Client, which costs will be mutually agreed upon in advance by UConn Health and Client.
10. **Fees.**
 - (a) No fees shall be charged for Program Services or Research Services as those services are being provided to support the advancement of University of Connecticut academic and research programs related to injury prevention and student athletes return to safe play.
 - (b) If any services outside the Scope of Services in this Agreement require a fee arrangement, such arrangement will be separately memorialized in written agreement and signed by the parties to that agreement.
11. **Consent Forms.**
 - (a) Client will be responsible for obtaining student athlete consent forms for each student athlete receiving ISM services. ISM services cannot be provided without a properly executed consent form that meets legal and regulatory requirements.
 - (b) ISM may work with Client for the purposes of ISM data collection or other research-based activities. The parties acknowledge this will require a separate consent form from participants if such participation is not already covered by a signed consent. Such additional consent must meet the requirements of the University of Connecticut and its Institutional Review Board ("IRB").
12. **Medical Records.** The parties acknowledge that student athlete participants will be registered in UConn Health's electronic health records system ("EPIC") for the purpose of maintaining medical records relating to the care that may be provided to the student athletes. The particulars of the EPIC registration process and maintenance of the medical records will be documented and agreed to by the parties in advance of any implementation.
13. **No Obligation to Utilize UConn Health Clinicians or Facility.**
 - (a) All decisions regarding medical treatment, including rehabilitation services, will be made by the student athletes and/or their parents or guardians.
 - (b) Nothing contained in this Agreement shall be interpreted to require a student athlete to utilize the services of any UConn Health physician or other UConn Health clinician or any UConn Health facility for any medical care.

- (c) No term of this Agreement shall be interpreted as restricting or limiting in any way any student athlete's choice of provider for any healthcare service not within the Scope of Services hereunder.
 - (d) If a student athlete elects to pursue any continued medical treatment outside the scope of this Agreement at UConn Health, the student athlete will be responsible for payment for services pursuant to the terms of the student athlete's health insurance coverage.
14. **Trademarks.** Each party's trademarks, trade names, service marks, brand logos, label designs, product identification, decals and artwork (collectively, "Trademarks") shall be and remain each party's property and the form of all usage of the Trademarks are subject to that party's prior, written consent. No party shall have the right to use the Trademarks or other identification of the other party or any of its affiliates without said party's prior written consent, which consent may be granted or withheld in that party's sole discretion. Any material relating to a party made by or on behalf of another party shall be submitted to such party for review and approval prior to its intended use. The rights to use another party's Trademarks are non-exclusive, not assignable and nontransferable. Any and all rights under trademark or copyright laws or other property rights thereof shall inure to the benefit of and remain the exclusive property of each party.
15. **Promotional Activities.**
- (a) As additional consideration for providing Services pursuant to this Agreement, Client agrees to provide ISM with an opportunity to display signage and/or banners at each event in prominent locations, and agrees to provide to UConn Health at least one announcement at each Client sports event announcing UConn Health as the provider of sports medicine.
 - (b) ISM and Client each recognize the right of the other to publicize their relationship for promotional purposes on their websites and social media, so long as each represents the other in a way consistent with Trademarks, if applicable, and subject to review and approval as noted in section 14 of this Agreement.
16. **Sovereign Immunity.** The parties acknowledge and agree that nothing herein shall be construed as a modification, compromise or waiver of any rights, defenses or immunities available to UConn Health, the State of Connecticut, or their agencies, departments, officers or employees. To the extent that this section conflicts with any other provision of this Agreement, this section shall govern. For avoidance of doubt, UConn Health will not be responsible for indemnifying or holding Client harmless. To the extent that this section conflicts with any other provision of this Agreement, this section shall govern.
17. **Claims Against the State.** The Client acknowledges that the presentation of any claim against the State of Connecticut or the University arising from this Contract must be in accordance with Chapter 53 of the Connecticut General Statutes (Claims Against the State) and Client agrees not to initiate any legal proceedings in any state or federal court in addition to, or in lieu of, said Chapter 53 proceedings.
18. **Insurance.** Client will carry sufficient insurance (liability and/or other) as applicable according to the nature of goods provided or work performed so as to hold harmless UConn Health and the State of Connecticut, including any agency or official of UConn Health or the State, from any insurable cause whatsoever, which shall be at least the minimum amount required by applicable law. If requested, Client will provide certificates of such insurance to UConn Health.
19. **Indemnification.** Client shall indemnify and hold harmless UConn Health, the State of Connecticut, and their agencies, departments, officers and employees, from and against all costs, claims, damages, or expenses, including reasonable attorney's fees, arising from Client's acts or omissions in connection with this Agreement.
20. **Work or Meetings at UConn Health Premises.** If Client's personnel will be working or meeting on-premises at any UConn Health location, Client shall ensure that its personnel comply with all UConn Health requirements applicable to the circumstances of Client's on-site presence. Client personnel shall comply with all rules generally applicable to individuals present at the location, such as prohibitions on: the use or possession of drugs or alcohol; possession of weapons; smoking; harassment or intimidation; violation of traffic rules; the unauthorized use, removal or theft of UConn Health property; conduct that endangers the health, safety and welfare of others; interference with the work of others; loud or vulgar behavior; or the use of

profanity. Client personnel may be subject to additional requirements, including (without limitation): background checks; health screenings and immunizations; completion of certifications/attestations; dress code/uniform; and/or wearing an identification badge while on-site at UConn Health. Client shall be responsible for all costs associated with such compliance. If UConn Health determines that an individual is not compliant with any applicable requirement(s), UConn Health may require Client to immediately remove that individual from UConn Health premises without penalty to UConn Health and without relieving Client of its obligations under this Agreement.

21. **Confidential Information.** (a) Client, at its own expense, has a duty to and shall protect any and all confidential information which it comes to possess or control pursuant to this Agreement, wherever and however stored or maintained, in a commercially reasonable manner in accordance with current industry standards. (b) The parties shall comply with all applicable federal and state statutes and regulations, including, but not limited to the Gramm-Leach-Bliley Act and the Family Educational Rights and Privacy Act ("FERPA"), in the protection of all personally identifiable and other protected confidential information and non-directory student or patient data. (c) UConn Health also requires that entities with which it does business have policies and procedures to prevent identity theft, and to report any "Red Flags" (as defined by FTC regulations) regarding identity theft to UConn Health promptly upon discovery. (d) UConn Health and Client will comply with the privacy and security standards of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, and the Health Information Technology for Economic and Clinical Health Act ("HITECH").
22. **Freedom of Information Act/Public Records.** This Agreement is disclosable under the Connecticut Freedom of Information Act ("FOIA") and will not be treated as confidential information.
23. **Equal Opportunity & Nondiscrimination.** UConn Health is an equal opportunity employer and adheres to UConn Health Policy 2002-44. UConn Health will not knowingly do business with any person or entity who discriminates against members of any class protected under federal law or sections 4a-60 or 4a-60a of the Connecticut General Statutes, and Client agrees that it will not discriminate in violation of federal or Connecticut law.
24. **Consulting Agreements Representation.** Pursuant to section 4a-81 of the Connecticut General Statutes, the person signing this Agreement on behalf of Client represents, to their best knowledge and belief and subject to the penalty of false statement as provided in section 53a-157b of the Connecticut General Statutes, that Client has not entered into any consulting agreements in connection with this Agreement, except for any such consulting agreements listed in an attachment to this Agreement. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State of Connecticut, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes.
25. **Campaign Contribution Restriction.** For all State of Connecticut contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to this Agreement represents that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice. The notice is available on the State Elections Enforcement Commission's website: https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf.
26. **Anti-Kickback and Stark Law Compliance.** The parties specifically intend to comply with all applicable laws, rules and regulations, including (i) the federal anti-kickback statute (42 U.S.C. 1320a-7(b)) and related safe harbor regulations; and (ii) the Limitation on Certain Physician Referrals, also referred to as the "Stark Law"

(42 U.S.C. 1395 (n)). Accordingly, no part of any consideration paid hereunder is a prohibited payment for the recommending or arranging for the referral of business or the ordering of items or services; nor are any payments intended to induce illegal referrals of business. In the event that any part of this Agreement is determined to violate federal, state, or local laws, rules, or regulations, the parties agree to negotiate in good faith revisions to the violative provision(s). If the parties are unable to agree to new or modified terms as required to bring the Agreement into compliance, either party may terminate this Agreement on fifteen (15) days written notice to the other party. Client represents and warrants to UConn Health that neither it nor any of its affiliates has entered into a direct or indirect relationship with a third party for the purpose of providing services hereunder wherein such third party is directly or indirectly compensated or receives remuneration of any kind on the basis of the volume or value of referrals that it makes to UConn Health for “designated health services” as defined by 42 C.F.R. § 411.351. Client shall indemnify, defend and hold harmless UConn Health, the State of Connecticut and their respective officers, directors, members, employees, and agents from and against any and all claims, liabilities, obligations, losses, judgments, fines, assessments, penalties, awards, statutory damages, costs or expenses (including, without limitation, reasonable attorneys’ fees and expenses) arising out of Client’s breach of the representation and warranty made herein.

27. **Occupational Health and Safety Administration (“OSHA”).** Client represents and warrants that it complies with all applicable OSHA regulations, and that it has not had any violations or criminal convictions that would preclude UConn Health from entering into this Agreement pursuant to Connecticut General Statutes § 31-57b (Awarding of contracts to occupational safety and health law violators prohibited).

28. **Debarment.** Client represents and warrants that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any governmental entity in accordance with applicable federal or state laws, and Client shall disclose to UConn Health immediately in writing any debarment, suspension, proposal for debarment, voluntary exclusion or other event that makes it or its principals an “Ineligible Person” at any time during the course of this Agreement. An “Ineligible Person” is an individual or entity who: i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs, or ii) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. §1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

29. **Executive Orders and Enactments.**

- (a) All references in this Agreement to any federal, state, or local law, statute, public or special act, executive order, ordinance, regulation or code (collectively, “Enactments”) shall mean Enactments that apply to the Agreement at any time during its term, or that may be made applicable to the Agreement during its term. This Agreement shall always be read and interpreted in accordance with the latest applicable wording and requirements of the Enactments. At Client’s request, UConn Health shall provide a copy of these Enactments to Client. Unless otherwise provided by the Enactments, Client is not relieved of its obligation to perform under this Agreement if it chooses to contest the applicability of the Enactments or UConn Health’s authority to require compliance with the Enactments.
- (b) This Agreement is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices; Executive Order No. Seventeen of Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings; and Executive Order No. Sixteen of Governor John G. Rowland, promulgated August 4, 1999, concerning violence in the workplace. All of the Executive Orders referenced in this subsection are incorporated into and are made a part of this Agreement as if they had been fully set forth in it.
- (c) This Agreement may be subject to Executive Order No. 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services; and Executive Order Nos. 13F and 13G of Governor Ned Lamont, promulgated September 3, 2021 and September 10, 2021, respectively, concerning protection of public health and safety during COVID-19 pandemic, as extended by Executive Order No. 14A of Governor Ned Lamont, promulgated September 30, 2021. If any of the Executive Orders referenced in this subsection is applicable, it is deemed to be incorporated into and made a part of this Agreement as if fully set forth in it.

30. **Force Majeure.** If the performance of obligations under this Agreement is rendered impossible or hazardous

or is otherwise prevented or impaired due to events beyond the reasonable control of the party asserting that such an event has occurred, including: accidents, Acts of God, riots, strikes, extraordinary weather conditions, epidemics, earthquakes, insurrection or war ("Force Majeure" events), the non-performing party shall give immediate written notice to the other party (the "performing party") and each party's obligations to the other hereunder shall be excused and neither party shall have any liability to the other hereunder during the existence of such event. If any Force Majeure event (or series of events) lasts for thirty (30) days, this Agreement may be terminated by the performing party without penalty upon written notice to the non-performing party.

31. **Notices.** All notices shall be sent to the intended party at the addresses set forth below (unless notification of a change of address is given in writing). Notices shall be sent in writing via one of the following methods and will be effective: (i) on the date of delivery, if delivered in person; (ii) on the date of receipt, if sent by email or other electronic transmission (with delivery confirmed); or (iii) on the date of receipt, if sent by private express courier or by first class certified mail, return receipt requested (or its equivalent).

If to UConn Health:

Procurement Operations and Contracts
University of Connecticut Health Center
263 Farmington Avenue, MC 4036
Farmington, CT 06030-4036
Attn: Berri Gerjuoy, AVP

If to Client:

Allison Borawski
Director of Athletics
Bloomfield High School
5 Huckleberry Lane
Bloomfield, CT 06002

32. **Amendment.** This Agreement may not be amended or modified except by a subsequent writing signed by all parties.
33. **Governing Law.** This Agreement shall be construed in accordance with the laws of the State of Connecticut, without regard to its conflict of laws provisions.
34. **No Assignment; No Third Party Beneficiaries.** This Agreement shall not be assigned by either party without the express written consent of the other. There are no third-party beneficiaries in or to this Agreement.
35. **Survival.** The rights and obligations of the parties which by their nature survive termination, cancellation or completion of this Agreement, including, but not limited to, those relating to intellectual property, indemnification, hold harmless and confidential information, shall remain in full force and effect.
36. **Severability.** If any term or provision of this Agreement or its application is held to be invalid or unenforceable, the remainder of this Agreement shall be valid and enforced to the fullest extent possible by law.
37. **Entire Agreement.** This Agreement and any changes, amendments or modifications (which shall not be valid unless reduced to writing, signed by both parties) constitutes the entire agreement between UConn Health and Client, on the matters specifically addressed herein. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.
38. **Power to Execute.** The individual signing this Agreement on behalf of Client certifies that he or she has full authority to execute the Agreement on behalf of Client and that this Agreement has been duly authorized, executed and delivered by Client and is binding upon Client in accordance with its terms.
39. **Statutory Authority.** This Agreement is entered into by UConn Health pursuant to the authority granted by Connecticut law, including Conn. Gen. Stat. §§ 10a-250 through 10a-263.

[Signature page follows.]

ACCEPTED AND AGREED TO BY THE PARTIES:

**UNIVERSITY OF CONNECTICUT HEALTH CENTER
FINANCE CORPORATION** on behalf of UConn Health

BY: _____
(signature and date signed)
Chad Bianchi
Chief Financial Officer

BLOOMFIELD PUBLIC SCHOOLS
on behalf of Bloomfield High School

BY: _____
(signature and date signed)

NAME: _____

TITLE: _____

ACKNOWLEDGED BY:

**UNIVERSITY OF CONNECTICUT
COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES
DEPARTMENT OF KINESIOLOGY**

Laurie Devaney, PhD, PT, ATC
Department of Kinesiology
Co-Director, UConn Institute for Sports Medicine

EXHIBIT A

SCOPE OF SERVICES

Services and Understandings
between UConn Institute for Sports Medicine
and Bloomfield High School

1. ISM may provide guidelines for team based training and preparation for sport that may include assistance with development and implementation of team based injury prevention workshops programs for the sports programs and related needs as mutually agreed upon in advance by the parties. Services include on-site evaluation by ISM professionals.
2. ISM may, at no cost to Client, support assessment and revision of Emergency Action Plans to improve athlete safety.
3. ISM will assign a head team physician to serve as a point person for all sports medicine concerns. The specific role as team physician can be as simple as access and having a person to call if athletes need to be seen in the office setting to as robust as Client deems necessary and economically feasible. Naming of any individual physician and use of title requires approval of Client.
4. Client may support the research mission of the ISM through approvals and voluntary consents to gather participant (student) performance data in a way consistent with Client and university privacy and participation guidelines to support the advancement of ISM projects.
5. ISM may provide on-site physician services for student athletes at an estimated rate of \$150 per hour depending on the need, including sideline or event coverage, and provided the needed services are mutually agree to in advance by the parties.
6. If additional athletic training services outside the scope of this Agreement are needed due to the volume of games or absences, ISM may, under separate agreement, help supplement coverage with per diem athletic training services. Client agrees to compensate ISM at the per diem rate of \$52 per hour for the additional services.
7. The estimated hourly rate set forth in section 5 and the per diem rate set forth in section 6 shall be subject to the 3.5% increase in fiscal years 2025 and 2026.
8. ISM may provide preseason participation examination and musculoskeletal screening at the Client's location with scheduling and logistical support from the Client several times during the school year to support the start of new athletic seasons.
9. ISM through a dedicated Client support phone and email will provide access to interdisciplinary athlete injury care from our team of clinical experts in sports medicine and rehabilitation, billable as appropriate to the student athlete's third party insurance carrier.
10. ISM and Client each recognize the right of the other be able to publicize their relationship for promotion purposes on their websites and social media so long as each represents the other in a way consistent with their name, logo, brand identity and trademarks if applicable.
11. ISM agrees to provide full time athletic training services for Client, and Client agrees to compensate ISM in accordance with the compensation set forth in section 8 of this Agreement for the provision of the athletic training services consisting of providing coverage for home sporting events as mutually agreed upon in advance and coverage for the athletic training room. This athletic trainer will work under the direct standing orders of the associated UCHC team physician.



IN-STATE STUDENT EDUCATIONAL TRAINING

AFFILIATION AGREEMENT

BY AND BETWEEN

THE UNIVERSITY OF CONNECTICUT

AND

BLOOMFIELD PUBLIC SCHOOLS

TERM

From: August 1, 2026

To: July 31, 2031

This Affiliation Agreement (the "Agreement") is made by and between the University of Connecticut, a constituent unit of the State of Connecticut System of Higher Education (the "University") and Bloomfield Public Schools (the "Facility"), each a "Party" and collectively the "Parties."

WHEREAS, the University offers a degree program in Athletic Training ("Program") that requires clinical and/or field experience; and

WHEREAS, the University desires to provide supervised clinical and/or field experience and instruction to its students enrolled in said Program (hereinafter the "Student/s"); and

WHEREAS, the Facility, in the interest of furthering the educational objectives of the University, is willing to make its facilities available to the Students for such experience and instruction; and

WHEREAS, the University and the Facility mutually desire to establish a clinical and/or education opportunity at the Facility for the Students (the "Opportunity");

NOW THEREFORE, in consideration of the promises and the mutual covenants, agreements, and undertakings hereinafter set forth, it is hereby AGREED:

1. PHILOSOPHY AND OBJECTIVES OF THE OPPORTUNITY. The objectives of the Opportunity are to:

- a. Prepare Students for future employment and/or careers through job exposure and work experiences; and
- b. Increase the knowledge, skills, and attitudes related to said employment and/or career; and
- c. Increase the knowledge of, and access to, related community resources, including the social determinants of health ("SDOH").

2. TERM, AMENDMENT, AND TERMINATION OF AGREEMENT

The term of this Agreement shall be effective as of the first date written above ("Effective Date"). Prior to the end of this term, the Parties may renew the Agreement by an amendment to this Agreement executed by both Parties. Such desire to renew shall be conveyed in writing at least sixty (60) days prior to the termination date written above. Either the Facility or the University may terminate this Agreement at any time without cause by giving ~~one hundred and twenty (120)~~ninety (90) days written notice to the other Party. Should notice of termination be given under

this Section, Students already scheduled to train at Facility will be permitted to complete any previously scheduled clinical assignment at Facility.

3. HOST FACILITY RESPONSIBILITIES

3.1 Experience. The Facility will accept, on mutually agreed upon terms, Students from the University for participation in the Opportunity in accordance with the terms of this Agreement.

a. The Facility shall retain the primary authority and responsibility for the delivery of patient care and treatment and shall at all times provide appropriate supervision when Students are involved in direct patient care and treatment. The University shall maintain sole responsibility for offering educational programs and for determining standards of education, hours of instruction, clinical learning experiences and objectives, instructional schedules and other matters pertaining to educational programs offered by the University. The University shall identify a supervising University faculty member to act as liaison between the University ("Faculty Liaison") and the Facility in the development and execution of the Opportunity.

b. The Facility may assign an employee who may serve as a student mentor or preceptor as appropriate.

3.2 Equipment and Use of Facilities. The Facility shall provide equipment and supplies, including computer workstations, necessary for the administration of care and/or delivery of services by Students; suitable space for conferences connected with Student instruction; phone access; and secured locker room or equivalent space for use by Students and faculty. Students and ~~faculty~~ Faculty Liaison may use the Facility cafeteria when available during the training experience.

3.3 Orientation for Faculty and Students. The Facility will provide orientation to Students and Faculty in advance of the first experience, which shall include relevant Facility information, including policies, procedures, and rules for which Students and ~~F~~faculty must comply.

3.4 Emergency Medical Care. ~~The Facility will provide for emergency medical care to Students and/or faculty who become ill or who are injured while on duty at the Facility; this may include but is not limited to call 911 or providing emergency treatment while at the Facility. In the event of Student or Faculty Liaison injury or illness while on duty at the Facility, Facility will respond in accordance with their Emergency Action Plan, attached as Appendix 2.~~ The cost ~~associated with~~ of such any care shall be the responsibility of the individual Student/faculty receiving it.

3.5 Student Education Records. The Facility acknowledges that it may request access to student education records while performing its obligations pursuant to this Agreement. The Facility acknowledges that such information is subject to the Family Educational Rights and Privacy Act ("FERPA") and agrees that it will utilize such information only to perform the services required by this Agreement and for no other purpose. The Facility further agrees that it will not disclose such information to any third party without the prior written consent of the individual student ~~Student~~ to whom such information relates.

3.6 Personal Protective Equipment ("PPE"):

a. The Facility shall provide Students and faculty with appropriate PPE as required by applicable state and federal workplace safety laws and regulations.

b. Students' learning experience will not include caring for patients who are known to have been diagnosed with COVID 19 and/or other infectious diseases.

3.7 Insurance. Upon request, Facility will provide proof that it maintains liability insurance in an amount that is commercially reasonable.

4. UNIVERSITY RESPONSIBILITIES

4.1 Planning. The University shall be responsible for the planning, implementation, and execution of all educational aspects of the Student's Opportunity.

4.2 Experience Description. The University shall submit to the Facility, at least thirty (30) days prior to commencement of the Opportunity, a description of the types of training experiences needed by the Students, the dates during which such experiences will be needed, the number of Students expected to participate in the Opportunity, and the names, professional credentials, and evidence of current licensure of faculty who will supervise the Students. Faculty shall be responsible for planning and implementing individual Student assignments and for evaluating and grading Student performance.

4.3 Insurance. During the term of this Agreement, the University shall maintain professional liability insurance coverage for each Student and/or faculty for their negligent acts or omissions while participating in, or supervising, the Opportunity at the Facility. ~~Upon request, a~~ Certificate of Insurance naming Facility as an additional insured ~~will~~ shall be provided to the Facility, indicating professional liability coverage that conforms with Connecticut's requirements.

4.4 Student Health Insurance. The University will require all participating Students to maintain health insurance and provide proof of health insurance to the University.

4.5 Compliance with Facility Rules. The University will advise Students and faculty that they are expected to comply with all policies, procedures, rules, and regulations of the Facility, and that they must comply with instructions received from Facility personnel.

4.6 Confidential Information. The University will advise the Students, faculty, and University personnel that they shall not disclose any confidential material or information connected with the Facility or any of its patients, except as required by federal or state law, including the Connecticut Freedom of Information Act ("FOIA"). The University shall also advise its Students and faculty that they must comply with the Facility's policy on confidentiality. The University shall make reasonable efforts to enforce compliance by Students and faculty with the Facility's policy on confidentiality.

4.7 Withdrawal of Students from the Opportunity. ~~The University shall withdraw any Student from the Facility at the Facility's request, if the Facility determines that due to health, performance, or other reasons, such Student's continued participation in the Opportunity is detrimental to the Student, the Facility, and/or the Facility's patients or personnel. Facility may request removal of Student from the Opportunity for any reason or no reason in the sole discretion of Facility.~~

4.8 Health Requirements. Appendix 1 includes the Facility's health requirements. The University will provide evidence of meeting these requirements to the Facility upon request. The University understands that the Facility may refuse participation in the Opportunity to any Student for whom evidence of compliance with Facility health requirements acceptable to the Facility cannot be provided.

4.9 Background Checks and Drug Screening. Appendix 1 includes the Facility's criminal background check and/or drug screening requirements. Unless otherwise indicated in Appendix 1, the University shall conduct such screening(s) and will provide an attestation for each Student who has successfully completed the required screening(s). The Parties understand and agree that the Students, faculty and/or University will be responsible for paying the cost of obtaining any required screening(s) and the University agrees that it will so inform the Students.

The University will, to the extent permitted by applicable law, share the results of a criminal background check and/or drug screening with the Facility upon request.

4.10 The University shall inform the Facility as soon as practicable of any changes in information, including but not limited to background checks, drug screening, health requirements, campus disciplinary proceedings, -previously provided to the Facility regarding a Student or the Opportunity.

4.11 Opportunity Evaluation. Program leadership will consult with Facility personnel at least once each year for the purpose of evaluating the Opportunity at the Facility, in an effort to continually provide an appropriate learning environment for the participating Students.

5. MUTUAL RESPONSIBILITIES

5.1 Required In-Services. If mandatory in-services are required, University will provide them. Such in-services may include general safety, infection control, Occupational Safety and Health Administration ("OSHA") blood borne pathogens, Tuberculosis, fire safety, hazardous materials, use of electrical equipment, and shall be specific to the educational Opportunity Students will receive.

5.2 Students and Faculty Are Not Employees or Agents. Both the Facility and the University acknowledge that neither Students nor Faculty are to be considered employees or agents of the Facility when acting under the terms of this Agreement or receiving educational opportunities. No compensation will be provided by the Facility to Students or faculty for the services performed under this Agreement. Nothing contained herein shall be construed to create an employer–employee relationship, partnership, joint venture, or agency relationship. Students and Faculty shall not be entitled to any employment benefits of Facility such as, but not limited to: vacation, sick leave, insurance, worker's compensation, and pension and retirement benefits.

5.3 Use of Name; Publication. The Facility shall allow the University to list the name of the Facility as an affiliated institution in catalogs, brochures and correspondence, subject to prior written approval by the Facility and in the Facility's sole discretion. The University shall notify Students that they must obtain prior written approval from the University and from the Facility before publishing any material related to the Opportunity or the Facility.

5.4 Health Insurance Portability and Accountability Act. The Parties agree that they will comply (and with respect to the University, cause its Students and faculty to comply) with all applicable laws regarding the privacy, confidentiality, and security of patient information, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder (as of the compliance date of such regulations).

5.5 Debarment or Suspension. Each Party to this Agreement represents to the best of its knowledge that, as of the Effective Date and for three (3) years prior to the Effective Date, neither Party, nor any of its faculty, Students, employees, principals or subcontractors are presently debarred, suspended, proposed for debarment, or declared ineligible or voluntarily excluded from entering into this Agreement by any federal and/or state department or agency.

5.6 Opportunity Changes. Both parties agree to notify the other Party of any change that may affect the Opportunity. The University will be responsible for forwarding any communication related to such changes to the University's Office of Clinical Placement Coordination.

6. GENERAL PROVISIONS

6.1 Notices. Any notice required under the terms of this Agreement shall be in writing and shall be sent, postage prepaid, by certified mail, return receipt requested, to the University or Facility at the address set forth below. The notice shall be effective on the date of delivery indicated on the return receipt.

If to the University:

University of Connecticut
Office of Clinical Placement Coordination (OCPC)
343 Mansfield Road, Unit 1280
Storrs, CT 06269-1280
Attn: Jean McCarthy, Director

If to the Facility:

Bloomfield Public Schools
1133 Blue Hills Avenue
Bloomfield, CT 06002
Attn: Allison Borawski, Athletic Director

6.2 Prohibition Against Assignment. This Agreement may not be assigned by either Party without the prior written consent of the other Party, which consent shall not be unreasonably withheld.

6.3 Accommodations for Persons with Disabilities. In the event that a Student or a member of the faculty or another University employee requires accommodation for a disability beyond those accommodations that are currently available at the Facility, the Facility shall be responsible for making any arrangements necessary to effectuate the additional accommodation.

6.4 Worker's Compensation. The University and the Facility agree that the Facility is not responsible for any Workers' Compensation or disability claim filed by a Student or ~~F~~faculty. The Facility and the University agree that the Students are not employees of the Facility or the University and are not covered by Workers' Compensation. ~~F~~~~The~~ faculty are employees of the University and are covered accordingly under Workers' Compensation. With respect to employee compensation for services provided in connection with this Agreement, the Facility and the University agree each shall be responsible for their own employees' withholding taxes, Workers' Compensation, and other employment-related taxes.

7. STATE OF CONNECTICUT TERMS AND CONDITIONS

The mandatory State of Connecticut terms and conditions are hereby incorporated by reference and made available on-line, as of the date of execution of this Agreement at: <https://generalcounsel.media.uconn.edu/wp-content/uploads/sites/838/2025/09/Qualified-Contract-State-Terms-Conditions-revised-2025.08.28.pdf>.

8. POWER TO EXECUTE

The individual signing this Agreement on behalf of the Facility certifies that s/he has full authority to execute the same on behalf of the Facility and that this Agreement has been duly authorized, executed, and delivered by the Facility and is binding upon the Facility in accordance with its terms.

9. ENTIRE AGREEMENT

This Agreement is the entire agreement between the Facility and the University and supersedes and rescinds all prior agreements relating to the subject matter hereof.

IN WITNESS WHEREOF, the Parties have executed this Agreement by their duly authorized representatives with full knowledge of and agreement with its terms and conditions.

Signature: _____

Signature: _____

Print Name _____

Print Name Jean McCarthy

Title _____

Title Director, OCPC

Date _____

Date _____

APPENDIX 1

STUDENT REQUIREMENTS

University Approved Template rev. 01/15/2025

University will provide an attestation to the Facility of the following standard requirements for each Student upon request:

- Influenza Vaccine – *annual by 10/1*
- Measles, Mumps & Rubella (MMR) – *positive titers*
- Varicella – *positive titer*
- Tdap – *within 10 years*
- Tuberculosis – *annual*
- Hepatitis B – *positive titer*
- COVID-19 Vaccine – *primary series plus one booster or University-approved medical/religious exemption*
- Physical Exam – *annual or bi-annual depending on program*
- HIPAA Training
- Criminal Background Check - *interval varies by program*
 - Criminal Background Check covering all states of residence for past 7 years, sex offender registries, etc.
 - FACIS Level 3

Please check any additional items below that the University must require Students to complete prior to placement:

- ☐ Annual Physical
- ☐ COVID-19 (CDC recommendation for age group)
- ☐ Annual drug screen (10-panel or 12-panel) _____
- ☐ Annual criminal background check
- ☐ Additional background check screenings (please specify):

- ☐ CPR Training
- ☐ OSHA Training
- ☐ Other: _____

Additional items that Students are required to complete that will be monitored by the Facility (*please indicate any additional cost to the Student*):

Bloomfield Public Schools

Student Technology Device Insurance Policy

Proposed Policy for Superintendent Review

School Year: 20____ to 20____ Effective Date: _____

Purpose and Scope

This policy establishes an optional annual Student Technology Device Insurance Program for District-owned devices issued through the Bloomfield Public Schools one-to-one technology program. The program provides families with predictable protection against eligible repair and replacement costs while supporting the District's ability to maintain devices required for instruction.

The program applies to enrolled student devices and issued accessories identified in the coverage schedule. Participation is voluntary and does not replace student and family responsibilities under District technology and acceptable-use policies.

Program Principles

District devices are used at school and at home and may be exposed to accidental damage, loss, or theft. A flat annual premium, household cap, and limited number of covered claims balance affordability for families with responsible management of District resources.

An automatic premium waiver for households eligible for Free or Reduced-Price Lunch under the National School Lunch Program (NSLP) uses the District's existing eligibility determination. Eligible families will not be required to submit a separate financial-hardship application to the Technology Department.

Annual Premiums and Enrollment

Families may elect coverage each school year. The proposed annual premium and household limits are as follows.

Household Circumstance	Annual Premium	Household Cap
Standard enrollment	\$25 per student	\$50
Approved for Free or Reduced-Price Lunch under NSLP	Automatically waived	\$0
Documented financial hardship outside NSLP eligibility	Waived or reduced upon request	Case by case
Coverage declined	\$0; applicable repair or replacement costs remain the family's responsibility	Not applicable

Premiums are non-refundable and are not prorated for enrollment after the beginning of the school year. Coverage begins upon confirmation of payment or a premium waiver.

Coverage and Repair or Replacement Charges

The following amounts are proposed estimates. Before adoption, the Business Office must confirm the schedule against actual District procurement, repair, and replacement costs. Covered claims have no deductible, subject to the annual claim limit and exclusions below.

Incident	With Insurance	Without Insurance
Accidental screen or keyboard damage	Covered; \$0 deductible	\$50 repair cost
Accidental damage beyond repair	Covered; \$0 deductible	\$300 replacement cost
Lost device	Covered; \$0 deductible	\$300 replacement cost
Stolen device with required police report	Covered; \$0 deductible	\$300 replacement cost
Lost or damaged charging cable or adapter	Covered; \$0 deductible	\$20 replacement cost
Lost or damaged protective case	Covered; \$0 deductible	\$25 replacement cost
Fire, flood, natural disaster, power surge, or manufacturer defect	Covered; \$0 deductible	Full cost
Damage from negligence, intentional misuse, or tampering	Not covered; full cost applies	Full cost

Exclusions and Documentation

Damage caused by negligence, intentional misuse, or tampering is excluded regardless of enrollment. Building administration or the Technology Department must document the basis for the classification through an incident report or other specific supporting information. Families may appeal the classification before the full-cost charge is billed.

Damage arising from a violation of the District's Computer Network/Internet Student Acceptable Use Agreement, including vandalism, is treated as intentional misuse and is not covered by this program.

Claims and Annual Limits

Each enrolled device is eligible for up to two covered claims per school year. A third incident during the same school year is billed at the applicable without-insurance rate. A police report is required for a theft claim.

A loaner device will be issued during repairs when available. Coverage remains subject to the exclusions and applicable documentation requirements for each incident.

Coverage Period and Transfers

Coverage ends at the conclusion of the school year in which it was purchased or waived and does not renew automatically. Coverage transfers with the student to another Bloomfield Public Schools site during that school year. It does not transfer to a device issued by another school district.

Financial Hardship Assistance

Families that do not qualify for NSLP but experience a documented change in financial circumstances, such as job loss or medical hardship, may request a premium waiver or reduction from the Technology Department. Requests will be considered individually.

The District will not require proof of immigration status, employment authorization, or similar information unrelated to financial need.

Appeals

Families may appeal a finding of negligence or intentional misuse, a specific fee amount, or a denied waiver to the Technology Department within 30 days of billing. Families retain the opportunity to appeal a negligence, intentional-misuse, or tampering classification before the full-cost charge is billed.

Payment and Continued Access to Instruction

Premiums and assessed full-cost charges may be paid online, by check, or in cash at the school office. Unpaid balances will be managed through the District's standard accounts-receivable process.

Because the device is a required instructional tool, a student's device, grades, transcripts, or participation in instruction will not be withheld because of an unpaid premium or charge.

Relationship to District Policies

This program supplements existing District technology governance. The District's policy on Instruction and Use of Technology remains the controlling policy for the use of devices in curriculum and instruction.

The Computer Network/Internet Student Acceptable Use Agreement continues to establish student and family responsibilities for appropriate use and financial liability for damage arising from violations. Insurance enrollment does not relieve a student or family of that responsibility.

Bloomfield Public Schools

Student Technology Device Agreement and Optional Insurance Plan

School Year	20____ to 20____
Effective Date	_____

Purpose of This Agreement

Bloomfield Public Schools provides each student with a District-owned technology device as an instructional tool. This agreement explains how the device must be used and cared for, the family's responsibility for loss or damage, and the optional annual insurance plan available to reduce eligible repair and replacement costs.

A parent or guardian and the student must review and sign this agreement each school year. Insurance enrollment is optional; signing the agreement does not require a family to purchase insurance.

Device Information

Student name	
School and grade	
Device asset tag or serial number	
Device type and accessories issued	

Family and Student Responsibilities

The student and parent or guardian agree to the following conditions:

- Use the device for educational purposes and in accordance with District policies, the Student Handbook, and the Computer Network and Internet Student Acceptable Use Agreement.
- Keep the device secure, use the protective case when provided, and follow reasonable care instructions issued by the Technology Department or school staff.
- Do not remove District labels, disable management or security controls, install unauthorized software, or alter the device hardware or operating system.
- Do not lend the device or its accessories to another person unless directed by a staff member.
- Promptly report damage, loss, or theft to the school office or Technology Department. A police report is required for a theft claim.
- Return the device, charger, case, and other issued accessories when requested, upon withdrawal from the District, or at the end of the assigned use period.
- Understand that the device remains the property of Bloomfield Public Schools and may be inspected, managed, restricted, or collected by the District consistent with applicable policy and law.

Optional Annual Insurance Plan

Families may enroll the assigned device in the District's annual insurance plan. Coverage begins when payment or an approved waiver is confirmed and ends on the last day of the applicable school year. Coverage does not renew automatically.

Household Circumstance	Annual Premium	Family Cap
Standard rate	\$25 per student	\$50 per household

BLOOMFIELD PUBLIC SCHOOLS

Household Circumstance	Annual Premium	Family Cap
Approved for Free or Reduced-Price Lunch	Automatically waived	\$0
Documented financial hardship	Waived or reduced upon request	Case by case
Coverage declined	\$0; family is responsible for applicable costs	Not applicable

What the Insurance Plan Covers

Incident	With Insurance	Without Insurance
Accidental screen or keyboard damage	Covered with no deductible	\$50 repair cost
Accidental damage beyond repair	Covered with no deductible	\$300 replacement cost
Lost device	Covered with no deductible	\$300 replacement cost
Stolen device with police report	Covered with no deductible	\$300 replacement cost
Lost or damaged charging cable or adapter	Covered with no deductible	\$20 replacement cost
Lost or damaged protective case	Covered with no deductible	\$25 replacement cost
Fire, flood, natural disaster, power surge, or manufacturer defect	Covered with no deductible	Full cost
Negligence, intentional misuse, tampering, or an Acceptable Use Agreement violation	Not covered; full cost applies	Full cost

Important: The above amounts are the agreement's stated rates for the identified school year. Bloomfield Public Schools may update future-year rates based on actual repair and replacement costs.

Coverage Terms and Limitations

Claim limit. Each enrolled device is eligible for up to two covered claims during the school year. A third incident is billed at the applicable without-insurance rate.

No deductible. No additional deductible is charged for an approved covered claim.

Loaner devices. A loaner may be provided while the assigned device is being repaired, subject to availability.

Late enrollment. Premiums are not prorated for enrollment after the start of the school year and are non-refundable.

Transfers. Coverage follows the student to another Bloomfield Public Schools site during the same school year but does not transfer to a device issued by another district.

Excluded conduct. Damage caused by negligence, intentional misuse, tampering, or a violation of the District's acceptable-use requirements is not covered.

How to Report an Incident

1. Notify the school office or Technology Department as soon as the damage, loss, or theft is discovered.
2. Provide the student's name, school, device asset tag if known, and a description of what occurred.
3. For theft, provide a copy of the police report. For other incidents, complete any incident documentation requested by the District.
4. Return the damaged device and all available accessories. Do not attempt repairs through a third party.
5. The Technology Department will review the incident, determine coverage, and notify the family of any applicable charge.

Hardship Requests and Appeals

A family that does not qualify for Free or Reduced-Price Lunch but experiences a documented financial hardship may request a waiver or reduction of the annual premium from the Technology Department. The District will not request immigration status, employment authorization, or other information unrelated to financial need.

A parent or guardian may appeal a finding of negligence or intentional misuse, a specific charge, or a denied hardship request to the Technology Department within 30 calendar days of the notice or bill. The appeal should identify the student, the incident, the decision being appealed, and any relevant supporting information.

Payment and Student Access

Premiums and assessed charges may be paid through the payment methods designated by the District, including available online, check, or school-office payment options. Because the device is a required instructional tool, the District will not withhold a student's device, grades, transcripts, or participation in instruction solely because of an unpaid premium or charge. Unpaid balances may be handled through the District's standard accounts-receivable process.

Related District Policies

This agreement supplements and does not replace the District's technology, instructional-use, student conduct, privacy, and acceptable-use policies. If damage results from vandalism, intentional misuse, tampering, or another acceptable-use violation, the family may be responsible for the full repair or replacement cost regardless of insurance enrollment.

Parent or Guardian Enrollment Selection

Select one option for the current school year:

- ☐ ENROLL at the standard annual premium of \$25 per student, subject to the \$50 household cap.
- ☐ ENROLL with an automatic premium waiver based on the student's Free or Reduced-Price Lunch eligibility.
- ☐ REQUEST a hardship waiver or reduced premium. The Technology Department will contact me regarding the request.
- ☐ DECLINE insurance. I understand that I may be responsible for the applicable repair or replacement cost if the device or an issued accessory is damaged, lost, or stolen.

Acknowledgment and Agreement

By signing below, we confirm that we have reviewed this agreement, understand the responsibilities and coverage terms, and agree to comply with Bloomfield Public Schools policies governing District technology. We understand that the device and accessories remain District property, that insurance does not cover negligence or intentional misuse, and that our enrollment selection applies only to the school year identified on this agreement.

Student name printed _____

Student signature _____	Date _____
Parent or guardian signature _____	Date _____

Parent or guardian name printed _____

Email address _____

Telephone number _____

District Use Only

Enrollment status	☐ Paid ☐ Automatic waiver ☐ Hardship waiver ☐ Declined
Payment amount and date	
Receipt or transaction number	
District representative and date	

Questions or requests for assistance

Bloomfield Public Schools Technology Department

Email: _____ Telephone: _____