

## **CLIENT STAFFING AGREEMENT**

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This Agreement (the “Agreement”) entered into this 8th day of June, 2022 (“Effective Date”), is by and between RO HEALTH, LLC (“RO HEALTH”), a Delaware limited liability company with its office headquarters located at 1900 Nickerson Street West Suite 200, Seattle, WA 98119, and Azusa Unified School District (hereinafter referred to as “CLIENT”) located at 546 S Citrus Ave, Azusa, CA 91702

**WHEREAS**, RO HEALTH operates a medical staffing agency and employs personnel to provide services to CLIENT.

**WHEREAS**, CLIENT operates a School District and CLIENT desires that RO HEALTH shall supply contract personnel to CLIENT.

**NOW THEREFORE**, in consideration of the mutual promises and covenants between RO HEALTH and CLIENT, (jointly hereinafter referred to as “Party/Parties”), the Parties hereby agree:

### **1. TERM.**

The term of this Agreement will commence on the date of the last signature and will continue for one (1) year unless terminated prior thereto in accordance with the terms of this Agreement. If neither Party terminates pursuant to the terms herein, this Agreement shall be automatically renewed for increment of additional one (1) year periods and shall not require a writing by either Party hereto in order to extend the term hereof.

### **2. TERMINATION.**

Either Party may terminate this Agreement, at any time, by providing thirty (30) days advance written notice. Said termination will not affect the rights or responsibilities subsequent to transactions occurring prior to the effective date of termination.

### **3. PERSONNEL.**

RO HEALTH shall provide CLIENT with personnel that comply with all pertinent terms and conditions of licensure and credentials including, but not limited to, the following list:

**3.1** Proof of current licensure, registration and or certification (if applicable).

**3.2** Written or verbal verification of two (2) references.

**3.3** Written verification of worker’s unrestricted credential (if applicable).

**3.4** Written verification of current cardiopulmonary resuscitation (CPR) certification, unless written documentation from CLIENT is provided removing this requirement for specific positions.

**3.5** Possess proof of an annual tuberculosis test or chest X-ray.

**3.6** Criminal Background Check and disclosure statement.

#### **4. PROVISION OF PERSONNEL.**

**4.1** At the request of CLIENT, RO HEALTH will recruit, interview, screen, select, hire and assign RO HEALTH employee(s) who, in RO HEALTH's judgment, are best qualified to perform the services requested by CLIENT as outlined in this Agreement.

**4.2** Upon CLIENT request, RO HEALTH shall provide documentation as required in this Agreement relating to the qualifications and training of RO HEALTH employees.

#### **5. CLIENT ORIENTATION.**

CLIENT will provide RO HEALTH personnel with an orientation to CLIENT specific policies, procedures and processes necessary to equip RO HEALTH personnel with the knowledge necessary to meet CLIENT expectations for personnel.

#### **6. URGENT PERSONNEL REQUESTS.**

If CLIENT requests personnel less than two (2) hours prior to the start of a shift, RO HEALTH shall bill CLIENT for the entire duration of the shift, as long as RO HEALTH personnel report for work within a reasonable period of time.

#### **7. MINIMUM BILLABLE HOURS AND SHIFT CANCELATION.**

If CLIENT schedules an order with a duration less than four (4) billable hours for each shift, RO HEALTH shall bill CLIENT for four (4) hours at the established hourly rate.

If CLIENT modifies or cancels an order less than two (2) hours prior to the start of a shift, RO HEALTH will bill CLIENT for four (4) hours at the established hourly rate.

#### **8. CONVERSION FEE.**

CLIENT agrees that it will take no steps to recruit, hire or employ as its own employee or as a contractor any personnel provided by RO HEALTH. CLIENT further acknowledges that RO HEALTH incurs substantial costs associated with recruiting, training, and managing RO HEALTH personnel. In the event CLIENT, or any affiliate, subsidiary of CLIENT solicits, hires or employs RO HEALTH personnel, CLIENT agrees to either (1) provide written notice of intent to hire or employ RO HEALTH personnel twelve (12) months prior to the RO HEALTH employee's



commencement as a CLIENT employee or contractor; (2) provide written notice to RO HEALTH of intent to hire RO HEALTH employee and continue to employ RO HEALTH employee for a period not less than one thousand and forty (1,040) hours from the notice date; or (3) pay RO HEALTH a placement fee equal to the sum of twenty-five percent (25%) of such personnel's annualized salary (calculated as hourly pay rate multiplied by two thousand and eighty (2,080) hours multiplied by twenty-five percent (25%)).

## **9. RESPONSIBILITY FOR PATIENT CARE.**

CLIENT retains responsibility for management of care of each of its patients and for ensuring that services provided by RO HEALTH personnel under this Agreement are furnished in accordance with applicable standards. CLIENT shall ensure that RO HEALTH personnel are assigned duties and operating within their scope of practice.

## **10. INSURANCE.**

RO HEALTH shall purchase and maintain during the duration of this Agreement general and professional liability coverage of not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate, covering the sole negligent acts or omissions which may give rise to the liability for services provided under this Agreement.

## **11. TAXES.**

RO HEALTH will maintain responsibility, as the employer, for the payment of wages, and other compensation, and for any mandatory withholdings and contributions.

## **12. PAYMENT FOR SERVICES.**

RO HEALTH will submit invoices to CLIENT at the rates established in Exhibit A every week for personnel provided to CLIENT during the preceding workweek billing period.

### **12.1 Payment.**

Full payment of invoices is due upon receipt. CLIENT shall send all payments electronically. In the event CLIENT is unable to make payments electronically, CLIENT shall remit payments to the address set forth on the invoice.

### **12.2. Late Payment.**

Payments not received within thirty (30) days from the first day of the workweek billing period, as identified on the invoice, will accumulate interest at the rate of one percent (1%) per month on the unpaid balance, equating to an annual percentage rate of twelve percent (12%), or the maximum rate permitted by applicable law, whichever is less.

### **13. GOVERNING LAW.**

This Agreement, and all matters relating to it shall be governed by the laws, rules, and regulations of the State of Delaware, as are now in effect or as may be later amended or modified, without reference to the choice of law rules in any state. In the event that any provision of this Agreement conflicts with or is inconsistent with provisions of those laws, rules or regulations, the provisions of Delaware laws, rules, and regulations shall govern and supersede.

### **14. DISPUTE RESOLUTION.**

In the event a dispute does arise out of or in connection with the Agreement, the Parties will first attempt to resolve the dispute through friendly correspondence and/or consultation. If such correspondence does not resolve the dispute within a reasonable period then the Parties may submit any and all outstanding issues to mediation.

If mediation does not resolve the dispute within a reasonable period then the Parties may submit any and all outstanding issues to arbitration in accordance with the statutory rules of the Delaware Rapid Arbitration Act (DRAA).

If arbitration is not successful in resolving the entire dispute or is unavailable, any outstanding issues must be submitted with the laws in the State of Delaware. The case will be conducted in Delaware, and judgment may be entered by any court having jurisdiction within the State of Delaware.

### **15. ATTORNEY FEES AND LEGAL COSTS.**

In the event a Party is forced to obtain legal representation to enforce the terms of the Agreement, the Party prevailing in such action of enforcement will be entitled to the recovery of costs and expenses incurred in connection with such action and any appeal from the losing Party. Recovery of costs and expenses may include mediation, arbitration, court fees, and reasonable attorneys' fees.

### **16. MUTUAL INDEMNIFICATION.**

Each party (the "Indemnifying Party") and, in the case of RO HEALTH as the Indemnified Party, RO HEALTH and all other persons cooperating in the conduct or performance of "RO HEALTH," and each of its officers, partners, employees, trustees, directors, managers, and/or shareholders, to the extent allowed by law, agrees to defend, indemnify, and hold harmless the other ("Indemnitee") from and against any and all claims, losses, damages, liabilities, costs, expenses (including attorneys' fees), or judgments for or in connection with injury or damage (including, but not limited to, death) to any person or property to the extent that such injury or damage results from or is in any way connected with any acts, failure to act, willful misconduct,



or the performance of or failure to perform obligations under this Agreement by the Indemnifying Party, its officers, partners, employees or agents. Neither termination or expiration of this Agreement nor completion of the acts to be performed under this Agreement shall release either party from its obligations to indemnify as to any claim or cause of action asserted so long as the event upon which claim or cause of action is predicated shall have occurred prior to the effective date of any such termination, expiration or completion.

Indemnification is subject to:

- (a) the Indemnitee promptly providing the Indemnitor written notice of the claim;
- (b) the Indemnitor's right to control the claim's defense and settlement (provided that the Indemnitor may not settle or defend any claim without the Indemnitee's consent (which shall not be unreasonably withheld, delayed or conditioned), unless it unconditionally releases the Indemnitee from all liability); and
- (c) the Indemnitee providing reasonable assistance to the Indemnitor. This obligation shall expressly survive the expiration or termination, for whatever reason, of this Agreement.

#### **17. DAMAGES.**

In no event shall either Party be liable for any incidental, consequential, exemplary, special or punitive damages or expenses or lost profits, even if such Party has been advised of the possibility of such damages, under or in connection with this Agreement, regardless of the form of action.

#### **18. SEVERABILITY.**

The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement. Any waiver by a Party to declare a breach or seek any remedy available to it under this Agreement or by law will not constitute a waiver as to any past or future breaches or remedies.

#### **19. ENTIRE AGREEMENT; MODIFICATION.**

This written Agreement constitutes the entire Agreement between the Parties and all negotiations and understandings have been included in this Agreement. No other understandings, agreements, representations, or warranties relating to the subject matter of this Agreement, whether written or oral, have been made to RO HEALTH by the CLIENT or to the CLIENT by RO HEALTH. This Agreement shall supersede any other communication between the Parties as to the subject matter herein.

This written Agreement may be modified, amended, or rescinded only by a written agreement executed by both Parties.



**IN WITNESS WHEREOF**, this Agreement has been signed by duly authorized representatives of the Parties on the day and the year first before written.

**CLIENT**

**RO HEALTH, LLC**

Norma Carvajal Camacho  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**EXHIBIT A**  
**PERSONNEL HOURLY RATES FOR CLIENT**

<b>Staff Rates 22-23</b>	
Administrative Assistant	\$35.45
CNA / MA / Health Office Asst	\$42.00
LVN (1:1)	\$63.60
LVN (with Multiple Students)	\$65.00
Registered Nurse (RN)	\$80.97
Credentialed School RN	\$109.62-\$130.75
Physical Therapist	\$109.62-\$130.75
Occupational Therapist	\$109.62-\$130.75
Speech Language Pathologist	\$109.62-\$130.75
Speech Language Pathology Asst	\$55-\$65
Certified Occupational Therapy Asst	\$50-\$60
Licensed Clinical Social Worker	\$82.50-97.50
Licensed Marriage Family Therapist	\$82.50-97.50
Paraeducator/ISA	\$34.75
Behavioral Class Aide	\$39.20
Registered Behavioral Tech	\$48.83
Board Certified Behavior Analyst	\$120.75
School Psychologist	\$109.62-\$130.75

**CLIENT**

**RO HEALTH, LLC**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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Signature

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Date

\_\_\_\_\_  
Date



**WORKWEEK.** RO HEALTH's calendar work week is Sunday through Saturday. Billing periods commence on Sunday, the first day of the workweek.

**WEEKEND.** RO HEALTH shall bill CLIENT an additional two dollar (\$2.00) per hour weekend differential rate. Weekend rates commence Friday at 10:00 p.m. through Monday at 6:00 a.m.

**OVERTIME.** RO HEALTH shall bill CLIENT a time and one-half (1.5) rate for all hours worked in excess of forty (40) per week or according to applicable state law.

**ORIENTATION.** Personnel hourly rates will be billed for all time spent in CLIENT orientation.

**MILEAGE.** During the course of, or while driving to work, if a RO HEALTH employee travels greater than sixty (60) miles roundtrip, RO HEALTH shall bill for each mile traveled at the current POV Mileage reimbursement rate established by the U.S. General Services Administration.

**HOLIDAYS.** A time and one-half (1.5) rate will be billed on holidays recognized by the U.S. Office of Personnel Management. Holiday rates will apply to shifts beginning at 10:00 p.m. before the holiday through 10:00 p.m. during the holiday.

**CLIENT**

**RO HEALTH, LLC**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## CONTRACT SUPPLEMENT

Dear Staffing Partner:

RO HEALTH, LLC is a Joint Commission certified healthcare staffing company. We appreciate our partnership, and we are continuously taking steps to improve our level of service. In compliance with our Joint Commission certification, we are including this contract supplement to notify you about important aspects of our business relationship.

### Employee Performance Evaluation

RO HEALTH seeks to provide its clients with exceptional healthcare providers. To ensure that our providers are delivering exceptional patient care mixed with excellent customer service, we seek feedback from CLIENT supervisors continuously and, on an annual basis, through a web-based digital evaluation. We appreciate your cooperation in providing accurate feedback that will help our providers meet your needs.

### Company Performance Evaluation

RO HEALTH seeks to provide its clients with exceptional service. We strive to provide our clients with timely and accurate communication, collaborative and informed problem solving, clear and accurate invoicing, and warm and friendly customer service. To ensure that end, we conduct annual company evaluations through a web-based digital evaluation. We appreciate your cooperation with providing accurate feedback that will help RO HEALTH support staff meet your needs.

### STATstaff™

RO HEALTH takes steps to prepare its providers to deliver exceptional patient care before they arrive at your site. This means, we gather important information about you that will allow new providers to familiarize themselves with the nuances of your site before they commence work. RO HEALTH uses STATstaff™ to track and communicate that important information to its providers so that they are prepared to meet your expectations. We appreciate your cooperation gathering information about your site so we can help ensure our providers are comfortable and perform well in their assignments.

### Office Hours

RO HEALTH is available 24x7x365 by phone at 888.552.9775. RO HEALTH's office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m.

### Incident Report Process

In the event a RO HEALTH provider is involved in an incident, error, near miss or sentinel event, RO HEALTH will act swiftly to address the event appropriately. A RO HEALTH HR person will supply the RO HEALTH provider with an incident report form and may ask the RO HEALTH employee to take a drug test. And, upon request, will send the incident report form to the



CLIENT supervisor. We appreciate your cooperation gathering information so we can address events in the most appropriate manner necessary. If you would like us to orient RO HEALTH Providers to your policies and/or procedures related to an incident, please contact RO HEALTH Human Resources at [hr@rohealth.com](mailto:hr@rohealth.com).

In the event there is an occupational safety hazard or event that involves a RO HEALTH provider, the event should be communicated as soon as practicable to the RO HEALTH Human Resources at [hr@rohealth.com](mailto:hr@rohealth.com).

### **Complaint/Grievance Process**

RO HEALTH actively solicits feedback from all its stakeholders on a continuous basis. In the event RO HEALTH receives a complaint, a RO HEALTH HR person will swiftly commence an investigation and follow up within seventy-two (72) hours.

### **RO HEALTH Employees**

RO HEALTH does not use subcontractors. Providers are employees of RO HEALTH.

### **Competency**

RO HEALTH takes steps to ensure that it provides competent providers. All providers are thoroughly screened to ensure that they are comfortably able to deliver patient care within their areas of clinical competence. RO HEALTH aims to only place providers in areas of practice within the scope of their license, registration, certification, or clinical competence.

### **Conflict of Interest**

RO HEALTH discourages any conflict of interest as defined by what occurs when an interested person has a financial interest individually or as it relates to a family member, which is disclosed as or found to (a) impair the individual's objectivity, or (b) create an unfair competitive advantage for any person or organization other than RO HEALTH. Conflict of interest means more than individual bias. There must be a financial interest that could directly affect the work or services to be considered a conflict.

Thank you again for the opportunity to work together. We look forward to growing our partnership.