MEMORANDUM OF UNDERSTANDING

BETWEEN

THE COUNTY OF ORANGE SOCIAL SERVICES AGENCY

AND

AZUSA PACIFIC UNIVERSITY

FOR THE PROVISION OF

UNDERGRADUATE OR GRADUATE FIELDWORK EXPERIENCE

This Memorandum of Understanding (MOU) is entered into by and between the County of Orange, acting through its Social Services Agency, hereinafter referred to as “SSA,” and Azusa Pacific University, hereinafter referred to as “SCHOOL.” This MOU contains program content and purpose, along with guidelines for Students in a Master of Social Work (MSW) Degree Program at SCHOOL, to obtain the required fieldwork experience in a public government setting.

SSA and SCHOOL may be referred to individually as “Party” and collectively as “the Parties.” The County of Orange may be referred to as “COUNTY.” The relationship between SSA and SCHOOL, with regard to this MOU, is based ~~on~~ upon the following:

1. ~~The~~ SCHOOL desires to have Students, who are currently enrolled in the Master of Social Work (MSW) Degree Program at SCHOOL, ~~assigned~~ to ~~the SSA to receive~~ obtain fieldwork experience~~.~~ working with SSA.
2. The Director of SSA is willing to provide opportunities for fieldwork experience for Students, in accordance with the guidelines contained in this MOU.
3. This MOU sets forth the guidelines authorized by both the SSA Director and ~~the~~ SCHOOL for their respective employees~~/students~~ and Students to follow in the provision of fieldwork experience.

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# TERM

The term of this MOU shall commence on July 1, ~~2011~~ 2014, and ~~end~~ terminate on June 30, ~~2014~~ 2017, unless earlier terminated ~~in accordance with Section XII~~ pursuant to the provisions of Paragraph XV of this MOU. However, the Parties shall be obligated to perform such duties as would normally extend beyond this term, including, but not limited to, obligations with respect to indemnification and confidentiality.

# PURPOSE

The purpose of this MOU is to set forth the ~~responsibilities of SSA and SCHOOL~~program content, along with guidelines with regard to the Parties’ participation in fieldwork experience. This MOU is intended to:

## Formalize an ~~affiliation~~ association between the Parties;

## Establish a mutual understanding of the scope of responsibility of each Party, including legal mandates and constraints; and

## Provide opportunities for Students to gain fieldwork experience~~.~~ in a public government setting.

# DEFINITIONS

## Client: An individual to whom the Student provides social welfare services/case-related services, whether in an individual, couples, family or group setting, under the supervision of the Field Supervisor and within the scope of the fieldwork assignment. Individuals receiving social welfare services/case-related services pursuant to this MOU may include current SSA clients as well as other individuals in connection with ~~a~~ an SSA program.

## Field Supervisor (for Graduate Students): An individual who possesses a ~~Masters~~ Master’s Degree in Social Work (MSW) from an accredited School of Social Work; has at least two (2~~) to three (3~~) years post-graduate experience; is employed by SSA and currently assigned to the SSA placement site~~;~~, and has interest in and demonstrates skill in teaching.

## Field Supervisor (for Undergraduate Students): An individual who possesses at least a Bachelor of Arts in Social Work (BASW) ~~or MSW~~ degree from an accredited School of Social Work; has at least one (1) year post-graduate experience; is employed by SSA and currently assigned to the SSA placement site~~;~~, and has interest in and demonstrates skill in teaching.

## Field Manual: A manual prepared by SCHOOL to provide agencies, Field Supervisors, Preceptors, and Students with the objectives, policies, and procedures governing ~~field~~ fieldwork practicum instructions for the ~~MSW~~ Master of Social Work Degree Program at SCHOOL.

## SCHOOL Coordinator: The SCHOOL liaison/employee designated to coordinate the activities associated with fieldwork, including, but not limited to: the number and location of individual assignments; arranging and conducting pre-assignment interviews; coordinating the Field Supervisor/Student match; and ensuring compliance with SCHOOL’s requirements for tracking and forms, as may be required by SCHOOL.

## SSA Coordinator: The SSA liaison/employee designated to coordinate the activities associated with fieldwork experience, including but not limited to: the number and location of individual assignments; arranging ~~and conducting~~ pre-assignment interviews; coordinating the Field Supervisor/Student match~~; ensuring compliance with SSA’s requirements for best practices in meeting service delivery objectives, including tracking and forms, as may be required by SSA~~.

## Student: An individual who is currently enrolled and in good standing in a ~~Graduate~~ Master of Social Work (MSW) Degree Program at SCHOOL.

## Preceptor: ~~A~~ An SSA employee who may be called upon to provide supplementary instructional services. This individual also has a Master’s Degree from an accredited school, is a Licensed Clinical Social Worker (LCSW), or has experience as a Senior Social Worker (SSW~~) in another discipline,~~), and is part of the SSA service delivery team. ~~The Preceptor shall provide a broad learning experience for the Student during the field assignment.~~ The Preceptor shall report to the Field Supervisor.

# PROGRAM REQUIREMENTS

## Clearances – Prerequisite For Student Participation:

The Parties acknowledge that California ~~Welfare & Institutions Code~~ WIC Section 16501(k) requires the fingerprinting of anyone working with children. In addition, SSA requires certain proofs of clearance, including, but not limited to, a Child Abuse Registry (CAR) clearance and a Department of Motor Vehicles (DMV) clearance, for anyone working with SSA clients. As such, Students shall be required to provide any ~~necessary~~ information necessary to complete CAR and DMV clearances, ~~as well as submitting~~ and submit to live scan fingerprinting, prior to assignment at SSA for fieldwork ~~activities.~~ experience. Failure to provide the necessary information to conduct clearances or refusal to be live scan fingerprinted will disqualify any Student from assignment at SSA for fieldwork ~~activities.~~ experience. The decision to approve any Student for participation in fieldwork through SSA ~~retains~~ is within SSA’s sole discretion ~~on whether it approves a student for fieldwork experience~~.

## Student Responsibilities: ~~SCHOOL agrees to notify students of the following Student responsibilities:~~

### Students will be required to complete all prerequisite courses and other requirements to participate in fieldwork experience as required by SCHOOL.

### Students will spend weekly fieldwork hours in activities which ~~shall~~ may include~~, but not be limited to,~~ face-to-face client contact, other case-related activities, staff meetings, and training, as outlined in SCHOOL’s Field Manual.

### Students will be required to meet with their assigned Field Supervisor for the number of hours as outlined in SCHOOL’s Field Manual.

### Each Student shall carry his/her own professional liability insurance for all fieldwork conducted through SSA, unless another entity provides it. Proof of insurance shall be provided to SCHOOL and to SSA, prior to conducting the criminal background checks and clearances as specified in Subparagraph IV.A., above, and prior to the commencement of the fieldwork assignment.

### Students shall conform to safety standards as set forth in the County of Orange Volunteer Safety Handbook, as it currently exists or may hereafter be amended.

### Students will not provide transportation to any Client of ~~COUNTY~~ SSA under any circumstances.

## Expense Reimbursements:

### ~~Requests~~ Expenses eligible for ~~authorized~~ reimbursement ~~of expenses~~ are limited to expenses incurred in providing a required program service as set forth in this MOU, such as mileage and meals. ~~Items of reimbursement should be identified and standardized to the maximum extent possible.~~

### Expense reimbursement shall not be used as an emergency loan ~~fund~~ or a supplement to categorical-aid-grants, or for meals, motels, ~~etc.,~~ and mileage, unless on a pre-approved trip authorized by SSA.

### ~~To process authorized reimbursements,~~ SSA will provide the appropriate ~~pre-approved~~ COUNTY form(s) for Students to use to request expense reimbursement. Forms must be submitted ~~to the COUNTY Auditor Controller. Submission must be made~~ in a timely manner (i.e., monthly or quarterly~~).~~) to SSA. Any authorized reimbursement of out-of-pocket and personal mileage expenses shall be made at the rates authorized by COUNTY policy.

### SCHOOL will inform Students ~~should be informed~~ that expenses not reimbursed to them by COUNTY may be allowable deductions for Federal and State Income Tax.

## Mutual Responsibilities:

### SSA and SCHOOL may mutually agree in writing to modify the number and type of supervision hours required to be provided to Students to comply with SCHOOL rules and regulations, as they currently exist or may hereafter be amended.

### SSA and SCHOOL may mutually agree in writing to amend the number of activity hours and the types of services the Student may provide to comply with SCHOOL rules and regulations, as they currently exist or may hereafter be amended.

# SCHOOL RESPONSIBILITIES

SCHOOL shall:

## Consult and coordinate with appropriate SSA staff in planning for fieldwork experience to be provided to Students under this MOU.

## Provide an orientation for Students and SCHOOL’s fieldwork course instructors, as necessary.

## Require every Student to conform to all applicable SSA policies, procedures, and regulations, and all requirements and restrictions specified jointly by representatives of SCHOOL and SSA.

## Require the SCHOOL Coordinator to notify the SSA Coordinator in advance with respect to:

### Student fieldwork schedules;

### Placement of Students in fieldwork assignments; and

### Changes in fieldwork assignments.

## Arrange for periodic conferences between appropriate representatives of SCHOOL and SSA to evaluate the fieldwork experience provided under this MOU.

## Provide Workers' Compensation insurance coverage or ~~Student Health Self-Insured Program~~ a student health self-insured program approved by SSA for Students placed at SSA. The Worker's Compensation policy and the ~~Student Health Self-Insured Program~~ student health self-insured program required by this MOU shall waive all rights of subrogation against the COUNTY and members of the Board of Supervisors, its elected and appointed officials, officers, agents, and employees when acting within the scope of their appointment or employment. This shall be evidenced by an endorsement separate from the Certificate of Insurance or a Letter of Agreement if self-insured.

## Ensure that Students carry professional liability insurance, as ~~may be~~ required by SCHOOL and SSA. Students must provide certificates of insurance verifying coverage and limits, prior to placement as noted in Subparagraph IV.B.4.

# SSA RESPONSIBILITIES

SSA will:

## Provide Students with appropriate workspace, including desks with drawer space, phone access, and an area for performing their fieldwork assignment(s).

## Designate Field Supervisors and Preceptors (as necessary), who will be responsible for notification to SCHOOL Coordinator and SSA Coordinator of any changes in supervision.

## Provide Field Supervision for the number of hours specified in SCHOOL’s Field Manual for each Student placed at SSA.

## Immediately terminate from the fieldwork assignment at SSA any Student who, in the SSA Coordinator’s judgment, is not participating satisfactorily. SCHOOL’s Fieldwork Coordinator, or designee, shall be notified immediately by telephone of such termination. The reason(s) for termination shall be sent in writing to SCHOOL’s Fieldwork Coordinator, or designee, within five (5) business days. ~~The SCHOOL, or designee, shall be notified immediately by telephone of such termination; the reason(s) for termination shall be sent in writing to the SCHOOL, or designee, within five (5) business days.~~

# CONFIDENTIALITY

## SSA and SCHOOL agree to maintain confidentiality of all records pursuant to ~~State of California Welfare and Institutions Code~~ ~~(~~WIC~~)~~ Sections 827 and 10850-10853, the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP), Division 19-000, and all other provisions of law, and regulations promulgated thereunder relating to privacy and confidentiality, as each may now exist or be hereafter amended.

## All records and information concerning any and all clients of SSA shall be considered and kept confidential by Students, SCHOOL, SCHOOL’s staff, agents, employees and volunteers. SCHOOL shall require all of its Students, employees, agents, and volunteer staff who may provide services for SCHOOL under this MOU to sign an agreement with SCHOOL before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all clients served by SSA, except as may be required to provide services under this MOU or to those specified in this MOU as having the capacity to audit SCHOOL, and as to the latter, only during such audit. SCHOOL shall provide reports and any other information required by COUNTY in the administration of this MOU, and as otherwise permitted by law. ~~All records and information concerning any and all clients of SSA shall be considered and kept confidential by SCHOOL, its students, staff, agents, employees, and volunteers. SCHOOL shall require its students, employees, agents, and volunteer staff who may provide services for SCHOOL under this MOU to sign an agreement with SCHOOL before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all clients served by SSA confidential, except as may be required to facilitate fieldwork experience, and as otherwise permitted by law.~~

## SCHOOL shall inform all of its Students, employees, agents, ~~contractors/subcontractors,~~ volunteers, and partners of this provision ~~participating under this MOU, of the confidentiality requirements referenced above~~ and that any person knowingly and intentionally violating the provisions of said State law may be guilty of a crime.

## SCHOOL agrees to maintain the confidentiality of its records with respect to Juvenile Court matters, in accordance with WIC Section 827, all applicable statutes, case law, and Orange County Juvenile Court Policy regarding Confidentiality, as it now exists or may hereafter be amended.

### No access, disclosure or release of information regarding a child who is the subject of Juvenile Court proceedings shall be permitted except as authorized. If authorization is in doubt, no such information shall be released without the written approval of a Judge of the Juvenile Court.

### SCHOOL must receive prior written approval of the Juvenile Court before allowing any child to be interviewed, photographed or recorded by any publication or organization or to appear on any radio, television or internet broadcast or make any other public appearance. Such approval shall be requested through child’s Social Worker.

## SSA shall keep confidential the Student records of SCHOOL’s Students, and not disclose such records except to SCHOOL and SSA officials who have a legitimate need to know consistent with their official responsibilities. ~~It is expressly understood that photographing, videotaping, audiotaping or using any other digital or mechanical means of recording or reproducing statements or images of Clients shall not be permitted under this MOU.~~

# PUBLICITY

## Information and solicitations, prepared and released by SCHOOL concerning the services provided under this MOU shall state that the program, wholly or in part, is funded through COUNTY, State, and Federal government funds.

## SCHOOL shall not disclose any details in connection with this MOU to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing SCHOOL’s need to identify its services to sustain itself, COUNTY shall not inhibit SCHOOL from publishing its role under this MOU within the following conditions:

### SCHOOL shall develop all publicity material in a professional manner; and

### During the term of this MOU, SCHOOL shall not, and shall not authorize another to, publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of COUNTY without the prior written consent of COUNTY. COUNTY shall not unreasonably withhold written consent.

# INDEMNIFICATION

## SCHOOL agrees to indemnify, defend with counsel approved in writing by COUNTY, and hold U.S. Department of Health and Human Services, the State, COUNTY, and their elected and appointed officials, officers, employees, agents and those special districts and agencies which ~~the~~ COUNTY’s Board of Supervisors acts as the governing Board (“COUNTY INDEMNITEES”) harmless from any claims, demands or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the services, products, or other performance provided by SCHOOL pursuant to this MOU. If judgment is entered against SCHOOL and COUNTY by a court of competent jurisdiction because of the concurrent active negligence of COUNTY or COUNTY INDEMNITEES, SCHOOL and COUNTY agree that liability will be apportioned as determined by the court. Neither party shall request a jury apportionment.

## COUNTY agrees to indemnify, defend~~,~~ and hold SCHOOL, ~~and~~ its board, trustees, officers, employees, agents, students, volunteers, affiliates, and related foundations ("SCHOOL INDEMNITEES"), harmless from any claims, demands or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the services, products or other performance provided by COUNTY pursuant to this MOU. If judgment is entered against ~~COUNTY~~ SCHOOL and ~~SCHOOL~~ the COUNTY by a court of competent jurisdiction because of the concurrent active negligence of SCHOOL ~~or SCHOOL INDEMNITEES,~~, the COUNTY and SCHOOL agree that liability will be apportioned as determined by the court.  ~~To the extent permitted by law, neither~~ Neither party shall request a jury apportionment.

# INSURANCE

## Prior to the provision of services under this MOU, SCHOOL agrees to purchase all required insurance at SCHOOL’s expense and to deposit with ~~ADMINISTRATOR~~ SSA Certificates of Insurance, including all endorsements required herein, necessary to satisfy COUNTY that the insurance provisions of this MOU have been complied with, and to keep such insurance coverage and the certificates therefore on deposit with ~~ADMINISTRATOR during the entire term of this MOU.~~ SSA during the entire term of this MOU. SCHOOL can self-insure for their insurance coverage provided such self-insurance meets or exceeds all provisions of the insurance requirements as stated herein throughout the term of this MOU. SCHOOL shall provide a letter or Certificate of Self-Insurance verifying all the stated coverage minimums and comparable terms to COUNTY.

## All self-insured retentions (SIRs) and deductibles shall be clearly stated on the Certificate of Insurance. If no SIRs or deductibles apply, indicate this on the Certificate of Insurance with a “0” by the appropriate line of coverage. ~~Any self-insured retention (SIR) or deductible in an amount in excess of $25,000 ($5,000 for automobile liability), shall specifically be approved by the County Executive Office (CEO)/Office of Risk Management.~~ ~~SCHOOL shall ensure that all subcontractors performing work on behalf of SCHOOL pursuant to this MOU shall obtain insurance subject to the same terms and conditions as set forth herein for SCHOOL.~~

## If SCHOOL fails to maintain insurance acceptable to COUNTY for the full term of this MOU, COUNTY may terminate this MOU.

## Qualified Insurer:

### Minimum insurance company ratings as determined by the most current edition of the Best's Key Rating Guide/Property-Casualty/United States ~~or ambest.com~~ shall be A- (Secure A.M. Best's Rating) and VIII (Financial Size Category).

### The policy or policies of insurance required herein must be issued by an insurer licensed to do business in the State of California (California Admitted Carrier~~).~~) or have a minimum rating of A- (Secure A.M. Best’s Rating) and VIII (Financial Size Category as determined by the most current edition of the Best’s Key Rating Guide/Property-Casualty/United States or ambest.com). If the insurer is a non-admitted carrier in the State of California and does not ~~meet or exceed~~ have an A.M. Best rating of A-/VIII, CEO/Office of Risk Management retains the right to approve or reject carrier after a review of the company's performance and financial ratings*.* ~~If the non-admitted carrier meets or exceeds the minimum A.M. Best rating of A-/VIII, ADMINISTRATOR can accept the insurance.~~

## The policy or policies of insurance or self-insurance maintained by SCHOOL shall provide the minimum limits and coverage as set forth below:

|  |  |
| --- | --- |
| Coverage | Minimum Limits |
| Commercial General Liability | $1,000,000 per occurrence  $2,000,000 aggregate |
| ~~Automobile Liability including coverage for owned, non-owned and hired vehicles~~ | ~~$1,000,000 per occurrence~~ |
| Workers' Compensation | Statutory |
|  |  |
| Employer's Liability Insurance | $1,000,000 per occurrence |
|  |
| Professional Liability Insurance | $1,000,000 per claims made or per occurrence |
|  |  |
| Sexual Misconduct Liability | $1,000,000 per occurrence |

## Required Coverage Forms:

### Commercial General Liability coverage shall be written on Insurance Services Office (ISO) form CG 00 01, or a substitute form providing liability coverage at least as broad. ~~Business Auto Liability coverage shall be written on ISO form CA 00 01, CA 00 05, CA 0012, CA 00 20, or a substitute form providing coverage at least as broad.~~

## Required Endorsements:

### Commercial General Liability policy shall contain the following endorsements, which shall accompany the Certificate of Insurance:

#### An Additional Insured endorsement using ISO form CG 2010 or CG 2033 or a form at least as broad naming the ~~COUNTY~~ County of Orange, its elected and appointed officials, officers, employees, and agents as Additional Insureds.

#### A primary non-contributing endorsement evidencing that SCHOOL’s insurance is primary and any insurance or self-insurance maintained by ~~COUNTY~~ the County of Orange shall be excess and non-contributing.

## All insurance policies required by this MOU shall waive all rights of subrogation against ~~COUNTY~~ the County of Orange and members of the Board of Supervisors, its elected and appointed officials, officers, agents and employees when acting within the scope of their appointment or employment.

## The Workers’ Compensation policy shall contain a waiver of subrogation endorsement waiving all rights of subrogation against ~~COUNTY~~ the County of Orange, and members of the Board of Supervisors, its elected and appointed officials, officers, agents and employees.

## ~~All insurance policies required by this MOU~~ SCHOOL shall ~~give~~ immediately notify COUNTY ~~thirty (30) days notice~~ in ~~the event~~ writing of any policy cancellation and ~~ten (10) days~~ for non-payment of premium~~. This shall be evidenced by policy provisions or an endorsement separate from~~ and provide a copy of the cancellation notice to COUNTY. Failure to provide written notice of cancellation may constitute a material breach of the ~~Certificate of Insurance.~~ MOU, upon which the COUNTY may suspend or terminate this MOU.

## If SCHOOL’s Professional Liability policy is a "claims made" policy, SCHOOL shall agree to maintain professional liability coverage for two (2) years following completion of this MOU.

## The Commercial General Liability policy shall contain a severability of interests clause also known as a “separation of insureds” clause (standard in the ISO CG 0001 policy).

## Insurance certificates should be mailed to COUNTY at the address indicated in Paragraph XII of this MOU.

## If SCHOOL fails to provide the insurance certificates and endorsements within seven (7) days of notification by CEO/County Procurement Office or SSA, COUNTY may terminate this MOU.

## COUNTY expressly retains the right to require SCHOOL to increase or decrease insurance of any of the above insurance types throughout the term of this MOU. Any increase or decrease in insurance will be as deemed by ~~COUNTY~~ County of Orange Risk Manager as appropriate to adequately protect COUNTY.

## COUNTY shall notify SCHOOL in writing of changes in the insurance requirements. If SCHOOL does not deposit copies of acceptable certificates of insurance and endorsements with COUNTY incorporating such changes within thirty (30) days of receipt of such notice, this MOU may be in breach without further notice to SCHOOL, and COUNTY shall be entitled to all legal remedies.

## The procuring of such required policy or policies of insurance shall not be construed to limit SCHOOL’s liability hereunder nor to fulfill the indemnification provisions and requirements of this MOU, nor act in any way to reduce the policy coverage and limits available from the insurer.

# NOTIFICATION OF INCIDENT, CLAIMS OR SUITS

SCHOOL shall report to SSA:

## Any accident or incident relating to services performed under this MOU which involves injury or property damage which may result in the filing of a claim or lawsuit against SCHOOL and/or COUNTY. Such report shall be made in writing within twenty-four (24) hours from date of knowledge of incident.

## Any third party claim or lawsuit filed against SCHOOL arising from or related to services performed by SCHOOL under this MOU. Such report shall be submitted to COUNTY within twenty-four (24) hours of notice of claim or service of lawsuit, whichever occurs first.

## Any injury to an employee or Student of SCHOOL that occurs on COUNTY property. Such report shall be submitted to COUNTY within twenty-four (24) hours from date of knowledge of incident.

## Any loss, disappearance, destruction, misuse, or theft of any kind whatsoever of COUNTY property, monies, or securities entrusted to Student under the term of this MOU. Such report shall be submitted to COUNTY within twenty-four (24) hours from date of knowledge of incident.

# NOTICES ~~AND CORRESPONDENCE~~

All notices, claims correspondence, reports, and/or statements authorized or required by this MOU shall be addressed as follows ~~All correspondence concerning this MOU will be in writing and sent to~~:

SSA: County of Orange Social Services Agency

~~Attn: Internship Coordinator~~

Contract Services

888 North Main Street

Santa Ana, CA 92701

~~County of Orange Social Services Agency~~

~~Attn: Administrator – Contract Services~~

~~888 North Main Street~~

~~Santa Ana, CA 92701~~

SCHOOL: Azusa Pacific University

Department of Social Work~~/Field Education~~/Master of Social Work Program

Attn: Kimberly ~~Louis~~ Setterlund

901 E. Alosta Ave., P.O. Box 7000~~, 701 East Foothill Boulevard~~

Azusa, CA 91702

With a copy to:

Azusa Pacific University

Office of General Counsel

901 E. Alosta Ave., P.O. Box 7000~~,~~ ~~901 East Alosta Avenue~~

Azusa, CA 91702

All notices shall be deemed effective when in writing and deposited in the United States mail, first class, postage prepaid, and addressed as above. Any notices, claims, correspondence, reports, and/or statements authorized or required by this MOU addressed in any other fashion shall be deemed not given. SSA and SCHOOL may mutually agree in writing to change the addresses to which notices are sent.

# RESOLUTION OF CONFLICTS

For resolution of conflicts between SSA and SCHOOL in regards to the provisions of this MOU, the following shall apply:

Step 1: Conference shall be held between the Field Supervisor and SCHOOL Fieldwork course instructor;

Step 2: Conference shall be held between the SSA Coordinator and ~~the~~ SCHOOL Coordinator;

Step 3: Conference shall be held between the SSA Program Manager or Deputy Director and Chair of SCHOOL's Social Work Degree Program~~.~~;

Step 4: Conference shall be held between the SSA Division Director and ~~SCHOOL’s School~~ SCHOOL's Dean of Behavioral and Applied Sciences;

# CONFLICT OF INTEREST

## SCHOOL shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with the best interests of COUNTY. This obligation shall apply to SCHOOL’s Students, employees, agents, relatives, and third parties associated with accomplishing the work hereunder.

## SCHOOL’s efforts shall include, but not be limited to, establishing precautions to prevent its Students, employees, or agents from making, receiving, providing, or offering gifts, entertainment, payments, loans, or other considerations which could be deemed to appear to influence individuals to act contrary to the best interests of COUNTY.

# TERMINATION

## ~~Either party~~ SSA may terminate this MOU without penalty immediately with cause or after thirty (30) ~~days~~ days’ written notice without cause, unless otherwise specified. Notice shall be deemed served ~~five (5) days after~~ on the date of mailing. Cause shall be defined as any breach of this MOU, any misrepresentation, or fraud on the part of ~~either party.~~ SCHOOL. Exercise by ~~the non-breaching party~~ SSA of the right to terminate this MOU shall relieve ~~SSA~~ COUNTY of all further obligations under this MOU.

## Upon termination, or notice thereof, ~~the Parties~~ SCHOOL agree to cooperate with ~~each other~~ SSA in the orderly transfer of service responsibilities, active case records, and pertinent documents.

## The obligations of ~~SSA~~ COUNTY under this MOU are contingent upon the availability of Federal and/or State funds, as applicable, and inclusion of sufficient funds for the provision of services hereunder in the budget approved by the Orange County Board of Supervisors each fiscal year this MOU remains in effect or operation. In the event that such funding is terminated or reduced, SSA may immediately terminate or modify this MOU, without penalty. The decision of SSA ~~shall~~ will be binding on SCHOOL. SSA ~~shall~~ will provide SCHOOL with written notification of such determination. SCHOOL shall immediately comply with SSA's decision.

# GENERAL PROVISIONS

## With the exception of client records or other records referenced in Paragraph ~~IV,~~ VII, entitled Confidentiality, all records, including but not limited to, reports, audits, notices, claims, statements, and correspondence, required by this MOU may be subject to public disclosure. SSA shall not be liable for any such disclosure.

## Nothing herein contained shall be construed as creating the relationship of employer and employee, or principal and agent, between SSA and any participant in this program, or any of SCHOOL’s Students, agents or employees.

## This MOU represents the entire understanding of the Parties with respect to the subject matter. No change, modification, extension, termination or waiver of this MOU, or any of the understandings herein contained, shall be valid unless made in writing and signed by duly authorized representatives of the Parties hereto.

## This MOU has been negotiated and executed in the State of California and shall be governed by and construed under the laws of the State of California. In the event of any legal action to enforce or interpret this MOU, the sole and exclusive venue shall be a court of competent jurisdiction located in Orange County, California, and the parties hereto agree to and do hereby submit to the jurisdiction of such court, notwithstanding Code of Civil Procedure Section 394. Furthermore, the Parties specifically agree to waive any and all rights to request that an action be transferred for trial to another county.

# SIGNATURE IN COUNTERPARTS

The parties agree that separate copies of this Agreement may be signed by each of the parties, and this Agreement will have the same force and effect as if the original had been signed by all the parties.

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WHEREFORE, the parties hereto have executed the Memorandum of Understanding in the ~~State~~ County of ~~California~~ Orange.

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| By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ~~Michael L. Riley, Ph.D.,~~ Michael F. Ryan, Director  County of Orange  Social Services Agency |  | Mark Dickerson, J.D.  Vice President  Azusa Pacific University |
| Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Kimberly Setterlund, MSW, LCSW  Director of Field Education  Azusa Pacific University  Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Approved As To Form  County Counsel  County of Orange, California |  |  |
| By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Deputy |  |  |
| Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |