

PERFORMANCE BASED CONTRACT GUIDELINES

BYADA Home Health Care, Inc.

570 Taxter Road, Suite 620

Elmsford, NY 10523

915-631-2027

Carla Martinoff- Division Director

cmartinoff@bayada.com

1. WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE? (Describe in detail any services to be provided or materials to be purchased)

BAYADA Home Health Care, Inc. will provide School Nurses-LN/LPS's for students identified with special needs. Services to be provided on an as needed basis as requested by the District.

2. AMOUNT OF SERVICE?

(Set forth the monetary value of the proposed agreement and quantities and/or amounts of time required to be devoted to the contract and describe where services are to be provided as specified in Schedule "B")

\$36,335.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

(Describe whether services are to be provided directly to students, to staff, etc.)

Yonkers Public Schools District students

4. WHO WILL PROVIDE SERVICES?

(If individual providers are contemplated, set forth the names and qualifications of the service providers)

BAYADA Home Health Care, Inc.

4a. WILL THE CONTRACTOR BE UTILIZING ANY SUBCONTRACTORS OR VOLUNTEERS IN FURTHERANCE OF THIS AGREEMENT? **IF YES, PLEASE LIST ALL OF THEIR NAMES AND CONTACT INFORMATION.**

No

5. WHAT WILL BE COMMUNICATED TO DISTRICT PERSONNEL, PARENTS, OTHERS ABOUT PROGRESS AND RESULTS OF THE SERVICES?

(How specifically will the contractor report to the School District (or parents, if applicable) about their progress towards achieving the goals of the contract?)

The provider will communicate with the Yonkers Public Schools District Special Education Department.

6. HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES? (Set forth the method which will be used to evaluate contractor's performance)

School building administration and information received from the parent.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: BAYADA Home Health Care, Inc.
Vendor Address: 570 Taxter Road, Suite 620
Vendor Phone No.: 915-631-2027
Vendor Business Status: (corporation, non-profit individual, unincorporated)
Vendor Contact Name: Carla Martinoff
Vendor Contact Email: cmartinoff@bayada.com
Tax ID No.: 23-1943113

School District Administrator Name: Dr. Stephanie McCaskill
School District Administrator Title: Interim Assistant Superintendent Special Education Pupil Support Services
School District Administrator Phone No.: 914-376-3489
School District Administrator Email: smcaskill@yonkerspublicschools.org

8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?

no


9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.

Yes, provider will get a copy of student's IEP/

10. WILL THE STUDENT DATA BE USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? IF YES, PLEASE SPECIFICALLY DESCRIBE.

No

Performance Based Guidelines
Reviewed and approved by:



(Signature of School District administrator/employee)

Dr. Stephanie McCaskill
Interim Assistant Superintendent
Special Education & Pupil Support
Services

Dr. Stephanie McCaskill
Internal Assistant Superintendent
Special Education & Pupil Support
Services