

## **PERFORMANCE BASED CONTRACT GUIDELINES**

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

Foundations of Trauma – Professional Development for all Yonkers Public Schools Staff

This 2 hour session(s) will provide foundational knowledge for all staff serving children to increase their ability to create safety, build connections, and improve coping through a trauma-responsive lens.

Key concepts delivered will include:

- Establishing common language on stress, adversity/toxic stress, and trauma
- Neurobiology of the stress response
- Adverse Childhood Experiences (ACEs)
- Impact of stress and trauma on brains, bodies, and behaviors
- Introductory strategies to put knowledge into practice today
- Special attention will be focused on the connection of these concepts to marginalized populations especially those who experience housing insecurity

### **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”)

- Foundations of Trauma – 6 Professional Development sessions will be provided at 2 hours/session (virtual trainings) for a total of 12 hours of training. Cohort size to not exceed 50 participants.

### **3. WHO IN THE SCHOOL DISTRICT IS SERVED?**

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

Foundations of Trauma Professional Development sessions will be provided directly to all staff across Yonkers Public Schools, as identified by Yonkers Public Schools in collaboration with CCSI facilitator.

### **4. WHO WILL PROVIDE SERVICES?**

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

Sessions will be delivered by Coordinated Care Services, Inc.

- Primary Facilitator: Deb Salamone, MS Ed., Senior Consultant System & Practice Transformation

Coordinated Care Services, Inc. (CCSI)

- Supportive Facilitator: Natalie Nordlund, Doctoral Intern of School Psychology, Rochester Institute of Technology

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.**

N/A. All work will be provided by employees of CCSI as indicated above.

(If the Contractor will be using any subcontractors, volunteers, and/or other agents other than the individuals identified in question #4 above or #7 below, they need to be disclosed here)

**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?)

CCSI will equip Yonkers project staff with session evaluation results to inform progress and district communication strategy. The report will be available through Alchemer, an online survey and reporting platform.

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

Foundations of Trauma training evaluations will be provided at the conclusion of each session. A summary of evaluation results will be developed and shared with Yonkers Public Schools. Session evaluations will include indicators to assess facilitator knowledge and responsiveness, achievement of learning objectives, and open ended responses to harvest qualitative data.

**7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.**

Vendor Name: Coordinated Care Services, Inc.  
Vendor Address: 1099 Jay St, Bldg J, Rochester, NY 14611  
Vendor Phone No.: (585) 328-5190 x7545  
Vendor Business Status: (corporation, non-profit individual, unincorporated)  
Vendor Contact Name: Deb Salamone, MEd  
Vendor Contact Email: [DSalamone@ccsi.org](mailto:DSalamone@ccsi.org)  
Tax ID No.:

School District Administrator Name: Lissette Colon-Collins  
School District Administrator Title: Assistant Superintendent  
School District Administrator Phone No.: 914-376-8230  
School District Administrator Email: [lcolon-collins@yonkerspublicschools.org](mailto:lcolon-collins@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?**


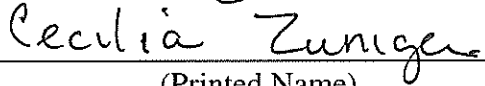
CCSI services are in collaboration with the Yonkers Public School District to deliver on the 2022-2023 McKinney-Vento Grant that was awarded to Yonkers Public Schools.

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.**

N/A – No student data will be shared with CCSI employees.

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.**

N/A

<p>Performance Based Guidelines Reviewed and approved by:</p> <p> _____ (Signature of School District administrator/employee)</p> <p> _____ (Printed Name)</p>
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