

## PERFORMANCE BASED CONTRACT GUIDELINES

Maxim Healthcare Staffing  
900 Merchants Concourse – Suite-LL-6  
Westbury, New York 11590  
516-408-9780

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

- Maxim Healthcare Staffing shall provide the District on an as needed basis, a full range of staffing services including Registered Nurses, Licensed Practical Nurses, Certified Nurses and other clinical professionals. \
- The purpose of this resolution is for Maxim Healthcare Staffing to provide the District on an as needed basis, with services to include Registered Nurses, Licensed Practical Nurses, Certified Nurses and other clinical professionals.

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")

Original Contract Amount –\$180,000.00  
Amendment Amount – \$160,650.00  
New Total Contract Amount - \$340,650.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

- Nurses are needed for Out of District Students for full day school sessions, transportation only and also per diem for district wide coverage

4. WHO WILL PROVIDE SERVICES?

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

- Maxim Healthcare Staffing

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?)

Direct contact with school building administrators, and parents, and by maintaining school building level student records as warranted.

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 administrators input.

- School building record review.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Maxim Healthcare Staffing

Vendor Address: 900 Merchants Concourse – Suite-LL-6  
Westbury, New York 11590

Vendor Phone No.: 516-408-9780

Vendor Business Status: (corporation, non-profit individual, unincorporated)

Vendor Contact Name: Chelsea Plocker, Sr. Educational Service Recruiter

Vendor Contact Email: [Chplocker@maxhealth.com](mailto:Chplocker@maxhealth.com)

Tax ID No.: 04-2818624

School District Administrator Name: Dr. Stephanie McCaskill

School District Administrator Title: Interim Assistant Superintendent Special Education and Pupil support Services

School District Administrator Phone No.: 914-376-8489

School District Administrator Email: [smccaskill@yonkerspublicschools.org](mailto:smccaskill@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?

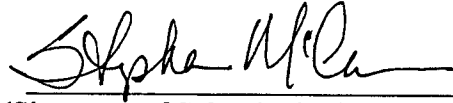
No

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, staff will have access to identified student health records and student IEP's.

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.

Performance Based Guidelines  
Reviewed and approved by:



(Signature of School District administrator/employee)

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

