

**PERFORMANCE BASED CONTRACT GUIDELINES**

**Four Winds Hospital  
800 Cross River Road  
Katonah, New York 10536  
914 -763-8151  
Monica Broderick, CEO**

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

Four Winds Hospital will provide instructional services to Yonkers Public Schools' students who are hospitalized at their facility for psychiatric concerns.

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")

Total not to exceed \$88,320.00.

a. Number of hours (days, weeks, etc)

As per State requirements:

1 hour per school day per student for elementary students

2 hours per school day per student for secondary students

b. When the service is to be provided

Services will be provided upon admission of student to the Four Winds Hospital and cease upon their discharge.

c. Location(s)

Services will be provided on-site at Four Winds Hospital.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Students who are admitted to this facility for treatment of psychiatric issues. Contractor will keep a log of students and number of hours served.

4. WHO WILL PROVIDE SERVICES?

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

Instruction is provided by Four Winds Hospital personnel. Each staff member is a licensed and experienced teacher

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?)

Four Winds Hospital supports intensive communication with all constituents. Communication with districts-of-residence includes requests for pertinent academic information at time of placement along with a summary of instructional performance at discharge. Daily communication with unit personnel will allow for coherent treatment. When useful and appropriate, Four Winds Hospital staff communications directly with parents

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

Tutors and children keep daily journals of their work and daily progress. The math and language arts instructions support student achievement in the pursuit of New York State Learning Standards. Each student is given specified, individual goals (general and special education students) allowing for coherent treatment component while a child is in the hospital unit. Tutors will generate progress reports for each student.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Four Winds

Vendor Address: 800 Cross River Road

Katonah, New York 10536

Vendor Phone No.: 914-769-8151

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

Vendor Contact Name: Monica Broderick, CEO

Vendor Contact Email: mbroderick@fourwindshospital.com

Tax ID No.:

School District Administrator Name: Dr. Luis Rodriguez

School District Administrator Title: Special Education and Pupil Support Services

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

School District Administrator Email: lrodriguez2@yonkerspublicschools.com

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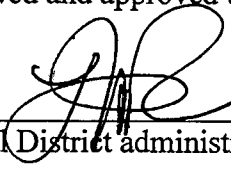
8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?

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.

No

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.

<p>Performance Based Guidelines Reviewed and approved by:</p>  <p>_____ (Signature of School District administrator/employee)</p> <p>Dr. Luis Rodriguez Assistant Superintendent Special Education and Pupil Support Services</p> <p>_____ (Printed Name)</p>
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