

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

Professional Development Session aligned with McKinney-Vento Foster Care content/topics

- This 4 hour session will be provided in person at Yonkers Schools McKinney-Vento Foster Care Conference in Spring 2024
- Specific content to be determined no less than 2 months prior to the conference date.

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 – 4 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
- Professional Development (1) 4 hour session at McKinney-Vento Conference

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 and the Conference session 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 Facilitators:
Deb Salamone, MS Ed., Senior Consultant Trauma Informed Care and TIG

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.**

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

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. The Conference session will be evaluated at the conclusion of the session in the above manner and results shared with Yonkers Public Schools.

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) 755-7798

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

Vendor Contact Name: Deb Salamone, MS Ed

Vendor Contact Email: dsalamone@ccsi.org

Tax ID No.: 22-2573042

School District Administrator Name: Lissette Colon-Collins

School District Administrator Title: Assistant Superintendent Language Acquisitions, Funded Programs, School Improvement and The Arts

School District Administrator Phone No.: 914-376-8230

School District Administrator Email: 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?**

Yes, McKinney-Vento Grant.

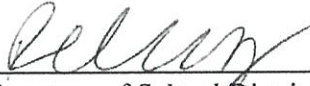
Provide culturally sensitive and clinically appropriate training, support, and resource services to assist school in responding to the emotional needs of students

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 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.**

No

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