



NEW HAVEN PUBLIC SCHOOLS

## Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Glynis King Harrell  
**Date:** July 19, 2022  
**Re:** Center for Pediatric Therapy

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Please ***answer all questions and attach any required documentation as indicated below.*** Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

1. **Contractor Name:**  
Center for Pediatric Therapy
2. **Description of Service:**  
The general services to be performed by the Contractor shall consist of: speech-language remediation, evaluation, consultation, statistics, PPT attendance, medical reimbursement billing, IEP planning, report writing, goal writing, team collaboration, staff meetings, supervision of graduate students, and/or speech-language assistants and other related services as requested by the Board. Provision of diagnostic and therapeutic tools necessary for services.
3. **Amount of Agreement and hourly or session cost:**  
\$369,096.00, Agreement Amount      \$78.00, Hourly Rate
4. **Funding Source and account number:**  
Special Funds, IDEA Handicapped, 2504-5034-56903
5. **Approximate number of staff served through this program or service:**  
N/A
6. **Approximate number of students served through this program or service:**  
13355
7. **Continuation/renewal or new Agreement?**  
**Answer all questions:**
  - a. If continuation/renewal, has the cost increased? If yes, by how much? Yes \$80,225.00
  - b. What would an alternative contractor cost: Ranges up to \$110.00 per hour
  - c. If this is a continuation, when was the last time alternative quotes were requested? 2022

- d. For new or continuation: is this a service existing staff could provide. If no, why not? No Contractual services are required due to inadequate speech and language pathology positions within the district. Speech/language pathologists are a national critical shortage area.

**8. Type of Service:**

**Answer all questions:**

- a. Professional Development? N/A  
i. If this is a professional development program, can the service be provided by existing staff? If no, why not? N/A
- b. After School or Extended Hours Program? N/A
- c. School Readiness or Head Start Programs? N/A
- d. Other: (Please describe)

**9. Contractor Classification:**

**Answer all questions:**

- a. Is the Contractor a Minority or Women Owned Business? Yes
- b. Is the Contractor Local? Yes
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? No
- d. Is the Contractor a public corporation? No
- e. Is this a renewal/continuation Agreement or a new service? Yes
- f. If it is a renewal/continuation has cost increased? If yes, by how much? Yes \$80,225.00
- g. Will the output of this Agreement contribute to building internal capabilities?  
If yes, please explain: Yes  
Specialized skill of speech and language therapy that will address speech/language and therapeutic services for qualified sped students.

**10. Contractor Selection: In this section, please describe the selection process, including other sources considered and the rationale for selecting the contractor. Please answer all questions:**

- a. What specific skill set does this contractor bring to the project? Please attach a copy of the contractor's resume if an individual or link to contractor website if a company:  
A specialized skill of speech and language therapy, which includes a master's degree and ASHA certification. Resume is attached.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source designation from the City of New Haven Purchasing Department?  
Quotes
- c. Is the contractor the lowest bidder? If no, why? Why was this contractor selected?  
No The Lowest bid was EBS. Currently they have no one available.
- d. Who were the members of the selection committee that scored bid applications?  
Dr. Glynis King Hareel and Stacie Ormond, Administrative Assistant
- e. If the contractor is Sole Source, please attach a copy of the Sole Source designation letter from the City of New Haven Purchasing Department.

## 11. Evidence of Effectiveness & Evaluation

### Answer all questions

- a. What **specific need** will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met?  
The contractor will address speech / language and therapeutic services for qualified sped students.
- b. If this is a **renewal/continuation service** attach a copy of the evaluation or archival data that demonstrates effectiveness.
- c. How is this service aligned to the District Continuous Improvement Plan?  
Speech-language pathologists (SLP) are needed in the district to meet the communicative needs of our "at risk" and disabled students from Pre-K thru 12th grade. Success in academic, college and career all require effective communication.

## 12. Why do you believe this Agreement is fiscally sound?

Contractual services are required due to inadequate speech and language pathology positions within the district. Speech/language pathologists are a national critical shortage area. Because the expertise is in demand the fees can range from \$130.00 to \$150.00 per hour. Fees can vary based on logistics and experience. Providers can also charge for assessments separately, \$200.00 - \$250.00 (Connec-to-talk, Invo Health, EBS). To simplify the provision of service for our district I have asked providers to charge hourly regardless of the activity (therapy, assessment, IEP meetings, etc.) Companies often solicit with attractive rates, but often want a "finder's fee" and frequently don't have candidates readily available. They ask for a district commitment while they search for a candidate.

## 13. What are the implications of not approving this Agreement?

Disabled students will not receive appropriate intervention, hence failure to comply with IEP mandates can lead to state and federal complications.



NEW HAVEN PUBLIC SCHOOLS  
**AGREEMENT COVER SHEET**

**Cover Sheet is an Internal Document for Business Office Use**

**Please Type**

Contractor full name:

Center for Pediatric Therapy

Doing Business As, if applicable:

Speech Language Pathologist

Business Address:

55 Walls Drive, Suite 204, Fairfield, CT 06824

Business Phone:

203-255-3669

Business email:

Funding Source & Acct # including location code:

Special Funds, IDEA Handicapped, 2504-5034-56903, 00

Principal or Supervisor:

Dr. Glynis King Harrell

Agreement Effective Dates: From 08/22/2022. To 06/30/2023.

Hourly rate or per session rate or per day rate. \$78.00

Total amount: \$369,096.00

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

The general services to be performed by the Contractor shall consist of: speech-language remediation, evaluation, consultation, statistics, PPT attendance, medical reimbursement billing, IEP planning, report writing, goal writing, team collaboration, staff meetings, supervision of graduate students, and/or speech-language assistants and other related services as requested by the Board. Provision of diagnostic and therapeutic tools necessary for services.

Submitted by: Stacie Ormond

Phone: 475-220-1664



NEW HAVEN PUBLIC SCHOOLS

**AGREEMENT**  
**By And Between**  
**The New Haven Board of Education**  
AND

Center for Pediatric Therapy

**FOR DEPARTMENT/PROGRAM**

Department of Student Services

This agreement entered into on the 30<sup>th</sup> day of June, 2022, effective (no sooner than the day after Board of Education Approval), on the 29<sup>th</sup> day of August, 2022, by and between the New Haven Board of Education (herein referred to as the "Board") and, Center for Pediatric Therapy located at, 55 Walls Drive, Suite 204, Fairfield, CT 06824 (herein referred to as the "Contractor").

**COMPENSATION**

The Board shall pay the contractor for satisfactory performance of services required the amount of \$78.00 per day, hour or session, for a total of 4732 days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: Three Hundred Sixty Nine Thousand and Ninety Six Dollars \$(369,096.00). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

**Fiscal support** for this Agreement shall be by Special Funds, IDEA Handicapped Program of the New Haven Board of Education, **Account Number** 2504-5034-56903 **Location Code:** 0 0 0 0.

This agreement shall remain in effect from August 22, 2022 to June 30, 2023.

**SCOPE OF SERVICES**

*In the space below, please provide brief summary of service.*

The general services to be performed by the Contractor shall consist of: speech-language remediation, evaluation, consultation, statistics, PPT attendance, medical reimbursement billing, IEP planning, report writing, goal writing, team collaboration, staff meetings, supervision of graduate students, and/or speech-language assistants and other related services as requested by the Board. Provision of diagnostic and therapeutic tools necessary for services.

The Contractor agrees to:

1. Reassign Medicaid payment for School Based Child Health Services to the State Department of Education;
2. Not bill Medicaid directly for services provided under the agreement; the Contractor understands that to do so would constitute double billing.
3. Provide documentation in a form and manner acceptable to the Board and which is in Compliance with the Department of Social Services regulations; and
4. Comply with the pertinent requirements of the Department of Social Services Performing Provider Agreement signed by the Board.

**Exhibit A: Scope of Service:**

*Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.*

**Exhibit B: Student Data and Privacy Agreement:**

*Attached*

**Exhibit C: Compliance with Executive Order No. 13G:**

*Contractor's Declaration Attesting to Compliance with Executive Order No. 13G – form must be completed by the contractor. See attached form for contractors who are working with students or staff in school or in after school programs, regardless of location.*

**APPROVAL:**


This Agreement must be approved by the New Haven Board of Education **prior to service start date**. Contractors **may begin service no sooner than the day after** Board of Education approval.

**HOLD HARMLESS:**

The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor's breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

**TERMINATION:**

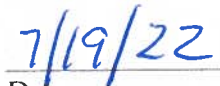
The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.



Contractor Signature

\_\_\_\_\_  
President

New Haven Board of Education



Date

\_\_\_\_\_  
Date

Diane Kacin, Buisness Manager

Contractor Name Printed & Title



NEW HAVEN PUBLIC SCHOOLS

**EXHIBIT B**

**STUDENT DATA PRIVACY AGREEMENT  
SPECIAL TERMS AND CONDITIONS**

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student-generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student-generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student-generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.





455 Post Road Suite 202  
Darien, CT 06820  
p 203.424.2584  
f 203.202.7310

55 Walls Drive Suite 204  
Fairfield, CT 06824  
p 203.255.3669  
f 203.255.1173

101 N. Plains Industrial  
Wallingford, CT 06492  
p 203.949.9337  
f 203.284.3779

*Supporting children where they live, learn, and play.*

## EXHIBIT A

### Scope of Services 2022-2023

Center for Pediatric Therapy (CPT) has been located in Fairfield, CT since 1993. CPT's mission, *Supporting Children Where They Live, Learn and Play*, has always guided our decisions as an organization. Adhering to the CPT values, our organization has solely focused on providing the highest quality service to all children from ages birth to 21, and those individuals whose challenges have continued into adulthood. In essence, children are our specialty.

CPT employs occupational therapists, physical therapists, and speech language pathologists who have graduated from an accredited program, are board certified with their respective discipline, and are licensed by the CT Department of Health. CPT staff traditionally include a blending of experience levels, from seasoned clinicians to recent graduates. As we are committed to mentorship and professional development, our staff regularly participate in continuing education to remain current in their practice and to meet licensure and certification standards.

CPT has a long history of providing educationally-based therapy. CPT staff are proficient with integrating into each district serviced, including independently managing their assigned caseloads, student scheduling, carrying out treatment plans, designing and implementing individualized goals and objectives, conducting evaluations and screenings, reporting on progress, identifying necessary accommodations, meeting documentation requirements in a timely manner (written reports and required electronic documentation per district), collaborating with team members, and providing staff training as appropriate.

In addition to fulfilling contracts which are scheduled and planned, CPT is often called upon to provide immediate, short-term or long-term placements secondary to a district's unanticipated staffing needs to be in compliance with district IEPs. Thus, CPT staff possess the skills to quickly assimilate into unfamiliar teams in order to collaborate on behalf of the children.

CPT outlines the following model for the District:

- A. Direct and indirect therapy provided as outlined on each student's IEP for the school year and extended school year programming: All therapists will work with the parameters set forth by the District's administrators.
  - CPT assigns therapists to meet the total number of hours outlined to meet the District's needs, both for in school and home therapy services.
  - Therapists will be responsible for their individual student caseload.
  - Therapists establish a set weekly schedule for therapy allowing for consistent delivery of IEP service time and therapist presence onsite.
  - Therapists will collaborate, train, and assist with the District's staff as requested.
  - CPT therapists will utilize best practices and research-based interventions.

B. The following are services that are part of the natural course of providing effective school-based services which allow therapists to function as part of a collaborative team on behalf of the student.

- Annual Review PPT Attendance
- Annual Review Documentation. Therapists will provide timely and complete documentation as required by the district for each student:
  - Progress Summary: Completed once a year in preparation for Annual Review PPT
  - Updating IEP Goals: Completed once a year in preparation for Annual Review PPT
  - Report Card Markings: Completed quarterly
  - Triennial Testing: Including assessment implementation, scoring of standardized assessments, and report write up.
  - Data Collection: Therapists will maintain data collected during therapy sessions to support progression on established goals and objectives.
  - Therapists will follow the District's preferred data management procedures.
  - Completion of district required documentation processes.
  - Examples include: note entry on specific online or local platforms and/or billing Medicaid for the provided services on a specific state required platform.
  - Consultation/Screening Requests (for students not currently receiving IEP services): Therapists will complete all requested consultations/screenings at the district's request.
  - New Referrals/Initial Evaluations: Therapists will complete initial evaluations which include: chart review, classroom observation, teacher interview, assessment implementation, scoring, report write up, and goal establishment.

C. CPT therapists or administrative team will provide in services, professional development, and training to staff and parents with necessary materials when requested.

D. CPT's administrative team will monitor services provided and time billed for services to ensure adherence to the terms of the contract with the district. CPT administrative team provide certified and qualified therapists who are licensed to practice in the state of CT, will recruit as necessary, and provide therapist training, professional development, and supervision.

E. CPT will follow the District's administrative procedures, guidelines, and other requirements as set forth by the agreement.

F. Cost for delivery of services:

- Total: \$369,096.00
- Travel costs: \$0
- Supplies costs: \$0



\_\_\_\_\_  
Diane Kacin, Business Manager



\_\_\_\_\_  
Date

## CONTRACTOR ASSESSMENT

Vendor Name Center for Pediatric Therapy

Project Description Speech and Language Pathologist

Evaluator Dr. Glynis King Harrell Date 6/10/2022

	Unacceptable			Excellent		Not applicable
	1	2	3	4	5	N/A
<b>Quality of contractor's Work</b>						
1. Attendance				X		
2. Effectiveness of instruction				X		
3. Ability to relate to parents and professionals during PPT's				X		
<b>Compliance with contract report writing &amp; Document Submission</b>						
4. Timely and accurate billing				X		
5. Medicaid completion				X		
6. Development and presentation of evaluations and IEP's				X		
<b>Working relationship of contractors with district</b>						
7. Timely submission of department data					X	
8. Accuracy of invoices					X	
9. Collegial, collaborative relations					X	
<b>Implementation of practice across the district</b>						
10. Flexibility in scheduling				X		
11. Coverage when needed (substitution)				X		
12. Team work with teacher and other professionals				X		



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*Supporting children where they live, learn, and play.*

**AMY NUCERA, CCC-SLP**

## ***EDUCATION***

**Master of Arts** in Audiology & Speech-Language Pathology  
University of Memphis, Memphis, TN

8/07

**Bachelor of Arts** in Anthropology, English (minor)  
University of Memphis, Memphis, TN

5/05

## ***LICENSURE***

**CT License #005432**

as of 8/17/17

**Certificate of Clinical Competence**

American Speech Language Hearing Association

2007-2010; 2017-present

## ***WORK EXPERIENCE***

**Center for Pediatric Therapy**

11/17- present

- Individual treatment and evaluations with children ages 2 to 18 with a variety of diagnoses in a clinical setting
- individual treatment and evaluations in the public school setting with children ages elementary to middle school

**Therapy Kinectons, LLC, Southbury, Connecticut**

8/17-11/17

- Individual treatment and evaluations in the public school setting with children ages elementary to middle school
- Individual treatment and evaluations of communication disorders in a private pediatric setting

**English as a Foreign Language Teacher, Japan**

8/10-8/16

JP Holdings, J-Cast, Tokyo

Compass English Academy, Kawasaki

British English and New Dance Academy, Onoda

- Teaching English as a foreign language to students of all ages in a variety of settings
- Training new teachers and developing new classroom materials

- Individual treatment and evaluations in the clinic and public school setting

***CONTINUING EDUCATION***

Complex Considerations for Speech Sound Disorders in the School Setting	10/14/20
Early Childhood Stuttering: Indirect and Direct Treatments	9/04/20
An Integrated Approach to Early Speech Stimulation	6/11/20
The Ethical Code: An Overview Focusing On Social Media & Collaborative Service	3/31/20
What's In A Word: The SLP Role in Literacy	3/31/20
Nine Building Blocks of Supervision	2/20/20
Knowledge, Skills, and Competencies for Supervision	2/18/20
20Q: Language Development and Its Clinical Applications	4/30/19
The 3 Biggest Stressors for SLPs and What to Do About Them	4/30/19
20Q: Speech Sound Disorders: "Old" and "New" Tools	3/31/19
Supporting Children of Poverty: Special Considerations for the School-Based SLP	2/28/19
Key Features of ASD That Distinguish it From Other Disorders	1/31/19
Phonological Assessment/Intervention of Bilingual Pediatrics with Unintelligible Speech	1/31/19
20Q: Evaluation & Treatment of Speech/Resonance Disorders & Velopharyngeal Dysfunction	1/31/19
Writing Goals to Facilitate Success with AAC	1/31/19
Dismissal Decisions and Student Motivation: When is dismissal the answer?	1/31/19
What is All the Ethics About?	11/30/18
DIRFloortime®: It's Not Just for Treating Autism Parts 1 and 2	11/30/18
Anxiety and Its Impact on Speech and Language in the Pediatric Population	11/30/18
Sensory Processing Disorder and Its Impact on Speech and Language in Pediatrics	10/31/18
Improving Vocabulary in Children with Language Disorders - Pt 1	10/31/18
Music, Speech Development & Autism	4/30/18
Pragmatics and Social Communication: Treatment Strategies	4/30/18
Pragmatics and Social Communication: Assessment	3/31/18
Pragmatics and Social Communication: Educational Impact	3/31/18
HIPAA: Defining Privacy Issues in Speech-Language Pathology	4/30/17
Evaluation & Assessment of Communication in Infants and Toddlers: Birth to Two	4/30/17
Teaching Parents Strategies to Foster Language Development in Toddlers	4/30/17
The Importance of Using Core Vocabulary Across All Settings	4/30/17
A-Z: Assessment for Severe Phonological Disorders	4/30/17
Language-Based Treatment for Children with Speech Sound Disorders	4/30/17
Auditory Processing Disorders: Application/Interpretation of SCAN-3 Test Battery	4/30/17
The As, Bs and Cs of Ethics in the Schools	3/31/17
Language Processing Therapy for Children Diagnosed with (C)APD - Parts 1 & 2	3/31/17
Writing and Refining Speech-Language IEP Goals	3/31/17
Engaging Parents as Partners in Early Literacy Development	3/31/17
Telepractice & Emerging Technologies: A 2016 Horizon Report	3/31/17

Interpreting Test Scores & Key Concepts from Standardized Tests	3/31/17
Identifying Typical and Atypical Speech Patterns Using the GFTA-3	3/31/17
Ready, Steady, Go: Mindfulness Practices for Children	3/31/17
Early Identification: The Auditory Skills Assessment	3/31/17
Burnout Be Gone: Finding Wholeness Again	3/31/17
Mandated Reporting for SLPs	3/31/17
Vandy Journal Club: What Does It Mean When a Child Talks Late?	3/31/17
Language Evaluations: Back to the Basics	3/31/17
International Classification of Disease, 10th Revision	2/28/17
Assessment/Treatment of Dual Language Learners with Language Disorders	2/28/17
Social-Pragmatic Groups for Adolescents with Language Impairment/Psychiatric Dx	2/28/17
Play-Based Therapy: Theory and Methods	2/28/17

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Center for Pediatric Therapy - Fairfield, Inc.</b>	
	Business name, if different from above <b>Center for Pediatric Therapy</b>	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <b>55 Walls Drive Suite 204</b>	Requester's name and address (optional)
	City, state, and ZIP code <b>Fairfield, CT 06824</b>	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number : : :
or
Employer identification number <b>06 : 1362528</b>

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of U.S. person ▶

*Jaraj Ghannam*

Date ▶

*7/19/2022*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**Contractor's Declaration Attesting to Compliance with Executive Order No. 13G**

Contractor / Vendor Name	Center for Pediatric Therapy
Contractor Address	55 Walls Drive Suite 204 Fairfield, CT 06824
PeopleSoft ID (for state contractors) or other information*	

\*If PeopleSoft ID does not apply, provide information directed by the covered state agency, school board, or childcare facility

As of this date, provide the number of contract workers subject to Executive Order No. 13G who:

- a. Total number of contract workers as defined in Executive Order No. 13G provided under your contract 4
- b. Are fully vaccinated against COVID-19 (at least 14 days have elapsed since a person has received a single-dose vaccine or the second dose of a two-dose COVID-19 vaccine) YES
- c. Are required to submit to and provide the results of COVID-19 testing because they are not fully vaccinated N/A
  - 1. Of those required to submit and provide the results of COVID-19 testing, are partially vaccinated (received first dose and have either received second dose or have an appointment for second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or received a single-dose vaccine, such as Johnson & Johnson vaccine, but 14 days has not elapsed since final dose) \_\_\_\_\_
  - 2. Of those required to submit and provide the results of COVID-19 testing, have been granted a medical exemption to vaccination based upon documentation from a physician, physician's assistant, or advanced practice registered nurse stating that the administration of COVID-19 vaccine is likely to be detrimental to the person's health \_\_\_\_\_
  - 3. Of those required to submit and provide the results of COVID-19 testing, have been granted an exemption to vaccination on the basis of a sincerely held religious or spiritual belief \_\_\_\_\_
  - 4. Are temporarily excused from COVID-19 testing because they have provided documented proof of having a COVID-19 infection in the previous 90 days \_\_\_\_\_

*DK* I affirm that all of the covered workers indicated in Section (a), except those who are fully vaccinated (a) or have had a documented case of COVID-19 in the past 90 days, will (1) have had a negative test for COVID-19 in the 7 days prior to initially accessing any work site related to this contract that is subject to Executive Order No. 13G, (2) continue to be tested once every 7 days for the duration of this contract, and (3) not be allowed to access any work site that is subject to Executive Order No. 13G if they either receive a positive test or fail to be tested at least once per week.

*DK* I declare and attest that I am authorized by the Contractor to provide the information contained in this report and that the information included in this report is true and accurate, to the best of my knowledge. I understand that it is a crime under Connecticut law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Signature:	<i>Diane Kacin</i>	Date:	7/19/2022
Authorized Person Submitting Report:	Diane Kacin		
Title:	Business Manager		
Email Address:	DKacin.CPT@gmail.com	Phone:	203-522-6066 cell



**Security Agreement for Access to and Use of Confidential Data from the New Haven Public Schools**

I, Center for Pediatric Therapy, as a contracted vendor working with the New Haven Public Schools, will have access to secure student data as part of my working relationship with New Haven Public Schools. I understand that these data are deemed confidential, personal, and private and that access to this confidential data carries with it the responsibility to guard against unauthorized use and the possibility of unauthorized access or use. To treat information as confidential means not to divulge it to anyone outside New Haven Public Schools, or to cause it to be accessible to anyone outside New Haven Public Schools. Transfer of any information by means of any media, including email, websites, print, or any personal communication, outside the normal defined work of my Internship, is prohibited under this Security Agreement.

*I understand that disclosing confidential information directly or allowing non-authorized access to such information may subject me to criminal prosecution and/or civil recovery and may violate the federal Family Educational Rights and Privacy Act, 20 U.S.C. 1232g.*

I agree to fulfill my responsibilities in accordance with the following guidelines:

1. I agree that I will never give or allow anyone outside New Haven Public Schools to access or view confidential, sensitive data, through electronic or non-electronic communication.
2. I agree that I will never attempt to identify individuals in any data system, analyses or reports which are not directly required for any purpose outside my specific responsibilities.

**Vendor:**

Name: Diane Kacin

Position Title: Business manager, Center for Pediatric Therapy

Assigned Site: TBD

Signature: Diane Kacin

Date: 7/19/22

Dates of Partnership: 8/22/22

to 6/30/23

**NHPS Supervisor:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_