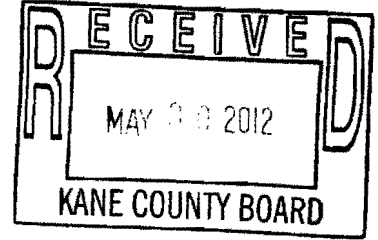


County of Kane  
Office of County Board  
Kane County Government Center



Karen McConnaughay  
Chairman  
630-232-5930



719 Batavia Avenue  
Geneva, Illinois 60134  
Fax 630-232-9188

**DOCUMENT VET SHEET**

for



Name of Document: Early Childhood System Development Specialist

Submitted By: Theresa Heaton 630-208-5149

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

Examined By: Joseph Lulves  
(Print Name)

[Signature]  
(Signature)

5-30-12  
(Date)

Post on Web: Yes  No  Atty Initials JLP

Comments: This is a boiler plate of a professional services agreement developed by the KC SAO for professional services. I am close to finalizing the person being selected. This is already in the budget. The only change is the bolded line on page 2. This agreement will be signed by the KC Health Department E.D.

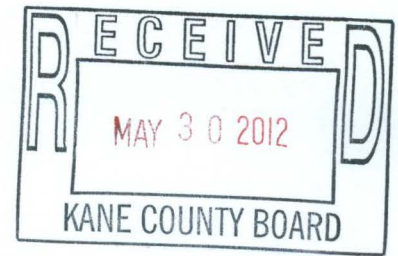
Acceptance of grant authorized by Kane COB Resolution 12-98 (see attached)

Contract result of RFQ/RFP approved by Purchasing (see attached)

Chairman Signed: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Document Returned To: Bev Lopez KCHD 1240 N. Highland Ave., Ste. 26, Aurora

County of Kane  
Office of County Board  
Kane County Government Center



Karen McConnaughay  
Chairman  
630-232-5930



719 Batavia Avenue  
Geneva, Illinois 60134  
Fax 630-232-9188

**DOCUMENT VET SHEET**

for

**Paul Kuehnert, E.D., Kane County Health Department**  
**Contract for Professional Services**  
**Less than \$30,000.00**

Name of Document: Early Childhood System Development Specialist

Submitted By: Theresa Heaton 630-208-5149

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

Examined By: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Post on Web: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Atty Initials** \_\_\_\_\_

Comments: This is a boiler plate of a professional services agreement developed by the KC SAO for professional services. I am close to finalizing the person being selected. This is already in the budget. The only change is the bolded line on page 2. This agreement will be signed by the KC Health Department E.D.

Acceptance of grant authorized by Kane COB Resolution 12-98 (see attached)

Contract result of RFQ/RFP approved by Purchasing (see attached)

Chairman Signed: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Date:** \_\_\_\_\_

Document Returned To: Bev Lopez KCHD 1240 N. Highland Ave., Ste. 26, Aurora

PROFESSIONAL SERVICES AGREEMENT  
FOR EARLY CHILDHOOD SYSTEM DEVELOPMENT SPECIALIST BETWEEN Kane County Health  
Department and \_\_\_\_\_.

THIS AGREEMENT is entered into this \_\_\_\_\_<sup>th</sup> day of \_\_\_\_\_ 2012, by and between the Kane County Health Department ("Health Department"), 1240 N. Highland Ave., Aurora, IL 60506, and \_\_\_\_\_:

Whereas the Kane County Health Department requires the services of an early childhood system development specialist to provide professional services to assist the Health Department with these deliverables for the *Maternal Infant Early Childhood Home Visitation Program*:

- Provide oversight for the enhancement of the AOK early childhood network among Elgin partners and families;
- Design, test, and implement, with input from the Elgin MIECHV partners, a referral system for home visitation programs offered in Elgin;
- Design, test, and implement, with input from the Elgin MIECHV partners, a referral system for services offered by health and human service programs in and around Elgin;
- Convene leadership meetings from core MIECHV team members and the leadership of key Elgin partners including, but not limited to, AOK, EPEL, Elgin United Way, Elgin Underserved Committee, Elgin Hispanic Network, Elgin Circle of Wise Women, and school district parent groups. ;
- Oversee the implementation of the AOK-COFI agreement that will boost parent engagement and parent involvement in collaboration with and on behalf of the Elgin MIECHV Program;
- Notify Kane County Health Promotion Director immediately of new opportunities and/or problems identified in the implementation process;
- Complete and submit reports to the core Elgin MIECHV team members, the AOK Network, the Kane County Home Visitation Collaborative and to other key Elgin partners at their local meetings ;
- Participate in quality improvement activities such as service reviews and satisfaction surveys;
- Participate in funder conference calls and workgroups related to deliverables above.
- Prepare reports for funders related to deliverables above; and
- Maintain current Illinois driver's license, auto insurance, and liability insurance

WHEREAS, \_\_\_\_\_ has been determined to be qualified by reason of credentials and experience in providing quality services;

NOW THEREFORE, in consideration of the promises and covenants set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. \_\_\_\_\_ will provide the professional services described in this Agreement to the Health Department during the period \_\_\_\_\_ 2012 through, 2012, to assist the Health Department in delivering this program. \_\_\_\_\_ shall comply with all state and federal statutes and administrative rules applicable to the provision of professional services pursuant to this Agreement, and shall further comply with all requirements, conditions and terms applicable to the Health Department which are contained within the Grant Agreement in providing professional services under this Agreement.

2. At all times, \_\_\_\_\_ acknowledges and agrees that she is an independent contractor and not an employee of the Health Department, the County of Kane, the Kane County Board of Health, or the State of Illinois. \_\_\_\_\_ **will submit evidence of current Illinois driver's license, auto insurance, and liability insurance commensurate with Kane County rules.** Accordingly, \_\_\_\_\_ shall pay all of her expenses including, but not limited to, clerical, workers' compensation, unemployment and other insurance, taxes, etc., as required by law. \_\_\_\_\_ will hold the Health Department, the County of Kane and the Kane County Board of Health harmless from any liability arising from a relationship between \_\_\_\_\_ and any of her agents or employees. Neither \_\_\_\_\_ nor any of her employees or agents shall receive any vacation or holiday pay from the Health Department, the County of Kane or the Kane County Board of Health, and shall not participate in plans or other County benefits provided to the Health Department's own employees.

3. Therefore, it is agreed to enter into an agreement with \_\_\_\_\_ for the period of \_\_\_\_\_ 2012 to \_\_\_\_\_, 2012 for an amount not to exceed ten thousand dollars (\$29,000.00). The number of hours will not exceed \_\_\_\_\_ (xxx) hours in the project year and the hourly rate to be billed not to exceed \_\_\_\_\_ dollars (\$xx.00) per hour. Payment shall occur by monthly invoice to the Finance Manager of the Health Department for hours worked.

4. All intellectual property and all documents, including work reports and all other work products produced by \_\_\_\_\_, shall become and remain the exclusive property of the Kane County Health Department and shall not be copyrighted, patented, or trademark registered by \_\_\_\_\_, except as authorized in a separate agreement.

5. \_\_\_\_\_ shall not publish, disseminate or otherwise release any information acquired or produced pursuant to this Agreement without prior review and approval by the Health Department.

6. \_\_\_\_\_ shall comply with all applicable provisions of the Health Insurance Portability and Accountability Act ("HIPAA"), including, but not limited to 42 USC 132d, and applicable regulations, 45 CFR 160, 162, and 164, as may be promulgated or amended.

7. \_\_\_\_\_ agrees to protect from disclosure all information that identifies or could lead to the identification of recipients of services provided pursuant to this agreement. If \_\_\_\_\_ receives a request for information that may identify an individual, \_\_\_\_\_ shall notify the Health Department immediately. A request for information includes, but is not limited to, a subpoena, court order, or a request from a researcher. Any issue of whether the information is or may be identification information shall be resolved by the Health Department.

8. \_\_\_\_\_ shall indemnify and hold harmless the Health Department, the County of Kane, and the Kane County Board of Health from any and all claims, demands, losses, penalties, actions and judgments for (a) damages to personal property, (b) personal injury or death suffered or sustained by any third party, and (c) any claims which arise by reasons of her conduct, or the conduct of her agents or employees, relative to the performance of any activity, duty or obligation hereunder. This paragraph shall survive termination of this Agreement.

9. This Agreement shall remain in effect from \_\_\_\_\_, 2012 and shall end \_\_\_\_\_, 2012.

10. This agreement may be terminated at any time during the above mentioned period by either party upon giving written notice to the other party thirty (30) calendar days in advance of the actual termination date. \_\_\_\_\_ shall be paid for work satisfactorily completed prior to the date of termination.

11. This Agreement shall be construed in accordance with and governed by the laws of the State of Illinois. Jurisdiction and venue for the resolution of disputes hereunder shall lie in Kane County, Illinois.

12. This Agreement shall be modified only upon the execution of a written amendment by both parties.

IN WITNESS WHEREOF, the undersigned have executed this Agreement on the date first written above.

COUNTY OF KANE:

WILMA VAN ARRAGON:

\_\_\_\_\_  
Paul Kuehnert  
Executive Director  
Kane County Health Department

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

NOW THEREFORE, in consideration of the promises and covenants set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Balcom-Vetillo Design, Inc. will provide the professional services described in this Agreement to the Health Department during the period December 6, 2011 through March, 2012, to assist the Health Department in delivering this program. Balcom-Vetillo Design, Inc. shall comply with all state and federal statutes and administrative rules applicable to the provision of professional services pursuant to this Agreement, and shall further comply with all requirements, conditions and terms applicable to the Health Department which are contained within the Grant Agreement in providing professional services under this Agreement.

2. At all times, Balcom-Vetillo Design, Inc. acknowledges and agrees that it is an independent contractor and not an employee of the Health Department, the County of Kane, the Kane County Board of Health, or the State of Illinois. Accordingly, Balcom-Vetillo Design, Inc. shall pay all its own expenses including, but not limited to, clerical, workers' compensation, unemployment and other insurance, taxes, etc., as required by law. Balcom-Vetillo Design, Inc. will hold the Health Department, the County of Kane and the Kane County Board of Health harmless from any liability arising from a relationship between Balcom-Vetillo Design, Inc. and any of its agents or employees. Neither Balcom-Vetillo Design, Inc. nor any of its employees or agents shall receive any vacation or holiday pay from the Health Department, the County of Kane or the Kane County Board of Health, and shall not participate in plans or other County benefits provided to the Health Department's own employees.

3. Therefore, it is agreed to enter into an agreement with Balcom-Vetillo Design, Inc. for the period of February 22, 2012 through March, 1, 2013 for an amount not to exceed two thousand one hundred dollars (\$2,100.00). Payment shall occur by invoice to the Finance Manager of the Health Department for services completed.

4. All intellectual property and all documents, including work reports and all other work products produced by Balcom-Vetillo Design, Inc. , shall become and remain the exclusive property of the Kane County Health Department and shall not be copyrighted, patented, or trademark registered by Balcom-Vetillo Design, Inc. , except as authorized in a separate agreement.

5. Balcom-Vetillo Design, Inc. shall not publish, disseminate or otherwise release any information acquired or produced pursuant to this Agreement without prior review and approval by the Health Department.

6. Balcom-Vetillo Design, Inc. shall comply with all applicable provisions of the Health Insurance Portability and Accountability Act ("HIPAA"), including, but not limited to 42 USC 132d, and applicable regulations, 45 CFR 160, 162, and 164, as may be promulgated or amended.

7. Balcom-Vetillo Design, Inc. shall indemnify and hold harmless the Health Department, the County of Kane, and the Kane County Board of Health from any and all claims, demands, losses, penalties, actions and judgments for (a) damages to personal property, (b) personal injury or death suffered or sustained by any third party, and (c) any claims which arise by reasons of her conduct, or the conduct of her agents or employees, relative to the performance of any activity, duty or obligation hereunder. This paragraph shall survive termination of this Agreement.

8. This Agreement shall remain in effect from February 22, 2012 and shall end March 1, 2013.

9. This agreement may be terminated at any time during the above mentioned period by either party upon giving written notice to the other party thirty (30) calendar days in advance of the actual termination date. Balcom-Vetillo Design, Inc. shall be paid for work satisfactorily completed prior to the date of termination.

10. This Agreement shall be construed in accordance with and governed by the laws of the State of Illinois. Jurisdiction and venue for the resolution of disputes hereunder shall lie in Kane County, Illinois.

11. This Agreement shall be modified only upon the execution of a written amendment by both parties.

IN WITNESS WHEREOF, the undersigned have executed this Agreement on the date first written above.

COUNTY OF KANE:

Balcom-Vetillo Design, Inc.:

\_\_\_\_\_  
Paul Kuehnert  
Executive Director  
Kane County Health Department

\_\_\_\_\_  
Mike Balcom-Vetillo  
Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**AGENDA ITEM EXECUTIVE SUMMARY** Agenda Item # 12-98

<input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance	Name	2012 Maternal Infant Early Childhood Home Visitation (MIECHV) Grant
--	------	---

Presenter/Sponsor: Paul Kuehnert, Executive Director, Health Department

Budget Information: Was this item budgeted?  Yes  No  N/A Appropriation Amount: \$127,616

If not budgeted, explain funding source

**SUMMARY:** The State of Illinois has prioritized the Elgin community at high need for home visitation services and has selected the Health Department and three other community agencies to deliver home visitation and community system support. The Illinois Department of Human Services has awarded the Kane County Health Department a grant to provide home visitation services and system development services in Elgin for CFY 2012.

This resolution seeks to authorize the Kane County Board Chairman to accept a grant from and execute a contract with the Illinois Department of Human Services with a contract that begins February 1, 2012 and ends September 30, 2014.

Attachments: Resolution, Maternal Infant Early Childhood Home Visitation (MIECHV) Grant

Detailed information available from : Staff Name: Paul Kuehnert, Executive Director, Health Department Phone: 630/444-3021

Resolution/Ordinance Tracking:

Assigned Committee:	Public Health	Passed	Sent to:	Executive	on:	03/27/2012
If Other, specify:						
Committee Remarks:						
Next Committee:	Executive	Passed	Sent to:	County Board	on:	04/05/2012
If Other, specify:						
Committee Remarks:						
Next Committee:			Sent to:		on:	
Committee Remarks:						
County Board Date:	04/10/2012					



STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO. 12 - 98

**2012 MATERNAL INFANT EARLY CHILDHOOD HOME VISITATION (MIECHV) GRANT**

WHEREAS, the State of Illinois has prioritized the Elgin community at high need for home visitation services; and

WHEREAS, the Kane County Health Department has demonstrated effectiveness at delivering home visitation services and developing a community-wide system that supports home visitation; and

WHEREAS, the Illinois Department of Human Services has awarded the Kane County Health Department one hundred twenty seven thousand six hundred sixteen dollars (\$127,616.00) to provide home visitation services and system development services in Elgin for CFY 2012; and

WHEREAS, the applicable revenue and expenditures have been included in the approved CFY 2012 budget.

NOW, THEREFORE, BE IT RESOLVED that the Chairman thereof be, and hereby is, authorized to accept the MIECHVP grant and enter into a contract with the Illinois Department of Human Services to implement the MIECHV grant for the contract period of February 1, 2012 through September 30, 2014 with copies of said contract to be on file in the County Clerk's office.

Line Item	Line Item Description	Was personnel/item/service approved in original budget or a subsequent budget revision?	Are funds currently available for this personnel/item/service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available?
351-580-000-33640	MIECHVP Grant	Yes, multi-year contract	Yes	

Passed by the Kane County Board on April 10, 2012.

\_\_\_\_\_  
John A. Cunningham  
Clerk, County Board  
Kane County, Illinois

\_\_\_\_\_  
Karen McConnaughay  
Chairman, County Board  
Kane County, Illinois

Vote:

Yes \_\_\_\_\_

No \_\_\_\_\_

Voice \_\_\_\_\_

Abstentions \_\_\_\_\_

4MIECHV



## **ELGIN MATERNAL INFANT EARLY CHILDHOOD HOME VISITATION (MIECHV) PROGRAM**

### **REQUEST FOR QUALIFICATION**

**March 22, 2012**

The purpose of the request is to identify and qualify Early Childhood System Specialists to implement the Community System component of the Elgin MIECHV Program in Kane County. The Elgin MIECHV Program is designed to increase home visitation and to improve the early childhood system in Elgin so that potentially eligible families are served and have the optimal opportunities to benefit from the short and long term benefits of evidenced-based home visitation. This Request for Qualification seeks to establish a list of early childhood system development specialists who will be qualified to be paid to deliver the professional services required to enhance the Elgin Early Childhood System and thus to achieve the MIECHV Program deliverables.

### **FEATURES OF THE ELGIN MIECHV PROGRAM:**

The Early Childhood System Development Specialist assists the Elgin MIECHV team and AOK partners to achieve the early childhood system goals of the MIECHV Program in these major areas:

- Identification and referral of potentially eligible families to home visitation
- Implementation of a coordinated intake system
- Development of community outreach and engagement strategies
- Attainment of benchmarks targeted for the MIECHV program
- Execution of inter-agency agreements for home visitation referrals and for referrals for services needed by home visited families, including health and medical homes.
- Universal screening system development

**Accountabilities: *The Early Childhood System Development Specialist will be contracted to:***

1. Provide oversight for the enhancement of the AOK early childhood network among Elgin partners and families;
2. Design, test, and implement, with input from the Elgin MIECHV partners, a referral system for home visitation programs offered in Elgin;

3. Design, test, and implement, with input from the Elgin MIECHV partners, a referral system for services offered by health and human service programs in and around Elgin;
4. Convene leadership meetings from core MIECHV team members and the leadership of key Elgin partners including, but not limited to, AOK, EPEL, Elgin United Way, Elgin Underserved Committee, Elgin Hispanic Network, Elgin Circle of Wise Women, and school district parent groups. ;
5. Oversee the implementation of the AOK-COFI agreement that will boost parent engagement and parent involvement in collaboration with and on behalf of the Elgin MIECHV Program;
6. Notify Kane County Health Promotion Director immediately of new opportunities and/or problems identified in the implementation process;
7. Complete and submit reports to the core Elgin MIECHV team members, the AOK Network, the Kane County Home Visitation Collaborative and to other key Elgin partners at their local meetings ;
8. Participate in quality improvement activities such as service reviews and satisfaction surveys;
9. Participate in funder conference calls and workgroups related to deliverables above.
10. Prepare reports for funders related to deliverables above; and
11. Submit invoices promptly by the 10<sup>th</sup> of each month.

**RESPONSE SECTION: SEE NEXT PAGE**



**MIECHV EARLY CHILDHOOD SYSTEM  
DEVELOPMENT SPECIALIST  
REQUEST FOR QUALIFICATION**

Qualified specialists, please fill out a form (Please type or print legibly):

1. Full Name:
2. Address:
3. Telephone:
4. Email:
5. State License Number (if applicable)

***Please Complete:***

6. Education and qualifications (please submit license and degree documents):
  
  
  
  
  
  
  
  
  
  
7. Experience in early childhood, community health, community system development, convening partnerships/coalitions/committees, child health, child development, child care health, health education and other relevant experience :
  
  
  
  
  
  
  
  
  
  
8. Experience in providing similar services to communities:

9. Experience in home visitation and/or home visitation models/best practice:

10. Under this RFQ, the total hours of professional services will not exceed 600 hours. Please offer a weekly work plan schedule, based on the accountabilities listed in the RFQ, that outlines the way you would provide your professional services between 4/1/2012-9/30/2012.

11. Under this RFQ, reimbursement will be based on a rate per hour. No additional expenses or mileage will be paid. Please provide the hourly reimbursement rate you seek for providing early childhood system development professional services provided between 4/1/2012-9/30/2012.

12. Please provide information about your professional liability insurance policy:

**Please complete this form and return it no later than 4:30 pm on 4/2/12 to:**

Theresa Heaton  
Kane County Health Department  
1240 N Highland Ave., Suite 26  
Aurora, IL 60506  
630-208-5149 Phone  
[heatontheresa@co.kane.il.us](mailto:heatontheresa@co.kane.il.us)