INTERAGENCY AGREEMENT
THE CHILDREN’S CENTER

I. PARTICIPATING AGENCIES – Effective August 1, 2010, this Interagency Agreement is between the School Board of Brevard County (SBBC), Child Care Association of Brevard County, Inc. (CCA), United Way of Brevard County Inc. – fiscal agent for Healthy Families Brevard (HFB), Space Coast Early Steps, C.A.T.C.H. of Brevard, Inc. (ES), Hidden Potentials, Inc. (HP), North Brevard County Hospital District d/b/a Parrish Medical Center (PMC), and North Brevard Medical Support, Inc. (NBMS), (individually, “Agency”, collectively, “Agencies”). For the purpose of this Interagency Agreement, The Children’s Center (Center) is located at 5650 South Washington Ave., Titusville, FL 32780, approximately one mile South of State Road 50 on the West side of U.S. Hwy 1.

II. PURPOSE OF AGREEMENT – It is agreed that the purpose of this Interagency Agreement is to establish a collaborative relationship among the Agencies. The Agencies aspire to work together to deliver services such as early intervention; physical, occupational and speech therapies; family support; parent education; early child care and education; mental health counseling; developmental assessment; child abuse prevention services; and specialized tutoring to children residing in but not limited to North Brevard County. North Brevard County is defined as State Road 528 North to the Brevard County line. Clients will include, but not be limited to, economically disadvantaged children that are at risk who exhibit a developmental disability and their families.

III. GENERAL PROVISION OF INTERAGENCY AGREEMENT

A. The Agencies aspire to work individually, and collaboratively when beneficial, in order to benefit the children and families in North Brevard County. Through a collaborative effort, each Agency agrees to use their program services, resources, and/or expertise in an effort to meet the needs of at risk children/families. Agencies that are not a party to this Interagency Agreement will adhere to NBMS facility usage policy by outside organizations.

B. All Agencies agree that there will be no distinction in employment because of race, sex, color, creed, age, national origin, religion, marital status, disability, or handicap, and will adhere to the provisions of federal and state laws regarding discrimination.

C. In the event an Agency’s program funding is curtailed or materially reduced, upon 60 days prior written notice to NBMS, this Interagency Agreement, with respect to that Agency, will be terminated.

D. Additional facility usage agreements including leases with any Agency will be entered into separately.

E. All Agencies will provide parent and/or staff education courses as needed/requested.
F. Each Agency will participate in special events at The Children’s Center, such as the World’s Greatest Baby Shower, as it pertains to childhood success and/or strengthening families.

IV. TERM. The term of this Interagency Agreement begins on the date first written above and ends on July 31, 2015. This Interagency Agreement will automatically renew for three (3) consecutive 3-year terms unless an Agency does not renew its lease in the Center; in such case this Interagency Agreement will terminate with respect to that Agency.

V. If additional agencies lease space in the Center or are permitted to become a party to this Amended Interagency Agreement, such agencies will enter into a joinder agreement.

1. SPECIFIC RESPONSIBILITIES OF THE INDIVIDUAL AGENCIES

A. CHILD CARE ASSOCIATION OF BREVARD COUNTY, INC. will provide:

1. Staff and equipment to support an Early Head Start and Head Start program based upon the need in the community. As need is demonstrated and space is available, Early Head Start or Head Start classes may be added.

2. Within the Early Head Start and Head Start programs, coordination of nutrition services, including provision of food, personnel and supplies as necessary.

3. Special needs coordinator for birth to five-year-olds.

4. Contact person for CCA to oversee the projects; and as requested, to provide resources and support services to the other preschool/child programs offered within the Center.

5. One staff person offsite to coordinate single intake procedures, client services, and resource and referral for CCA placement only.

B. SPACE COAST EARLY STEPS will provide the following services under the terms of the State/Federal grant with C.A.T.C.H. of Brevard, Inc. as long as these monies are available:

1. Service coordination for eligible children birth to age three.

2. Developmental evaluation and early intervention services for infants/toddlers birth to age three in collaboration with Parrish Medical Center rehabilitation services.

3. Staff training as it relates to the Individuals with Disabilities Education Act (IDEA), Part C, Infants and Toddlers federal entitlement program.

4. Outreach and public awareness of Space Coast Early Steps.
5. Reimbursement to Agencies for required IDEA, Part C services are in accordance with the ES Required Services Provider contract specifications.

C. HEALTHY FAMILIES BREVARD will provide the following services under the terms of the State grant with the UNITED WAY OF BREVARD COUNTY, INC., as long as these monies are available:
   1. Family Assessment Workers, Family Support Workers and Supervisors to implement the Healthy Families Brevard program in identified zip codes.

D. HIDDEN POTENTIALS, INC. will provide:
   1. Parent training as needed and requested to include positive behavior, Individual Education Planning (IEP), and information about special needs.
   2. Tutoring in academics, social, self-help, play skills and positive behavior in the Center programs as requested.
   3. Training to Center staff in positive behavior, if requested. Consultation, if needed, in curriculum and teaching strategies for the programs in the Center.
   4. In-home tutoring for special needs children and regular education children in academics, self-help, social, play, and language skills. In-home services include complete home program, observations and assessments as necessary. Non-medical elder care services and Medicaid Waiver Provider.

E. PARRISH MEDICAL CENTER will provide:
   1. Interdisciplinary family-centered occupational, physical and speech-language therapy for children provided at the Center in individual, group, and classroom environments.
   2. Interdisciplinary family-centered occupational, physical and speech-language therapy provided individually and/or in group settings located at child care centers, homes, or other community settings if feasible.
   3. Interdisciplinary screenings and developmental assessments if feasible.
   4. Developmental evaluation services for infants/toddlers birth through age two in collaboration with Space Coast Early Steps if feasible.
   5. Services as stated in the Required Services Provider Agreement with Space Coast Early Steps.
   6. Staff training within the Center and/or in other child care settings as it relates to therapy needs if feasible.
   7. Support from the Communications and Marketing department if feasible.
F. SCHOOL BOARD OF BREVARD COUNTY will provide:

1. Educational services to students with disabilities ages birth to five within the Center and/or in natural environments (home, day care, classroom other).

2. Staff training for personnel at the Center as it relates to educational programming of pre-K students with disabilities.

3. Classroom materials, as available, for individual and group settings that incorporate students with disabilities within the Center and/or in natural environments.

4. Transitional and psychological services as students turn three and enter kindergarten.

5. Administrative staff to serve as point of contact and supervision of school board teacher.

6. Access to augmentative team.

7. Services as stated in the Required Services Provider Agreement with Space Coast Early Steps.

8. Therapy services for SBBC as outlined in the Students’ Individual Education Plan.
G. NBMS will provide:
   1. Administrative support and maintain a Center Manager to facilitate the purposes of this Interagency Agreement.
   2. An early child care and education toddler inclusion program, for ages 1-2 year olds.
   3. An early child care and education pre-k inclusion program, for 3-5 year olds.
   4. Staff and equipment to support a minimum of two early child care and education inclusion classrooms (stated above).
   5. Collaborative inclusion classrooms with the School Board of Brevard County – to supply “regular education” children and a teacher assistant for each class.
   6. Coordination and training of students and volunteers in the classroom(s) if feasible.
   7. Coordination and support of special programs/activities held at The Center with collaboration from Agencies as needed/requested.

VI. SPECIFIC RESPONSIBILITIES OF ALL AGENCIES:
A. The activities delineated herein will take place at the Center and/or within North Brevard County.
B. Each Agency is responsible for maintaining a lease agreement for space in the Center.
C. Each Agency as a Lessee assumes the risk of liability consistent with its operations under the lease agreement and the services to be provided under this Agreement.
D. Each Agency will select an individual to coordinate services with the other Agencies within the Center and who are resources for referrals. Periodically, these individuals shall meet to review, resolve and implement any service coordination, including multi-agency intake assessment, and any operational coordination that is required to serve the children and ensure the Center’s success.
VII. MISCELLANEOUS

A. No Right to Rely. Nothing stated herein shall give any person including the Agencies hereto any right to rely on any of the rights or obligations hereunder and likewise, no person shall be a third party beneficiary hereof.

B. Enforcement. The Agencies acknowledge that the Interagency Agreement is non-binding, represents aspirations only, and does not grant any Agency legal recourse against any other Agency. No Agency will attempt to enforce any rights or obligations set forth herein by any means.
IN WITNESS WHEREOF, the Agencies hereto have executed and delivered this Amended Interagency Agreement in Brevard County, Florida, on the day and year first above written.

CHILD CARE ASSOCIATION OF BREVARD, INC.:

Signature: ____________________________________________________________

Name (print): __________________________________________________________

Date: _________________________________________________________________

Witness: ______________________________________________________________
IN WITNESS WHEREOF, the Agencies hereto have executed and delivered this Amended Interagency Agreement in Brevard County, Florida, on the day and year first above written.

SPACE COAST EARLY STEPS/C.A.T.C.H. OF BREVARD, INC.:

Signature:______________________________________________________________

Name (print):__________________________________________________________

Date:_______________________________________________________________

Witness:_____________________________________________________________
IN WITNESS WHEREOF, the Agencies hereto have executed and delivered this Amended Interagency Agreement in Brevard County, Florida, on the day and year first above written.

UNITED WAY OF BREVARD COUNTY, INC. - FISCAL AGENT FOR HEALTHY FAMILIES BREVARD:

Signature:____________________________

Name (print):____________________________

Date:____________________________

Witness:____________________________
IN WITNESS WHEREOF, the Agencies hereto have executed and delivered this Amended Interagency Agreement in Brevard County, Florida, on the day and year first above written.

HIDDEN POTENTIALS, INC.:

Signature:__________________________________________________________

Name (print):_______________________________________________________

Date:______________________________________________________________

Witness:____________________________________________________________
IN WITNESS WHEREOF, the Agencies hereto have executed and delivered this Amended Interagency Agreement in Brevard County, Florida, on the day and year first above written.

NORTH BREVARD MEDICAL SUPPORT, INC.:

Signature:__________________________________________________________

Name (print):_______________________________________________________

Date:_______________________________________________________________

Witness:____________________________________________________________
IN WITNESS WHEREOF, the Agencies hereto have executed and delivered this Amended Interagency Agreement in Brevard County, Florida, on the day and year first above written.

NORTH BREVARD COUNTY HOSPITAL DISTRICT dba PARRISH MEDICAL CENTER:

Signature:________________________________________________________

Name (print):____________________________________________________

Date:___________________________________________________________

Witness:_________________________________________________________
IN WITNESS WHEREOF, the Agencies hereto have executed and delivered this Amended Interagency Agreement in Brevard County, Florida, on the day and year first above written.

SCHOOL BOARD OF BREvard COUNTY:

Signature:__________________________________________________________

Name (print):_____________________________________________________

Date:____________________________________________________________

Witness:__________________________________________________________