**Note: This is a three year agreement**

**Letter of Agreement with Child Care Providers**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (referred to as \_\_\_\_\_) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **hereby** enters into agreement with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Provider Name)

(referred to as Provider) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of being

 (Address)

trained to implement the Pyramid Model in their child care setting in order to meet the needs of the Rooted in Relationships Initiative.

# Term of Contract and Termination

This agreement shall begin \_\_\_\_\_\_\_\_\_ and end on \_\_\_\_\_\_\_\_\_\_\_\_. Either party may terminate this Agreement for any reason upon submission of written notice to the other party at least thirty (30) days prior to the effective date of termination. In addition, either party may terminate this Agreement immediately in the event that funding should be discontinued or be materially reduced.

# SCOPE OF SERVICES

The Child Care Provider agrees to perform the following specific activities or services:

1. Commit to the 3-year implementation of the Early Childhood Pyramid Model in their child care program. This model incorporates evidence-based practices to promote young children’s social-emotional competence, and to prevent and address challenging behaviors.
2. Attend **four 6-hour Pyramid trainings** in **Year 1**:
	* 1. Module 1a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Module 1b: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Module 2a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. Module 2b:\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Attend **three 6-hour Pyramid trainings** in **Year 2**. Dates TBD
4. Attend **two 6-hour Pyramid Model trainings** in **Year 3**. Dates TBD
5. Participate in approximately 2.5 hours of individualized coaching per month working with assigned coach in **Year 1;** 1.5 hours of individualized coaching per month working with assigned coach in **Year 2;** and as needed in **Year 3** (determined by both the provider and coach together).
6. Participate in provider collaboration meetings with other providers—meetings will be held a minimum of 6 times per year.
7. Participate in the evaluation process per the procedures established by the Munroe-Meyer Institute and the Nebraska Children and Families Foundation (NCFF) and in accordance with the evaluation guidebook.
8. Participate in ongoing communication and work in cooperation with Rooted in Relationships Coordinators (staff of NCFF) and \_(Contracting Agency)\_.
9. By signing this letter of agreement, give permission to \_(Contracting Agency)\_., the Rooted in Relationships Initiative, and the Nebraska Children and Families Foundation to use my name, the name of my childcare program, and to acknowledge my involvement in the Rooted in Relationships Pyramid Project in print materials, on websites associated with the agencies listed above, and/or in communication with funders.
10. In addition, the child care provider will:
	1. Consider participation as a member of the County Rooted in Relationships Early Childhood Social and Emotional Development Collaborative Group
	2. Be committed to parent education for the families in your program
	3. Consider providing mentoring in the community for those interested in implementing the Pyramid Model in their program(s) in the future
	4. Make referrals to other support services when appropriate (Circle of Security-Parenting Classes, other parenting supports in the community, etc.)
	5. Engage in transition planning for children as appropriate
	6. If in a center, maintain open communication with center director and/or assistant director to support implementation of the Pyramid Model

# Compensation

The Provider will be reimbursed monthly after verification of participation by their assigned coach. The Provider must be actively implementing strategies learned in module training and agreed on during coaching sessions to receive compensation.

Compensation for time will be paid for the following:

1. $\_\_\_\_ per module trainings), paid in the month following attendance at each training and upon verification of sign-in sheets.
2. $\_\_\_ per month for participation in coaching with assigned coach and active implementation of strategies learned in **Year 1** decreasing to $\_\_\_ per month for participation in coaching with assigned coach and active implementation of strategies learned in **Years 2 & 3**. Coaching stipends are paid in the month following participation and upon verification of participation and active implementation of strategies by assigned coach.
3. $\_\_\_bonus at the end of year three if the provider has completed the entire scope of services found in this letter of agreement.

**HOLD HARMLESS**

The provider agrees to indemnify and hold harmless \_(Contracting Agency)\_, its appointed and elected officers and employees, from and against all loss and expense, including attorney’s fees and costs by reason of any and all claims and demands arising out of, or in consequence of, the negligence of\_(Contracting Agency), it’s officers, employees or any other contractors associated with the work described in this agreement.

**MISCELLANEOUS PROVISIONS**

This Agreement shall not be modified unless such modification is reduced to writing and signed by both parties.

This Agreement shall be governed by and construed in accordance with the laws of the State of Nebraska.

Notices: Any and all notices referred to herein shall be in writing and shall be deemed to have been given when personally delivered or when mailed, registered or certified mail, or postage prepaid.

**PROVIDER:**

**(payments will be sent to this address)**

Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/City/State/Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

**\_(Contracting Agency):**

Agency Signature

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_