**Letter of Agreement with Center Based Director**

(Contracting Agency)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (referred to as\_\_\_\_\_\_\_\_\_\_) at \_\_\_(address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **hereby** enters into agreement with \_\_(Program Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein referred to as The Program) located at \_\_\_\_\_(address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the purpose of being 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.

# SCOPE OF SERVICES

The Program 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. In order to support participating staff members who are implementing the Pyramid Model, the director or a designee will attend a ½ day training focused on their role in Pyramid Model implementation prior to the start of **Year 1.**
3. In order to support participating staff members who are implementing the Pyramid Model, the director or a designee will attend **four 6-hour Pyramid trainings** in **Year 1**:
	* 1. Module 1a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Module 1b: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Module 2a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. Module 2b:\_\_\_\_\_\_\_\_\_\_\_\_\_
4. In order to support participating staff members who are implementing the Pyramid Model, the director or a designee will attend **three 6-hour Pyramid trainings** in **Year 2.**
5. In order to support participating staff members who are implementing the Pyramid Model, the director or a designee will attend **two 6-hour Pyramid trainings** in **Year 3**:
6. Support and encourage participating staff as they engage in 2.5 hours of individualized coaching per month working with assigned coach in **Year 1;** 1.5 hours of individualized coaching per month in **Year 2;** and as needed in **Year 3.**
7. Participate in and help facilitate 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. The evaluation guidebook can be found here: <https://rootedinrelationships.org/resources/process-guide/planning-for-and-implementing-the-pyramid-model.html> in the section titled, “Evaluation”.
8. Participate in ongoing communication and work in cooperation with Rooted in Relationships Coordinators (staff of NCFF) and (Contracting Agency)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_staff.
9. By signing this letter of agreement, give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 program 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, including informing them of the pyramid work being done in the program.
	3. Support and affirm staff as they work with pyramid coaches to implement the pyramid model in their classrooms.
	4. Maintain open communication with staff and the pyramid coach to support implementation of the Pyramid Model
	5. Make referrals to other support services when appropriate (Circle of Security-Parenting Classes, other parenting supports in the community, etc.)
	6. Engage in transition planning for children as appropriate

# Compensation

The Director of the Program or an assigned designee will be reimbursed for time spent at each module training in the month following confirmed attendance and participation.

By signing this letter of agreement The Program acknowledges that participating staff will be paid for their participation and coaching time through an agreement between the staff member and \_(Contracting Agency)\_\_. The Program understands that these funds are paid in addition to the current employment agreement between The Program and its staff.

Compensation for time will be paid for the following:

1. $\_\_\_\_for attending the director training, paid in the month following attendance by the director or an assigned designee at each training and upon verification of sign-in sheets.
2. $\_\_\_\_per module training, paid in the month following attendance by the director or an assigned designee at each training and upon verification of sign-in sheets.

**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.

**PROGRAM:**

Program Name

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

Director or Program Administration Printed Name

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

Signature

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

Address/City/State/Zip

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

Phone

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

Date

**(CONTRACTING AGENCY):**

Agency Signature Date

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

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