



# Coaching Agreement

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

Name of person(s) receiving coaching: \_\_\_\_\_  
*(please print)*

Preferred method of communication:     E-mail     Phone     Text  
Contact information of preferred method \_\_\_\_\_

Secondary method of communication:     E-mail     Phone     Text  
Contact information of secondary method \_\_\_\_\_

As a program participating in \_\_\_\_\_, I agree to:

- Respond in a timely manner to attempts by the Child Care Aware® of ND coach to schedule the initial or future visits. The program will no longer be eligible to participate after three attempts to communicate without a response, using the above methods of communication;
- Inform the coach in advance if there is an emergency that prevents either staff or the program director/supervisor from meeting at the designated time;
- Be open to change and commit to/participate in scheduled:
  - coaching
  - webinar and/or conference calls
  - video calls
  - observations
- Complete assignments with guidance from the coach;
- Develop a Quality Improvement Plan by identifying goals and assessing the program's strengths and challenges;
- Participate in relevant professional development as offered by Child Care Aware® ND;
- Notify the coach of any staffing changes;
- Respect the confidentiality of information shared;
- Protect the privacy of the children and families you serve by not submitting photos of children unless you have obtained parental consent.

By signing this agreement, I am entering a working relationship with Child Care Aware® of ND and consent to the terms in this document.

\_\_\_\_\_  
Owner/Director  
*Must be the person legally authorized to sign on behalf of the program.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff Participating (if applicable)

\_\_\_\_\_  
Date



**Program Name:** \_\_\_\_\_

**As a Child Care Aware Coach/Consultant I agree to**

- Contribute to a positive collaborative relationship by being respectful, non-judgmental, and confidential with information shared;
- Complete pre/post on-site visit checklist, as applicable, with the participating program;
- Respond to text messages during office hours (M-F 8am-5pm);
- Conduct informal observations to assist in identifying challenges and goals program has prioritized;
- Celebrate program strengths, emerging skills and accomplishments;
- Assist the program through the development of their Quality Improvement Plan, professional development plans and approval of incentives or rating request if applicable;
- Guide the participating program through any change processes;
- Be prepared for scheduled mentoring, coaching and technical assistance;
- Offer support through additional resources and partner in problem solving;
- Provide timely notification of cancelation of any visits.

By signing this agreement, I am entering a working relationship with the participating program as a Child Care Aware Coach/Consultant. The purpose is to guide them through \_\_\_\_\_ process. I agree to fulfill the roles and responsibilities outlined above.

\_\_\_\_\_  
Child Care Aware Coach/Consultant

\_\_\_\_\_  
Date

This is an agreement between participating facilities/programs and Child Care Aware of ND that outlines requirements and responsibilities. Participants must return a signed copy to the Child Care Aware of ND coach/consultant and keep a signed copy on site.