

Quality Rating and Improvement Mentor/Coaching Agreement

IdahoSTARS ★ 1471 Shoreline Drive, suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

This agreement dated _____, is made by and between _____ (mentor/coach name), whose address is _____ and _____ (director name), whose address is _____.

MENTOR/COACH

1. This agreement will begin _____ (date) and will end upon the completion of the initial Star Rating, or up to one calendar year, on _____ (date). The agreement will not exceed **25 sessions**. Either party may cancel this agreement with a thirty (30) day notice to the other party in writing, by certified mail, or by personal delivery.
2. The mentor/coach will support the director in instruction and support (which includes contact and preparation time) in **creating an Application for a Facility Profile, creating an Improvement Plan/Funding Request and in creating an Application for a Star Rating**, to fulfill their obligations under this agreement. The mentor/coach is required to sign each of these documents before they are submitted to the IdahoSTARS QRIS office.
3. The mentor/coach will perform most services in accordance with this agreement at the site of the child care director and upon request of the director will support the implementation of changes that will increase quality at the child care setting.
4. In addition the mentor/coach may perform services on the telephone and at such other places as necessary to perform these services in accordance with this agreement.
5. The mentor/coach will submit invoices for payment monthly to Idaho AEYC with copies provided to all parties.

DIRECTOR

1. Agrees to complete the number of sessions agreed upon (not to exceed 25) for mentor/coaching with the primary focus on creating an **Application for a Facility Profile, Improvement Plan, Funding Request, and/or Application for a Star Rating as well as implementing changes which will increase the level of quality at the child care setting.**
2. Understands that the mentor/coach is required to sign off on the above mentioned documents before their submission to the IdahoSTARS QRIS office.
3. May request support from the mentor/coach for help with the implementation of such policies and procedures which will increase the quality of care and education for the children at the child care setting.
4. Understands that mentor/coach may be employed by another child care facility in the same region and may also be eligible to receive IdahoSTARS funding.

Mentor/coach signature: _____ Date: _____

Director signature: _____ Date: _____