The Children's Cabinet Provider Specialized Assistance Program is a consultation program available to Child Care Providers to assist them in providing the best possible care to children. The focus will be to provide effective On-site Specialized Assistance to enhance knowledge, skills, practices, or environment.

This agreement is between The Children’s Cabinet and ____________________________ Child Care Program.

Responsibilities of the Child Care Provider:
1. To complete the Provider Specialized Assistance Request Form for each separate request for Specialized Assistance services.
2. To work with the Specialized Assistance Specialist to develop, implement and then evaluate an action plan.
3. To participate in all follow-up meetings and evaluation of Specialized Assistance services.
4. It is understood that lack of participation will result in termination of Specialized Assistance support and forfeit of any incentives, if applicable.

Responsibilities of The Children’s Cabinet:
1. To be available for on-site Specialized Assistance support based upon prearranged dates and times.
2. The written action plan will be developed based upon the Nevada Core Knowledge Areas and Core Competencies and designated assessment tools.
3. If Nevada Registry approved training is to be provided, topics and follow up visit(s) will be included in the action plan.
4. All information about the Specialized Assistance services will remain confidential.
5. The Specialized Assistance Specialist will adhere to licensing standards and report to licensing any standards that are not followed in the child care setting or suspected child abuse or neglect.

Each entity agrees to hold harmless, indemnify and defend its respective members from and against any and all claims, demands, actions, causes of action an litigation, financial or otherwise arising out of their independent activities or activities the agency would have undertaken whether or not the service agreement was in existence.

By signing this agreement both entities agree to be active partners and agree to abide by this agreement.

______________________________    ________________________________
Program Director/ Owner      Date

______________________________    ________________________________
Specialized Assistance Specialist    Date

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