LETTER OF COMMITMENT TO PARTICIPATE
Kid Connects Mental Health Consultation

Facility Name:

Address:

We agree to participate in Kid Connects with the Early Childhood Services team of the Mental Health Center serving Boulder and Broomfield Counties. We share a commitment to providing high quality care to children in early care settings and to promoting children’s health and development with the support of mental health consultation. We understand that we will review progress on these activities on a regular basis.

ELIGIBILITY
I verify that:

- We are licensed by the State of Colorado and the license is in good standing.
- We are able to demonstrate that we provide care to low-income children and accept the state’s subsidized childcare assistance program or would be willing to accept the program with consultation support.
- We are committed to participating in the program from the date of this document through June 30, 2009 and to review our commitment to participate at that time based on available funding.

ACTIVITIES
As part of the Kid Connects program, we agree to provide for the following activities:

- Meetings between early childhood consultant and center director on a regular basis to plan for and review consultation activities
- Opportunities for teachers to consult with assigned consultant
- Referral of appropriate children and families for direct intervention services
- Implementation of strategies agreed upon with the consultant for specific children to promote protective factors and reduce concerning behavior
- Allow staff time to complete classroom assessments for program planning
- Implementation of strategies agreed upon with the consultant for general classroom practices that enhance the quality of the care provided with a focus on children’s social and emotional development
- Distribute and collect program information and consents necessary for program implementation
- If provided, participate in health screenings by obtaining consents, promoting screenings to parents and permitting screenings at facility
- Provide general demographic including family income on enrolled children
- Participate in program evaluation activities which include staff input and will require staff time to complete
- Provide adequate space for individualized services to children and parents as warranted
RESPONSIBILITIES OF Kid Connects

I understand that, in exchange for our participation in Kid Connects, the program will provide:

- Regular, weekly on-site mental health consultation.
- Consultation to teachers and administrators regarding quality classroom practices including but not limited to social and emotional development.
- Classroom-level assessments and intervention planning based on results.
- Where indicated and with specific parental permission, consultation and intervention to staff regarding developmental needs of specific children.
- Where indicated and with specific parental permission, social, emotional and behavioral assessments of specific children.
- As requested, consultation with parents regarding developmental and behavioral concerns pertaining to their children.
- With parental notification, social skills or other developmentally appropriate children’s group.
- Appropriate referrals to community resources.
- Other services as appropriate.

We both agree to hold in confidence all information pertaining to the families served including but not limited to identities, address, medical history, treatment plans, or services. Services may be terminated if funds are no longer available or by either of us upon review of program needs and delivery.

___________________________               _____________
Director                   Date

___________________________  ______________
Early Childhood Services Team Leader      Date