

Provider Contract

I, _____, the Owner/Director of this facility, give permission
(Print first and last name)

to CocoKids Inclusion Program to provide services to the staff at this facility. I agree and understand the following:

1. The Inclusion Services may include **virtual and/or recorded** observations and developmental screening of the child in the child care setting, written suggestions with goals and consultation with the staff and may refer the child and parent to the school district, Regional Center of the East Bay for formal assessment or other appropriate resources. The Inclusion Facilitator will also provide information on disabilities, techniques and strategies in working with children with special needs. The types of services offered to the child care program will be based on the child’s needs and determined by discussions between the Inclusion Facilitator, parent(s)/legal guardian, and early childhood educator/provider.
2. The role of the Inclusion Facilitator is not one of an assistant or aide. Therefore, he or she cannot be considered for child-adult ratio according to licensing regulations.
3. The CocoKids’ staff is not authorized to offer any advice to parents or providers, which may be construed as a recommendation of legal advice. Our agency is mandated to report any violations of Community Care Licensing: Title 22 Regulations.
4. CocoKids retains the right to refuse to make referrals to a child care program, regardless of licensed status, when in the CocoKids’ judgment, the program jeopardizes the health and safety of a child.
Confidentiality regarding these services will be maintained with the following exceptions: a) information will be shared with outside individuals/agencies only when written permission has been given by the parent(s)/legal guardian; b) information will be shared between the staff of the CocoKids’ Inclusion Team for supervision, consultation, and training purposes; c) information will be released as required by law.

Owner/Director’s Signature *Date*

Street *City* *Zip Code*

Phone *Email address*

OFFICE USE ONLY:	Date Received _____	Child ID# _____
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Provider Questionnaire

In order for the Inclusion Team at CocoKids to serve the child you requested support for, we would like to know specific information. The following are questions pertaining to the child's interests, strengths and needs. Please answer the questions to the best of your ability.

Child's name: _____ DOB: _____

1. How were you referred to the CocoKids' Inclusion Program? _____
2. Did the child attend other preschool/child care programs in the past? Y N If so, what is the name of the program? _____
3. Has the child ever been asked to leave a preschool/child care program? Y N Is the child close to being expelled from your program? Y N
4. Is the child currently receiving any specialized services, for example occupational therapy? Y N If so, what type of services? _____
5. Does the child have a history of health concerns, for example allergies, seizures? Y N Is the child presently taking any medication? Y N If so, what type of medication? _____
_____ Is the medication administered during child care hours? Y N
6. What have you noticed about the child's reactions to touch, noise (sounds), smell, taste, vision, or movement? _____
7. Tell us about the child's daily activities; grooming, toileting, eating, sleeping and social skills. _____

8. What kind of activities or toys does the child enjoy? _____

9. What is your primary concern about the child? _____

10. What are your expectations of the services offered by the Inclusion Program? _____

Thank you for your time to help us get to know the child better. We look forward to working with you, the child and his/her family.

Inclusion Program

(925) 676-5442

www.cocokids.org

OFFICE USE ONLY:

Date Received _____

Child ID# _____



Video/Photo Release Form (Provider)

The **CocoKids** Inclusion Program requests your permission to use videos/ photographs of you and child, for observation purposes *only* by the Inclusion Program. All videos or photographs received will be destroyed/deleted at the closing of the case.

We appreciate your cooperation and support of the work that we do on behalf of Contra Costa County's children. Thank you.

I give do not give (*please check one*) **CocoKids** access to images of me and child, captured through videos/photographs during observations at _____ (child's program), to be shared and used solely for the purpose of observations and collaboration with Inclusion Program and waive any rights of compensation or ownership thereto.

Name of Participant in Video/Photograph (please print): _____

Director/Teacher's printed name(s): _____

Director/Teacher's signature(s): _____ Date: _____

**Inclusion Program
CocoKids
1035 Detroit Ave., Ste. 200
Concord, CA 94518**