

Parent Consent Information

Congratulations, your child is enrolled with a child care provider who is participating in Quality Start Riverside County! Quality Start Riverside County assists early care and education programs so they can provide high quality early learning experiences to children from birth through age five. Quality Start Riverside County supports providers that agree to be rated in different areas that affect early learning quality. Once rated, they receive professional development and training to help them improve the quality of their services for children and families.

How can you support your Quality Start Riverside County provider?

You can provide information about your family to your child care provider. Quality Start Riverside County uses provider rating information along with information from families to improve its services for programs and families. First 5 California and the California Department of Education will also use this information in a statewide evaluation that will help make programs better.

The information you share will be used to answer questions such as:

- Do our programs help children and families?
- Which programs and services work best, and for which children and families? How can we make these programs better?

How is your information protected?


- It is against the law to share your information without your written approval. But, if you do agree to share your information, your privacy is well protected: No report will include information that identifies you or your child.
- Only programs included in the consent form will see your identifying information (such as name, address and phone number).
- The database uses advanced technology to protect your information.

What are your rights in sharing information?

- You and your children will receive services even if you do not agree to share information.
- If you provide information, you can always change your mind and have your information removed.
- You can receive a copy of your written approval to share information for your own records.

If you have questions about sharing information, please call: (951) 715-4500 or toll free (800) 266-3880.

For more information about Quality Start Riverside County, visit <http://www.qualitystartrc.org/>





RIVERSIDE COUNTY

Excellence in Early Learning



RIVERSIDE COUNTY OFFICE OF EDUCATION
JUDY D. WHITE, Ed.D. | County Superintendent of Schools

CONSENT TO PARTICIPATE IN THE EVALUATION OF QUALITY START – RIVERSIDE COUNTY AND AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION

Completion of this document authorizes the disclosure and/or use of personally identifiable student information between your child’s Quality Start – Riverside County (QS-RC) participating site, Riverside County Office of Education and First 5 Riverside, as set forth below, consistent with California and Federal laws concerning the privacy of such information. If you consent to disclosure of information as described herein, please fill out, sign and return this form to:

St. Stephen's Preschool

USE AND DISCLOSURE INFORMATION RELATED TO:

Student Name: _____
Last First MI Date of Birth

I, the undersigned, do hereby authorize the above-named Student’s I QS-RC participating site, St. Stephen's Preschool, and Riverside County Office of Education and First 5 Riverside, to exchange information regarding the above-named Student with the California Department of Education, First 5 California and the County of Riverside. The information is exchanged for program evaluation purposes and for QS-RC participating site, programming and service planning. The exchange of information is a condition on which funding for the QS-RC program is provided to Riverside County Office of Education and First Five 5 Riverside. The information will be exchanged between your child’s QS-RC participating site, Riverside County Office of Education and First Five 5 Riverside for providing safe, appropriate, and least restrictive education settings and quality preschool health services and programs.

Requested information shall be limited to the following: your child’s name, date of birth, gender, birth place, ethnicity, race, primary language, household income and size, results from child developmental assessment/observation tools, and health/developmental screening tools, and Special Needs/IEP/IFSP.

DURATIONS

This authorization shall become effective immediately and shall remain in effect until ten (10) years from the date on this form.

RESTRICTIONS ON RE-DISCLOSURE

California law prohibits the requestor from making further or additional disclosure of private information to another third party unless the requestor obtains another authorization from you, or the disclosure is specifically required or permitted by law.

YOUR RIGHTS

You have the following rights with respect to this authorization, and affirm you understand them in signing this release form. You may revoke this authorization at any time by submitting written revocation signed by you or your representative and delivered to the agency/persons listed above. Your revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance on this authorization. You have the right to receive a copy of this authorization.

Signing this authorization may be required for this student to obtain appropriate/additional specialized support services in the educational setting.

Approval: _____
Printed Name Signature Date

Relationship to Student Area Code and Telephone Number