



This early childhood education provider is a member of Ready Set Go...to Kindergarten (RSG). RSG is a community-led, school-linked community collaborative that focuses on meeting the needs of the whole child (academically, physically, behaviorally, socially and emotionally) to ensure each Elyria child enters kindergarten ready to learn. Did you know children are expected to have mastered 164 skills by the time they enter kindergarten!

The collaborative is made up of 12 partners representing neighborhoods, schools, nonprofits, and government agencies focused on improving kindergarten readiness for children in the Elyria City School District. Members include: Child Care Resource Center, Elyria City Schools, Elyria Parks and Recreation, Elyria Public Library System, Horizon Education Centers, LCCC Children's Learning Center, Lorain County Community Action Agency, Lorain County Job and Family Services, Lorain Public Health, OhioGuidestone, St. Andrew's Episcopal Church, United Way of Greater Lorain County.

The attached data collection consent will result in tracking the quality of community services, program quality, and outcomes, identifying unfilled needs and allocating resources to plan for new services.



# Ready Set Go...to Kindergarten

## Confidentiality Policy and Consent for Data Collection

Multiple agencies who conduct services on behalf of the Ready Set Go...to Kindergarten (RSG) Collaborative are bound by a confidentiality agreement which complies with federal, state and local laws as well as individual agency policies to protect the privacy of client information stored in a collaborative database. This technology is HIPPA compliant. This database is used by the partner agencies for the following:

- Track the quality of services and allow for an individualized service plan to meet each client's needs.
- Help to identify appropriate resources while minimizing data collection redundancies and client frustration.
- Non-identifying information is used to track program quality and outcomes, allocate resources and/or identify unfilled needs to plan for new services.
- Generate non-identified reports for release to the community about the progress of the collaboratives' efforts, and for potential funding opportunities.

As a client receiving services from a RSG Collaborative Partner you have the following rights as they pertain to collected information, which include:

- The right to review or request a copy of you/your child's information at any time
- The right to refuse to answer any or all questions you consider sensitive; however, doing so may affect you/your child's eligibility for certain services with statutory mandated information requirements.
- You/your child's information CANNOT be released to agencies or individuals outside of the RSG Collaborative Partners without expressed written consent and only when it is beneficial to do so in the course of delivering services.

Regardless of authorization, certain disclosures may occur as a result of a court order, medical emergency, government audit or to qualified personnel for program evaluation. Disclosure can also occur if you commit a crime or threaten to commit a crime against an agent working on behalf of the RSG Collaborative or is necessary to prevent serious, foreseeable or imminent harm to yourself or other identified persons. Federal laws do not protect information about suspected, child abuse or neglect from being reported under state law to state or local authorities. All disclosures will be recorded, unless prohibited by law enforcement order, to ensure information accountability and database integrity. Only authorized staff who have received appropriate background checks as well as proper user and confidentiality training can access identified client information. All information is stored for an indefinite timeframe using secure technology which protects data from unauthorized users and is updated regularly to address any emerging threats; you as a parent/guardian may opt out of data collection at any time by notifying RSG in writing.

If you have questions regarding this form, prior to signing please contact: Nicolle Bellmore Pierse at [rsginfo@horizonohio.org](mailto:rsginfo@horizonohio.org)

**By signing below, I attest;** I understand this form in its entirety, and any questions I may have concerning the confidentiality of mine and my child's personal information have been answered to my satisfaction.

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN Last 4: \_\_\_\_\_

Parent/Guardian  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Originating Organization (center, agency, etc): \_\_\_\_\_  
Client Case Number from ETO \_\_\_\_\_

Ohio Department of Job and Family Services  
**FAMILY INFORMATION**  
**FOR STEP UP TO QUALITY PROGRAMS (SUTQ)**

Child's Name (Last)	(First)	Nickname (If any)
<p><i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i></p>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

- active    adventurous    affectionate    anxious    bossy    bright    busy    calm    cautious    cheerful  
 content    creative    curious    easily-angered    emotional    energetic    excitable    friendly    gives-in-easily  
 happy    hesitant    insecure    jealous    likes structure/routines    loud    loving    mellow    outgoing  
 prefers adult attention    quiet    sensitive    serious    shares-well    social    spontaneous    stubborn    tentative  
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a  high chair,  booster,  child size chair or  adult size chair. (Check the one that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date