Confidentiality

Information pertaining to children is confidential and is kept in the child's portfolio, communication log, in a filing cabinet, or at the front desk. Teachers create and have access to all assessment information. When needed, the Age Group Leader and/or Program Director are asked to be involved in assessment of children by observing, recording, and discussing their specific findings with the classroom Teachers. When Teaching staff are seeking general advice from others (teaching staff, therapists, etc.), confidentiality is respected and the child is not identified.

Assessment information is used to evaluate where a child is developmentally and assists the teachers to provide the most appropriate materials, activities and room environment in order to promote development. Assessment information is also used to inform parents about the child's development and to assist other organizations in understanding and enhancing a child's development. Written parental permission is obtained before any information is shared with other organizations. Parents are informed at the beginning of conferences or meetings that information pertaining to their child's development is kept confidential. Written permission from the child's parent/guardian must be obtained when sharing information with others.

Ithaca Community Childcare Center
Authorization For Release Of Information

I hereby authorize Ithaca Community Childcare Center to release and/or receive any written evaluations, progress reports, verbal and electronic communication. I understand that information via electronic transmission may not be secure. This also serves as a release to this individual and/or institution permitting them to discuss such requested information on my/our child to Ithaca Community Childcare Center. I understand that I may cancel my authorization at any time.

Please Print

Child's Name _____ DOB _____

Parents/Guardian: _____

Address: _____

Please send report to the following:

Physicians:

Name: _____

Address: _____

Name: _____

Address: _____

School District: (Fill in only if child is 3 years or older)

School Name: _____

Address: _____

County Representative: (CPSE/CSE – Member of Committee)

Name: _____

Address: _____

Others:

Name: _____

Address: _____

_____ _____

Signature of parent/guardian Date Signed