

Consent to Participate in the First 5 Santa Barbara County Evaluation and Authorization to Share Confidential Information

I, _____
(Participant's name) First Middle Last

I agree to allow Office of Early Care and Education, First 5 to share information about me with the **Children and Families Commission First 5 of Santa Barbara County**. The Office of Early Care and Education, First 5 is working in collaboration with UC Santa Barbara, the Santa Barbara County Child Care Planning Council, Santa Barbara Family Care Center, Santa Barbara Association for the Education of Young Children, and FIRST 5 Santa Barbara County to gather data and statistics and evaluate results to support the continuing improvement of the services offered and report the benefits of the programs.

I understand that:

- Program staff will record the program activities I participate in.
- Program staff will ask me for my: name, current address and/or zip code, ethnicity (race/ethnic group), language spoken, and other information about my experiences and training in the early care and education field.
- I will **not** be asked about drug or alcohol use, or any criminal arrests or convictions I might have. This program is not allowed to share this information unless I sign a different consent form.
- My demographic information and program participation may be shared with other local programs upon request, (i.e. Santa Barbara Family Care Center Resource and Referral, Santa Barbara County Education Office, First 5 Santa Barbara County, Santa Barbara County Child Care Planning Council and local institutes of higher education)
- Within each agency, only certain program staff and evaluation staff will be able to see my personal information (such as names, address, phone number). People who can see my personal information **cannot** share it with anyone else, unless program staff believes I may be in danger of being hurt or be a danger to someone else.
- Any reports published will **never** have information in them (such as a name or address) that might identify me.
- It is very important to Office of Early Care and Education, First 5 that my private information is safe. My information will be protected with the most advanced and secure methods.
- State and federal laws protect the personal and health information I share even if the Federal Privacy Rule does not do so.
- Taking part in this evaluation involves very little risk to me.
- Program staff will use my information to provide better services to me. Local evaluators and staff will use my information, **without** names or other identifying information, to learn what activities and programs are most useful for the development of high quality early care and education services in Santa Barbara County
- This Authorization is voluntary; I can choose not to sign it and I still will receive the services from Office of Early Care and Education, First 5.
- I can always change my mind and ask that my information no longer be shared or that it be erased. I can do this by sending a form (that can be obtained from this organization) to: First 5 Santa Barbara County, 1 E. Anapamu Street, suite 200, Santa Barbara, Ca
- My approval to use my information will end ten (10) years from the date on this form.

Signature of participant: _____ Date: _____

Please print name clearly: _____

Signature of Interpreter, if applicable _____ Date: _____

If you have any questions about this form or your rights, please contact First 5 Santa Barbara County at 805 884-8085

For Office Use Only: Name of Commission Funded Program: _____

FOR STAR APPLICANTS ONLY

Consent to Participate in the Evaluation of First 5 California's Comprehensive Approaches to Raising Educational Standards(CARES) for the Early Learning Workforce

Information contained in this application will help First 5 California learn how programs can recruit and retain qualified early care and education staff. I understand that:

- First 5 California requires local program staff to contact me at some point after receiving an incentive to ask me questions that will help to measure the program's effectiveness for training and retention. Staff will use contact information provided on my application to contact me.
- This application contains demographic information: name, birth date, birth place, gender, current address, ethnicity (race/ethnic group), language spoken, financial information, and other information about my past and current experience in the early care and education field. In addition, CARES staff will be recording education, and training activities of participants. Only certain CARES staff, First 5 California evaluation staff and their agents will be able to see my personal information (such as names, address, phone number, or place of birth). People who can see my personal information **cannot** share it with anyone else; unless CARES staff believes I may be in danger of being hurt or be a danger to someone else.
- Program staff will use my information to determine the best strategies to recruit and retain early care and education staff. Local and First 5 California evaluators and staff will use my information, **without** names or other identifying information, to learn what activities and programs are most useful.
- I can always change my mind and ask that my information no longer be shared or that it be erased. I can do this by sending a form (that can be obtained from this organization) to: First 5 California Children and Families Commission, 501 J Street, Suite 530, Sacramento, CA 95814, ATTENTION: Gretchen Williams.

If you have any questions about your rights or this form, please contact Gretchen Williams at (916) 327-8114.

I understand this authorization is voluntary and I can choose not to sign it without jeopardizing my receipt of services from the CARES Project.

- I have read the preceding information and choose to allow First 5 California and their agents to access my personal information about my participation in First 5 California's CARES evaluation.
- I have read the preceding information and choose not to allow First 5 California and their agents to access my personal information about my participation in First 5 California's CARES evaluation.

Signature: _____

Date: _____

For Office Use Only: Name of Commission Funded Program: _____