



**The San Francisco Office of Early Care and Education's  
Data Collection Policies and Practices and  
Parent/Guardian Acknowledgement Form, Fiscal Year 2017-2018**

Dear Family:

The City and County of San Francisco's Office of Early Care and Education (OECE) funds early education and child care programs, including the one that your child attends. The OECE funds preschool and Early Learning Scholarships for eligible children and activities to improve teaching and learning for all enrolled children. To receive this funding, the programs share information with the City and County of San Francisco on all children participating in the program. This information includes:

- Your child's name and date of birth
- Your child's gender, ethnicity, and home language
- Your (parent/guardian) name
- Your (parent/guardian) home street address and zip code
- Your (parent/guardian) phone number
- Which early education program your child attends
- When your child started and finished the program
- Other funding that supports your child's program (state funding, federal funding, etc.)
- Whether or not your child has special needs and, if so, what types of special needs
- Your child's attendance records
- Your child's participation in health and developmental screening; and
- Your child's skills and abilities, as measured by the Desired Results Developmental Profile, if applicable.
- Your family income level and reasons for needing care (not applicable to children in Preschool For All)

The OECE uses this information to manage funding for the program. It also compiles this information – in a way that does not identify any children – to describe to the public how it supports early care and education services in San Francisco. The OECE may share children's identifying information with researchers for the purpose of evaluating how well the local early care and education system is preparing young children for success.

Please acknowledge that you understand that your child's information will be shared with the City and County of San Francisco by signing this form. If you have concerns or questions about how your child's program shares information, please call (415) 355-6703.

**Name of Child (Please print):** \_\_\_\_\_

**Name of Parent or Guardian (Please print):** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_