EARLY ACHIEVERS FAMILY PARTICIPATION PERMISSION FORM

Dear Kids’ Place Family,

The Kids’ Place participates in a program called Early Achievers through Child Care Aware of Washington. We need your help to make this effort a success! Please read below for more information on how you can help us continue to provide high-quality care that helps children learn and grow.

**Background**:

Quality child care and early learning programs help children enter school ready to succeed.

Washington Early Achievers is a voluntary program that:

* Provides families with information about the quality of care through a 1 through 5 rating system
* Offers child care programs resources like coaching and training so they can support children’s learning and development

**On-Site Evaluation**: ∙

* Child care programs that participate in Early Achievers receive on-site evaluation visits from the University of Washington (UW). ∙
* The purpose of the evaluation visit is to observe and gather information about the program in order to create an Early Achievers Rating.

The Kids’ Place has invited the UW evaluation team to visit its classrooms as part of the Early Achievers rating process. Your child’s classroom may be chosen and observed to help the rating team measure the quality of care provided at The Kids’ Place.

This process includes collecting information that will be used to create a program rating and can be used in the next phase of Early Achievers to improve the quality of care provided for your child, like:

* Observing the child care environment to learn about the materials, activities, and experiences available to support children
* Observing interactions between teachers and children
* Audiotaping teachers’ language to understand the amount and type of language your child’s teacher uses
* Observing children engaging in the classroom to understand how the environment stimulates children’s learning
* Interviewing teachers and directors about how they use their practice to support their young children
* Interviewing interested families to learn about how the facility staff partner with families to support their child’s learning and development
* Reviewing program files and documentation to learn how program policies and procedures support quality practice
* Reviewing child files to see how the program supports each child’s learning and development

**Please note**:

* Your child’s care and education will not be interrupted or altered during this process.
* One Early Achievers rating will be assigned for each participating child care program. ∙ Ratings will be posted on the Department of Early Learning and Child Care Aware of Washington websites.
* Any information that is made publicly available as part of Early Achievers will never include information about your specific child.
* No identifiable information about individual children will be collected

***Please let us know if your child can be present during the evaluation visit. o be excluded during this process***

 I allow my child to participate in the classroom evaluation as outlined above

 If my child’s classroom is selected to participate, I would like my child to be excluded during this process

Reason (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child care facility name: The Kids’ Place Classroom name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Optional***: The UW Evaluation Team would like to hear what you think about how your child care program works with children and families. If you are interested in participating in an interview with the UW team, please indicate below:

 Yes, I am interested and willing to be contacted by UW for an interview
(Note: not all families who check yes will be contacted)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to reach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_