

CONFIDENTIALITY POLICY AND AGENCY RECORDS

In order to provide services which are both comprehensive and adequate to meet the needs of children in the program, the Agency gathers information on educational and social development, health, dental and medical history, nutrition, parent involvement, social services and income. Parents are the primary source of this information and the Agency will not solicit information from other sources without obtaining parent permission.

While effective communication among staff, parents and volunteers is essential, it is equally essential to protect the privacy of families. For this reason, the following procedures have been established:

- A. All records of the Agency relative to specific children, or families, are confidential and will be protected from unauthorized scrutiny.
- B. Parents must sign a "Release of Information" before the agency can release any information about a child to another agency/person, etc., except in case of abuse or neglect.

Head Start is required by SD Law, S26-8A-9 (S118B of HB 1140) to report suspected cases of child abuse or neglect. We are also expected to cooperate in these investigations. The safety and welfare of the child is Head Start's first consideration and employees will report actions that threaten that safety.

- C. Agency records concerning a child may be reviewed by the child's parent(s). In custody dispute situations, Head Start will require a copy of court orders, decrees or agreements which will be placed in the child's file.
- D. Staff and volunteers will not discuss information obtained through contact with the Head Start Program with persons not employed by the agency.
- E. Volunteers will not have access to children's files.
- F. All parents, staff and volunteers will sign a Confidentiality statement agreeing to comply with the NESD Head Start Confidentiality Policy.

These guidelines are subject to annual review, revision and approval of the Policy Council and Board of Directors.

I have read, understand and agree to comply with the Northeast South Dakota Head Start Program, Inc., Confidentiality Policy.

Signature: _____ Date: _____

Signature: _____ Date: _____

Child's Name _____ Unit _____