

When using video conferencing tools,

1. consider using the invitation option or the password option to ensure only those invited will have access.
2. develop guidelines for all participants (no recording the conference, no photographs, no screenshots, use only first names, control the chatbox, manage student or child conversation, etc.)
3. ensure that you know how to mute video and audio and are ready to do so.
4. consider providing the following consent language to early childhood programs for them to include with their existing consent documents such as media release consent.

If you choose to record classrooms with conferencing tools (or in-person),

1. try to keep children's faces out of the video.
2. get parental consent in advance (see below).
3. ensure that the recording is stored securely.
4. do not share the recording with anyone other than lead agency staff, site administration, or community network authorized classroom evaluators.
5. if providing access to the recording, ensure that the video cannot be downloaded or re-shared in any manner.
6. If other observers, such as teacher preparation providers and on-site reviewers who are required per BESE policy or under the auspices of a contract approved by BESE to observe teacher candidates, need access to the recording, lead agencies or school systems should ensure that MOUs have been updated to cover the recording, the way it is protected, and the destruction protocol.
7. consider a destruction policy that aligns with community network/school system record retention policies.

The first consent example below is an opt-in style consent. If the local school board or the early learning center has adopted a policy that allows for opt-outs (see pg. 13 of [Louisiana's Data Governance and Student Privacy Guidebook](#)), consider the opt-out sample form.

Sample Parental Consent Form

[INSERT SCHOOL OR CENTER NAME] VIDEO AND TELECONFERENCING CONSENT FORM

Dear Parent or Guardian,

You are receiving this consent form because your child's teacher may be observed in accordance with Louisiana early child care requirements. These observations are required by Louisiana Board of Elementary and Secondary Education policy, and help support your child's teacher in providing high-quality care and education to your child this fall. Due to social distancing guidance, observations may occur virtually and may require recording that would include your child's audio or video. Every effort will be made to avoid capturing your child's face, and recordings will not be shared with anyone else for any other purpose.

As the parent/legal guardian of _____ (*Child's Name*), I give my consent for him/her to be present during observations conducted using video or teleconferencing.

Signature of Parent/Legal Guardian

Parent/Legal Guardian Full Name (please print)

My Child's Full Name (please print)

Date

Sample Opt-Out Parental Notification

[INSERT SCHOOL OR CENTER NAME] VIDEO AND TELECONFERENCING PARENTAL NOTIFICATION

Dear Parent or Guardian,

You are receiving this notification because your child's teacher may be observed in accordance with Louisiana early child care requirements. These observations are required by Louisiana Board of Elementary and Secondary Education policy, and help support your child's teacher in providing high-quality care and education to your child this fall. Due to social distancing guidance, observations may occur virtually and may require recording that would include your child's audio or video. Every effort will be made to avoid capturing your child's face, and recordings will not be shared with anyone else for any other purpose.

If you choose to exercise your right to **opt-out** of having your child present during an observation using video recording or teleconferencing, please sign and return this form. Otherwise, we will assume you consent. Please note that if you choose to opt-out, different child care arrangements may need to be made for your child on the day of the observation.

As the parent/legal guardian of _____ (*Child's Name*), I do not give consent for my child to be present during observations conducted using video or teleconferencing.

Signature of Parent/Legal Guardian

Parent/Legal Guardian Full Name (please print)

My Child's Full Name (please print)

Date