Thank you for your interest in the A. Sophie Rogers School for Early Learning at the Schoenbaum Family Center. Your child may be eligible for a space in our school through our partnership with Columbus City Schools for the 2016-2017 school year. Your child would be able to attend Monday-Friday from 7:30AM-5:30PM August 24, 2016-August 18, 2017 at a reduced cost or no cost to you. In order to be eligible for the program you will need to provide documentation that your child will be three years old by September 30, 2016, that you reside within the boundaries of the Columbus City School District, and family income. Ways in which to provide this documentation are as follows:

- Documentation for age of child can be in the form of a birth certificate, passport, or a certified transcript of birth.
- Documentation of family gross income can be IRS 1040 forms (preferred), pay stubs, HUD or other Federal, State and or County Assistance documentation. (must indicate how many are in your household that can be claimed for tax purposes)
- Documentation for proof of address can be a recent utility bill (gas, electric, water) in the parent or guardian’s name, a current lease, 30 days’ worth of pay stubs, or statement from the Personnel office of parent/guardian’s employer on letterhead.

Columbus City Schools has their own enrollment paperwork and attendance requirements which are outlined in the attached letters. Please take a moment to review the information carefully before returning the documents to the school. Once all of your paperwork has been gathered, please provide the documentation to the Schoenbaum Family Center as soon as possible by returning the documents to the front desk to the attention of Samantha Peterson or Anneliese Johnson.

Please let me know if you have any additional questions and we look forward to working with you and your family over the next school year.

Thank you,

Samantha Peterson, M.S.
Assistant Principal
A. Sophie Rogers School for Early Learning
The Ohio State University
Schoenbaum Family Center
College of Education & Human Ecology
175 E. 7th Ave., Columbus, OH 43201
614-247-7488 Front Desk / 614-247-7491 Enrollment Line
peterson.476@osu.edu – SFC_Enrollment@osu.edu
A. Sophie Rogers School for Early Learning

Closure Dates

2016-2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, August 22</td>
<td>Professional Development Days</td>
</tr>
<tr>
<td>Tuesday, August 23</td>
<td></td>
</tr>
<tr>
<td>Monday, September 5</td>
<td>Labor Day Holiday</td>
</tr>
<tr>
<td>Friday, October 7</td>
<td>Professional Development Day</td>
</tr>
<tr>
<td>Friday, November 11</td>
<td>Veteran’s Day Holiday</td>
</tr>
<tr>
<td>Thursday, November 24</td>
<td>Thanksgiving Holiday</td>
</tr>
<tr>
<td>Friday, November 25</td>
<td></td>
</tr>
<tr>
<td>Thursday, December 22</td>
<td>Christmas Holiday</td>
</tr>
<tr>
<td>Friday, December 23</td>
<td></td>
</tr>
<tr>
<td>Monday, December 26</td>
<td></td>
</tr>
<tr>
<td>Tuesday, December 27</td>
<td></td>
</tr>
<tr>
<td>Monday, January 2</td>
<td>New Year’s Day Holiday</td>
</tr>
<tr>
<td>Monday, January 16</td>
<td>Dr. Martin Luther King Jr. Holiday</td>
</tr>
<tr>
<td>Monday, February 20</td>
<td>Professional Development Day</td>
</tr>
<tr>
<td>Monday, April 3</td>
<td>Professional Development Day</td>
</tr>
<tr>
<td>Friday, May 19</td>
<td>Parent Teacher Conference Day</td>
</tr>
<tr>
<td>Monday, May 29</td>
<td>Memorial Day Holiday</td>
</tr>
<tr>
<td>Friday, June 16</td>
<td>Professional Development Day</td>
</tr>
<tr>
<td>Tuesday, July 4</td>
<td>Independence Day Holiday</td>
</tr>
</tbody>
</table>

Note: Dates are subject to change. Families will be alerted of any necessary changes.
Student/Household Enrollment Packet

Directions:

Each student being enrolled needs to have pages 2 and 3 (Student Enrollment Form) completed. If enrolling more than one student, each household only needs to complete pages 4 through 6 (Household Enrollment Form) once and not for each student.

Please bring with you:

Birth Verification (certification of birth issued by Ohio or a comparable certification issued by another state, territory, possession or nation; a passport or attested transcript of a passport filed with the registrar of passports showing the date and place of birth of the child; attested/certified transcript of the certificate of birth; attested/certified transcript of the certificate of baptism or other religious record showing the date and place of birth of the child; an attested/certified transcript of a hospital record showing the date and place of birth of the child; or a birth affidavit.) If a parent needs to obtain a birth certificate, they may call the Bureau of Vital Statistics at 645-7331. Please note that student who may be interested in participating in interscholastic athletics must have proof of age certified via a birth certificate. No other proof of age is acceptable to the Ohio High School Athletic Association.

Proof of Custody/Guardianship (if other than biological/residential parent)

Custody Document - Certified copy of an order or decree or modification of such order allocating parental rights and responsibilities and designating a residential parent and legal custodian of the child (if applicable). Copy of custody documents should be presented to the Pupil Services Department by the parent.

Address Verification - must have one of the following:

1. A recent utility bill (gas, electric or water) in the parent's name. Phone or cable bills are not acceptable.
2. A current lease agreement with parent's name. Name and phone number of landlord must be provided to verify lease.
3. 2 most recent employment checks with parent's name and address (may need the 2 week window to provide 2 checks instead of just one).
4. Most recent check stub, received from the Department of Human Services or Social Security addressed to parent.
5. Statement from the Department of Human Services or Social Security, on letterhead, indicating the address used by the parent for receipt of checks. Even if the parent has check delivered to a post office box, the caseworker may be able to provide an address for the parent, on agency letterhead.
6. Statement from Personnel Office of parent's employer, on letterhead, indicating the address used by parent for employment purposes and for submission of Internal Revenue Service (IRS) W-2 forms.
7. Change of custody forms on Franklin County Children Services (FCCS) letterhead or court documents indicating a change of custodial parent (and address). These must be filed with Pupil Services prior to the child being enrolled in your school. If the child is already enrolled and will continue current assignment, the new custodial parent will need to go down to Pupil Services Department to file paperwork.

Immunization Record (Shot Record) For more information visit: www.columbus.k12.oh.us and select the Vaccination Requirements under the "Erroll Today" tab or refer to the Ohio Administrative Code 5101:2-12-37 and the Ohio Revised Code 3313.67.

Withdrawal Papers or Last Grade Card or transcript from prior school (if applicable)

Individualized Education Program (IEP), Evaluation Team Report (ETR) or 504 Plan (if applicable)

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities.

Revised 6/21/2012
## Columbus City Schools
### Student Enrollment Form

**Mission:** Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

### Office Use Only

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Today's Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's ID #:</td>
<td>Student's Home room #:</td>
</tr>
<tr>
<td>Student's Present Grade:</td>
<td></td>
</tr>
<tr>
<td>Lottery Acceptance: [ ] Yes [ ] No</td>
<td>ESL: [ ] Yes [ ] No</td>
</tr>
<tr>
<td>School Year:</td>
<td></td>
</tr>
</tbody>
</table>

### English as a Second Language (ESL) Information

1. Was this student born outside of the U.S., in a country where English is not the primary language? [ ] Yes [ ] No
2. Was one or both parents born outside of the U.S., in a country where English is not the primary language? [ ] Yes [ ] No
3. Did the student first learn to speak a language other than English? [ ] Yes [ ] No
4. Is a language other than English spoken at home? [ ] Yes [ ] No

*If you answered yes to any of these four questions please stop here and contact the English as a Second Language Department at 365-5281 for additional clarifications regarding the language assessment.*

### Special Education Information

Does your student have an IEP/MFE? ____________________________________________

What is your child's disability category? __________________________________________

*(Note to Secretary: If the student has not been assigned to your school by the Special Education Department at Neil Avenue, please call the appropriate Program Office at 365-5206 and provide a copy of this form to your Special Education Coordinator.)*

### Demographic Information

**Student’s Legal Name:** (Please Print) ___________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>Suffix (if any)</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Address:** ____________________________________________________________

<table>
<thead>
<tr>
<th>House #</th>
<th>Street Name</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Proof of address type:** [ ] Builder's Statement [ ] Emancipation [ ] Employment Records [ ] Government Office

[ ] Landlord's Statement [ ] Lease [ ] Recent Utility Bill [ ] Other ______________________

**Dwelling type:** [ ] Apartment [ ] House [ ] Other ______________________

**Home Phone:** ______________________ [ ] Unlisted: [ ] Yes [ ] No

**Cell Phone:** ______________________

**Birth Date:** (MM/DD/YYYY) ______________________

**Proof of Age:** [ ] Birth Certificate [ ] Passport [ ] Other ______________________

**Country of Birth:** ______________________

**City of Birth:** ______________________

**State of Birth:** ______________________

**Grade:** ______________________

**Gender:** [ ] Male [ ] Female

**Student Email Address:** ____________________________________________

### Demographic Ethnicity/Race Information

*The collection of Ethnicity and Race data is in compliance with the Federal Government’s standards effective July 1, 2010.*

Is this student Hispanic/Latino? [ ] Yes [ ] No

*(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

What is this student’s race? Choose one or more, regardless of ethnicity.

- [ ] (A) Asian
  - Origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent

- [ ] (I) American Indian or Alaskan Native
  - Origins in any of the original peoples of North or South America who maintain community attachment

- [ ] (W) White
  - Origins in any of the original peoples of Europe, the Middle East, or North Africa

- [ ] (B) Black or African American
  - Origins in any of the original peoples of any of the black racial groups or of Africa

- [ ] (P) Native Hawaiian/Pacific Islander
  - Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**Revised 6/21/2012**

Page 2 of 6
Last School Attended

Has the student ever attended or applied to the lottery at Columbus City School? □ Yes □ No
Has the student ever attended any public, private, charter or community school in the state of Ohio? □ Yes □ No
Previous School: ________________________  Previous Grade: ______  Withdrawal Date: ________

FOR OUT OF DISTRICT TRANSFERS:
Previous (Please Print)

<table>
<thead>
<tr>
<th>School Info:</th>
<th>Street</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone: __________  Fax: __________

Preschool Experience

Has the student ever attended any preschool in the state of Ohio? □ Yes □ No

□ CDC Head Start  □ Childhood League
□ Columbus City Schools PreK/Special Needs Preschool  □ Columbus Urban League Head Start
□ Dahlberg Center  □ Franklin County Board of DD
□ OSU Day Care  □ Schoenbaum Center
□ St. Vincent’s Family Center Preschool  □ Other

Emergency Medical Authorization

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**Part I – To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called:

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dentist</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Specialist</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Hospital</th>
<th>Emergency Room Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted, I have listed below:

__________________________________
Signature of Parent/Guardian
Date

---

**Do Not Complete Part II If you Completed Part I**

**Part II – Refusal To Consent**

I do **NOT** give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

__________________________________
Signature of Parent/Guardian
Address
Date

---

**Verification of Information**

By signing, I verify that all the information provided is true and verifiable to the best of my knowledge.

Parent/Legal Guardian Name (Printed):

__________________________________  Date:

Signature:

---

Revised 6/21/2012
Page 3 of 6
Ohio Department of Job and Family Services
CHILD ENROLLMENT AND HEALTH INFORMATION
FOR CHILD CARE CENTERS AND TYPE A HOMES

This form shall be completed prior to the child’s first day of attendance and updated annually and as needed.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth</th>
<th>First Day at Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Zip Code</th>
<th>Home Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Home Telephone Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address (if applicable)</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent’s Work/School Telephone Number</th>
<th>Parent’s Work/School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s Work/School Address</td>
<td>City</td>
</tr>
</tbody>
</table>

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians.  

- [ ] Yes  
- [ ] No

If you answered yes, please indicate which number(s) above to include on the list  

- [ ] Work #  
- [ ] Cell #  
- [ ] Home #  
- [ ] Email

Where can you be reached while your child is in this program?

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Home Telephone Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address (if applicable)</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent’s Work/School Telephone Number</th>
<th>Parent’s Work/School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s Work/School Address</td>
<td>City</td>
</tr>
</tbody>
</table>

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians.  

- [ ] Yes  
- [ ] No

If you answered yes, please indicate which number(s) above to include on the list  

- [ ] Work #  
- [ ] Cell #  
- [ ] Home #  
- [ ] Email

Where can you be reached while your child is in this program?

**Emergency Contacts:** Parents **cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached.** Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other numbers where emergency contact can be reached (if applicable)</td>
<td>Other numbers where emergency contact can be reached (if applicable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Physician or Clinic/Hospital</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>
## Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

### Does your child have any food, medication or environmental allergies? (check all that apply)
- [ ] No
- [ ] Yes - check all that apply:  
  - [ ] Food
  - [ ] Medication
  - [ ] Environmental
  - Please list and explain:

### Does your child’s allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (check one)
- [ ] No
- [ ] Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

### Does your child have a special health or medical condition? (check one)
- [ ] No
- [ ] Yes - please explain

### Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (check one)
- [ ] No
- [ ] Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

### Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)
- [ ] No
- [ ] Yes - please explain

### If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?
- [ ] No
- [ ] Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
- [ ] N/A - program does not administer any medications.

### Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)
- [ ] No
- [ ] Yes - please explain

### Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?
- [ ] No
- [ ] Yes - written instructions from the child’s health care provider must be on the JFS 01217 "Request for Administration of Medication."
- [ ] N/A - child does not attend a full time program.
Child’s Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained?  □ Yes (if yes, skip to Emergency Transportation Authorization section)  □ No (If no, fill out the following)

The program’s policy is to check diapers every ____ hours. Please indicate if you want your child’s diaper checked according to the center/type A home’s policy or another:

□ I agree with the program’s schedule  □ I do not agree, please check my child’s diaper every ____ hours.

Emergency Transportation Authorization

Give Permission to Transport

Center or Type A Home Name
Schoenbaum Family Center

□ has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

□ Do not sign both

Parent’s Signature  Date

Do Not Give Permission to Transport

Center or Type A Home Name

□ does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

Parent’s Signature  Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center’s or type A home’s policies and procedures/handbook.  □ Yes  □ No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

Parent/Guardian Signature(s)  Date

Administrator/Designee Signature  Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials  Date of Review  Administrator/Designee Initials  Date of Review

Parent/Guardian Initials  Date of Review  Administrator/Designee Initials  Date of Review

Parent/Guardian Initials  Date of Review  Administrator/Designee Initials  Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child’s first day of attendance and thereafter while the child is enrolled.

JFS 01234 (Rev. 9/2011)
CONSENT FOR USE OF INFORMATION AND PERSONA OF A MINOR

I HEREBY GRANT TO the Schoenbaum Family Center and The Ohio State University the right to publish, broadcast, webcast, or disseminate in any other form or medium any or all of the following:

- Stories and/or information about minor for use in news stories, publication, promotional materials, web features and/or any other university purposes.
- Photographs, video, audio, and other images or likenesses of minor for use in news stories, publications, promotional materials, web features and/or any other university purposes.

All photographs, video, audio, images, likenesses, stories, and other materials will remain the property of the Schoenbaum Family Center and The Ohio State University

Consent ____________ Do not consent ____________

Name of minor (please print) _______________________________________________________

Name of Parent/Guardian (please print) _____________________________________________

Signature of parent or guardian ___________________________________________________

Street Address ___________________________________________________________________

City/State/Zip ____________________________________________________________________

Phone ___________________________ Email ________________________________

Date __________________________________________________________________________

Updated 6/18/15
Dear Families:

Welcome! We are pleased that you chose to enroll your child in the A. Sophie Rogers School for Early Learning at the Schoenbaum Family Center.

As a school, we provide evidenced-based early childhood education and care that prepares children for life and school success. The administrative staff and teachers work with faculty and researchers to figure out ways to improve our teaching and deliver the best learning environment possible for children.

To improve our teaching and tracking of language, literacy, physical, and social-emotional development of children, we use a variety of assessments at different points during a child’s enrollment in our school. These assessments are completed by parents, teachers, and our assessment team (made up of faculty, staff, and graduate students). We have outlined a core set of assessments that we will begin using routinely to screen children’s development and to track their progress. An overview of the assessment process and brief descriptions of the instruments that are likely to be included is attached.

Results of these assessments will be used for information purposes to help us continually evaluate and improve our curriculum and individualize the children’s instruction. Results will be shared with teachers to help them plan and to ensure that children are making adequate progress. The results will be shared with parents on an individual basis and will be handled according to standard professional policy to remain confidential.

We will discuss our assessments during parent teacher conferences planned for the school year. These meetings will help parents learn more about child development and understand what we are assessing, why these areas are of interest, and how parents can support development in these areas at home.

Thank you for your support of our efforts to provide a valuable early learning school experience. We look forward to working and learning with you as we guide the learning and development of your child(ren).

Sincerely,

Anneliese Johnson, MS, Director
A. Sophie Rogers School for Early Learning

Samantha Peterson, MS, Assistant Director
A. Sophie Rogers School for Early Learning
Assessment Overview

There are four purposes for using developmental assessments:

1. **Screening.** Screening assessments are done to identify possible developmental delays. If a child performs poorly on screening tests, then follow up monitoring or more in-depth testing is conducted. The A. Sophie Rogers School for Early Learning utilizes the Ages & Stages Questionnaire, as well as, the Ages and Stages: Social Emotional Questionnaire to complete the developmental screening. This tool is completed within 60 days of enrollment and annually, or more often as necessary, thereafter.

2. **Progress Monitoring.** Progress monitoring assessments provide information about how children are progressing in important skill areas, especially related to sounds and words. For example, teachers continually take photos, written observations and collect work samples in the classroom. Notebooks are used to keep written notes and then maintained in file folders to be used for curriculum planning. Formalized progress monitoring tools will be used throughout the school year as well.

3. **Program Planning.** Other assessments are done to determine children’s specific education needs related to basic concepts such as knowing letters, the ability to follow instructions, ask questions, etc. Teachers will share the results of the assessments with parents during the twice yearly parent/teacher conferences or more frequently if needed.

4. **Program Evaluation.** Other assessments are used to evaluate educational programs rather than children. For example, standardized tests may be used to provide information about children’s school readiness in key areas and to identify strengths and weaknesses of the program. Observational measures of the classroom environments focus on the physical environment, learning opportunities, the social-emotional climate, and how teachers relate to children and implement instructional procedures.

Assessment Follow-Up

Children who have significant developmental delays may be eligible for additional services beyond our classroom instruction and referrals will be made to the family’s school district for preschool children and to Help Me Grow for Infants/Toddlers. However, diagnostic testing is not conducted without parent permission. Typically, a multidisciplinary team works with families to determine areas of concern and how to assess those areas to determine eligibility for services from special educators and other related services personnel.

Individual Education Plans (IEP) for preschoolers or Individual Family Service Plans for Infants/Toddlers (IFSP) will be written after evaluations have been completed with the local school district or Help Me Grow. The staff at the Schoenbaum Family Center will work with the family to find the best placement and least restrictive environment for your child to further their growth and development.

Schedule of Planned Assessments

- All parents will be asked to fill out Ages and Stages Questionnaires and Ages and Stages-Social Emotional Questionnaires at the beginning of the school year and annually thereafter, unless otherwise needed.
- Progress Monitoring will be completed by researchers, staff or teachers quarterly.
- Formal Assessments will be completed by researchers, staff or teacher bi-yearly.
AUTHORIZATION FOR PICK-UP

Please indicate below who is allowed to pick up your child should you, as a parent or guardian, be unable to do so. If the person picking up is not known by the school staff, they must present a valid photo ID at the time of pick up. Parents or guardians must notify the teachers and front desk staff when someone else will be picking up, as well as, if there are any changes to the list of names below.

Parent/Guardian cell phone numbers will be used for our Emergency Call One System and other important messages sent from the school. Your email address may also be used for correspondence purposes; this includes but is not limited to curriculum guides, parent newsletters, emergency purposes etc. These will be logged in a database that will send an automated message to the numbers listed. It is your responsibility to update your phone number at the front desk to ensure we have a correct and working number for you. Your child may not attend the program without a working phone number.

Name of Child: ____________________________________________ ROOM # ______________________

First Name ___________________________ Last Name ___________________________

Home Address: ________________________________________________________________

1. Parent/Guardian

Name: ____________________________

Home Phone: ____________________________

Work Phone: ____________________________

Cell Phone: ____________________________

Email address: ____________________________

2. Parent/Guardian

Name: ____________________________

Home Phone: ____________________________

Work Phone: ____________________________

Cell Phone: ____________________________

Email address: ____________________________

I give my permission to release my child to the following adults (must be at least 16 yrs of age):

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Relation to Child</th>
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Parent/Guardian Signature ____________________________ Date ________________

Do NOT release my child to the following persons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to Child</th>
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</table>
Additional individuals who my child may be released to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Relation to Child</th>
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</table>

Annual Update – I have reviewed the information on this documents and all information has stayed the same or changes have been noted. If significant changes are needed, I will complete a new form:

<table>
<thead>
<tr>
<th>Parent/Guardian Initials</th>
<th>date of review</th>
<th>Parent/Guardian Initials</th>
<th>date of review</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
**Ohio Department of Education - Office for Child Nutrition**

**CHILD AND ADULT CARE FOOD PROGRAM**

**ENROLLMENT FORM**

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

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### Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child’s name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child’s parent or guardian.

**CENTER NAME**

**CHILD’S NAME**

(please print)

<table>
<thead>
<tr>
<th>AGE</th>
<th>BIRTHDATE / / month / day / year</th>
</tr>
</thead>
</table>

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE**

<table>
<thead>
<tr>
<th>Days Child Normally in Care</th>
<th>List Hours Child Normally in Care</th>
<th>Meals Child Normally Receives while in Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Arrive</td>
<td>Depart</td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
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<tr>
<td>Friday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule

**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

**DAY PHONE NUMBER**

**MAILING ADDRESS:**

<table>
<thead>
<tr>
<th>STREET / APT.</th>
<th>CITY</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider. (rev. 12/3/2015)
INSTRUCTIONS: To apply for free and reduced-price meals, read the household letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. Part 1 is to be completed by all households. Part 2 is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. Part 3 is only for children NOT receiving food assistance or OWF benefits. Part 4 an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. Part 5 is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 mo.

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER

<table>
<thead>
<tr>
<th>NAME OF ENROLLED CHILD(REN)</th>
<th>AGE</th>
<th>BIRTH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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</tbody>
</table>

PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT LIST SWIPE CARD NUMBER. 600....numbers not valid.

<table>
<thead>
<tr>
<th>CHECK IF A FOSTER CHILD</th>
<th>PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The legal responsibility of a welfare agency or court)</td>
<td>Case No.</td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1

<table>
<thead>
<tr>
<th>EXAMPLE: JANE SMITH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. $ 200 / weekly</td>
</tr>
<tr>
<td>2. $ /</td>
</tr>
<tr>
<td>3. $ /</td>
</tr>
<tr>
<td>4. $ /</td>
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<tr>
<td>5. $ /</td>
</tr>
<tr>
<td>6. $ /</td>
</tr>
</tbody>
</table>

b. CHECK IF NO/ZERO INCOME

| c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually |
| 1. Earnings from work before deductions |
| 2. Welfare payments, child support, alimony |
| 3. Pensions, retirement, Social Security, SSI, VA |
| 4. All Other Income |

<table>
<thead>
<tr>
<th>EXAMPLE: JANE SMITH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. $ 200 / weekly</td>
</tr>
<tr>
<td>2. $ /</td>
</tr>
<tr>
<td>3. $ /</td>
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<tr>
<td>4. $ /</td>
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<tr>
<td>5. $ /</td>
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<tr>
<td>6. $ /</td>
</tr>
</tbody>
</table>

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the “I do not have a Social Security Number” box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the income. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

SIGNATURE OF ADULT HOUSEHOLD MEMBER

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Daytime Phone Number:</th>
<th>Work Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street / Apt:</td>
<td>City / State / Zip:</td>
<td>County:</td>
</tr>
</tbody>
</table>

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

<table>
<thead>
<tr>
<th>American Indian or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>White</td>
<td>Other</td>
</tr>
</tbody>
</table>

Please mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the application for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

State Distribution: 7/15/2016

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion:

Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice per month (semi-monthly) x 24, Monthly x 12

<table>
<thead>
<tr>
<th>Total Household Size</th>
<th>Total Household Income: $</th>
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</thead>
<tbody>
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</tbody>
</table>

Application Certified/Categorized as:

FREE, based on Food Assistance/OWF Case No. Household Size & Income Foster Child

PAID, based on Income Too High Incomplete Invalid case number or information

Signature of Sponsor / Center Representative Date Sponsor Certified/Categorized Form
Note: Effective date is determined by parent or sponsor signature date as selected on ORRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

Effective Date (From the first month of date signed) Expiration Date (Valid until last day of month in which form was signed one year earlier)
PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child’s age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 10 or 12-digit number. Do not list a swipe card number.

SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.


a) Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.

b) Check the box for any person listed as a household member (including children) that has no income.

c) For each household member, list each type of income received during the last month and list how often the money was received.

1) Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person’s usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member’s income made available by them or on their behalf the household will be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

2) List the amount each person got last month from welfare, child support or alimony and list how often the money was received.

3) List the amount each person got last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s (VA) benefits or disability benefits and list how often the money was received.

4) List all other income sources. Examples include: Worker’s Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

a) * All applications must have the signature of an adult household member.

b) * The adult signing the application must also date the form.

c) * Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, “I do not have a Social Security Number.” If you listed a food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA either by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email to program.intake@usda.gov. USDA is an equal opportunity provider.

RECEIVED INCOME ELIGIBILITY GUIDELINES – 185%

Guidelines to be effective from July 1, 2016 through June 30, 2017

Housesholds with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>YEAR</th>
<th>MONTH</th>
<th>TWICE PER MONTH</th>
<th>EVERY TWO WEEKS</th>
<th>WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>21,978</td>
<td>1,832</td>
<td>916</td>
<td>846</td>
<td>423</td>
</tr>
<tr>
<td>2</td>
<td>29,637</td>
<td>2,470</td>
<td>1,235</td>
<td>1,140</td>
<td>570</td>
</tr>
<tr>
<td>3</td>
<td>37,396</td>
<td>3,108</td>
<td>1,554</td>
<td>1,435</td>
<td>718</td>
</tr>
<tr>
<td>4</td>
<td>44,955</td>
<td>3,747</td>
<td>1,874</td>
<td>1,730</td>
<td>865</td>
</tr>
<tr>
<td>5</td>
<td>52,614</td>
<td>4,385</td>
<td>2,193</td>
<td>2,024</td>
<td>1,012</td>
</tr>
<tr>
<td>6</td>
<td>60,273</td>
<td>5,023</td>
<td>2,512</td>
<td>2,319</td>
<td>1,160</td>
</tr>
<tr>
<td>7</td>
<td>67,951</td>
<td>5,663</td>
<td>2,832</td>
<td>2,614</td>
<td>1,307</td>
</tr>
<tr>
<td>8</td>
<td>75,647</td>
<td>6,304</td>
<td>3,152</td>
<td>2,910</td>
<td>1,455</td>
</tr>
</tbody>
</table>

For each additional family member, add

7,696

642

321

296

148

OCN Revised 7/1/2016
In order to best facilitate children’s learning, Columbus City Schools and A. Sophie Rogers School for Early Learning have an attendance policy that we must enforce. It is imperative and expected that students attend school on a regular basis. Excessive absences can be detrimental to a student’s overall social and cognitive development. So much is learned in the classroom each and every day that if only one day is missed it could make it difficult for a child’s learning and success.

Our attendance policy states that 5 or more unexcused absences may result in exclusion from the School. In addition, we require children to arrive at school by **9:00 am** and depart no earlier than **3:00 pm**. If absences and/or tardiness become an issue, a meeting will be arranged for you, and a Columbus City Schools social worker to find a way for your child to attend school on a regular basis. If the issues are not resolved, your child may be withdrawn from the program and may not return to school.

The front desk of the Schoenbaum Family Center can be reached at 614-247-7488. Your child’s classroom phone number can be found at the bottom of this letter. Please call the classroom phone number first and then the front desk if no one is available in the classroom if your child is going to be absent or late for any reason.

If you have any questions regarding this policy, you can contact Pamela Reisch, Early Childhood Education Coordinator for Columbus City Schools’ Department of Early Childhood Education at preisch1295@columbus.k12.oh.us or (614) 365-5169 or Samantha Peterson, Assistant Director for the A. Sophie Rogers School for Early Learning at peterson.476@osu.edu or (614) 688-5469.

**Pre-Kindergarten Classroom Telephone Number:**

Room 124: 614-292-6128

Room 128: 614-247-7915

Room 142: 614-247-7918
In order to best facilitate children’s learning, Columbus City Schools and A. Sophie Rogers School for Early Learning have an attendance policy that we must enforce. It is imperative and expected that students attend school on a regular basis. Excessive absences can be detrimental to a student’s overall social and cognitive development. So much is learned in the classroom each and every day that if only one day is missed it could make it difficult for a child’s learning and success.

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I have read and understand the policy outlined above.

_________________________________________________________________________________

Child’s name (please print)

_________________________________________________________________________________

Parent/ guardian signature date
Child and Caregiver Entrance Questionnaire

The information in this questionnaire will help us learn more about you and your child. We will not give this information to anyone else. Your name and your child’s name will be removed to protect your family’s confidentiality. This child’s primary caregiver is the best person to complete this survey. If you are not sure of an answer, just use your “best guess.” Please answer each item. There are no right or wrong answers!

Child's name: ________________________________

1. Your name: ________________________________

2. You are the child's: (select only one)
   - Mom
   - Dad
   - Grandma
   - Grandpa
   - Aunt
   - Uncle
   - Guardian
   - Other

3. Today’s date: (MM/DD/YYYY)
   - M
   - M
   - D
   - D
   - Y
   - Y
   - Y
   - Y

This section contains questions about your child.

4. Your child is a: ________________________________
   - Girl
   - Boy

5. Your child’s date of birth: (MM/DD/YYYY)
   - M
   - M
   - D
   - D
   - Y
   - Y
   - Y
   - Y

6. Which best describes your CHILD’s ethnicity?
   - Hispanic or Latino
   - Not Hispanic or Latino

7. Which best describes your CHILD’s race? (select all that apply)
   - a. Black/African American
   - b. Native Hawaiian or Other Pacific Islander
   - c. White/Caucasian
   - d. American Indian or Alaska Native
   - e. Asian

8. Date that your child was enrolled at the Schoenbaum Family Center:
   - M
   - M
   - D
   - D
   - Y
   - Y
   - Y
   - Y
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Was your child born premature (36 weeks or less)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Did your child have any medical concerns at birth? (select all that apply)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. Anemia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Hypoglycemia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Breathing Problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Congenital Heart Defects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Feeding Problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Neonatal Jaundice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. If other, please specify:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Did your child have any special medical care when he/she was born? (select all that apply)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. Warmer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Incubator</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Feeding Tube</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Trachea</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Ventilator</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Continuous positive airway pressure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. If other, please specify:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Does your child have any chronic medical problems/conditions? (select all that apply)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. Anemia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Asthma</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Diabetes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Cerebral Palsy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Cystic Fibrosis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Epilepsy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Congenital heart problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Sickle Cell Anemia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. If other, please specify:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Does your child have a history of hearing loss or hearing problems?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13b. If yes, please explain:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Describe your CHILD's vision. (select all that apply)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No vision problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. Wear corrective lenses (wears glasses)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Nearsighted</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Farsighted</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Astigmatism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Amblyopic (&quot;lazy eye&quot;)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Strabismus (&quot;cross-eyed&quot;)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Does your child have an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
**ONLY ANSWER QUESTIONS #16, #17, and #18 IF YOUR CHILD IS AT LEAST 24 MONTHS OF AGE**

<table>
<thead>
<tr>
<th>16. What language(s) does your CHILD speak? (select all that apply)</th>
<th>a. English</th>
<th>b. Spanish</th>
<th>c. Somali</th>
<th>d. Other</th>
<th>e. If other, please specify: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 17. Rate your child’s ability to UNDERSTAND English. (select only one) |
|---------------------------------------------------------------|------------|-------------|------------|-----------|--------------------------------------------------------|
| Does not understand anything | Understands little | Understands only the main idea | Understands most of what is said | Understands as well as a native speaker of English OR is a native speaker of English | |
| | | | | | |

| 18. Rate your child’s ability to SPEAK English. (select only one) |
|---------------------------------------------------------------|------------|-------------|------------|-----------|--------------------------------------------------------|
| Cannot speak any English | Speaks little English | Speaks limited English | Speaks fluent English with errors | | |
| | | | | |

This last section contains questions about you and your child’s experiences in your home.

<table>
<thead>
<tr>
<th>19. How many people live in your home?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Of those individuals, how many are under the age of 18?</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>7+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 21. Who lives in your home? (select all that apply) |
|-------------------------------------------------|------------|-------------|------------|-----------|--------------------------------------------------------|
| | | | | | | | | | |

| 22. What language(s) are spoken in your home? (select all that apply) |
|-------------------------------------------------|------------|-------------|------------|-----------|--------------------------------------------------------|
| a. English | b. Spanish | c. Somali | d. Other | e. If other, please specify: ____________________________ |
| | | | | | |

| 23. What is the current relationship between the child’s primary caregivers? (select only one) |
|-------------------------------------------------|-----------|------------|-----------|--------------------------------------------------------|
| Married/Domestic Partnership | Romantically involved | Separated/divorced | Just friends | Not in any kind of relationship |
24. What is the highest level of education completed by the child's primary guardian? (select only one)

<table>
<thead>
<tr>
<th>Level of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th Grade or less</td>
</tr>
<tr>
<td>Some high school, but no diploma</td>
</tr>
<tr>
<td>High school diploma or GED</td>
</tr>
<tr>
<td>High school diploma or equivalent PLUS technical training/certificate</td>
</tr>
<tr>
<td>Some college, but no degree</td>
</tr>
<tr>
<td>A.A., A.S., 2 year degree</td>
</tr>
<tr>
<td>Bachelor's degree</td>
</tr>
<tr>
<td>At least one year of coursework beyond B.S. or B.A</td>
</tr>
<tr>
<td>Master's degree</td>
</tr>
<tr>
<td>Education specialist or professional diploma beyond Master's</td>
</tr>
<tr>
<td>Doctoral degree</td>
</tr>
<tr>
<td>Don't Know</td>
</tr>
<tr>
<td>Not applicable (no primary female guardian)</td>
</tr>
</tbody>
</table>

25. Think about the past 2 weeks. What was the child's primary guardian doing for most of that time? (select only one)

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working a full-time job (30+ hours per week)</td>
</tr>
<tr>
<td>Working multiple part time jobs (30+ hours per week)</td>
</tr>
<tr>
<td>Working one or more part-time jobs (less than 30 hours per week)</td>
</tr>
<tr>
<td>Looking for work</td>
</tr>
<tr>
<td>Going to school</td>
</tr>
<tr>
<td>Caring for children or other family members at home</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>If other, please specify:</td>
</tr>
<tr>
<td>Don't Know</td>
</tr>
<tr>
<td>Not applicable (no primary female guardian)</td>
</tr>
</tbody>
</table>

26. How many times have you moved in the past 12 months?

<table>
<thead>
<tr>
<th>Number of Moves</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 times</td>
</tr>
<tr>
<td>1 time</td>
</tr>
<tr>
<td>2 times</td>
</tr>
<tr>
<td>3 times</td>
</tr>
<tr>
<td>4 or more times</td>
</tr>
</tbody>
</table>

27. Do you live in housing managed by Community Properties of Ohio (CPO)?

<table>
<thead>
<tr>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Thank you for completing our questionnaire!
# CHILD MEDICAL STATEMENT FOR CHILD CARE

**Child's Name (print or type)**

**Date of Birth**

[ ] This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.

**Signature of Examining Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner**

**Date of Examination**

**Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner**

**Telephone Number**

**Street Address**

**City, State and Zip Code**

---

## ATTACH A COPY OF THE CHILD’S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Diseases for Immunization</th>
<th>Immunized</th>
<th>In Process of Immunization</th>
<th>Medically Contraindicated/ Not Age Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Initial beside the disease(s) being declined above and sign below.

**Signature of Parent**

**Date of Signature**

---

## Recommended Assessments/Screenings

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Measurements:**

- Height
- Weight
- BMI

**Notes:**

---

JFS 01305 (Rev. 6/2015)
Welcome to the A. Sophie Rogers School for Early Learning at the Schoenbaum Family Center! We are excited to be a part of your child’s early education. The School for Early Learning has history with the Laboratory School at The Ohio State University which was one of the oldest in the country. We pride ourselves in our excellent teaching staff, service to the Weinland Park community, and demonstration as a model Early Childhood School Program.

Our Family Handbook is a valuable resource that provides information on the School for Early Learning’s curriculum, daily routines, licensing rules & regulations, and parent partnerships. Please take a moment to read the Handbook and take note of the following content:

- Required enrollment forms and annual updates
- Sibling priority on interest list
- Attendance requirements and arrival times
- Family conferences and other opportunities and pathways for communication
  - Visit website at sfc.ehe.osu.edu for calendar updates and other announcements
  - Calendar of closures (holidays and professional development days)
- Call One system in case of emergency
- Research opportunities at the School
- Role School in the University
- Drop off and pick up procedures
  - Late fees incurred for pick-ups after closing
  - Late fees will begin at 5:31 PM
- Meal and snack requirements and SFC’s dedication to nutrition
  - No outside foods permitted inside of the School
- Child illness
  - When to keep your child home sick
  - When children must be sent home sick
  - When children may return to school
- Withdrawal from program and required 30 days written notification to administration

I have received a copy of the family handbook and will read and review the policies in the handbook:

______________________________  ______________________________
Child’s Name (please print)     Parent/Guardian Signature  Date
Parent/Child Consent Form

This is a parental permission form for research participation. It contains important information about this research and what to expect if you permit your child to participate.

Purpose
The Schoenbaum Family Center (SFC) and its A. Sophie Rogers Laboratory School provide high-quality educational experiences for young children and also serves as a research site for The Ohio State University. For research purposes, the SFC is partnering with The Crane Center for Early Childhood Research and Policy (CCEC) and establishing a formal data repository. The repository will include educationally-relevant data on children, families, and staff at SFC. Researchers may request data from the repository to answer important questions relevant to early childhood education, child development, and associated fields. These requests will be made via an application process and vetted by the SFC Research Advisory Board. Additionally, faculty at OSU may request data to use for teaching purposes in research and/or statistics courses. Repository datasets released to researchers and faculty will NOT include the names of children, family members, or SFC staff.

What You and Your Child Will Do
We are seeking permission to include data about you and your child in the repository. Your participation is voluntary. Your child will continue to receive the typical educational programming provided by SFC. As part of this typical programming, your child will participate in regular educational assessments conducted by SFC and/or CCEC staff during the duration of his/her enrollment at SFC. If you participate in the data repository, we will include your child's educational assessment and attendance information in the repository after removing his/her name. We will also include information collected about your child and family from questionnaires and surveys that you complete for SFC. You may withdraw your permission to have data included in the repository at any time without penalty or loss of benefits to which you or your child is otherwise entitled.

Risks and Benefits
There are no known risks associated with your child's participation, as reviewed and approved by the OSU Institutional Review Board. Efforts will be made to keep your child's study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation in this study may be disclosed if required by state law. Also, your child's records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

Questions and Concerns
For questions, concerns, or complaints about the research, you may contact Dr. Mihaiela R Gugiu, Director of Community Research, The Crane Center for Early Childhood Research and Policy, The Ohio State University, 175 East 7th Ave, Columbus, OH 4320, gugiu.1@osu.edu, 614-292-4702. If you are injured as a result of participating in this study or for questions about a study-related injury, please contact Dr. Gugiu.

For questions about your child's rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

Please complete this form and return it to Samantha Peterson or Anneliese Johnson. You will receive a copy for your records.

Updated July 7, 2015
Signing the consent form

I have read (or someone has read to me) this form and I am aware that I am being asked to provide permission for my child to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study. I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Please check and complete one of the two options below, as well as the consent for sharing of classroom observation videos.

YES, I voluntarily agree to release my child's data to be included in the SFC research repository.

<table>
<thead>
<tr>
<th>Printed name of subject (child)</th>
<th>Signature of person authorized to provide permission for subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed name of person authorized to provide permission for subject</td>
<td>AM/PM</td>
</tr>
<tr>
<td>Relationship to the subject</td>
<td>Date and time</td>
</tr>
</tbody>
</table>

NO, I do not want my child's data included in the repository.

<table>
<thead>
<tr>
<th>Printed name of subject (child)</th>
<th>Signature of person authorized to provide permission for subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed name of person authorized to provide permission for subject</td>
<td>AM/PM</td>
</tr>
<tr>
<td>Relationship to the subject</td>
<td>Date and time</td>
</tr>
</tbody>
</table>

Consent for Sharing of Classroom Videos for Educational Purposes

Classroom videos captured by SFC are sometimes used for educational purposes such as presentations, class lectures, and professional development of educators. Do we have your permission to use classroom videotapes involving your child for these educational purposes?

YES  NO  Initial here: __________

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

<table>
<thead>
<tr>
<th>Printed name of person obtaining consent</th>
<th>Signature of person obtaining consent</th>
<th>Date</th>
<th>AM/PM</th>
</tr>
</thead>
</table>
AUTHORIZATION FOR RELEASE OF INFORMATION

CHILD’S NAME: ________________________________________________________________

DATE OF BIRTH: _______________________

I hereby give consent for the exchange of the information as checked below concerning the above-named child between the party indicated and the A. Sophie Rogers School for Early Learning at the Schoenbaum Family Center.

_____ Obtain Information From: ________________________________________________
    ________________________________________________
    ________________________________________________

 X    Release Information To: A. Sophie Rogers School for Early Learning at the Schoenbaum Family Center
       175 E. 7th Ave Columbus, OH 43201
       Phone 614-247-7488 ** Fax 614-247-7360

 X    Medical Information/Records

_____ Other Information, as specified: ____________________________________________
    ________________________________________________
    ________________________________________________

This information to be used for: School/Child Care Enrollment

_________________________________________  __________________________
Parent/Guardian Signature                  Date
Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Box 1 - The following section must always be completed by the parent/guardian.

Check all that apply:

- Prescription medication
- Nonprescription medication
- Refrigeration required
- Topical product or lotion
- Food supplement
- Modified diet

Complete all of the following information:

Name of child: ___________________ Date of birth: ___________________ Weight: ___________________

Name of medication: Child-formulated Sunscreen Exact dosage: Liberal application to exposed skin

To be administered at the following times: Before going outside

For the following period of time: one year from date of signature

Parent/Guardian signature: ___________________ Date: ________________

Box 2 - The following section must be completed by a licensed physician, a licensed dentist or an advance practice nurse when:

1. A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per the label instructions); or
2. It is a sample medication without a prescription label; or
3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be applied longer than fourteen consecutive days; or
4. The child is on a modified diet (an entire food group is eliminated) or food supplement; or
5. The medication contains codeine or aspirin.

_____________________________ is under my care and should receive ___________________

(name of child) (name of medication, vitamin, diet)

as follows: ___________________________ (include dosage and instructions)

Possible side effects to watch for are: ______________________________

Expiration date: ____________ (May not exceed 12 months from the date of this request for medications or food supplements)

Signature of physician, dentist or advance practice nurse Date of signature Phone number

This form must be used by child care centers and type A homes to meet the requirement of OAC rules 5101:2-12-31 and 5101:2-13-31

JFS 01217 (Rev. 9/2005)
Box 3 - The section below must be completed by the center or type A home staff and each administration of medication must be documented. All dosages must be recorded on page 2 of this form.

<table>
<thead>
<tr>
<th>(Name of Child)</th>
<th>(Name of Medication, Vitamin or Diet)</th>
<th>(Dosage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>was given in the amount of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and Time of Dosage</th>
<th>Dosage Amount</th>
<th>Signature of Designated Person Administering Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ohio Department of Job and Family Services
PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES
CHILD CARE CENTERS/TYP A HOMES

License rules 5101:2-12-17 and 5101:2-13-17 require parental permission for the water activities your child will be engaging in: (check all that apply for this activity)

- [ ] Before the child swims in water two feet or more in depth.
- [ ] Before the child participate in activities near water two feet or more in depth – no water activities planned.
- [ ] Before infants and toddlers use wading pools
- [ ] Before school children participate in swimming activities in lakes, rivers, ponds, creeks, or other similar bodies of water.

(Check one)

- [ ] The center will be providing _____additional adults above the required staff/ratios.
- [x] The center will NOT be providing additional adults above the required staff/child ratios (require ratio is: 1:5 infants/toddlers & 1:12 preschoolers)

I give permission for my child to participate in the following swimming/water activities:

<table>
<thead>
<tr>
<th>Swim site</th>
<th>Schoenbaum Family Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s)</td>
<td>Permission valid for one year from date of signature</td>
</tr>
<tr>
<td>Departure/Arrival Times from Center</td>
<td>N/A</td>
</tr>
<tr>
<td>Mode of Transportation (parent’s driving, provider vehicle, public transportation, school bus, etc.)</td>
<td>N/A</td>
</tr>
<tr>
<td>Child’s Name and Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

My child is a:  [ ] Swimmer  [ ] Non swimmer

Parent Signature  Date

This is a sample form provided by ODJFS.

JFS 012275 (Rev. 1/2007)
<table>
<thead>
<tr>
<th>Routine Trip Destination(s)</th>
<th>Weinland Park Community and the area immediately surrounding the school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Permission (valid for one year)</td>
<td>Permission valid for one year from date of signature.</td>
</tr>
<tr>
<td>Mode of Transportation</td>
<td>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</td>
</tr>
<tr>
<td><strong>During this trip children will have access to water that is two feet or more in depth.</strong></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Are water activities planned in water that is two feet or more in depth?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>(If yes, a swimming permission slip is required)</td>
<td></td>
</tr>
<tr>
<td>Child’s Name</td>
<td></td>
</tr>
<tr>
<td>My child is</td>
<td>☐ over 4 years and 40 lbs. ☐ not over 4 years and/or 40 lbs.</td>
</tr>
<tr>
<td>I grant permission for my child to participate in the routine trips described above.</td>
<td></td>
</tr>
</tbody>
</table>

Parent’s Signature ___________________________ Date ____________

This is a sample form provided by ODJFS.

JFS 01225  (Rev. 1/2007)
Welcome to the A. Sophie Rogers School for Early Learning at the Schoenbaum Family Center! We are excited to be a part of your child’s early education. The School for Early Learning has history with the Laboratory School at The Ohio State University which was one of the oldest in the country. We pride ourselves in our excellent teaching staff, service to the Weinland Park community, and demonstration as a model Early Childhood School Program.

Our Family Handbook is a valuable resource that provides information on the School for Early Learning’s curriculum, daily routines, licensing rules & regulations, and parent partnerships. Please take a moment to read the Handbook and take note of the following content:

- Required enrollment forms and annual updates
- Sibling priority on interest list
- Attendance requirements and arrival times
- Family conferences and other opportunities and pathways for communication
  - Visit website at sfc.ehe.osu.edu for calendar updates and other announcements
  - Calendar of closures (holidays and professional development days)
- Call One system in case of emergency
- Research opportunities at the School
- Role School in the University
- Drop off and pick up procedures
  - Late fees incurred for pick-ups after closing
  - Late fees will begin at 5:31 PM
- Meal and snack requirements and SFC’s dedication to nutrition
  - No outside foods permitted inside of the School
- Child illness
  - When to keep your child home sick
  - When children must be sent home sick
  - When children may return to school
- Withdrawal from program and required 30 days written notification to administration

I have received a copy of the family handbook and will read and review the policies in the handbook:

__________________________________________________________  ______________________________________________
Child’s Name (please print)  Parent/Guardian Signature  Date
A. SOPHIE ROGERS SCHOOL FOR EARLY LEARNING
   AT THE SCHOENBAUM FAMILY CENTER
   175 East Seventh Avenue
   Columbus, Ohio 43201
   (614) 247-7488
   http://sfc.ehe.osu.edu/
Welcome to the A. Sophie Rogers School for Early Learning at the Schoenbaum Family Center (SFC). This handbook contains information to acquaint you with the philosophy and practices of the school. We ask that you read the handbook and keep it on hand as a reference for answering many of the questions you might have about school policies and practices.

A. SOPHIE ROGERS SCHOOL FOR EARLY LEARNING

The A. Sophie Rogers School for Early Learning provides a setting for teaching, research, and quality care and education with a commitment to a play-based, emergent curriculum that develops from the children's interests and emphasizes language and literacy development. The school is a partner with the Crane Center for Early Childhood Research and Policy (CCEC), also housed in the SFC. The school has received the highest quality rating from Step Up to Quality, the quality rating system from the state of Ohio for early childhood programs.

The A. Sophie Rogers School for Early Learning had its beginnings on The Ohio State University campus in 1924 as one of the first university laboratory schools in the country. As a model demonstration school, the goal is to offer an exemplary program for young children and their families through which university students can learn about human development and the educational process. The staff makes continuous improvements in teaching to foster development of the children. To that end, assessments and reflections of (1) child learning and development; (2) classroom environment; and (3) child/teacher interactions are conducted regularly.

The school also provides a setting for university student observation and training in strategies to promote intellectual, physical, social and emotional development for young children and for research in human growth and development. The school provides university students with the opportunity to work directly with children and their families in a high-quality, supervised setting. Individual students may be pursuing graduate or undergraduate degrees, primarily in the College of Education and Human Ecology. The school hosts a variety of students in early childhood education and related fields gaining experience in our classrooms which contributes towards an excellent child to teacher ratio in the classrooms.

The school also welcomes research that involves active data collection by individual investigators. Active research projects are initiated, coordinated, and conducted by investigators. Such research may be observational, correlational, or experimental. Such research may also combine investigator-collected data with data available in the SFC Longitudinal Archival Database as relevant. Notably, the school limits the number of active research projects taking place at the same time to preserve the integrity of both the research and its educational programming. All research conducted at the school must be proposed and approved by the SFC Research Advisory Board. The Advisory Board includes SFC administration, educators, and researchers.
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ENROLLMENT
Any parent who is interested in having their child attend the school may apply. No affiliation with the university is necessary. The school practices a policy of non-discrimination with respect to enrollment and interaction with families and children: “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer”.

The school offers mixed age classrooms:
- Infant/Toddler classrooms – ages 6 weeks up to 3 years
- Preschool classrooms – ages 3 to 5 years

Enrollment applications are available online at the school’s website or can be completed in the SFC library. Applications must be completed for the child to be included in the interest list database. Families may place their child's name on the interest list any time during pregnancy or after the child is born. The school uses an interest list rather than a wait list system in order to match children with needs for balancing ages and genders within mixed age classrooms and enrollment pathways.

When there is an opening families are notified and an enrollment meeting is scheduled with the Assistant Director. Children currently enrolled will remain enrolled until a written withdrawal notice from the family is provided to the Director or Assistant Director 30 days prior to disenrolling. To support families, siblings of children currently enrolled will be given priority for enrollment on the interest list. Priority for siblings of children already enrolled at SFC is given based on the date the family placed their name on the interest list. Weinland Park neighborhood residents are also given priority for enrollment.

The enrollment meeting will include a center visit and transition agreement with the Assistant Director and child’s Teacher(s). During this enrollment meeting, the staff will explain the Parent Handbook, curriculum, licensing requirements and the school's expectations. Equally important, the staff listens with understanding and empathy to all parental concerns and will attempt to answer all questions as fully and thoughtfully as possible. Transition schedules are determined on an individual basis but generally occur over the course of a week to give staff, families, and the classroom community time to adjust.

A child is considered to be enrolled in the program only after the required paperwork is received, along with registration fees (when applicable). This includes basic enrollment and health information as required by the State of Ohio. A medical form signed by a physician or certified nurse practitioner is required to be submitted within 30 days of admission.

REQUIRED RECORDS
To comply with state of Ohio requirements for licensing of child care centers, a file is maintained for each child. Children's records contain family history and any notes made
by the teachers, including parent-teacher conferences notes. Families may make arrangements with the program director at any time to review their child’s file.

We will ask for forms at the time of enrollment and for updates of forms on an annual basis (or when information or forms change). This is for the safety of your child; any changes in medical or family information must be communicated to the office immediately so that current information is always on file. All Ohio Department of Job and Family Services forms (JFS) are available online at [http://www.odjfs.state.oh.us/forms/inter.asp](http://www.odjfs.state.oh.us/forms/inter.asp). Files are kept for three years after the child has left the program.

<table>
<thead>
<tr>
<th>Form Name and Number</th>
<th>Information Required</th>
</tr>
</thead>
</table>
| **Child Enrollment and Health Information for Child Care Centers and Type A Homes**  
JFS Form 01234     | • Child name, birth date, enrollment date, address  
                      • Parent/Guardian information  
                      • Emergency Contacts  
                      • Allergies, Health/Medical Conditions, Medications & Food Supplements  
                      • Dietary Restrictions  
                      • Diapering Statement  
                      • Emergency Transportation Authorization |
| **Child Medical Statement**  
JFS Form 01305     | • The form is completed and signed by a physician or advanced practice nurse.  
                      • Immunization Record  
                      • Assessments/Screenings Record |
| **Request for Administration of Medication (if needed)**  
JFS Form 01217     | • A separate form must be filed for each medication.  
                      • The form is completed and signed by both the parent/guardian and a physician or advanced practice nurse.  
                      • Form is to authorize the school to give prescription medication, nonprescription medication, topical product or lotion, food supplement or modified diet. |
| **Permission to Participate in Swimming/Wading Pool Activities**  
JFS Form 01227     | • Permission for infant/toddler children to participate in wading pool play |
| **Routine Trip Permission**  
JFS 01225     | • Permission for children to take walks in Weinland Park and the immediate area around the school |
| **Authorization for Pick-Up**     | • Names/contact information of parent/guardians  
                      • Names/relatiion to child of all persons authorized to pick up child  
                      • Names of persons not permitted to pick up child  
                      • Persons listed on Authorization for Pick Up must be at least 16 years of age  
                      • All persons not known to front desk staff will be asked to present valid photo identification (driver’s license, state ID card, etc.). |
| **Center Parent Information Required by Ohio Administrative Code**  
JFS 01237     | • A statement of licensing requirements of all child care centers. |
| Permission for assessment and monitoring of individual child learning and development | - The school conducts regular assessment of child learning and development.  
- Results are used to inform our teaching and to track cognitive, physical, and social-emotional development of children. |
| --- | --- |
| Permission for taking and using photos and digital images and videotaping | - Videotaping of the program is a regular part of the feedback process for student and staff professional development.  
- Photos are often taken to record memorable events related to dimensions of early learning.  
- Photos and videos may be used in staff presentations, educational and promotional purposes |
| Caregiver Survey | - Survey for research purposes which includes information such as household, caregiver and child background.  
- May be included in Research Repository if caregiver/parent signs Consent for Research |
| Parent/Caregiver Consent for Research (inclusion in Longitudinal Archival Database) | - SFC conducts regular assessment of child learning and development.  
- Results of child assessments and progress monitoring are available anonymously for research purposes for projects with IRB (Internal Review Board)  
- Parent/Caregiver survey findings are available anonymously for research purposes |
| ASQ (Ages and Stages Questionnaire) and ASQ-SE (Ages and Stages Questionnaire-Social Emotional) | - A screening questionnaire designed to help parents check their child's development and indicate any needed referrals  
- Screenings are required annually for program participation in Ohio's quality rating system (Step Up to Quality) for early childhood programs |
OPERATION

Schedule: Hours, Days and Dates
The school operates from 7:30 a.m. to 5:30 p.m., Monday through Friday, fifty one weeks of the year. The school is closed for ten University holidays and ten additional professional development days spread across the year. Additionally, there will be some early dismissal days. A calendar is announced each year (see school [website](#)).

Regular attendance is very important for a child’s success in the school environment, and attendance between the hours of 9:00 a.m. through 3:00 p.m. is important for your child to gain the greatest benefit from the school day.

Please let your child’s teachers know of planned absences in advance. If your child unexpectedly cannot attend school, contact the SFC Front Desk at 247-7488 or your child’s classroom to report the nature of the absence. Repeated periods of irregular attendance or tardiness may result in a child being withdrawn from the program.

Parking
Parking spaces are designated in front of the building for drop-off/pick-up of children. If no space is available, parking is permitted on Summit Street next to our building (watch signs for restrictions on street sweeping days April through November).

Tuition
Tuition is set annually (notification of changes occurs at the beginning of the year with changes made effective on July 1, please see school [website](#) for most current rates). Tuition is paid on a monthly basis, and is due on the first of each month. There is a variety of partnering agency through which your child may be enrolled.

There is no reduction in fees for holiday or professional day closures. These days are taken into consideration when the fees are calculated. Additionally, we are not able to offer fee reductions to accommodate family vacations or closures for inclement weather or unplanned emergency closures.

Class Size and Teacher/Child Ratios
The school will not exceed the following state required teacher/child ratios:

<table>
<thead>
<tr>
<th>Ratio</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:5 or 2:12</td>
<td>Infants 0-18 months</td>
</tr>
<tr>
<td>1:7</td>
<td>Toddlers 18-30 months</td>
</tr>
<tr>
<td>1:8</td>
<td>2 1/2-3 year olds</td>
</tr>
<tr>
<td>1:12</td>
<td>3 year olds</td>
</tr>
<tr>
<td>1:14</td>
<td>4-5 year olds</td>
</tr>
<tr>
<td>1:18</td>
<td>School age children</td>
</tr>
</tbody>
</table>

The program will also not exceed the following state required maximum group sizes:

<table>
<thead>
<tr>
<th>Size</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Infants 0-18 months</td>
</tr>
<tr>
<td>14</td>
<td>Toddlers 18-30 months</td>
</tr>
<tr>
<td>16</td>
<td>2 1/2-3 year olds</td>
</tr>
<tr>
<td>24</td>
<td>3 year olds</td>
</tr>
<tr>
<td>28</td>
<td>4-5 year olds</td>
</tr>
<tr>
<td>36</td>
<td>School age Children</td>
</tr>
</tbody>
</table>
Maximum group size is defined by the number of children in one group that may be cared for at any time. Limitations do not include naptime, lunch time, outdoor play, or special activities.

**Educational Requirements for Teachers**

Our staff is characterized by highly trained personnel with experience in early childhood education. Master teachers have a minimum of a bachelor degree in Early Childhood Education or Related Field, and many teachers have Master Degrees in Education and/or State of Ohio Teaching Licenses. Undergraduate students are involved in the daily activities as student teachers and intern.

Teachers receive regular training by a licensed R.N. or by other certified agencies and are certified in First Aid and Infant/Child CPR, Child Abuse Prevention and Recognition, and Communicable Disease Prevention and Recognition.

**DAILY ROUTINES**

**Arrival and Departure**

**Arrival:** *The earliest drop-off time at the School is 7:30 a.m.*

1. Safety in the parking lot is a priority. Please keep your child(ren) near you and be aware of cars entering and leaving the lot.
2. Children should dispose of food, drinks and gum before arrival; no outside food is permitted past the front lobby doors.
3. Sign your child in to school by entering child’s passcode at the front desk computer
4. An adult (at least 16 years old) must accompany children to the classroom or dining room and remain responsible for them until a teacher greets you and assumes responsibility for your child; children should not be permitted to walk to their classrooms, dining room or around the school unaccompanied
5. Please communicate any daily information or concerns to the teachers.
6. Children should wear clothes appropriate for messy indoor and outdoor activities. Please keep a complete change of clothing suitable to the season in your child’s cubby.

*Bringing your child into the school helps to provide a sense of security for the child, allows us to recognize they are here, and helps you to know that they have been safely received into our care. For many children it is very important to say good-bye to their families and to know when and who will be back to pick them up. Also, this is an excellent opportunity for families and teachers to exchange information. Drop off and pick up are times for brief and informative communication times between parents and teachers. If you have an item you would like to discuss at length, please let your teacher know you would like to make an appointment.*

**Departure:** *The latest pick-up time is 5:30 p.m.*

Teachers will prepare children for going home at the end of day and will often be in the outdoor play spaces, gross motor rooms or library to help children make the transition from school to home. Classrooms may “collapse” at the end of the day in common spaces (one teacher may be responsible for children from other classrooms).

1. Come into the center to pick up your child(ren). Upon arrival, the family adult (at least 16 years old) assumes responsibility for his/her child.
2. Check your child out of the center by entering child’s passcode into the front desk computer.
3. Review the dry erase board located on the wall next to the front desk for easy clarification of where your child’s classroom is at the end of the day.
4. Check your child(ren)’s cubby and mailboxes for letters and information and the classroom message board for information on daily activities.
5. Pick-up time is a good time for a quick check in on the day for your child but not a good time for discussion of topics that require more in-depth conversation.
6. Staff will not release children to anyone, including family adults, who appear to be under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home, and if necessary, the police will be notified.
7. To accommodate families at the end of the day, those children still remaining at school by 5:25 p.m. will be taken to the front lobby along with their belongings, where a teacher will wait with them.

When you would like more time to socialize with other families or to participate in activities with your children, please arrive in the classroom a few minutes early to allow for this. Please use the Town Square, courtyard, or lobby for extended conversations with other families. The building closes at 6:00 pm.

**Release of a Child**
Upon enrollment, families will fill out an Authorization for Pick Up form indicating who may and may not pick up their child from school. If someone other than a custodial parent or guardian, but not listed on the Pick-Up Authorization form will be picking up a child, the custodial parent/guardian must notify the school in writing before the child will be permitted to leave the center. Anyone picking up a child should be prepared to present photo identification so that the front desk staff can check their ID before releasing the child. This is for the safety of the children and families. SFC will release children to adults at least 16 years old listed on the Authorization for Pick Up form. If necessary, changes to the Authorization for Pick Up forms can be made at the front desk. It is a parent/guardian’s responsibility to keep phone numbers updated. Please remember that even if an individual has picked a child up from the school in the past, if the staff member at the front desk does not know or recognize the individual, they will ask for photo identification. Anyone can drop a child off in the morning but only those listed on the authorization for pick up document will be permitted to take the child home.

If there are custody issues involved with your child(ren), you must provide the school with official documentation indicating who has permission to pick up the child. Documentation is required to deny a parent access to their child.

**Children Arriving to the School from Another Program**
Some children are transported to SFC from another program. If a child is scheduled to arrive at SFC and does not, we are required to follow up with parent/guardian and the other program. We will first contact the parent/guardian to confirm that the child attended the other program that day and then contact the other program. If necessary, we will then consult with the parent/guardian to determine further action. For this reason, it is very important that parents/guardians contact the school when their child is not going to be attending.
Sample Classroom Schedules
Our staff uses an emergent, child-centered approach to curriculum with intentionally planned experiences and an emphasis on play. Much of the morning and afternoon are free choice activities for the children including creative, sensory, and literacy choices. Daily routines also include circle time, building or outdoor walks, and gross motor play. Each day’s schedule is relaxed, allowing staff to spend time engaged with the children in activities as well as providing them with an opportunity to “breathe” and take as much time as they want with specific activities.

Approximate Daily Schedule for a Preschool Classroom

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-8:00</td>
<td>Arrival in Town Square</td>
</tr>
<tr>
<td>8:00-9:00</td>
<td>Breakfast and activities in Dining Room and Town Square</td>
</tr>
<tr>
<td></td>
<td>Children move to classrooms as they are ready</td>
</tr>
<tr>
<td>9:00-10:00</td>
<td>Classroom activities</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Group time</td>
</tr>
<tr>
<td>10:30-11:30</td>
<td>Project work/ specific planned experiences/ table choices</td>
</tr>
<tr>
<td>11:30-12:15</td>
<td>Outdoor and/or gross motor room time</td>
</tr>
<tr>
<td>12:15-12:45</td>
<td>Family style lunch in the dining room</td>
</tr>
<tr>
<td></td>
<td>The preschool classroom stagger lunch times between 11:45am and 12:30 pm. Please check with your child’s teacher for your classroom’s specific lunch time.</td>
</tr>
<tr>
<td>1:00-1:30</td>
<td>Transition to rest time/storytime</td>
</tr>
<tr>
<td>1:30-3:00</td>
<td>Rest time</td>
</tr>
<tr>
<td></td>
<td>Cots and blankets are provided for each child. Families may provide pillows. During rest time, children may choose to lie quietly or may sleep. In order to facilitate the children’s rest, quiet music will be played and teachers will be available to sit with and talk quietly to the children. After approximately 30 minutes of resting, children who are still awake may be provided quiet activities on their cots such as puzzles, books, or journals. Children who did not sleep may move with a teacher to the Town Square or library to read and play or quietly help set up snack or other activities for the afternoon.</td>
</tr>
<tr>
<td>3:00-4:30</td>
<td>Classroom activities</td>
</tr>
<tr>
<td>3:00-4:15</td>
<td>Family style afternoon snack is available</td>
</tr>
<tr>
<td>4:15-4:30</td>
<td>Group time</td>
</tr>
<tr>
<td>4:30-4:45</td>
<td>Clean up time</td>
</tr>
<tr>
<td>4:45-5:15</td>
<td>Outdoor/ gross motor time</td>
</tr>
<tr>
<td>5:15-5:30</td>
<td>Departure routines/ children move to library and lobby area</td>
</tr>
</tbody>
</table>

Approximate Daily Schedule for an Infant-Toddler Classroom

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00-10:45</td>
<td>Children are free to choose from a variety of activities including: experiences with symbolic languages (art, music, blocks), literacy, sensory, motor and dramatic play. Children move between experiences at their own rates with adults participating and facilitating rather than directing.</td>
</tr>
<tr>
<td>8:00-9:00</td>
<td>Family style breakfast is available/ tooth brushing. Breakfast is available for children to eat as they are hungry. Infants eat on their own schedule.</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Clean up time and transition to group time</td>
</tr>
<tr>
<td>11:00-11:45</td>
<td>Outdoor and/or gross motor room time</td>
</tr>
<tr>
<td>12:00-12:30</td>
<td>Family style lunch served in the classrooms</td>
</tr>
<tr>
<td>12:30-2:45</td>
<td>Nap for those who are ready. Infants (under 12 months) sleep on their own schedule throughout the day. Cribs are available for all infants; children transition to small cots at 18 months of age. Blankets will be provided for each child; families may provide pillows for children on cots. In order to facilitate the children’s rest, quiet music will be played and teachers will be available to sit with...</td>
</tr>
</tbody>
</table>
and talk quietly to the children. Quiet play will be available for children who do not sleep or who wake up early, or they may go on a walk through the building to the library or gross motor room.

2:45-4:30 Free choice activities—similar to the morning time. Choices and experiences available are based on the children’s interests and ideas from the morning/previous work.

2:45-4:00 Family style afternoon snack is available
4:15-4:30 Group time
4:30-4:45 Clean up and transition time
4:45-5:15 Outdoor and/or gross motor room time
5:15-5:30 Departure routines/children move to library and lobby area

Outdoor Play
Classrooms go outside once or twice daily, weather permitting. Staff will use careful consideration when determining safety conditions for outdoor play but will not take children out if the temperature drops below 20 degrees or rises above 92 degrees (taking into account wind chill and heat index). We adjust outdoor time due to rain, threatening weather, ozone warnings, etc. During inclement weather, classes go on building walks as well as to the indoor motor spaces and Town Square located in our building. Indoor motor play includes tumbling on mats, riding bikes, playing ball, and climbing.

Children should be dressed appropriately for outdoor play, including the winter months. Outdoor wear including hat and mittens, scarves, winter jacket, snow pants, and boots help the children feel warm and dry enough to really explore their winter environment. When children are wet, their clothes will be changed. Please be sure an extra set of clothing is left in your child’s cubby for your child.

During the spring and summer months, child-formulated sunscreen will be provided by the school. Parents/guardians must sign a Request for the Administration of Medication Form (provided by teachers) if you would like teachers to apply sunscreen to your child before going outdoors on sunny days. If your child requires a particular brand of sunscreen, you may bring this in labeled with your child’s name and provide it to the teachers to apply daily.

Swimming Information
Children will be periodically provided with water play opportunities at the school. These may include sprinklers and small wading pools (less than 24 inches deep). Ratios will be maintained at all times and infants will receive particularly careful supervision during wading pool activities; teachers are positioned so that they may see the bottom of each wading pool at all times. Parents/guardians will be asked to sign written permission slips prior to children engaging in water play with standing water.

Fieldtrips/Transportation of Children
The preschool classrooms may take periodic field trips, traveling by walking or in contracted school buses. Classroom teachers will always accompany the children on the bus and will have specific children that they are responsible for supervising. Before departing the center, a count will be taken of all the children, and they will be marked on a separate attendance sheet, specifically created for the trip. Upon arrival at the destination, another count will be taken to assure that all of the children have arrived safely. This process will be repeated upon leaving the destination and returning to the school. During routine walks in Weinland Park and the immediate area around the
Transitioning from Infant/Toddler to the Preschool Classroom
Transitioning from the infant/toddler room to the preschool room is a natural process for children and families in our program. As toddlers reach the age of 3 and as spaces become available in the preschool, the infant/toddler teachers will initiate conversations with the family about the transition process. Families may make an appointment with the Director or Assistant Director to observe the preschool classroom in order to familiarize themselves with the classroom routines and activities. Families and teachers from both the child’s infant/toddler and preschool classrooms will schedule a transition meeting to complete a written transition plan that provides them with an opportunity to ask questions about the process and to set up a general schedule by which the transition will take place. During this meeting, parents/guardians and teachers discuss specific aspects of the child’s growth, development, and care giving routines.

Food Service/Nutrition
Breakfast, lunch and afternoon snack are offered daily. The school provides all food served and participates in the USDA Child and Adult Care Food Program (CACFP). Besides providing nutrition, eating time affords a small group atmosphere for quiet conversation and development of autonomy and language. Meal time is planned to be relaxed, informal and comfortable. Time is allotted for a leisurely social time together—at least 30 minutes for lunch.

Food service differs according to age:
- Infants are fed as directed by families in their classrooms. All baby food and formula will be provided by the school. Breastfeeding mothers are welcome to breastfeed at SFC and/or supply pumped breast milk for their infants.
- Toddlers eat meals and snacks family-style in their classrooms.
- Preschoolers eat family-style breakfast and lunch in the dining room; afternoon snack is served family-style in classrooms.

Requirements for quantities and patterns of provided food

<table>
<thead>
<tr>
<th>Ages</th>
<th>Breakfast</th>
<th>Meal Pattern Requirements</th>
<th>Lunch</th>
<th>Snack (Choose 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Milk/ Fluid</td>
<td>Fruit &amp;/or Vegetable or Juice</td>
<td>Cereal / Bread/ Alternate</td>
<td>Milk / Fluid</td>
</tr>
<tr>
<td>1 to 2</td>
<td>1/2 c</td>
<td>1 4 c</td>
<td>1/3 oz 1/2 sl</td>
<td>1/2 c</td>
</tr>
<tr>
<td>3 to 5</td>
<td>3/4 c</td>
<td>1 2 c</td>
<td>1 2 oz 1/2 sl</td>
<td>3/4 c</td>
</tr>
</tbody>
</table>

All food served conforms to Head Start/USDA standards and CACFP guidelines. SFC does not permit families and staff to bring food for children’s consumption. In addition, all food must be consumed at school and cannot leave the building. When
children are in our care, we are responsible for food safety and are liable for any food item(s) not provided and prepared within the center and supplied in accordance with local, state and federal food preparation and service guidelines. If your child requires a food supplement or a modified diet, you must secure written documentation of the medical requirement from your physician.

If you would like to arrange a special treat for your child’s classroom - for a celebration or to share your family’s cultural heritage - teachers will work with you arrange a time where the kitchen and food supplies can be used.

**FAMILY INVOLVEMENT/COMMUNICATION**

An important goal of our school is to promote family involvement and to be sensitive to family needs. We strive to be flexible in responding to your child in a manner that demonstrates understanding of his/her individual family heritage and we value families’ participation and incorporate special parental talents into the program. We especially recognize and value the significance of the parent-infant bond during the early years. We take special care to assist families and children in the time when the family leaves. We support mothers’ breastfeeding children during the school day.

Families may observe the school at any time, from any of the observation spaces, and classroom visits are welcomed at any time during the school day. You might like to come for lunch, to read the group a story, to accompany us on a field trip or to just spend some time with your child. We especially encourage sharing of your special talents, interests and cultural traditions.

If siblings visit the classroom (for example, at pick up time, for special events), please remember that families are responsible for their supervision while in the school. They cannot be left in the care of a teacher or alone in common areas.

**Support for Families of Children in the School**

We offer support to families of children in our school in a variety of ways:

- **A. Messages to Families**
  The school regularly sends information to families concerning topics such as curriculum, upcoming events, changes in schedule, or reminders for submitting forms. These include:
    - School website with calendar updates and important announcements
    - Mailboxes in lobby for each family
    - Parent communication boards in each classroom
    - Parent bulletin boards in the hallways
    - Individual daily chart for infants and toddlers
    - Curriculum sent home by hard copy and/or e-mail
    - Twice yearly parent-teacher conferences; additional conferences may be scheduled at any time

  A classroom roster with parent/guardian names, telephone numbers and/or email address is available to each family upon request; inclusion on the list is voluntary.
Messages in the form of an incident report are given to families when an accident, illness or injury requires first aid treatment or involves a bump or blow to the head. Families will also be notified of any events which jeopardize the safety of the children or staff.

B. Family Events
The school collaborates with families to plan and sponsor a variety of family events, such as meetings and gatherings to get acquainted and enjoy opportunities for informal learning. The school may offer occasional Parent Education Series on topics such as child nutrition, guidance and discipline, and kindergarten transition.

C. Resources
The SFC library houses a collection and is managed by a Columbus Metropolitan Librarian. The library contains articles, brochures, and books for child and adult readers that can be checked out with a Columbus Metropolitan Library card. The librarian may also provide book collections for families and books may be returned to the site. The library also houses computers that are available for use by families. Additionally, the library has a library technician who provides additional programming for families and children throughout the day. You do not need to be enrolled in the program to utilize the library and the services provided.

Hours of operation are Monday – Friday 7:30 am - 5:30 pm

D. Messages from Families to the school
If you have a suggestion or question or you have encountered a challenge, we request that you use the following communication guide:

Make arrangements with your child’s teacher to discuss:
- child’s activities, routines and relationships in the classroom
- curriculum content
- developmental concerns

Make arrangements with the Director or Assistant Director to discuss:
- enrollment or withdrawal
- school policies and procedures
- student teachers and interns

Make arrangements with the Business Manager to discuss:
- tuition and any other payment

Teachers are happy to have brief conversations with you at the beginning and end of the day about your child’s daily activities. However, any time a teacher is in the classroom, they are responsible for the children present. To ensure that you have a teacher’s full attention and are not discussing issues in front of your child, we ask that you please make an appointment with a teacher if you have a question or concern that would require more discussion. Please do not discuss concerns with student teachers and interns. They are not prepared to answer your questions as this is a learning environment for them as well.
Appointments may be made by email, telephone, in person or at the front desk. All contact phone numbers are provided at the end of the handbook.

E. Family/Teacher Conferences
Family/teacher conferences are scheduled twice a year. If you have issues or concerns that need to be discussed at length, a conference may be scheduled at any time throughout the year. Scheduling a conference is preferable to trying to talk at drop off or pick up time when teachers may not be able to give you their full attention. Teachers are also happy to have a phone conference if that is more convenient.

SCHOOL POLICIES

Cancellation of School
The school will remain open unless The Ohio State University closes or is on delay (for example, inclement weather or building failure). The Schoenbaum Family Center is a university building and thus follows The Ohio State University’s closure policies in the case of inclement weather. When checking for school closings or delays on local radio, television and internet sites, families should look to see if The Ohio State University (main campus) is closed or delayed.

In the case of closure, families will receive a call and text from our Call One System, an automated service which plays a recorded message to the number provided by families. It is the family’s responsibility to ensure that the phone number(s) provided to the school for the Call One system is active and current. Any changes may be given at the front desk.

If you have specific questions regarding closure, you can call the front desk at 247-7488 between the hours of 7:30 am and 5:30 pm. If the university closes, a voicemail message on this number will also inform callers of school’s closure.

Care of Children

Reporting of Suspected Child Abuse and Neglect
As required by law, all child care center employees and administrators are mandated reporters and must immediately report any suspicion of abuse or neglect of a child to Franklin County Children’s Services. The school complies with this reporting requirement.

Supervision of Children
All children remain under the care and supervision of our trained and authorized staff at all times. No child will be left alone or out of sight of those adults who are responsible for their care and well-being. Before and after signing a child in or out, families retain responsibility for their child and may not leave him/her unsupervised in classrooms, hallways or other areas of the school.

Fee Charges
Withdrawals
A 30-day notice is required for families wishing to withdraw their children from the school. Those giving less than 30-day notice will be required to pay the full amount for
30 days from the time the written notice is received. With a 30-day notice, tuition may be pro-rated for a shorter final month of attendance.

**Disenrollment**
Although this is a rare occurrence, school administration reserve the right to disenroll a child if individual program expectations, including failure to pay tuition or late pick-up fees or inability to reach agreement on curricular or behavior guidance topics, are not met. Staff will work with families to avoid the necessity of disenrollment.

**Late Pick-Up**
Our school closes at 5:30 p.m. daily, and all children should be picked up and out of the building by this time. If emergency circumstances beyond your control prevent picking up your children on time, families should make arrangements to have their child picked up by someone listed on the Authorization to Pick Up form prior to 5:30 pm. Late fees are incurred beginning at 5:31 pm, going by the clock at the front desk. Fees are charged per child and will increase with each instance of late pick up, regardless of the circumstances. Staff cannot discriminate between lateness due to car trouble, traffic or inclement weather. If a child remains at the school for one hour past closing time, Franklin County Children's Services will be called.

**Fee Charges for Late Pick Up**
Charges are assessed individually for each child in a family on the schedule below

<table>
<thead>
<tr>
<th>Time</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:31 - 5:35 pm</td>
<td>$10.00</td>
</tr>
<tr>
<td>5:36 - 5:40 pm</td>
<td>$15.00</td>
</tr>
<tr>
<td>5:41 - 6:45 pm</td>
<td>$20.00</td>
</tr>
<tr>
<td>5:46 - 5:50 pm</td>
<td>$25.00</td>
</tr>
<tr>
<td>5:51 - 5:55 pm</td>
<td>$30.00</td>
</tr>
<tr>
<td>5:56 - 6:00 pm</td>
<td>$35.00</td>
</tr>
<tr>
<td>6:01 - 6:05 pm</td>
<td>$40.00</td>
</tr>
<tr>
<td>6:06 - 6:10 pm</td>
<td>$45.00</td>
</tr>
<tr>
<td>6:11 - 6:15 pm</td>
<td>$50.00</td>
</tr>
<tr>
<td>6:16 - 6:20 pm</td>
<td>$55.00</td>
</tr>
<tr>
<td>6:21 - 6:25 pm</td>
<td>$60.00</td>
</tr>
<tr>
<td>6:26 - 6:30 pm</td>
<td>$65.00</td>
</tr>
<tr>
<td>6:31 pm</td>
<td>Franklin County Children’s Services will be called</td>
</tr>
</tbody>
</table>

**Delinquent Accounts/Returned Checks**
Failure to pay your tuition and/or late fees can result in a discontinuation of service and the loss of your child’s space in the school. A fee of $10 per day will be charged for payments received after the due date. If the late fee is not paid or arrangements made with the Business Manager, the child will be withdrawn from the school and lose their space. Additionally, a fee of $30 will be charged for any returned check from The Ohio State University Bursar's Office.

**Visitors and Observers**
We welcome and encourage students, instructors, families, community professionals, and the general public to observe our school from the second floor Observation Deck. Guests are asked to sign the observation book at the front desk and pick up a visitor's
badge to wear while in the building. Guests are asked to not use cell phones and to limit conversation while observing. No prior registration is necessary for an individual to observe the school. However, instructors/leaders of classes/groups over ten persons must contact the Front Desk to arrange group observations.

**GUIDANCE AND DISCIPLINE**

At the school, guidance and discipline are considered to be an integral part of the curriculum and children's early school experiences. Guidance and discipline refers to all the activities and interactions that serve to enhance each child's development of self-control and positive social interactions. Guidance and discipline support children working with others, negotiating materials and resolving conflicts, which are critical skills for later school success. Conflict situations are embraced by teachers as learning situations, and active learning allows children to have an important role in solving these problems. Problem solving and limit-setting encourage children to develop an internal sense of control, promotes autonomy and self-discipline and gives children more responsibility over age-appropriate actions.

**General Guidelines**

1. **Modeling.** We expect that children will grow in self-control and respect for others by watching adults behave in positive, supportive cooperation and meaningful interactions. Children will imitate the social behavior of adults they admire.

2. **Identification.** We know that children want to become like people who express warmth and support. Children also want to become like people who are important to them. Through identification, children take on the values and attitudes of those whom they admire. In the school, guidance occurs partly through each child's identification with the ideals and actions of the teachers.

3. **Explanation.** Children may not always understand the effect of their behaviors on others. They may not anticipate that something which makes them happy may make another child sad, or that an action that makes them feel strong causes pain to another child. Adults contribute to guidance by explaining the consequences of a child's behavior and by pointing out the impact of that behavior on others.

4. **Problem Solving.** We know that children want to be independent and have their decisions respected. We encourage children to test their ideas and provide a setting where their creativity can be used to help fit the needs of each other and the group.

5. **Redirection.** When children are engaged in behaviors that are harmful to themselves, to others in the classroom, or the environment, these behaviors must be limited. However, the feelings or motives behind the behaviors are real. They are immediate to the child and a part of the child's ability to achieve self-understanding. Our approach is to try to understand the feelings and to find some way to talk about or express the feelings that would not be harmful. Expression may take place through talking, physical activity, or by having a quiet time for thinking things through.

6. **Natural or logical consequences.** We know that young children need to anticipate what will happen next and understand how their actions affect other
people in concrete ways. We explain the logical consequences that will occur and (factors which are likely to occur under natural circumstances) describe predictable limits, offering the child acceptable choices of actions.

9. **Planned Ignoring.** Most children younger than five will experience a tantrum at some point in their childhood. Tantrums are very common in early childhood classrooms and teachers have experience with them in a variety of situations. Tantrums may include screaming, crying, throwing him/herself on the floor, etc. It is important that adults remain calm and not provide attention to a tantruming child and reinforce that tantrums are not an effective way to communicate with others. Teachers will use planned ignoring if a child is having a tantrum: the child is kept within teachers’ eyesight and if a safe space, but the classroom activities continue and the child may rejoin activities when they have calmed down. Other than quick reminders that he/she may rejoin the class activities when they are calmed down, teachers refrain from giving a lot of attention to children who are tantruming so as not to inadvertently reinforce this behavior.

10. **Blocking.** Some children may become so caught up in a tantrum that they begin to harm themselves, teachers, peers and/or the school environment. If a child is harming a person or the environment (ie: throwing objects, kicking over furniture) a teacher may employ the technique of blocking: physically preventing or “blocking” the child from engaging in the challenging behavior. At the same time, teachers will try to provide the child with as little attention as possible while blocking the inappropriate behavior. We only want to give attention when the child is doing something positive! As soon as the child stops the negative behavior, the teacher will redirect the child to a positive activity.

11. **Physical punishment.** Physical punishment is never used at the school. A central tool for development within the school setting is the bond of trust that develops between the child, their classmates, and the teachers. This bond enables the child to take risks and explore new experiences and ideas and contributes to the child’s ability to act in a caring way toward other children in the class. We believe that physical punishment is destructive to the bond of trust between the child and adult. For this reason, among others, physical punishment is never used as a form of discipline.

**Guidance Strategies in the Classroom**

1. We establish the basic rules for safety with the children, giving clear explanations. During the year, we use problem solving with the group to construct other classroom rules as needed.

2. When small conflicts arise between children, we facilitate problem solving and exchange of viewpoints between them, e.g., “We need to find a way for you to play together in the block area without getting angry and hurting each other. What are you going to do?”

3. When small problems arise concerning use of the setting, we try redirection and induction first. For example, we might say, “Stephanie, I’m worried that you might get hurt if you sit on the table. Can you find another way to get closer to the picture you’re working on?” Notice the solution was not provided by the teacher in this
redirection example. The teacher would stay with the child until a solution was "found".

4. If a child needs to regain control, we use redirection. On occasion we ask children to move away from an activity until they feel that they can better control their own words and actions allowing for full participation in the activity.

5. If redirection, explanation, and problem solving fail to achieve compliance or harmony, we present natural/logical consequences to the child. We might say, "I need you to find a way to play without splashing the water, Bobby. No one wants to get their clothes wet. If you can't find a way to do this, you will need to play somewhere else."

6. Families and teachers of children who exhibit consistent behavioral challenges may decide together that a child would benefit from additional referrals through their local school district, county agency or private therapist.

7. All requirements specified in Rule 5101:2-12-22 OAC “Child Guidance and Management for Licensed Child Care Centers” apply to all persons at the school.

**CHILD SAFETY AND EMERGENCY PROCEDURES**

**Accident Involving a Child or Teacher** (reported immediately to the lead teachers)
- Teachers have first aid training and will administer basic first aid treatment, if appropriate.
- Teachers are permitted to only wash and cover abrasions but are not permitted to apply topical creams or ointments.
- An incident/injury report will be completed if any of the following occur:
  - the child has an illness, accident or injury which requires first aid
  - the child receives a bump or blow to the head
  - the child has to be transported by emergency squad
  - an unusual or unexpected event occurs which jeopardizes the safety of the child
- The report is given to the person picking up the child on the day of the incident/injury. If a child requires emergency transportation, the report shall be available within 24 hours after the incident occurs. The school shall also contact licensing personnel from the appropriate Ohio Department of Job and Family Services office within 24 hours when there is a “general emergency” or “serious incident, injury or illness”. The report will be provided to licensing staff within 3 days of the incident.
- If the injury is a medical emergency, first aid would be administered and the emergency squad will be called. Parents/guardians would be contacted immediately. The emergency transportation service determines if the child needs to be transported and to which medical facility. A teacher and/or other SFC personnel will accompany the child to the hospital and will bring the child’s medical record and emergency forms.
Fire Safety Procedures

- The center will conduct a monthly fire drill. At the sound of the alarm the children and teachers will immediately leave through the classroom and walk away from the building.
- An emergency fire procedure is posted in each classroom and log of monthly drills is posted in the school.
- Fire alarms and extinguishers are checked monthly to ensure operability.

Response to Tornado Alerts:

- An alarm will sound to indicate a tornado warning.
- The children and teachers will move to the basement hall and remain there until the alarm stops indicating the danger is over.
- The tornado safety procedure is posted in each classroom of the center; the school conducts periodic tornado drills.

Response to Threats of Violence:

- Teachers will be notified by classroom phone and/or intercom
- Teachers will follow the procedures outlined by the University

Evacuation of Building Due to Fire; Weather Conditions; Loss of Power, Heat or Water

- Our emergency evacuation location is The Godman Guild, 303 East 6th Avenue.
- If the Godman Guild is unavailable, our secondary emergency evacuation location is the North Side Pride Center, 248 East 11th Ave.
- Families will be contacted as soon as possible using the emergency Call One System. Arrangements then can be made to come to pick up your child. If a parent cannot be reached, the emergency contacts listed on your child’s emergency form will be called.
- A sign will be posted on the front door of the SFC indicating that we have been evacuated and where we are located.

MANAGEMENT OF ILLNESSES/MEDICATION

Keeping children at home when they are sick is the best means of preventing the spread of communicable illnesses. In our efforts to create a happy and healthy environment for your children and to follow the licensing requirements of Ohio Department of Job and Family Services, SFC follows these guidelines:

- Children who are ill will be more comfortable at home.
- If a child exhibits one or more of the following signs of illness, he/she must be kept out of school (symptoms of common childhood illnesses can be found on the Communicable Disease Chart located in both the east and west hallways near the classrooms):
  - Temperature is above 100 degrees Fahrenheit
  - Unusual spots or skin rashes other than a localized diaper rash
  - Diarrhea and/or vomiting more than one time in a 24 hour period
  - Evidence of lice, scabies or other parasitic infestation
Severe coughing, causing child to become red or blue in face or to make a whooping sound
- Difficult or rapid breathing
- Yellowish skin or eyes
- Redness of eye, obvious discharge, matted eyelashes, burning, itching
- Unusually dark urine and/or gray or white stool
- Stiff neck
- Sore throat or difficulty in swallowing
- Untreated or infected skin rashes

- A child who comes to school with any of the above symptoms will not be admitted for that day.

- Children who become ill at school will be sent home with a written notice informing families of symptoms and will be cared for by one of our staff in a quiet place and offered a cot to rest on until the family arrives

- Families of ill children will be contacted by phone. Please keep your child's emergency information updated to help us reach you quickly.

- Teachers and staff who exhibit any of the symptoms listed above will not work and qualified substitutes will be provided.

- Families will be informed when their child has been exposed to a communicable disease through the posting of a sign and information sheet on the classroom communication board.

- If your child remains home due to illness, it is important for us to know. Please inform the teachers, so that needed information on a communicable illness can be shared with other families in our program by posting a sign.

- One helpful hint: We are not staffed to allow one child to remain inside with a teacher while the rest of the class goes outside. If your child is too ill to play outside at school, s/he is probably in a weakened condition and susceptible to other childhood illnesses which may be shared in the classroom. By keeping your child home an extra day, you can help to promote a stronger, healthier environment for everyone.

- Children who have been symptom free for 24 hours without aid of over the counter medication will be readmitted to school. When your child is feeling better and you and your physician judge him/her to be strong enough to rejoin our group, we will be glad to welcome him/her back. Teachers and children alike miss your child when he/she is absent!

**Administration of Medication**

Administration of medication is highly regulated by the Ohio Department of Jobs and Family Services and is best administered by parents and families. For this reason, the school will not administer medications that need only to be taken once or twice a day (antibiotics, antihistamines, allergy medications, etc.). The school will administer diaper cream, lip balm and lotions to children with skin conditions.

The school will administer Emergency Medications such as Epi-Pens and asthma inhalers, with proper documentation and teacher training completed by the parent. The school will administer medications to a child only after the parent/guardian completes a Request for Medication form, available from a teacher. All proper sections must be completed (including an exact time and dosage for the medication to be administered) and the medication handed to the teacher. Please note that we cannot administer
medications with dispensation indicated as needed; parents must provide specific times and dosages for medications.

Medications will be stored in a designated area inaccessible to children. All medications, including emergency medications are not permitted to be in a child’s possession, including school age children. Medications may NOT be stored in a child’s cubby or book bag (this includes lotions and lip balm). Prescription medications must be in their original container and administered in accordance to instructions on the label. Over-the-counter medications must also be administered in accordance to label instructions. If parents/guardians request any different dosages or uses, a physician must provide written instructions on the Request for Administration of Medication form. Over-the-counter medications may not be administered for more than three days without instructions from a physician.

PROGRAM PHILOSOPHY & GOALS FOR EARLY CHILDHOOD EDUCATION
Curriculum and interaction with young children at the school is based in social constructivism and current research in early childhood education:

- Children are strong, capable, and full of potential.
- Children have rights:
  - to explore their own ideas and interests,
  - to be offered a variety of materials with which to symbolically represent their thinking,
  - to have as much time as they need to research their theories to the fullest extent.
- Children develop and explore through a strong partnership with supportive teachers.
- Children are competent researchers who develop ideas about the world, test them, adjust their thinking, and test them again.
- Children deserve to be treated with respect.
- Children learn to be caring, responsive and collaborative with each other, with teachers and other adults as they are guided to be respectful of all other people and of their school environment.

This approach requires continued intentional planning and implementation: experiences within the school rarely “just happen.” Based on knowledge of child development, knowledge of each child and knowledge of the group, teachers plan the total program each day with great care to insure a balance of child-initiated and teacher-initiated activities, a balance of rest and activity, opportunities for growth in each developmental area, and appropriate materials and experiences to foster learning and growth.

At the school, education and care of young children is guided by the following principles:

- Each child is unique with his/her own patterns of growth and development, abilities, experiences, background, and perceptions.
- Each child’s characteristics are determined both by innate, genetically determined factors and by environmental factors.
- Growth and development of young children must be nurtured with appropriate experiences to ensure that all children will reach their full potential.
Dimensions of development—cognitive, emotional, social, physical, and creative—are interrelated and each dimension must be considered when planning a curriculum.

Mixed Age Grouping – Providing Continuity of Care
An important part of school philosophy is an emphasis on continuity of care which allows children, teachers, and parents to develop strong relationships across their years of participation in our school program. In order to achieve this goal, we place children in mixed age groupings: infant toddler classrooms have children 6 weeks to 3 years of age, while preschool classrooms have children 3 to 5 years of age. In doing so, children who enter our school program as an infant and continue through preschool will likely have the same 2 sets of teachers for their entire early learning experience. This type of continuity allows children to develop a sense of trust, predictability, and community that is vital in promoting their development and learning. Teachers can extend the curriculum based on their in-depth knowledge of the individual child; and parents and teachers create a partnership that draws on one another’s knowledge of the children, creating continuity between home and school environments.

A. Sophie Rogers School for Early Learning Curriculum
The curriculum at the school is emergent and integrated and is delivered through intentionally planned learning experiences. Children acquire skills through intentional teacher- and child-initiated learning experiences based on Ohio’s Early Learning and Development Standards in All Essential Domains of School Readiness (birth-age 5).

We believe play is one of the most powerful learning tools for self-discovery and self-realization. Play is inherently a self-expressive activity which reveals the child’s personal and unconstrained response to the environment. Play integrates the young child’s personality as s/he becomes totally absorbed physically, mentally and emotionally.

Play is the major vehicle for the development of the whole child. Cognitive, social, emotional, physical and creative aspects of children are enhanced as they engage in active, sensorimotor behavior with authentic materials, as they play alone and with others, as they play out social roles, and as they engage in make-believe.

Children reveal themselves through play. Consequently, play serves as a communication device through which adults can observe, assess, and plan for each child’s development. How they play, with whom they play, and where they play all provide insights into children’s developmental levels, growth patterns and unique personality characteristics. Adults use this information to plan and restructure play experiences which will further enhance and facilitate growth and development for each child.

We believe our school provides a stimulating environment where children are free and encouraged to engage in a variety of play experiences. Although play is the major vehicle for learning, adult guidance, support, and direction are needed to stimulate further curiosity and growth, to encourage participation in activities which will strengthen development or enhance particular skills, to help children solve problems or discover new solutions to old problems, to help children make reasonable choices and to act on these choices, and to help children evaluate their thinking and plan further action. It is the school’s goal that all children enter kindergarten thinking of themselves as capable
and competent learners, and with skills that match the expectations for Ohio’s Early Learning and Development Standards: social and emotional development, motor development, approaches towards learning, language and literacy development, cognition and general knowledge. Teachers plan intentional play experiences to arrive at the individual and group goals for children demonstrated by ongoing child progress monitoring and assessment.

We view one of the tasks of the early childhood educator as being able to assess, monitor, and understand the developmental level of each child and to provide the stimulus and appropriate environment for optimal and continual growth to occur. The teacher must recognize both the strengths and unmet potentials of each child and provide activities that build upon these competencies and support continued development. We believe the child's active, self-initiated play and exploratory-discovery activities, as well as adult systematic planning and verbal guidance and modeling, are necessary to develop competencies and coping strategies.

We are focused on process over product. We provide opportunities for children to try out new ideas, to shift backward and forward and to gain satisfaction from the repetition of activities. Through the process of orientation we provide and keep open avenues for: creative expression, the development of mastery/individuality/initiative, the development of a positive self-image as a learner and a doer, and the development of self-understanding and empathy for others through integration of feelings, thoughts, and actions.

**Role of the Model Demonstration School and Research at SFC**

The A. Sophie Rogers School for Early Learning at the Schoenbaum Family Center is the model demonstration school for the College of Education and Human Ecology at The Ohio State University. A model demonstration school’s purpose is threefold: to provide model programming and education to the community, to train and educate new teachers and to provide research which informs the field of education. There are several ways that these objectives are met. Teachers and administration present and publish for local and national professional organizations and groups come from all over the world to observe the classrooms from our observation deck and tour the school. Undergraduate and graduate interns complete coursework while working as teaching assistants in the classrooms, and community professional interns working towards CDA credentials also complete teaching hours in the school classrooms. Student and intern presence often allows for a high child to adult ratio in classrooms and greater individualized attention for children. The school will provide families with photos and names of interns working in the classrooms on the website and via postings that will be sent home.

There are several ways research occurs at SFC. All families enrolling at the school will complete a Parent/Caregiver Survey which contains household and background information for each family; this is part of SFC programming which informs our practice. If the family signs the Parent/Caregiver Consent, the information from the Parent/Caregiver Survey and child's progress monitoring and assessment scores will be included in the SFC Research Repository. Researchers may obtain IRB (internal review board) and SFC Research Advisory Board approval for research which includes access to the data housed in the SFC Research Repository. All child and family data will be kept strictly confidential and anonymous for research purposes. A researcher may also obtain IRB and SFC Research Advisory Board approval for research actively conducted in the
classrooms. Separate permission for such projects must be obtained through IRB protocol. Research at the school is coordinated through the Community Research Division of the Crane Center for Early Childhood Research and Policy.

**School Program and Curriculum Goals**

We have five major goals for each child in our school.

1. Become independent and self-motivated
2. Be a creative thinker and problem solver
3. Accept and express him/herself as an individual
4. Function successfully in a group of peers
5. Support current and future school success

In order to achieve these goals, we provide a school program which focuses on the development of the whole child: language and literacy development, social-emotional development, cognitive development, physical/motor development and approaches towards learning. Our school program is implemented on the basis of the following principles:

1. All kinds of experiences should be made available to children, not just those considered "academic." Activities which enhance physical, social, emotional, and creative development must be included.
2. Young children learn by using all their senses to explore materials.
3. Consistency in the daily schedule helps children to feel secure about their participation in the daily life of the school.
4. Children who are pressured to perform beyond their ability may feel frustrated and incompetent. Children who are encouraged to participate through an unpressured atmosphere will develop skills in each developmental area.
5. Children need to be with other children. Social involvement allows children to become accepting of themselves and others; provides them with opportunities to develop speaking and listening skills; and encourages appropriate social skills and social problem solving behavior.
6. Children learn to work collaboratively and cooperatively, within the community framework of our school.
7. Children need to be self-motivated and self-directed. We achieve these goals by providing children with tasks, by carefully explaining expectations, and by helping children to understand and accept the responsibility and consequences for their actions without evaluating these actions as "good" or "bad".
8. Teachers provide a warm, secure, and supportive learning environment for Families and children. They must be responsible, professional, caring individuals and knowledgeable of the needs of families and children.
9. The bond between home and school is inseparable. Teachers and Families must work together to provide the best learning and growth experiences for children.

CONTACT INFORMATION
The school welcomes ongoing communication with parents and families. Please feel free to speak with teachers and administrators about any questions, concerns or ideas you may have. While an appointment may need to be scheduled to fully address a topic, staff is always ready and happy to meet with families.

<table>
<thead>
<tr>
<th>Administration</th>
<th>Phone Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>Front desk</td>
<td>247-7488</td>
<td><a href="mailto:SFC@osu.edu">SFC@osu.edu</a></td>
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<tr>
<td>Executive Director, Laura Justice</td>
<td>292-4575</td>
<td><a href="mailto:justice.57@osu.edu">justice.57@osu.edu</a></td>
</tr>
<tr>
<td>Principal, Anneliese Johnson</td>
<td>292-9907</td>
<td><a href="mailto:johnson.2745@osu.edu">johnson.2745@osu.edu</a></td>
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<tr>
<td>Assistant Principal, Samantha Peterson</td>
<td>688-5469</td>
<td><a href="mailto:peterson.476@osu.edu">peterson.476@osu.edu</a></td>
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<tr>
<td>Director of Operations, Bobbie Bowling</td>
<td>292-5197</td>
<td><a href="mailto:bowling.18@osu.edu">bowling.18@osu.edu</a></td>
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<tr>
<td>Fiscal Specialist, Eric Schwendeman</td>
<td>688-4767</td>
<td><a href="mailto:schwendeman.2@osu.edu">schwendeman.2@osu.edu</a></td>
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<tr>
<td>Family Advocate</td>
<td>247-7007</td>
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<tr>
<td>Schoenbaum Family Center Fax</td>
<td>247-7360</td>
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<td>Schoenbaum Family Center Enrollment</td>
<td>247-7491</td>
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Classrooms

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The facility is licensed to operate legally by the Ohio Department of Job and Family Services. This license is posted in a conspicuous place for review.

A toll-free telephone number is listed on the facility’s license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing law and rules governing child care are available for review at the facility upon request.

The administrator and each employee of the facility is required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children’s services agency.

Any parent, custodian, or guardian of a child enrolled in the facility shall be permitted unlimited access to the facility during all hours of operation for the purpose of contacting their children, evaluating the care provided by the facility or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the Administrator of his/her presence.

Contact information for parents/guardians of the children attending the facility is available upon request. This information will not include the name, telephone number or email of any parent/guardian who requests that his/her name, telephone number or email not be included.

Recent licensing inspection reports and any substantiated complaint investigation reports for the past two years are posted in a conspicuous place in the facility for review.

The licensing record, including licensing inspection reports, complaint investigation reports, and evaluation forms from the building and fire departments, is available for review upon written request from the Ohio Department of Job and Family Services. The center’s licensing inspection reports for the past two years are also available for review on the Child Care in Ohio website. The website is: http://jfs.ohio.gov/cdo/childcare.htm.

It is unlawful for the facility to discriminate in the enrollment of children upon the basis of race, color, religion, sex or national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq.

This information must be given in writing to all parents, guardians and employees as required in 5101: 2-12-30 of the Ohio Administrative Code.
WIC

OHIO WIC PROGRAM ELIGIBILITY
WIC is a nutrition education program. WIC provides nutritious foods that promote good health for pregnant and breastfeeding women; women who recently had a baby; infants birth through 12 months; children age 1 to 5 years; who are:
- Present at the clinic appointment, and provide proof of identity;
- Residents of the State of Ohio;
- Determined by health professionals to be a medical/nutritional risk; and
- Meets income guidelines – 185% of Federal Poverty Income Guidelines

Ohio WIC Program Income Guidelines
In order to be eligible for WIC, the gross countable income of the economic unit, of which the applicant/participant is a member, must be less than or equal to the Ohio WIC program income guidelines for economic unit size provided in the following chart. WIC income guidelines are updated each year.

WIC Income Guidelines (Effective from July 1, 2015 to June 30, 2016)

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How to Apply
WIC clinics are located in all 88 counties. Applicants can call the Help Me Grow Helpline at 1-800-755-GROW (1-800-755-4769) for specific clinic locations or call your county WIC clinic. You can also apply by going online to the WIC website at [http://www.odh.ohio.gov/odhprograms/ns/wicneligble.aspx](http://www.odh.ohio.gov/odhprograms/ns/wicneligble.aspx) and by printing a WIC Program Application and mailing it to the WIC clinic in your area. Please note that you must schedule an appointment at the clinic, too. To save time at the appointment, you can also print out a health history form for each person applying.

Rev. 7/2015

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.
**Income Conversion:**

| $148 + | $269 | $321 | $442 | $649 | $769 | $104 | $208 | $226 | $451 | $5408
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<thead>
<tr>
<th>Weekly</th>
<th>Twice a Month Income (Bi-monthly)</th>
<th>Every 2 Weeks Income (Every other week, Bi-weekly)</th>
<th>Weekly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twice Per Month</td>
<td>Twice Per Month</td>
<td>Twice Per Month</td>
<td>Twice Per Month</td>
</tr>
</tbody>
</table>

Households with total incomes less than or equal to the values above are eligible for free or reduced-price meals.

Effective July 1, 2016 through June 30, 2017

**Income Eligibility Guidelines**

United States Department of Agriculture (USDA)