



Program

- Staffed by certified teachers and classroom assistants
- Curriculum aligned with Ohio's Early Learning and Developmental Standards
- Monday through Thursday 8:10 a.m. – 11:20 a.m. **or** 12:10 p.m. – 3:20 p.m.
- Tuition based

Participation Requirements

- Students must be residents of the Brooklyn City School District.
- Children must be three years old by September 30th to attend, or 4 or 5 years of age and not yet in kindergarten.
- Students must be toilet trained unless identified with a disability.
- Tuition payments are due by the first of the month (September through May) no exception. Please see scholarship form for possible reduction.
- Compliance with preschool regulations, which require parent conferences at least one (1) time per school year.
- Compliance with Communicable Disease Policy (see back) including all requirements for immunizations and physical examinations prior to school entrance.
- Parents are responsible for providing transportation.

I understand:

1. ALL PROGRAM INFORMATION AND PARTICIPATION REQUIREMENTS LISTED ABOVE.
2. That ongoing parent/teacher collaborative activity enhances my child's preschool experience and will be mutually planned and arranged. This collaboration is particularly important in the event that concerns arise.
3. The need to maintain current child information (address, telephone, etc.) and will update these items as necessary

Parent/Guardian Acknowledgement

Parent/Guardian Signature _____

Date

Print Students Name _____

For more information, please contact: Mrs. Paula Jones, Director of Pupil Services @ (216) 485-8136

MANAGEMENT OF COMMUNICABLE DISEASES

If your child is ill when at home, do NOT send him/her to school. It is not fair to expose other children to disease; neither will your child benefit from the experience. We are not equipped to handle sick children, and you will be asked to pick them up immediately.

Please call (216) 485-8171 if your child will be absent.

Should your child become ill while at the school, we will isolate him/her from the rest of the children and make him/her as comfortable as possible. We will contact you to pick your child up as soon as possible. Remember, if someone other than the registering parent will be picking up a child, staff members will require identification and your prior notice, preferably in writing.

Your child will be isolated and discharged to you immediately if these symptoms appear:

1. diarrhea more than once
2. severe coughing
3. difficult or rapid breathing
4. yellowish skin or eyes
5. tearing, inflamed eyes
6. temperature of 100 degrees Fahrenheit when taken by auxiliary method
7. untreated skin rash
8. dark urine or light stool
9. stiff neck
10. unusual spots
11. sore throat/vomiting
12. evidence of lice

Children who have fevers should return to school 24 hours after the fever is gone. Children on antibiotics should remain at home until they have been receiving medication for 24 hours.



Brooklyn City Schools

9200 Biddulph Road • Brooklyn, Ohio 44144 • (216) 485-8100 • FAX: (216) 485-8118

www.brooklyn.k12.oh.us

PRESCHOOL TUITION INFORMATION FOR NEW AND RETURNING PRESCHOOL STUDENTS

Dear Parent/Guardian:

- The Brooklyn Preschool program is **tuition-based** but through Cuyahoga County's Universal Pre-Kindergarten (UPK) Scholarship, you may qualify for a reduced tuition.
- Depending on if and how you qualify, **the monthly tuition of \$250** could be reduced based on the following:
 - a. Families whose annual gross income is at or below 200% of the Federal Poverty Level will receive a 50% reduction making the monthly tuition **\$125.00**
 - b. Families whose annual gross income is between 201% - 300% of the Federal Poverty Level will receive a 33% reduction making the monthly tuition **\$165.00**
 - c. Families whose annual gross income is between 301% - 400% of the Federal Poverty Level will receive a 25% reduction making the monthly tuition **\$187.00**
- Attached is the required paperwork you must fill out whether your child is a returning student or a newly enrolled student.
 - 1) **COPA Application** - complete/sign/return
 - 2) **Income & Residency Verification Form** - complete/sign/return - attach *either (2) current check stubs... OR... your 2018 tax return with this form*
 - 3) **Health Screening Requirement Acknowledgement Form** - read/sign/return
 - 4) **Notice of Privacy Acknowledgement Form** - read/complete/sign/return
- It is important that you return all of the above-listed items fully completed/signed. Missing or incomplete items will delay the tuition cost determination and will result in you being charged the full \$250 monthly tuition until missing/incomplete items are received.
- Please drop this paperwork off at the Department of Pupil Services in the Brooklyn Board of Education office as soon as possible.

This is a wonderful opportunity to help make it more affordable for your family and we hope that you take advantage of this program!

Thank you,
Pupil Services Department



Universal Pre-Kindergarten COPA Application



Application Date: _____

Child's Name: _____ Birth Date: _____

Gender: (Circle One) Male Female Social Security Number: _____

Language: _____ Ethnicity: (Circle One) Hispanic Latino Neither

Race: (Circle One) African American Asian Bi-Racial/Multi-racial Caucasian

Native American Other Pacific Islander Unspecified

Disability (if applicable): _____ Circle Any Plan Applicable: IEP/IFSP/NCP

Primary Caregiver:

Parent/Guardian Name: _____ Birth Date: _____

Gender: (Circle One) Male Female Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Education Level: _____ Employment Status: _____

Employer/School Name: _____ Income: _____

Employer/School Phone Number: _____

in Family: _____ # in Household: _____ Disability: (Circle One) Yes No

Medical Insurance Carrier: _____

Current Housing: (Circle One) Homeless Own Rent Other

Current Housing Date: _____ Caregiver Relationship to Child: _____

Is there a Secondary Caregiver/ Parent/ Guardian? (Circle One) Yes No

If there is a Secondary Caregiver, complete the next section on Page 2 and sign the verification section. If there is no Secondary Caregiver in the home, then skip the next section and proceed to verification section.



Universal Pre-Kindergarten COPA Application



Secondary Caregiver:

Parent/Guardian Name: _____ Birth Date: _____

Gender: (Circle One) Male Female Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Education Level: _____ Employment Status: _____

Employer/School Name: _____ Income: _____

Employer/School Phone Number: _____

Language: _____ Disability: (Circle One) Yes No

Medical Insurance Carrier: _____

Caregiver Relationship to Child: _____

Verification Section:

I verify that the information on this application is correct.

Parent/Guardian Name : (Print) _____

Signature: _____ Date: _____

Staff Name: (Print) _____

Staff Signature: _____ Date: _____

UPK Scholarship Income & Residency Verification Form 2021-2022

This form is required to document the parents' eligibility for a UPK scholarship based on their gross income and to document that families receiving scholarship assistance are residents of Cuyahoga County. Please attach the document(s) used to verify the parents' income and residency.

Child Care Provider: _____

Name of Child: _____

Date: _____

Document used to verify Caretakers' Total Family Gross Income (please attach):

Check one: Weekly _____
Bi-Weekly _____
Monthly _____
Bi-Monthly _____
Annually _____

Check all that apply:

- _____ Two most recent check stubs (PREFERRED)
- _____ Prior year's tax return **AND** IRS Form W – 2
- _____ Documentation for all unearned income (award letter and/or summary statement)
- _____ Statement/documentation of self-employment
- _____ A copy of the childcare authorization letter for subsidized care (Only if \$0 co-pay)

If caretaker did not provide childcare authorization letter, residency was documented by (please attach):

Check one:

- _____ Most recent check stub with home address
- _____ Current form of identification with address
- _____ Current utility bill

Total Family ANNUAL Gross Income:

(Calculate from above OR Based on Line 22 from IRS 1040 Tax Return)

Family Size:

Invest in Children

UPK

Note: Annual Family Gross Income and family size must be entered into ChildPlus.

Indicate where the caretakers' ANNUAL GROSS income falls on the Federal Poverty Level Scale (refer to table below)

- Check one: _____ Below 100% FPL
_____ Below 200% FPL
_____ Below 300% FPL
_____ Below 400% FPL
_____ Above 400% FPL (over income)

I attest that all income and residency information is true and accurate, and I will inform the provider of any changes. I understand that by submitting this information my child is entitled to scholarship assistance of one-half of the parent fee if my income is below 200% of the FPL; or scholarship assistance of thirty-three percent of the parent fee if my income is more than 200% FPL but less than 300% of the FPL; or scholarship assistance of twenty-five percent of the parent fee if my income is more than 300% FPL but less than 400% of the FPL.

X _____
Parent Signature

2021 Federal Poverty Guidelines – Annual Gross Income

Scholarship Rate	50%		33%	
	100%	200%	300%	400%
Household Members				
1	\$12,880	\$25,760	\$38,640	\$51,520
2	\$17,420	\$34,940	\$52,410	\$69,880
3	\$21,960	\$43,920	\$65,880	\$87,840
4	\$26,500	\$53,000	\$79,500	\$106,000
5	\$31,040	\$62,080	\$93,120	\$124,160
6	\$35,580	\$71,160	\$115,740	\$142,320
7	\$40,120	\$80,240	\$120,360	\$160,480
8	\$44,660	\$89,320	\$133,980	\$178,640

Office Use Only:

Eligible: _____ Ineligible: _____

Scholarship Rate:

50%: _____ 33%: _____

Date: _____

* For families/households with more than 8 persons, add \$4,540 for each additional person. ** The 2021 poverty guidelines are in effect as of January 13th, 2021. For additional information on Federal Poverty Guidelines, please visit: [federalregister.gov](https://www.federalregister.gov)

Revised 05/20/2021

- The original application shall be placed in the student's file.

- To submit this application via email (preferred): Scan this form and all relevant documents and email to Daniel Moss at Invest In Children: daniel.moss@jfs.ohio.gov. Please include the word **SCHOLARSHIP** in the subject line. (This form must be included to ensure timely processing.)

- To submit this application via mail: Please send to **Daniel Moss, UPK Program Manager, 8111 Quincy Ave. 2nd Floor, Cleveland, OH 44104**



CUYAHOGA COUNTY
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Universal Pre-Kindergarten Health Screening Resources

United States Environmental Protection Agency (EPA) – <https://www.epa.gov/lead>
Centers for Disease Control and Prevention (CDC) – <http://www.cdc.gov/nceh/lead>

Universal Pre-Kindergarten Health Screening Requirement Acknowledgement Form

Dear Parent(s)/Caregiver,

As part of the Universal Pre-Kindergarten program your child must have certain health screenings. These screenings may help prevent future problems with your child's health. Some of these screenings may be offered by your child's preschool. If not, a list of resources is attached for those screenings that may not be provided by your child's preschool.

Thank you!

Below is a list of required screenings

- ❖ Lead screening
- ❖ Hematocrit/Hemoglobin screening
- ❖ Dental screening
- ❖ Vision screening
- ❖ Hearing screening

Your signature below verifies that you are aware of the medical screenings your child needs; confirms that you received the necessary forms for your doctor or dentist to complete; and confirms that you received the list of local resources available to assist you with completing the medical screenings.

Child's Name

Parent/Caretaker

Site Manager/Representative

Date

Date

Original to Parent

Copy to Child's File



CUYAHOGA COUNTY
Invest in Children



Universal Pre-Kindergarten Health Screening Resources

Medical Services (Immunizations, Lead Screening, Well Child Visits)

Name	Address	Phone Number	Payment Method
Cleveland Department of Public Health Services: <i>Immunizations and Lead Screening(must make apt in advance) Reproductive health screenings</i>	The City of Cleveland Health Centers: •J. Glen Smith Health Center-11100 St. Clair Ave., Cleveland, OH 44108 •Thomas F. McCafferty Health Center - 4242 Lorain Ave., Cleveland, OH 44113 Lead Safe Living Hotline	216-664-7095 216-664-6603 216-263-5323	Private insurance; Sliding fee scale. If no insurance, patients are referred for enrollment in Medicaid or Marketplace
Cuyahoga County Board of Health Services: <i>Immunizations and Lead Screening</i>	5550 Venture Rd., Parma, OH 44130	216-201-2041	Medicaid accepted Call for an appointment and information regarding non-Medicaid payment options (Lead screening once a month by appointment)
Northeast Ohio Neighborhood Health Services, Inc. Services: <i>Dental</i> <i>Immunizations</i> <i>Lead Screening</i> Provides all medical services (functions as a medical home)	•East Cleveland Health Center-15201 Euclid Ave., East Cleveland, OH 44112 •Superior Health Center-12100 Superior Ave., Cleveland, OH 44106 •Southeast Health Center-13301 Miles Ave., Cleveland, OH 44105 •Norwood Health Center-1468 E. 55 th St., Cleveland, OH 44103 •Hough Health Center-8300 Hough Ave., Cleveland, OH 44103 •Collinwood Health Center-15322 St. Clair Ave., Cleveland, OH 44110 • Miles/Broadway Health Center-9127 Miles Ave., Cleveland, OH 44105	216-541-5600 216-851-2600 216-751-3100 216-881-2000 216-231-7700 216-851-1500 216-664-6544	Medicaid; private insurance and has a discounted fee structure based on family size and income (No dental at Miles/Broadway) *Central Intake 216-231-7700, press 2 for pediatrics
Care Alliance Health Care Services: <i>Dental, Immunizations, Lead Screening</i> Provides all medical services (functions as a medical home)	•Central Neighborhood Clinic-2916 Central Ave. Cleveland, OH 44115 •St. Clair Clinic- 1530 St. Clair Ave. Cleveland, OH 44144 •Riverview Tower Clinic-1795 W. 25 th St., Cleveland, OH 44113 •Carl B. Stokes Clinic- 6001 Woodland Ave., 2 nd Floor, Cleveland, OH 44104	216-535-9100 216-781-6724 216-619-5571 216-923-5000	Medicaid and Sliding scale
Circle Health Services Services: Dental, Behavioral Health, Immunizations, Lead Screening Provides all medical services (functions as a medical home)	• 12201 Euclid Ave. Cleveland, OH 44106	216-721-4010 Appointment line: 216-325-WELL	Medicaid; private insurance; and sliding fee scale



CUYAHOGA COUNTY
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Universal Pre-Kindergarten Health Screening Resources

Pediatric Dental

Provider Name	Address	Phone Number	Payment Method
CWRU School of Dental Medicine Early Childhood Dental Program*	2124 Cornell Rd., Cleveland, OH 44106	216-368-0665	Medicaid; Private insurance needs to be paid at point of service with patient submitting to insurance
Tapper Dental Center at University Hospitals	Rainbow Babies and Children's Hospital 1100 Euclid Ave., Cleveland, OH 44106	216-844-3080	Medicaid and Private Insurance
Tri-C's Dental Hygiene Clinic <i>Preventative Treatment Only</i>	2900 Community College Ave., MetroHealth Careers and School (MHCS), Rm.127, Cleveland, OH 441155	216-987-4413 Call for an appointment	Cash or check only; No insurance accepted \$10- Children 17 yrs. and younger; \$15- ages 18 and up
MetroHealth Medical Center	<ul style="list-style-type: none"> ●Main Campus- Dental Clinic, 2500 MetroHealth Dr., Cleveland, OH 44109 ●Lee-Harvard Clinic- 4071 Lee Rd., Ste.260, Cleveland, OH 44128 ●Old Brooklyn Campus-4229 Pearl Rd., Cleveland OH 44109 ●Broadway Health Center- 6835 Broadway Ave., Cleveland, OH 44105 	216-778-4725 216-957-1222 216-957-1850 216-957-1850	Medicaid; Private insurance; Sliding fee scale
Northeast Ohio Neighborhood Health Services, Inc.	(NEON does provide pediatric dental services- details above)		
Care Alliance Health Care	(Care Alliance does provide pediatric dental services -details above)		
St. Luke's Dental Practice	1201 Shaker Blvd. Cleveland, OH 44104	216-368-7238 Call for an appointment	Medicaid; Private Insurance; Sliding fee scale

Hearing, Speech & Vision

Name	Address	Phone Number	Payment Method
Cleveland Hearing & Speech Center	<ul style="list-style-type: none"> ●11635 Euclid Ave., Cleveland, OH 44106 ●4257 Mayfield Rd., S. Euclid, OH 44121 ●7000 Town Dr.#200, Broadview Hts., OH 44147 ●29540 Center Ridge Rd., Westlake, OH 44145 	216-231-8787 216-382-4520 440-838-1477 440-455-9898	Medicaid; Private Insurance; Sliding fee scale
Prevent Blindness Ohio-Northeast OH Chapter* (trains providers on how to screen)	Hillcrest Medical Building#1- 6803 Mayfield Rd., Suite 111, Cleveland, OH 44124	800-331-2020 Or 440-720-1285	**does not provide vision screening to individuals; works with centers
Easter Seals Northern Ohio (speech, hearing, and vision)	<ul style="list-style-type: none"> ●1929 A East Royalton Rd., Broadview Hts., OH 44147** ●14701 Detroit Ave., Lakewood, OH 44107 	440-838-0990 **Central Intake phone #	Medicaid; Private Insurance; Sliding fee scale

* Resources that will train staff and/or come to your location to conduct tests and screenings on children
Please remember to call 2-1-1 for additional information on resources available in Cuyahoga County.



CUYAHOGA COUNTY
Invest in Children



Universal Pre-Kindergarten Health Screening Resources

Please call providers listed above for additional information.

Know what your child's blood lead test results means:

Lead can cause problems with learning, hearing, speech and behavior.

What should I do if I think there is lead in my home?	Contact your local health department to schedule an inspection right away! <i>(see the helpful numbers and websites at the bottom of this page)</i>
Avoid dry dusting or sweeping. Wet mop all floors and window sills.	Make sure your children wash their hands often.
Plant grass to cover bare dirt in the yard. Wash toys when they have been on the ground.	Duct tape over any cracking or peeling paint until a qualified professional removes repairs or covers the lead paint.

	<u>What do the lead levels mean and what should I do if my child shows and elevated lead level?</u>
Blood Lead Value 0-4	<ul style="list-style-type: none"> Your child should be tested for lead once a year until they turn 6 years old. Lead levels less than 5 mean there is low level lead exposure Call your health department to learn more about lead and how to make your home lead safe.
5-9	<ul style="list-style-type: none"> Your child will need a blood test every 2-3 months until the level is less than 5. Schedule this follow-up testing with your doctor's office. A case manager will call or send you a letter with advice about your child's lead level. The other children under 6 years old in your home need to be tested also.
10-19	<ul style="list-style-type: none"> Your child will need a blood test in 1-2 months, and then repeat testing until the number is less than 5. Schedule this follow-up testing with your doctor's office. A case manager from the health department will call to talk about your child's lead level and help you learn more about lead. The health department will want to check your home for lead.
20-44	<ul style="list-style-type: none"> You child will need a blood test in 2-4 weeks, and then repeat testing until the number is less than 5. Schedule this follow-up testing with your doctor's office. A case manager from the health department will talk to you by phone to let you know what to do for your child. Your home may be checked for lead by the health department.
45 or Higher	<ul style="list-style-type: none"> YOUR CHILD <u>MUST</u> GO SEE A DOCTOR OR GO TO THE HOSPITAL TODAY. Your child must be treated with a special medicine to help lower their lead level. Repeat testing 3-4 weeks after treatment. Re-treatment may be necessary. Your home must be checked for lead by the health department as soon as possible. A case manager from the health department can visit your home or talk to you by phone to let you know what to do for your child.

Rainbow Babies and Children's Hospital - www.Rainbow.org/lead
Telephone: 216-844-LEAD (5323)

Cuyahoga County Board of Health Child Lead Poisoning and Prevention Program – <http://www.ccbh.net/lead-poisoning>
Telephone: 216-201-2000 ext. 1215

Cleveland Division of Public Health Lead Safe Living – http://www.clevelandhealth.org/network/enviornment/lead_safe_living.php
Telephone: 216-263-5323

City of Cleveland Lead Hazard Control Program –
<http://www.city.cleveland.oh.us/CityofCleveland/Home/Government/CityAgencies/CommunityDevelopment/DivisionofNeighborhoodServices/LeadHazardControlProgram>
Telephone: 216-263-5323

Ohio Department of Health Lead Poisoning Prevention Program – https://www.odh.ohio.gov/odhprograms/eh/lead_ch/leadch1.aspx
Telephone: 1-877-LEADSAFE (532-3723)

Cuyahoga County Universal Pre-Kindergarten (UPK) Program
NOTICE OF PRIVACY PRACTICES



THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOUR CHILD'S EXPERIENCE IN THE CUYAHOGA COUNTY UPK PROGRAM, ADMINISTERED BY THE OFFICE OF EARLY CHILDHOOD, MAY BE USED AND DISCLOSED. PLEASE REVIEW THIS INFORMATION CAREFULLY. If you have questions about this notice or wish to request additional copies, please contact the Office of Early Childhood at (216) 443-2215.

- I. Who is subject to this notice: This notice describes the practices of the UPK program and that of:
 - 1) Cuyahoga County's Office of Early Childhood
 - 2) Starting Point
 - 3) The individual UPK provider that your child attends
 - 4) Case Western Reserve University (business associate)
 - 5) Pascal Learning Inc./Ready Rosie
 - 6) Educational Services Center of Cuyahoga County
 - 7) PRE4CLE
- II. Our pledge: We understand that information about your child's experience in the UPK program is personal and we are committed to protecting that information. A record of your child's UPK experience is created in order to provide your child with a high quality experience and to help us make improvements to the program. This notice applies to all records created by your child's UPK provider. This notice will tell you about the ways in which we use the information gathered on your child.
- III. Examples of the types of information we collect:
 - 1) Age, gender and race of your child
 - 2) Street address
 - 3) Email address
 - 4) Attendance and enrollment information
 - 5) Assessments of your child
 - 6) Parent involvement in UPK activities
 - 7) Child's special needs, if applicable
 - 8) Other
- IV. Uses:

Information collected about your child and their UPK experience may be used and disclosed as follows:

- 1) By his/her teacher to create a unique learning plan for your child
- 2) By your provider to prepare regular invoices to you for UPK services
- 3) By your provider to prepare invoices to the OEC to be reimbursed for the services provided to your child.
- 4) By your provider to refer your child to additional services in the community

- 5) By the OEC, and their business associate at CWRU, to run the program and make improvements
- 6) By Starting Point to plan support for your UPK provider and to help your UPK provider make improvements to the programs and services you and your child receives
- 7) Email addresses only: By the OEC, and their business associate Pascal Learning Inc./Ready Rosie, to provide parents with brief videos that will help them prepare their children for school. Parents may unsubscribe from the electronic delivery of these emails at any time.
- 8) Email addresses only: By the ESC and Starting Point, to provide electronic newsletters. Parents may unsubscribe from the electronic delivery of those emails at any time.

V. Your Rights Regarding Your Child's UPK records

- 1) You are allowed to inspect and make copies of any records created about your child
- 2) You are allowed to amend your child's record if you feel that there is information in it that is wrong.
- 3) You are allowed to request restrictions or limitations on the uses of the information collected about your child. To request restrictions, you must make your request in writing to the Director of the Office of Early Childhood at the address below. All parent requests will be responded to in writing.

VI. Changes to This Notice

We reserve the right to make changes to this notice. If this notice is changed, you will be advised and furnished with a copy of the revised notice.

VII. Effective Date of This Notice

- 1) The effective date of this notice is August 1, 2017.

Questions/Concerns Contact:

Cuyahoga County
Office of Early Childhood/Invest in Children
Attn: Shawna Rohrman
8111 Quincy Ave., Second Floor
Cleveland, OH 44104 (216) 698 –7596

4600 Euclid Avenue Suite 500
Cleveland, Ohio 44103
(216) 575-0061

Acknowledgement of Receipt of Privacy Practices: I, the undersigned, acknowledge that I have received and have been given the opportunity to review the Cuyahoga County Universal Pre-Kindergarten program Notice of Privacy Practices. I understand that I will be given additional copies of this Notice of Privacy Practices any time at my request.

First Name	Middle Name	Last Name	Date of Birth

Date _____

Copy: Parent