



Child's Name: _____

Official starting date: _____

The following must be completed before start date:

Registration fee must be paid. \$25.00 per child or \$40.00 per family.

First week tuition/copay payment is due before your child can begin care at M1 Kids Academy.

If you are not private pay, your children must be approved on our system for Job & Family Services. We are a full time center. Your children must attend M1 Kids Academy for at least 25 hours a week to maintain a spot.

Child must have current physical and shot record.

All paperwork must be turned in 2 business days prior to start date.

Please check mark the box beside each form if you have read it, and signed where needed:

- ☐ Child enrollment and health information
- ☐ Family Information for Step Up To Quality
- ☐ Basic Infant Information
- ☐ Child medical statement
- ☐ Pick up list
- ☐ Set up a meeting with teachers
- ☐ Authorization to release confidential information
- ☐ Infant meals – parent preference letter
- ☐ Child and adult care food program
- ☐ Child and adult care food program enrollment form
- ☐ Permission to photograph
- ☐ ASQ

Please sign and date below when all forms are COMPLETELY filled out.

Name _____

Date _____

If you have any questions or concerns, feel free to contact M1 Kids Academy at 419-529-3556, extension 116 or email April, the Enrollment Coordinator at april@mansfieldfirst.com.

Thank you for allowing M1 Kids Academy to be a part of your family!

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

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

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State	
				Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State	
				Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name <u>of at least one person</u> 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.					
Name			Name		
City		State		City	
				State	
Telephone Number		Relationship to Child		Telephone Number	
				Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State		Telephone Number	

Child's Name

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 family child care 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 your 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? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> 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 program's policy or another:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	<u>Do Not Give Permission</u> to Transport
Program or Home Name		Program or Home Name
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	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:
<div style="display: flex; justify-content: space-between;"> Parent's Signature Date </div>		<div style="display: flex; justify-content: space-between;"> Parent's Signature Date </div>

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	
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.	
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 child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

- ☐ active ☐ adventurous ☐ affectionate ☐ anxious ☐ bossy ☐ bright ☐ busy ☐ calm ☐ cautious ☐ cheerful
☐ content ☐ creative ☐ curious ☐ easily-angered ☐ emotional ☐ energetic ☐ excitable ☐ friendly ☐ gives-in-easily
☐ happy ☐ hesitant ☐ insecure ☐ jealous ☐ likes structure/routines ☐ loud ☐ loving ☐ mellow ☐ outgoing
☐ prefers adult attention ☐ quiet ☐ sensitive ☐ serious ☐ shares-well ☐ social ☐ spontaneous ☐ stubborn ☐ tentative
☐ other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a ☐ high chair, ☐ booster, ☐ child size chair or ☐ adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date

Ohio Department of Job and Family Services
BASIC INFANT INFORMATION FOR CHILD CARE

This information should be completed by the parents prior to the child's first day. This information should be updated periodically as the infant's needs change.					
Child's Name			Nickname		
Child's Date of Birth			Siblings		
What are you feeding your infant? <i>(Check all that apply)</i>					
<input type="checkbox"/> Formula (include brand)			<input type="checkbox"/> Breast milk		
Formula preparation <i>(if center/provider is to prepare.)</i>					
Amount for each feeding			Frequency of feedings		
My infant likes a bottle warmed: <i>(Check one)</i> <input type="checkbox"/> Room temp <input type="checkbox"/> Warm <input type="checkbox"/> Very warm/NOT HOT					
Juice <i>(type, amount, when?)</i>					
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Solid foods <i>(baby food, brand, types, amounts, frequency)</i> <i>*you must have written permission from your child's physician if your child is under 4 months and given solid foods.</i>					
Are foods served room temperature or warmed?					
Table food <i>(types, amounts, frequency, special instructions)</i>					
Security items <i>(pacifier, blankies, etc.)</i>					
Nap schedule					
Hints for getting baby to sleep					
Sleeping Position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy* <i>*You must secure a sleep position waiver from your child's physician if your baby is to sleep on their tummy or side. Please contact the center/provider for a JFS 01235.</i>					
Special Precautions					
Any additional information about your child that would be helpful or you would like staff to know.					
Parent Signature				Date	
Primary Caregiver Signature				Date	
Date form last updated					

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)		Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).		
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered 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

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).			
<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.			
Signature of Parent			Date of Signature
Optional Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements		Notes	
Height			
Weight			
BMI			

Immunization Schedule

This schedule of recommended immunizations may vary depending upon where you live, your child's health, the type of vaccine, and the vaccines available.

Some of the vaccines may be given as part of a combination vaccine so that a child gets fewer shots. Talk with your doctor about which vaccines your kids need.

Birth

- **HepB:** Hepatitis B vaccine. Ideally, the first dose is given within 24 hours of birth, but kids not previously immunized can get it at any age. Some low birth weight infants will get it at 1 month or when they're discharged from the hospital.

1–2 months

- **HepB:** Second dose should be given 1 to 2 months after the first dose.

2 months

- **DTaP:** Diphtheria, tetanus, and acellular pertussis vaccine
- **Hib:** *Haemophilus influenzae* type b vaccine
- **IPV:** Inactivated poliovirus vaccine
- **PCV:** Pneumococcal conjugate vaccine
- **RV:** Rotavirus vaccine

4 months

- **DTaP**
- **Hib**
- **IPV**
- **PCV**
- **RV**

6 months

- **DTaP**
- **Hib:** This third dose may be needed, depending on the brand of vaccine used in previous Hib immunizations.
- **PCV**
- **RV:** This third dose may be needed, depending on the brand of vaccine used in previous RV immunizations.

6 months and annually

- **Influenza (Flu):** The flu vaccine is recommended every year for children 6 months and older:
 - Kids younger than 9 who get the flu vaccine for the first time (or who have only had one dose before July 2019) will get it in 2 separate doses at least a month apart.
 - Those younger than 9 who have had at least 2 doses of flu vaccine previously (in the same or different seasons) will only need 1 dose.
 - Kids older than 9 need only 1 dose.
- The vaccine is given by injection with a needle (the flu shot) or by nasal spray. Both types of vaccine can be used this flu season (2019–2020) because they seem to work equally well. Your doctor will recommend which to use based on your child's age and general health. The nasal spray is only for healthy people ages 2–49. People with weak immune systems or some health conditions (such as asthma) and pregnant women should **not** get the nasal spray vaccine.

6–18 months

- **HepB**
- **IPV**

12–15 months

- **Hib**
- **MMR:** Measles, mumps, and rubella (German measles) vaccine
- **PCV**

- **Chickenpox (varicella)**

12–23 months

- **HepA:** Hepatitis A vaccine; given as 2 shots at least 6 months apart

15–18 months

- **DTaP**

4–6 years

- **DTaP**
- **MMR**
- **IPV**
- **Varicella**

11–12 years

- **HPV:** Human papillomavirus vaccine, given in 2 shots over a 6- to 12-month period. It can be given as early as age 9. For teens and young adults (ages 15–26 in girls and boys both), it is given in 3 shots over 6 months. It's recommended for both girls and boys to prevent genital warts and some types of cancer.
- **Tdap:** Tetanus, diphtheria, and pertussis booster. Also recommended during each pregnancy a woman has.
- **Meningococcal conjugate vaccine:** And a booster dose is recommended at age 16.

16–18 years

- **Meningococcal B vaccine (MenB):** The MenB vaccine *may* be given to kids and teens in 2 or 3 doses, depending on the brand. Unlike the meningococcal conjugate vaccine, which is recommended, the decision to get the MenB vaccine is made by the teens, their parents, and the doctor.

Special circumstances

- **HepA** can be given as early as 6 months of age to babies who will travel to a place where hepatitis A is common (they will still need routine vaccination after their first birthday). It's also recommended for older kids who did not get it in the past.
- **The MMR vaccine** can be given to babies as young as 6 months old if they will be traveling internationally. These children should still get the recommended routine doses at 12–15 months and 4–6 years of age, but can get the second dose as early as 4 weeks after the first if they will still be traveling and at risk.
- **The flu vaccine** is especially important for kids who are at risk for health problems from the flu. High-risk groups include, but aren't limited to, kids younger than 5 years old and those with chronic medical conditions, such as asthma, heart problems, sickle cell disease, diabetes, or HIV.
- **Pneumococcal vaccines** can be given to older kids (age 2 and up) who have conditions that affect their immune systems, such as asplenia or HIV infection, or other conditions, like a cochlear implant, chronic heart disease, or chronic lung disease.
- **The meningococcal vaccines** can be given to kids as young as 8 weeks old (depending on the vaccine brand) who are at risk for a meningococcal infection, such as meningitis. This includes children with some immune disorders. Kids who live in (or will travel to) countries where meningitis is common, or where there is an outbreak, also should get the vaccine.

Note: An outbreak is when a disease happens in greater numbers than expected in a particular area. If you have questions about vaccinating your family during an outbreak, ask your health care provider or contact your state or local health department.

Reviewed by: Elana Pearl Ben-Joseph, MD

Date reviewed: February 2020

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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AAP Schedule of Well-Child Care Visits

Parents know who they should go to when their child is sick. But pediatrician visits are just as important for healthy children.

The *Bright Futures*

(<http://brightfutures.aap.org/>)/American Academy of Pediatrics (AAP) developed a set of comprehensive health guidelines for well-child care, known as the "periodicity schedule" (<https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.aspx>). It is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence.



Schedule of Well-Child Visits:

- The first week visit (3 to 5 days old)
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 2 years old (24 months)
- 2 ½ years old (30 months)
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old

The Benefits of Well-Child Visits:

- **Prevention.** Your child gets scheduled immunizations to prevent illness. You also can ask your pediatrician about nutrition and safety in the home and at school.

- **Tracking growth and development.** See how much your child has grown in the time since your last visit, and talk with your doctor about your child's development. You can discuss your child's milestones, social behaviors and learning. [Back to Top](#)
- **Raising concerns.** Make a list of topics you want to talk about with your child's pediatrician such as development, behavior, sleep, eating or getting along with other family members. Bring your top three to five questions or concerns with you to talk with your pediatrician at the start of the visit.
- **Team approach.** Regular visits create strong, trustworthy relationships among pediatrician, parent and child. The AAP recommends well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.

Additional Information & Resources:

- [Back to School, Back to Doctor \(/English/ages-stages/gradeschool/school/Pages/Back-to-School-Back-to-the-Doctor.aspx\)](#)
- [Recommended Immunization Schedules \(/English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx\)](#)
- [Milestones Matter: 10 to Watch for by Age 5 \(/English/family-life/health-management/Pages/Milestones-Matter.aspx\)](#)
- [5 Reasons Why Parents Might Receive a Bill After a Well-Child Visit \(/English/family-life/health-management/health-insurance/Pages/5-Reasons-Why-Parents-Might-Receive-a-Bill-After-a-Well-Child-Visit.aspx\)](#)
- [Bright Futures/AAP Recommendations for Preventive Pediatric Health Care \(periodicity schedule\) \(https://www.aap.org/en-us/Documents/periodicity_schedule.pdf\)](#)

Last Updated 10/26/2018

Source American Academy of Pediatrics (Copyright © 2018)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Vision Screenings

Vision screening is a very important way to identify vision problems. During an exam, the doctor looks for eye disease and checks to see if the eyes are working properly. Children with a family history (</English/family-life/health-management/Pages/Your-Family-Health-History-and-Genetics.aspx>) of childhood vision problems are more likely to have eye problems (</English/health-issues/conditions/eyes/Pages/Specific-Eye-Problems.aspx>).



When should my child's eyes be checked?

The American Academy of Ophthalmology and the American Academy of Pediatrics recommend that children have their eyes checked by a pediatrician at the following ages:

- **Newborn.** All babies should have their eyes checked for infections, defects, cataracts, or glaucoma before leaving the hospital. This is especially true for premature babies, babies who were given oxygen for an extended period, and babies with multiple medical problems.
- **By 6 months of age.** As part of each well-child visit (</English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>), eye health, vision development, and alignment of the eyes should be checked.
- **Starting at 1 to 2 years.** Photo screening devices can be used to start detecting potential eyes problems.
- **At 3 to 4 years.** Eyes and vision should be checked for any abnormalities that may cause problems with later development.
- **At 5 years and older.** Vision in each eye should be checked separately every year. If a problem is found during routine eye exams, your child's doctor may have your child see a pediatric ophthalmologist (</English/family-life/health-management/pediatric-specialists/pages/What-is-a-Pediatric-Ophthalmologist.aspx>). A pediatric ophthalmologist is an eye doctor trained and experienced in the care of children's eye problems.

Additional Information & Resources:

- Warning Signs of Vision Problems in Infants & Children (</English/health-issues/conditions/eyes/Pages/Warning-Signs-of-Vison-Problems-in-Children.aspx>)
- Infant Vision Development: What Can Babies See? (</English/ages-stages/baby/Pages/Babys-Vision-Development.aspx>)
- AAP Schedule of Well-Child Care Visits (</English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>)
- Specific Eye Problems in Children (</English/health-issues/conditions/eyes/Pages/Specific-Eye-Problems.aspx>)
- Visual System Assessment in Infants, Children, and Young Adults by Pediatricians (<http://pediatrics.aappublications.org/content/137/1/e20153596>) (AAP Policy Statement)
- Procedures for the Evaluation of the Visual System by Pediatricians (<http://pediatrics.aappublications.org/content/137/1/e20153597>) (AAP Clinical Report)

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Dental Health & Hygiene for Young Children

As you might guess, the number-one dental problem among preschoolers is tooth decay (</English/ages-stages/baby/teething-tooth-care/Pages/Preventing-Tooth-Decay.aspx>).

- One out of 10 two-year-olds already have one or more cavities
- By age three, 28% of children have one or more cavities
- By age five, nearly 50% of children have one or more cavities

Many parents assume that cavities in baby teeth (</English/ages-stages/baby/teething-tooth-care/Pages/Preventing-Tooth-Decay.aspx>) **don't matter, because they'll be lost anyway. But that's not true. Dental decay in baby teeth can negatively affect permanent teeth and lead to future dental problems.**



Teaching Good Dental Habits

The best way to protect your child's teeth is to teach him good dental habits. With the proper coaching he'll quickly adopt good oral hygiene as a part of his daily routine (</English/healthy-living/oral-health/Pages/Brush-Book-Bed.aspx>). However, while he may be an enthusiastic participant, he won't yet have the control or concentration to brush his teeth all by himself. You'll need to supervise and help him so that the brush removes all the plaque—the soft, sticky, bacteria-containing deposits that accumulate on the teeth, causing tooth decay. Also, keep an eye out for areas of brown or white spots which might be signs of early decay.

Toothbrushing

As soon as your child has a tooth you should be helping your child brush her teeth two times a day with a smear (size of a grain of rice) of fluoride toothpaste on a child-sized toothbrush that has soft bristles. There are brushes designed to address the different needs of children at all ages, ensuring that you can select a toothbrush that is appropriate for your child.

Amount of Toothpaste

At age 3, you can start using a pea-size amount of fluoride toothpaste (</English/healthy-living/oral-health/Pages/Toothbrushing-Tips-for-Young-Children.aspx>), which helps prevent cavities. If your child doesn't like the taste of the toothpaste, try another flavor. Also try to teach your child not to swallow it, although at this age they are often still too young to learn to rinse and spit. Swallowing too much fluoride toothpaste can make white or brown spots on your child's adult teeth.

Brushing Motion

You'll hear all kinds of advice on whether the best brushing motion is up and down, back and forth, or around in circles. The truth is that the direction really doesn't matter. What's important is to clean each tooth thoroughly, top and bottom, inside and out. This is where you'll encounter resistance from your child, who probably will concentrate on only the front teeth that he can see. It may help to turn it into a game of "find the hidden teeth." Incidentally, a child cannot brush his teeth without help until he's older—about six to eight years old. So be sure to supervise or do the actual brushing if necessary.

Too Much Sugar

Besides regular toothbrushing with the right amount of fluoride toothpaste, your child's diet (</English/healthy-living/oral-health/Pages/Healthy-Teeth-and-Your-Childs-Diet.aspx>) will play a key role in his dental health. And, of course, sugar is the big villain. The longer and more frequently his teeth are exposed to sugar, the greater the risk of cavities. **"Sticky sugar" foods such as sticky caramel, toffee, gum, and dried fruit—particularly when it stays in his mouth and bathes his teeth in sugar for hours—could do serious damage.** Make sure to always brush your child's teeth after a sugary food item. In addition, do not allow your child to have any sugar-containing liquid in a sippy cup (</English/ages-stages/baby/feeding-nutrition/Pages/Discontinuing-the-Bottle.aspx>) for a prolonged period. Back to Top

Dental Checkups

During regular [well-child visits](/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx) (/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx), the pediatrician will check your child's teeth and gums to ensure their health. If she notices problems, she may refer your child to a [pediatric dentist \(pedodontist\)](/English/family-life/health-management/pediatric-specialists/Pages/What-is-a-Pediatric-Dentist.aspx) (/English/family-life/health-management/pediatric-specialists/Pages/What-is-a-Pediatric-Dentist.aspx) or a general dentist with an interest in treating the dental needs of children. **Both the American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend that all children see a pediatric dentist and establish a "[dental home](/English/healthy-living/oral-health/Pages/Why-Regular-Dental-Visits-Are-Important.aspx)" by age one.**

As part of her dental checkup the dentist will make sure all teeth are developing normally and that there are no dental problems and give you further advice on proper hygiene. She also may apply a topical fluoride solution to provide extra protection against cavities. If you live in an area where the [water](/English/healthy-living/oral-health/Pages/Water-Fluoridation.aspx) (/English/healthy-living/oral-health/Pages/Water-Fluoridation.aspx) is not fluoridated, she may prescribe fluoride drops or chewable tablets for your toddler. For more guidance on fluoride supplements, talk to your pediatrician.

Additional Information:

- [Toothbrushing Tips for Young Children](/English/healthy-living/oral-health/Pages/Toothbrushing-Tips-for-Young-Children.aspx) (/English/healthy-living/oral-health/Pages/Toothbrushing-Tips-for-Young-Children.aspx)
- [FAQ: Fluoride and Children](/English/healthy-living/oral-health/Pages/FAQ-Fluoride-and-Children.aspx) (/English/healthy-living/oral-health/Pages/FAQ-Fluoride-and-Children.aspx)
- [Why Regular Dental Visits Are Important](/English/healthy-living/oral-health/Pages/Why-Regular-Dental-Visits-Are-Important.aspx) (/English/healthy-living/oral-health/Pages/Why-Regular-Dental-Visits-Are-Important.aspx)
- [How to Prevent Tooth Decay in Your Baby](/English/ages-stages/baby/teething-tooth-care/Pages/How-to-Prevent-Tooth-Decay-in-Your-Baby.aspx) (/English/ages-stages/baby/teething-tooth-care/Pages/How-to-Prevent-Tooth-Decay-in-Your-Baby.aspx)

Last Updated 10/14/2015

Source Caring for Your Baby and Young Child: Birth to Age 5, 6th Edition (Copyright © 2015 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Body Mass Index (BMI)

What Is BMI?

Body mass index (BMI) is a calculation that uses height and weight to estimate how much body fat someone has. You can use the KidsHealth BMI calculator below to find your child's BMI. But it's also important to talk to your child's doctor to help understand the results.

Tracking BMI

Starting when your child is 2 years old, the doctor will determine BMI at all routine checkups. Because BMI changes with age, doctors plot children's BMI measurements on standard gender-specific growth charts. Over several visits, the doctor is able to track your child's growth pattern.

Although not a perfect measure of body fat, BMI helps identify children who are gaining weight too slowly or too quickly.

What Do the Figures Mean?

BMI percentiles show how a child's measurements compare with others the same gender and age. For example, if a child has a BMI in the 60th percentile, 60% of the kids of the same gender and age who were measured had a lower BMI.

BMI is not a direct measure of body fat. Kids can have a high BMI if they have a large frame or a lot of muscle, not excess fat. And a kid with a small frame may have a normal BMI but still can have too much body fat.

BMI is less accurate during puberty. It's common for kids to gain weight quickly — and see their BMI go up — during puberty. Your doctor can help you figure out whether this weight gain is a normal part of development or whether it's something to be concerned about.

The categories that describe a person's weight are:

- **Underweight:** BMI is below the 5th percentile age, gender, and height.
- **Healthy weight:** BMI is equal to or greater than the 5th percentile and less than the 85th percentile for age, gender, and height.
- **Overweight:** BMI is at or above the 85th percentile but less than the 95th percentile for age, gender, and height.
- **Obese:** BMI is at or above the 95th percentile for age, gender, and height.

It's important to look at the BMI as a trend instead of focusing on individual numbers. Any one measurement, taken out of context, can give you the wrong impression of your child's growth.

While BMI is an important indicator of healthy growth and development, BMI is not a perfect measure of body fat. If you're concerned that your child may be gaining or losing weight too fast, talk to your doctor.

Reviewed by: Mary L. Gavin, MD

Date reviewed: January 2020

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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Hearing Evaluation in Children

In the first few years of life, hearing is a critical part of kids' social, emotional, and cognitive development. Even a mild or partial hearing loss can affect a child's ability to develop speech and language properly.

The good news is that hearing problems can be overcome if they're caught early — ideally by the time a baby is 3 months old. So it's important to get your child's hearing screened early and checked regularly.

Causes of Hearing Loss

Hearing loss is a common birth defect, affecting about 1 to 3 out of every 1,000 babies. Although many things can lead to hearing loss, about half the time, no cause is found.

Hearing loss can occur if a child:

- was born prematurely
- stayed in the neonatal intensive care unit (NICU)
- had newborn jaundice with bilirubin level high enough to require a blood transfusion
- was given medications that can lead to hearing loss
- has family members with childhood hearing loss
- had certain complications at birth
- had many ear infections
- had infections such as meningitis or cytomegalovirus
- was exposed to very loud sounds or noises, even briefly

When Should Hearing Be Evaluated?

Newborn hearing screening identifies most children born with a hearing loss. But in some cases, the hearing loss is caused by things like infections, trauma, and damaging noise levels, and the problem doesn't emerge until later in childhood. Researchers believe that the number of people who have hearing loss doubles between birth and the teen years. So it's important to have kids' hearing checked regularly as they grow.

Your newborn should have a hearing screening before being discharged from the hospital. Every state and territory in the United States has now established an Early Hearing Detection and Intervention (EHDI) program; the program identifies every child with permanent hearing loss before 3 months of age, and provides intervention services before 6 months of age. If your baby doesn't have this screening, or was born at home or a birthing center, it's important to have a hearing screening within the first 3 weeks of life.

If your baby does not pass the hearing screening, it doesn't necessarily mean there's a hearing loss. Because debris or fluid in the ear can interfere with the test, it's often redone to confirm a diagnosis.

If your newborn doesn't pass the initial hearing screening, it's important to get a retest within 3 months so treatment can begin right away. Treatment for hearing loss can be the most effective if it's started before a child is 6 months old.

Kids who seem to have normal hearing should continue to have their hearing evaluated at regular doctors' appointments. Hearing tests are usually done at ages 4, 5, 6, 8, and 10, and any other time if there's a concern.

But if your child seems to have trouble hearing, if speech development seems abnormal, or if your child's speech is difficult to understand, talk with your doctor.

Symptoms of a Hearing Loss

Even if your newborn passes the hearing screening, continue to watch for signs that hearing is normal. Some hearing milestones your child should reach in the first year of life:

- Most newborn infants startle or "jump" to sudden loud noises.
- By 3 months, a baby usually recognizes a parent's voice.

- By 6 months, a baby can usually turn his or her eyes or head toward a sound.
- By 12 months, a baby can usually imitate some sounds and produce a few words, such as "Mama" or "bye-bye."

As your baby grows into a toddler, signs of a hearing loss may include:

- limited, poor, or no speech
- frequently inattentive
- difficulty learning
- seems to need higher TV volume
- fails to respond to conversation-level speech or answers inappropriately to speech
- fails to respond to his or her name or easily frustrated when there's a lot of background noise

Types of Hearing Loss

Conductive hearing loss is caused by blockage in the transmission of sound to the inner ear. Ear infections are the most common cause of this type of hearing loss in infants and young children. This loss is usually mild, temporary, and treatable with medicine or surgery.

Sensorineural hearing loss can happen when the sensitive inner ear (cochlea) has damage or a structural problem, though in rare cases it can be caused by problems with the auditory cortex, the part of the brain responsible for hearing. Cochlear hearing loss, the most common type, may involve a specific part of the cochlea such as the inner hair cells, outer hair cells, or both. It usually exists at birth, and can be inherited or come from other medical problems, though sometimes the cause is unknown. This type of hearing loss is usually permanent.

The degree of sensorineural hearing loss can be:

- **mild** (a person cannot hear certain sounds)
- **moderate** (a person cannot hear many sounds)
- **severe** (a person cannot hear most sounds)
- **profound** (a person cannot hear any sounds)

Sometimes the loss is progressive (gets worse over time) and sometimes unilateral (one ear only).

Because the hearing loss can get worse over time, audiologic testing should be repeated later on. Although medicines and surgeries cannot cure this type of hearing loss, hearing aids can help children hear better.

Mixed hearing loss happens when a person has both conductive and sensorineural hearing loss.

Central hearing loss occurs when the cochlea is working properly, but other parts of the brain are not. This rarer type of hearing loss is more difficult to treat.

Auditory processing disorder (APD) is a condition in which the ears and brain cannot fully coordinate. People with APD usually hear well when it is quiet, but cannot hear well when it is noisy. In most cases, speech-language therapy can help kids with APD.

How Hearing Is Tested

Several methods can be used to test hearing, depending on a child's age, development, and health status.

During behavioral tests, an audiologist carefully watches a child respond to sounds like calibrated speech (speech that is played with a particular volume and intensity) and pure tones. A pure tone is a sound with a very specific pitch (frequency), like a note on a keyboard.

An audiologist may know an infant or toddler is responding by his or her eye movements or head turns. A preschooler may move a game piece in response to a sound, and a gradeschooler may raise a hand. Children can respond to speech with activities like identifying a picture of a word or repeating words softly.

Other Tests to Evaluate Hearing

If a child is too young to get behavioral hearing testing, or has other medical or developmental problems to prevent this type of test, doctors can check for hearing problems by looking at how well the ear, nerves, and brain are working.

Auditory brainstem response (ABR) test

For this test, tiny earphones are placed in the ear canals and small electrodes (sensors which look like small stickers) are placed behind the ears and on the forehead. Usually, clicking sounds are sent through the earphones, and the electrodes measure the hearing nerve's response to the sounds.

Young infants under 6 months can sleep for the entire test, but older infants may need sedation for this test. Older cooperative kids can do this testing in a silent environment while they're visually occupied.

Normal hearing has a certain appearance when test results are measured on a chart. Because of this, a normal ABR suggests that a baby's inner ear and lower part of the auditory system (brainstem) are working normally for typical speech. An abnormal ABR may be a sign of hearing loss, but it may also be due to some medical problems or measurement problems.

Auditory steady state response (ASSR) test

This test is similar to the ABR, though an infant usually needs to be sleeping or sedated for the ASSR test.

Sound passes into the ear canals, and a computer picks up the brain's response to the sound and automatically decides whether hearing loss is mild, moderate, severe, or profound. This ASSR test has to be done **with** (and not instead of) ABR to check for hearing.

Central auditory evoked potential (CAEP) test

This test is similar to the ABR, and uses the same tiny earphones and small electrodes. This CAEP test allows the audiologist to see if the pathways from the brainstem to the auditory cortex are working properly. The audiologist may recommend a CAEP test for some specific types of hearing loss. This test can be done at any age and does not require participation from the child.

Otoacoustic emissions (OAE) test

A sleeping infant or an older child who may be able to sit quietly can do this quick test. A tiny probe is placed in the ear canal, then many pulsing sounds are sent and the probe records an "echo" response from the outer hair cells in the inner ear. These recordings are averaged by a computer.

A normal recording suggests that the outer hair cells are working well. But in some cases, a hearing loss may still happen if other hearing pathways are not working normally.

Hospitals use ABR or OAE to screen newborns. If a baby fails a screening, the test is usually repeated. If the screening is failed again, the baby is sent to an audiologist for a full hearing evaluation.

Tympanometry

Tympanometry is not a hearing test but a procedure that can show how well the eardrum moves when a soft sound and air pressure are introduced in the ear canal. It's helpful in identifying middle ear problems, such as fluid collecting behind the eardrum.

A tympanogram puts the tympanometry results into a graph. A "flat" line on a tympanogram may indicate that the eardrum can't move, while a "peaked" pattern usually suggests that the ear drum is moving normally. Doctors who do this exam should also do a visual ear examination and see the ear drum.

Middle ear muscle reflex (MEMR)

The MEMR (also called acoustic reflex test) tests how well the ear responds to loud sounds by evoking a reflex. In a healthy ear, this reflex helps protect the ear against loud sounds.

For the MEMR, a soft rubber tip is placed in the ear canal. A series of loud sounds are sent through the tips into the ears and a machine records whether the sound has triggered a reflex. Sometimes the test is done while the child is sleeping.

Who Performs Hearing Tests?

A pediatric audiologist specializes in testing and helping kids with hearing loss and works closely with doctors, teachers, and speech/language pathologists.

Audiologists have a lot of specialized training. They have master's or doctorate degrees in audiology, have performed internships, and are certified by the American Speech-Language-Hearing Association (CCC-A) or are Fellows of the American Academy of Audiology (F-AAA).

Hearing Aids and Other Interventions

While medical treatments and surgery can help people with certain types of hearing loss, hearing aids are the main treatment for sensorineural hearing loss. The most common type of hearing loss involves outer hair cells that do not work properly. Hearing aids can make sounds louder and overcome this problem.

A hearing aid has three basic parts: the microphone, amplifier, and receiver. Settings can be customized to make certain sounds louder.

Some hearing aid styles are worn on the body while others fit behind the ear or in the ear. If regular hearing aids can't be used — as in certain types of conductive hearing loss — specialized hearing aids that attach to the skull bone can send sound waves directly to the cochlea.

No single style or manufacturer is best — your doctor will help you choose a hearing aid based on your child's needs. Most kids with bilateral hearing loss (in both ears) wear two hearing aids.

Because they are so technology-heavy, hearing aids are expensive. Unfortunately, health insurance companies do not usually cover hearing aids, although several states now require that insurance cover at least part of their cost. Talk to your child's doctor to look for financial assistance options for hearing aids.

A specialized amplification device called an FM system (sometimes called "auditory trainers") may help kids in school. These systems have a microphone that a teacher can speak into and a receiver help by the child, which can send the sound to the ears or directly to a hearing aid. They can work well in the classroom to improve hearing in group or noisy environments and also can be fitted for personal or home use. Other assistive listening or alerting devices may help older kids.

In addition to hearing aids or FM systems, hearing rehabilitation may include auditory or listening therapy and speech (lip) reading. Technology is improving all the time, so ask your doctor about newer tools available to help aid a child's communication.

A cochlear implant is a surgical treatment for hearing loss; this device doesn't cure hearing loss, but is a device that gets placed into the inner ear to send sound directly to the hearing nerve. It can help children with profound hearing loss who do not benefit from hearing aids.

Reviewed by: Thierry Morlet, PhD

Date reviewed: March 2016

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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Blood Test: Lead

What Is a Blood Test?

A blood test is when a sample of blood is taken from the body to be tested in a lab. Doctors order blood tests to check things such as the levels of glucose, hemoglobin, or white blood cells. This can help them detect problems like a disease or medical condition. Sometimes, blood tests can help them see how well an organ (such as the liver or kidneys) is working.

What Is a Lead Test?

A lead test measures how much lead is in the blood. Lead is a metal that is found in the environment and in many consumer products. Most people have a small amount of lead in their blood from these exposures.

But higher levels of lead can lead to problems in children, such as learning disabilities, behavior problems, and anemia. Very high levels can cause serious problems, such as seizures or a coma.

Why Are Lead Tests Done?

A lead test may be done if a child is at risk for a high lead level. For example, kids who live in older homes or in communities with many older homes are at risk for high lead levels.

How Should We Prepare for a Lead Test?

Your child should be able to eat and drink normally unless also getting other tests that require fasting beforehand. Tell your doctor about any medicines your child takes because some drugs might affect the test results.

Wearing a T-shirt or short-sleeved shirt for the test can make things easier for your child, and you also can bring along a toy or book as a distraction.

How Is a Lead Test Done?

Most blood tests take a small amount of blood from a vein. To do that, a health professional will:

- clean the skin
- put an elastic band (tourniquet) above the area to get the veins to swell with blood
- insert a needle into a vein (usually in the arm inside of the elbow or on the back of the hand)
- pull the blood sample into a vial or syringe
- take off the elastic band and remove the needle from the vein

Lead is sometimes tested with a "fingerstick" test. The health professional will clean your child's finger, then prick the tip of it with a tiny needle (or lancet) to collect the blood.

In babies, blood draws are sometimes done as a "heel stick collection." After cleaning the area, the health professional will prick your baby's heel with a tiny needle (or lancet) to collect a small sample of blood.

Collecting a sample of blood is only temporarily uncomfortable and can feel like a quick pinprick.

Can I Stay With My Child During a Lead Test?

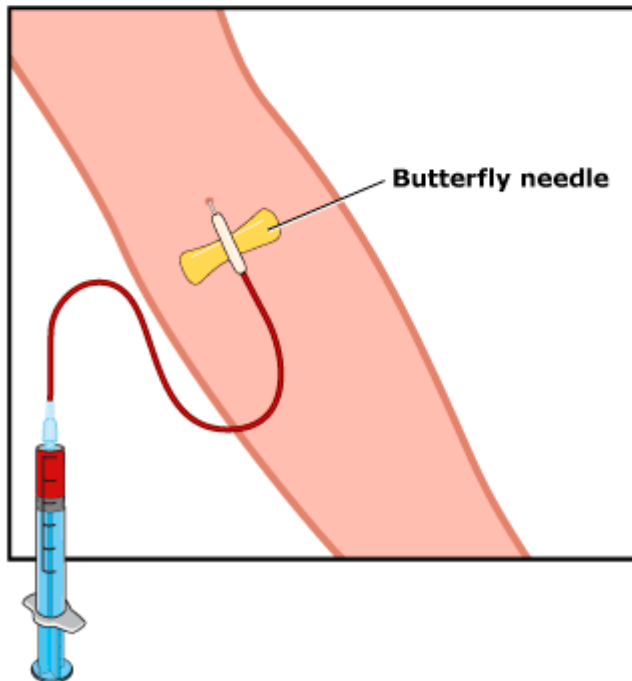
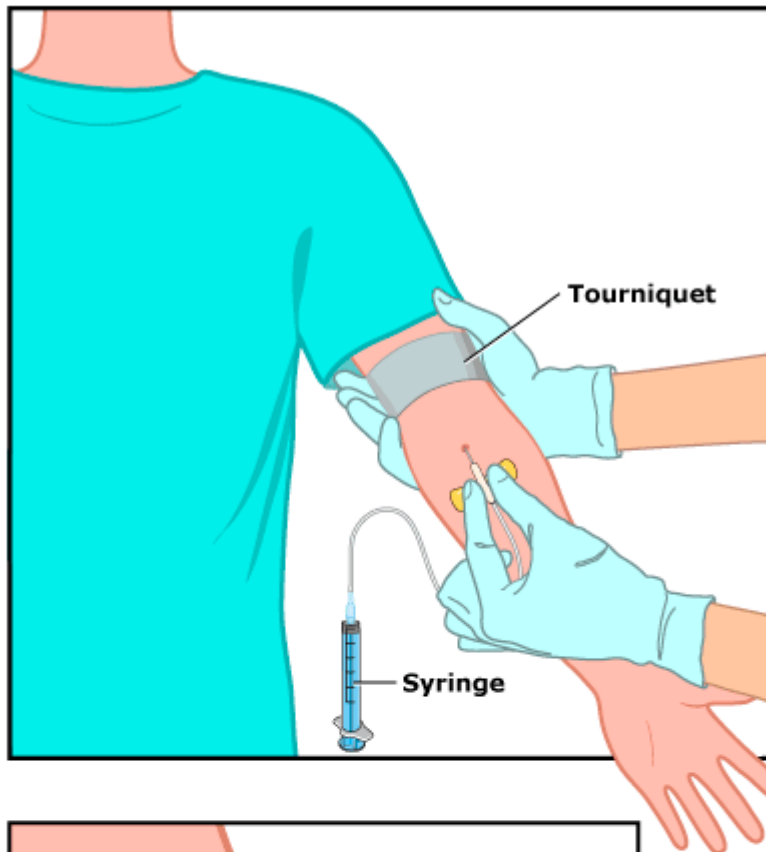
Parents usually can stay with their child during a blood test. Encourage your child to relax and stay still because tensing muscles can make it harder to draw blood. Your child might want to look away when the needle is inserted and the blood is collected. Help your child to relax by taking slow deep breaths or singing a favorite song.

How Long Does a Lead Test Take?

Most blood tests take just a few minutes. Occasionally, it can be hard to find a vein, so the health professional may need to try more than once.

What Happens After a Lead Test?

The health professional will remove the elastic band and the needle and cover the area with cotton or a bandage to stop the bleeding. Afterward, there may be some mild bruising, which should go away in a few days.



When Are Lead Test Results Ready?

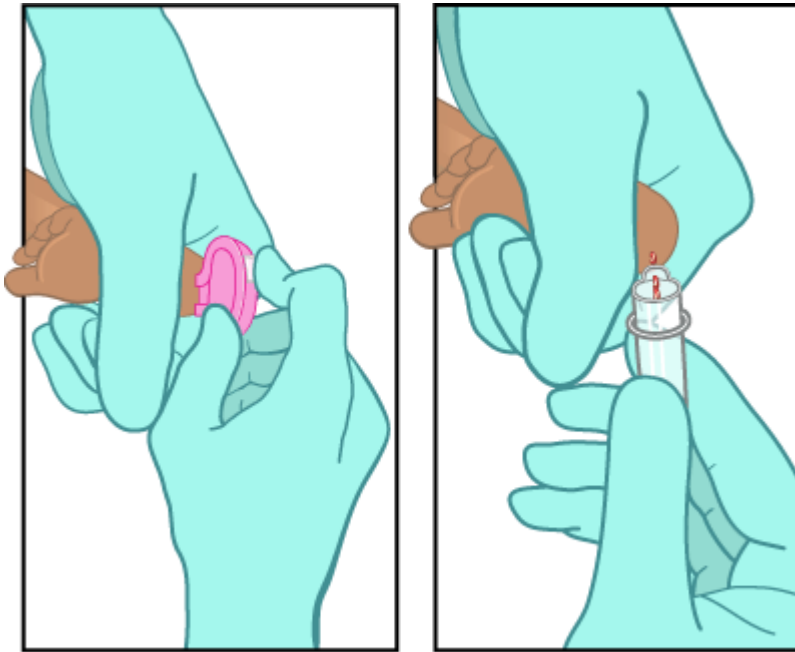
Blood samples are processed by a machine, and it may take a few hours to a day for the results to be available. If the test results show signs of a problem, the doctor might order other tests to figure out what the problem is and how to treat it.

Are There Any Risks From Lead Tests?

A lead test is a safe procedure with minimal risks. Some kids might feel faint or lightheaded from the test. A few kids and teens have a strong fear of needles. If your child is anxious, talk with the doctor before the test about ways to make the procedure easier.

A small bruise or mild soreness around the blood test site is common and can last for a few days. Get medical care for your child if the discomfort gets worse or lasts longer.

If you have questions about the lead test, speak with your doctor or the health professional doing the blood draw.



After pricking the infant's heel with the lancet, the technician gently squeezes blood into the vial.

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Blood Test: Hemoglobin

What Is a Blood Test?

A blood test is when a sample of blood is taken from the body to be tested in a lab. Doctors order blood tests to check things such as the levels of glucose, hemoglobin, or white blood cells. This can help them detect problems like a disease or medical condition. Sometimes, blood tests can help them see how well an organ (such as the liver or kidneys) is working.

What Is a Hemoglobin Test?

A hemoglobin test is a blood test that helps doctors check the level of red blood cells. Red blood cells deliver oxygen to the different parts of the body.

Why Are Hemoglobin Tests Done?

A hemoglobin test is done to check for low or high levels of red blood cells. It can be done as part of a routine checkup to screen for problems and or because a child isn't feeling well. When the level of red blood cells is low, it's called anemia. When the level is high, it's called polycythemia.

How Should We Prepare for a Hemoglobin Test?

Your child should be able to eat and drink normally unless also getting other tests that require fasting beforehand. Tell your doctor about any medicines your child takes because some drugs might affect the test results. Also let the doctor know if your child has had a blood transfusion or smokes. These can affect hemoglobin levels.

Wearing a T-shirt or short-sleeved shirt for the test can make things easier for your child, and you also can bring along a toy or book as a distraction.

How Is a Hemoglobin Test Done?

Most blood tests take a small amount of blood from a vein. To do that, a health professional will:

- clean the skin
- put an elastic band (tourniquet) above the area to get the veins to swell with blood
- insert a needle into a vein (usually in the arm inside of the elbow or on the back of the hand)
- pull the blood sample into a vial or syringe
- take off the elastic band and remove the needle from the vein

Hemoglobin is sometimes tested with a "fingerstick" test. The health professional will clean your child's finger, then prick the tip of it with a tiny needle (or lancet) to collect the blood.

In babies, blood draws are sometimes done as a "heel stick collection." After cleaning the area, the health professional will prick your baby's heel with a tiny needle (or lancet) to collect a small sample of blood.

Collecting a sample of blood is only temporarily uncomfortable and can feel like a quick pinprick.

Can I Stay With My Child During a Hemoglobin Test?

Parents usually can stay with their child during a blood test. Encourage your child to relax and stay still because tensing muscles can make it harder to draw blood. Your child might want to look away when the needle is inserted and the blood is collected. Help your child to relax by taking slow deep breaths or singing a favorite song.

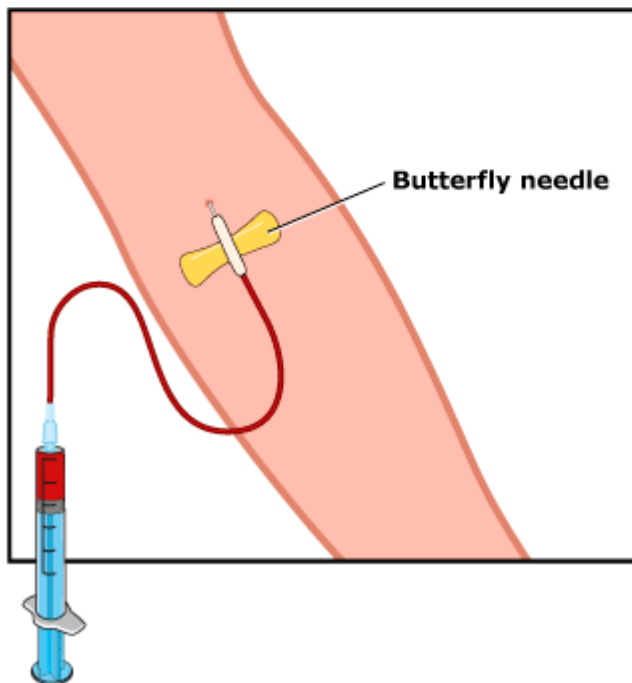
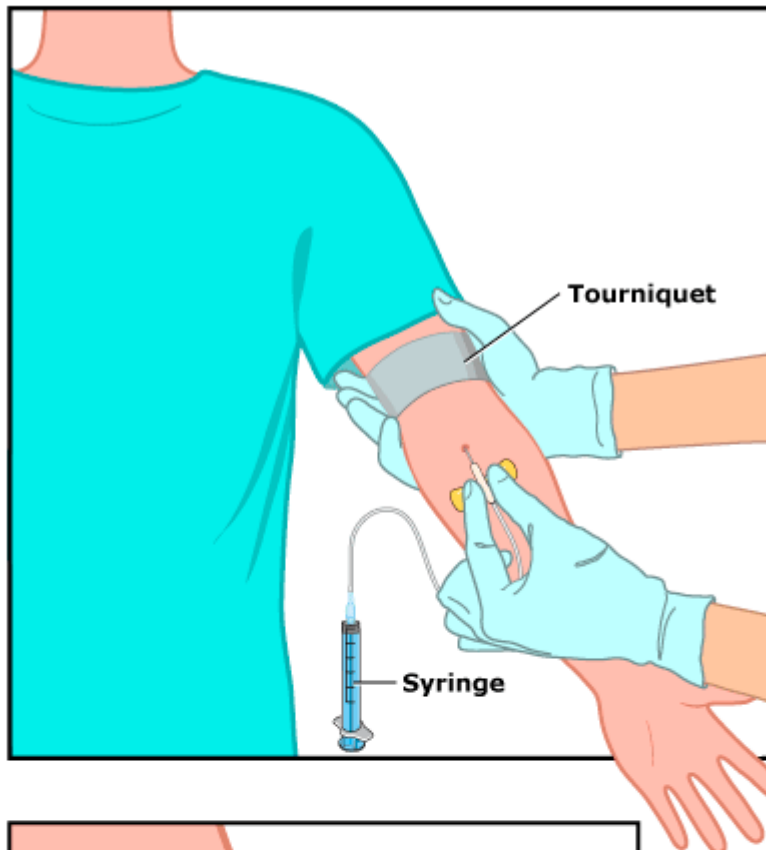
How Long Does a Hemoglobin Test Take?

Most blood tests take just a few minutes. Occasionally, it can be hard to find a vein so the health professional may need to try more than once.

What Happens After a Hemoglobin?

The health professional will remove the elastic band and the needle and cover the area with cotton or a bandage to stop the bleeding. Afterward, there may be some mild bruising, which should go away in a few days.

When Are Hemoglobin Test Results Ready?



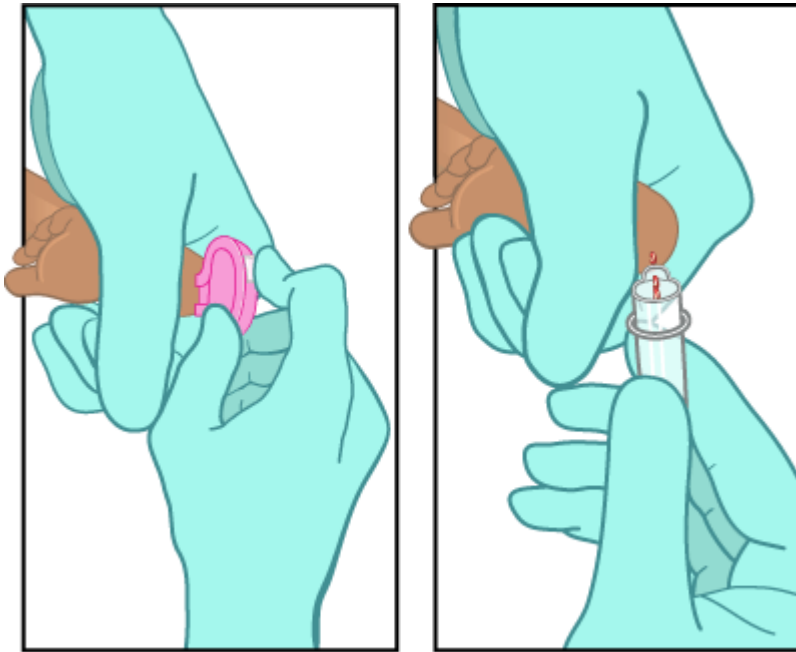
Blood samples are processed by a machine, and it may take anywhere from a few minutes to a day for the results to be available. If the test results show signs of a problem, the doctor might order other tests to figure out what the problem is and how to treat it.

Are There Any Risks From Hemoglobin Tests?

A hemoglobin test is a safe procedure with minimal risks. Some kids might feel faint or lightheaded from the test. A few kids and teens have a strong fear of needles. If your child is anxious, talk with the doctor before the test about ways to make the procedure easier.

A small bruise or mild soreness around the blood test site is common and can last for a few days. Get medical care for your child if the discomfort gets worse or lasts longer.

If you have questions about the hemoglobin test, speak with your doctor or the health professional doing the blood draw.



After pricking the infant's heel with the lancet, the technician gently squeezes blood into the vial.

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I give the following people authorization to pick up _____
from M1 kids academy at any time. A current state ID must be shown at the time of pick
up.

Mother: _____ **Phone number:** _____

Father: _____ **Phone number:** _____

Legal Guardian: _____ **Phone number:** _____

Name	Relationship to child	Phone Number

Parent Signature: _____ Date: _____



1000 McPherson St.

Mansfield, OH 44903

Phone: (419) 529-3556 Fax: (419) 529-6515

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Child's Name: _____ Date of Birth: _____

This form authorizes M1 kids academy to:

- ☐ Disclose or release personal health information to
- ☐ Receive personal health information from
- ☐ Exchange personal health information with

(Individual/Organization)

(Address)

(City)

(State)

(Zip)

(Phone)

(Fax)

Purpose:

To gather information regarding:

- ☐ Follow-up/level of being contagious
- ☐ Verification of how long child needs to be absent from daycare
- ☐ Information regarding a specific prescription or medication
- ☐ At request of child's family/caregiver
- ☐ Other: _____

Authorization expiration date will be November 15th, 20____ unless otherwise indicated OR the child is no longer enrolled at M1 kids academy.

I understand that signing this authorization release is voluntary. I can refuse to sign this authorization.

I understand that I am able to un-authorize and refuse continued release of information by signing below at any time without consequence.

Signature of Child or Guardian

Date

Witness

Date

Child's Name

Printed Name of Guardian

Date

I am choosing to withdraw my authorization of the release/exchange of information between M1 kids academy and the listed party. From this date forward, M1 kids academy does not have the ability to obtain or exchange information directly from the listed party.

Signature of Child or Guardian

Date



We would like to make you and your child feel as comfortable as possible on their first day here at M1 kids academy. Would you like to set up a meeting to meet with your child's new teacher(s) to discuss any questions or concerns you may have?

Please let us know which day and time works best for you and we will do our best to accommodate your schedule.

- ☐ Monday _____
- ☐ Tuesday _____
- ☐ Wednesday _____
- ☐ Thursday _____
- ☐ Friday _____

☐ I do not wish to set up a meeting with my child's teacher at this time

Sincerely,

April Monroy

CACFP

INFANT MEALS – PARENT PREFERENCE LETTER

TO: Parents and Guardians of Infants under one year of age

FROM:

Name of Center
or Provider

TOPIC: Who will provide food for your infant's meals?

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a child nutrition program of the United States Department of Agriculture. Child care centers and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to **offer** formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

Center or provider to insert the
NAME OF FORMULA that they will provide

A parent or guardian may decline the formula offered by the center or home and supply the infant's formula themselves. However, when an infant turns one year of age, the center or FCC home will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler age children.

To assist us in your infant formula and food preferences, please complete preferences below by checking one item each in the formula and solid food section.

PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD

Formula or Breast Milk: (check one)

☐ I want the center or FCC home provider to provide formula for my infant

☐ I will bring iron fortified infant formula for my infant

Parent/Guardian: List Name of Formula You Will Provide

☐ I will bring expressed breast milk for my infant

☐ I will come to the center or FCC home to breast feed my infant

Solid Food: (check one)

☐ I want the center or FCC home to provide solid food for my infant when he/she is developmentally ready for it

☐ I will bring solid food for my infant when he/she is developmentally ready for it

***Note: If your feeding preferences change, the center or provider will ask you to complete a new form.**

INFANT'S NAME:

INFANT'S BIRTHDATE:

PARENT/GUARDIAN
SIGNATURE:

DATE:

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online 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 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.

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

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

M1 Kids Academy (Assembly Child Care)

CHILD'S NAME

(please print)

AGE

BIRTHDATE

/ /
month / day / year

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

Check (✓) Days Child Normally in Care		List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
		Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

☐ 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:

STREET /APT.

CITY

ZIP CODE

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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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online 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 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.

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(rev. 12/3/2015)

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2020-2021

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 months.

CENTER NAME	M1 Kids Academy (Assembly Child Care)			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court)	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.	
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER					Check type of benefit: <input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)	
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE			CASE NO.	_____
1.			<input type="checkbox"/>		CASE NO.	_____
2.			<input type="checkbox"/>		CASE NO.	_____
3.			<input type="checkbox"/>	CASE NO.	_____	
4.			<input type="checkbox"/>	CASE NO.	_____	

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	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
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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 information. 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	* DATE	* If Part 3 is completed, insert last 4 digits of Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Check if applicable) <input type="checkbox"/> I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

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

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
Please mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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 participant 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: 7/1/2020

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 (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12		Application Certified/Categorized as: <input type="checkbox"/> FREE , based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child <input type="checkbox"/> REDUCED , based on Household size and income
Total Household Size: _____	Total Household Income: \$ _____ Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year	<input type="checkbox"/> PAID , based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information

Signature of Sponsor / Center Representative

Date Sponsor Certified/Categorized Form

Effective Date

Expiration Date

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application.

If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

(From the first of month of date signed)

(Valid until last day of month in which form was signed one year earlier)

HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the income eligibility application is optional.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

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 7-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.**PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.**

- 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.
- Check the box for any person listed as a household member (including children) that has no income.
- For each household member, list each type of income received during the last month and list how often the money was received.
 - 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 to 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.
 - List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
 - List the amount each person got the 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.
 - 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)

- * All applications must have the signature of an adult household member.
- * The adult signing the application must also date the form.
- * 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 online at: [How to File a Complaint](#), 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.

REDUCED INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2020 through June 30, 2021
Households with incomes less than or equal to the reduced-price values
below are eligible for free or reduced-price meal benefits.

HOUSEHOLD SIZE	ANNUAL	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+8,288	+691	+346	+319	+160

How does CACFP work?

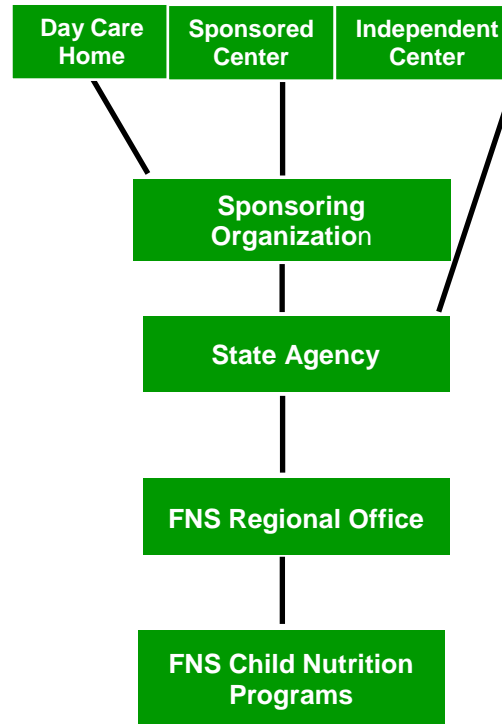
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



CACFP Partners



Contacts

Here is space for the State agency and sponsoring organization to add contact information.



FNS-319
October 2019
USDA is an equal
opportunity provider,
employer and lender.

Building for The Future



In the Child and Adult Care Food Program (CACFP)

Building for the Future in the CACFP

What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

Here is space for the State agency and sponsoring organization to add contact information.

Who is eligible for CACFP meals?

- Children under age 13,
 - Migrant children under age 16,
 - Children and youth under age 19 in afterschool programs in low-income areas,
 - Children and youth under age 19 who live in homeless shelters, and
 - Adults who are impaired or over age 60 and enrolled in adult day care
-

What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served?

Many types of facilities participate in CACFP.

Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

“At-Risk” Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

HEY MOM!



**WIC Foods can help you
GROW HEALTHY KIDS!**

WIC Offers

- Healthy Foods at no charge
- Nutrition Guidance
- Breastfeeding Support
& Breast Pumps



To Qualify for WIC

Your income should be at or
below the following guidelines:

Monthly Gross Income

Family of 2	\$2,658
Family of 3	\$3,349
Family of 4	\$4,040
Family of 5	\$4,730

Many working families can receive WIC Services!

WIC Income Guidelines change every July 1st.

Call WIC for most recent guidelines.

Who Is Eligible for WIC?

Women who are pregnant, breastfeeding,
or have a baby less
than six months old
and Infants and Children
up to five years old.

Why Not Give WIC a Call:

In Richland County—419•774•4560

In Ashland County—419•289•3359

This institution is an equal opportunity provider.

PARENT/GUARDIAN REQUEST FOR FLUID MILK SUBSTITUTION

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution:		
a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

To be completed by Child Care Center/Provider prior to distribution of form	
Name of Child Care Center/Provider: M1 kids academy	
	This child care center/provider will provide the following non-dairy beverage which meets the USDA approved nutrient standards for a milk substitute: (list substitute(s)) Pacific Foods Ultra Soy Original
	This child care center/provider has chosen not to provide non-dairy beverages for the substitution of fluid milk.

To be completed by Parent/Guardian	
Child's Full Name:	
Identify the medical or other special dietary need that restricts the diet of your child (why your child needs a non-dairy beverage as a milk substitute):	
	I request that my child is served the non-dairy beverage which meets the USDA approved nutrient standards for a milk substitute that is provided by the center/provider as indicated above.
	I am aware that the center is not providing a non-dairy beverage for the substitution of fluid milk. I will provide a non-dairy beverage for my child that meets the USDA approved nutrient standards for a milk substitute as stated above.
	I will provide a non-dairy beverage for my child that does not meet the USDA approved nutrient standards for the substitution of fluid milk. I understand that the center cannot claim meals that require milk unless I get written statement from a recognized medical authority.
Signature of Parent/Guardian:	Date:

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online 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 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.



I, _____ give permission for M1 kids academy to photograph or videotape my child _____, as checked below. I understand that based on my answers below, my child's image may be displayed in M1 kids academy publications, buildings or websites including The News Journal.

- ☐ Brightwheel
- ☐ Holiday use such as gifts
- ☐ Postings in classrooms
- ☐ Social media/news publications

Parent Signature

Date

By signing below, I refuse all photographs and/or video recordings.

Parent Signature

Date

Ohio Department of Job and Family Services
CENTER PARENT INFORMATION
REQUIRED BY OHIO ADMINISTRATIVE CODE

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/cdc/childcare.stm>.

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.

Introducing brightwheel

Never Miss a Moment!

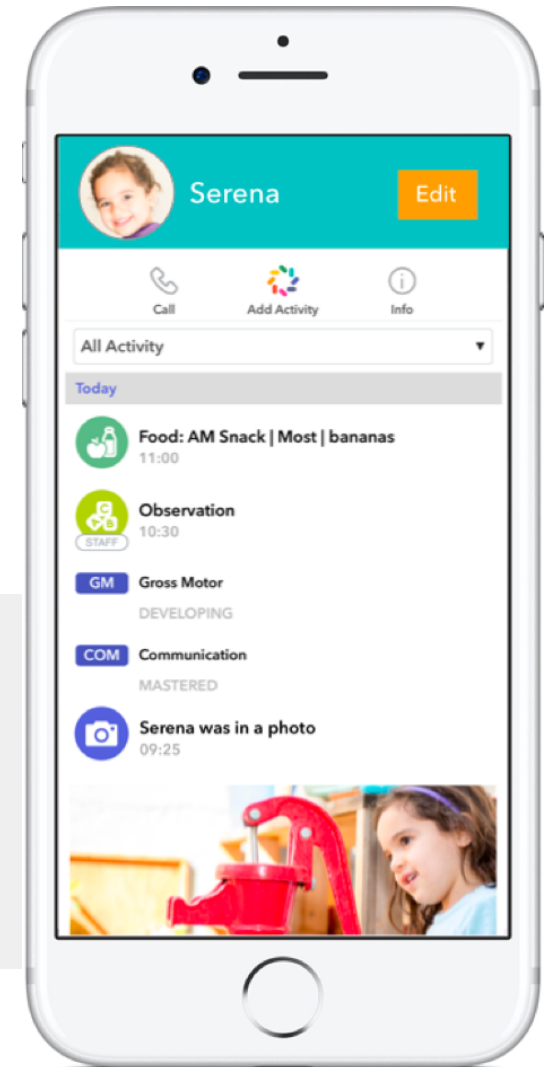
Brightwheel is an all-in-one app where you can stay connected to your child throughout the day. Get real-time updates on your phone and tablet so you never miss a moment!

Features You'll Love:

- ▶ Personalized "News Feed" of your child with photos, videos, and daily activities
- ▶ Digital check-in with real-time notifications
- ▶ Milestones and learning updates from your child's teacher
- ▶ Secure and private direct messaging
- ▶ Secure, automated payments
- ▶ Easy sharing with other family members

Our Trusted Partner

Brightwheel is the leading app for early-childhood education, trusted by thousands of schools throughout the country. The app was featured on the TV show Shark Tank for its impressive functionality, easy-to-use features, and deep commitment to the needs of schools and families. We're proud to partner with brightwheel as part of our ongoing effort to provide a world-class experience to you—our families.



Parents  brightwheel



My son just started daycare and I was so nervous, but being able to see the pictures and different notes about him from the teacher and being able to message the teacher gives me peace of mind! I love it!!



I love using brightwheel. I am able to feel close to my child while I'm work, and keep up with what she's doing through her day. It's also a quick and effective way to communicate with her teachers. HIGHLY RECOMMEND!



1. Download the brightwheel App

The brightwheel app can be downloaded on your iPhone, iPad, or Android phone or tablet. Simply search for "brightwheel" in the Apple App Store or Google Play Store.

You can also access brightwheel from your computer by going to www.mybrightwheel.com



2. Sign Up for a Parent Account

Click "Sign Up" and create a Parent Account using an email address or cell phone number. If you received an invitation, please use the same email or phone number to which it was delivered.



3. Link Your brightwheel Account to Your Child

Go to "My Children" to find your child's profile. If your child is not there, enter the 10-digit code that was given to you. If you're having trouble, let us know and we can help!



4. Update Your Profile

Add more information about you and your child! Here's a list of things we recommend you add:

- ✓ Profile photo of your child
- ✓ Details on your child's favorite activities, allergies, etc.
- ✓ Emergency Contact information
- ✓ Approved Pickup information
- ✓ Additional family members

We're excited to be able to offer this service to you and hope that you enjoy it. If you have any questions or concerns, please let us know!

