



Child's Name: \_\_\_\_\_

Official starting date: \_\_\_\_\_

The following must be completed before start date:

- Registration fee for private pay families must be paid before your child/ren can start: \$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 your family is not private pay, your child/ren must be approved on our system for Job & Family Services. We are a full time center. Your child/ren **must** attend M1 Kids Academy for at least 25 hours a week to maintain a spot.
- Child must have physical and shots record.
- All paperwork must be turned in **2** business days before 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 (physical and shots record)
- ☐ Pick up list
- ☐ Authorization to release confidential information
- ☐ Set up a meeting with teachers
- ☐ Infant meals – parent preference letter
- ☐ Child and adult care food program enrollment form
- ☐ Child and adult care food program
- ☐ Ethnic and racial data form
- ☐ Permission to photograph
- ☐ ASQ

Please sign and date below when all forms are **COMPLETELY** filled out. Please do not leave any blanks, you may write N/A if it doesn't apply to you or your child.

Name \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions about the enrollment process, please contact April, the Enrollment Coordinator at 419-529-3556, extension 116 or send an email to [april@mansfieldfirst.com](mailto: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?					
<b>Emergency Contacts:</b> Parents <b><u>cannot be listed</u></b> 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 <b>if you cannot be reached</b> . 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 <b>or medical personnel</b> 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
<b>has permission</b> 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	<b>does not have permission</b> 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;"> <span>Parent's Signature</span> <span>Date</span> </div>		<div style="display: flex; justify-content: space-between;"> <span>Parent's Signature</span> <span>Date</span> </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
✓ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. ✓ 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**

<b>Exceptions to Immunization requirements pursuant to 5104.014 ORC</b> (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
<b>Optional Recommended Assessments/Screenings</b>			
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	
<b>Measurements</b>		<b>Notes</b>	
Height			
Weight			
BMI			



## **Why Well-Child Visits Matter**

Published on May 28, 2020 in [Health Tip of the Week](#)

Don't fall behind on your child's routine care — a minor issue today could become a major problem tomorrow.

In today's world, it's more important than ever to make sure your child regularly visits the doctor – not just when they are sick, but also when they are well.

Well-child visits allow your pediatrician to examine your child holistically, assess their physical and emotional needs, support their growth and development, and intervene quickly if any issues arise.

## **What are the risks of skipping well-child visits?**

If your child is healthy, it can be easy to let well visits fall by the wayside. While those annual checkups may seem like just another thing to fit into your family's hectic schedule, they play a crucial role in preventing future problems.

## **Some Things Can Wait**

During a global pandemic, things like swimming pools and soccer games should wait. Your child's trip to the doctor shouldn't.

Find out why

Well visits are essential to ensure your child gets the required vaccinations to attend school, go to daycare and participate in sports. Visiting the pediatrician when your child is well also provides you with an opportunity to ask questions – and get expert answers – about your child's health, development and well-being. Delaying these visits can put your child at greater risk of illness or delay needed interventions. For example, many common developmental delays are discovered during routine checkups with pediatricians – early intervention makes a big difference in getting your child the support they need before something small turns into a bigger issue.

## **What to expect at a well-child visit**

During an annual wellness visit, your child's pediatrician will:

- Determine if your child is meeting growth and developmental milestones for their age.
- Evaluate your child's vision and hearing for anything out of the ordinary – it's important to catch these issues early.
- Ask about sudden changes in your child's usual activities, mood and overall health.
- Assess your child's mental health, and ask questions about how they are coping with school, friends, family and any other outside influences.

- Provide immunizations for childhood diseases and common conditions that affect children or young adults, such as measles and HPV.
- Give sports physicals to children who want to want to participate in competitive sports at school or in the community.
- Get to know your child: their diet, sleeping patterns, nutrition, social interactions, behavior and stress levels
- Help your child establish healthy habits and provide tips for families to reinforce these at home.
- Provide age- and behavior-based counseling for teens on topics such as driver safety, depression and drug or alcohol use.
- Check in on how your family is doing and identify any supportive resources or advice related to navigating daily life.

## What are the ages for well-child visits?

A standard well-child visit schedule spans from infancy through adolescence, and includes checkups at the following ages:

- In your baby's first year: Newborn visit (3-5 days after birth), at 1 month old, 2 months, 4 months, 6 months, 9 months, and at 12 months
- 15 months
- 18 months
- 2 years
- 2½ years
- 3 years
- 4 years
- 5-6 years
- 7-8 years
- 9-10 years
- 11-14 years
- 15-17 years
- 18-21 years



## Your Child's Immunizations

Babies are born with protection against some diseases because their mothers pass antibodies (proteins made by the body to fight disease) to them before birth. Breastfed babies continue to get more antibodies in breast milk. But in both cases, the protection is temporary.

Immunization (vaccination) is a way to create immunity to (protection from) some diseases. This is done by using small amounts of a killed or weakened germ that causes the disease.

Germ can be viruses (such as the measles virus) or bacteria (such as pneumococcus). Vaccines stimulate the immune system to react as if there were a real infection. It fends off the "infection" and remembers the germ. Then, it can fight the germ if it enters the body later.

## What Are the Types of Vaccines?

There are a few different types of vaccines. They include:

- **Attenuated (weakened)** live viruses are used in some vaccines such as in the measles, mumps, and rubella (MMR) vaccine.
- **Killed (inactivated)** viruses or bacteria are used in some vaccines, such as in IPV.
- **Toxoid vaccines** contain an inactivated toxin produced by the bacterium. For example, the diphtheria and tetanus vaccines are toxoid vaccines.
- **Conjugate vaccines** (such as Hib) contain parts of bacteria combined with proteins.

The American Academy of Pediatrics (AAP) recommends that kids get combination vaccines (rather than single vaccines) whenever possible. Many vaccines are offered in combination to help reduce the number of shots a child receives.

## What Vaccines Do Kids Need?

The following vaccinations and schedules are recommended by the AAP. Some variations are normal, and recommendations change as new vaccines are developed. Your doctor will talk to you about the right vaccinations and schedule for your child.

Recommended vaccinations:

- Chickenpox (varicella) vaccine
- Diphtheria, tetanus, and pertussis vaccine (DTaP)
- Hepatitis A vaccine (HepA)
- Hepatitis B vaccine (HepB)
- Hib vaccine
- Human papillomavirus (HPV) vaccine
- Influenza vaccine
- Measles, mumps, and rubella vaccine (MMR)
- Meningococcal vaccines
- Pneumococcal vaccine (PCV)
- Polio vaccine (IPV)
- Rotavirus vaccine

## Vaccine Concerns

Some parents may hesitate to have their kids vaccinated. They have questions or worry that a child might have a serious reaction or get the illness the vaccine prevents. But the components of vaccines are weakened or killed. In some cases, only parts of the germ are used. So they're unlikely to cause any serious illness.

Some vaccines may cause mild reactions, such as soreness where the shot was given or a fever. But serious reactions are rare. The risks of vaccinations are small compared with the health risks of the diseases they're intended to prevent.

Immunizations are one of the best means of protection against contagious diseases.

**Reviewed by:** Elana Pearl Ben-Joseph, MD

Date reviewed: March 2019

[Nemours](#)

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## 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 had only 1 dose of the vaccine in the past) will get it in 2 separate doses at least a month apart.
- Kids younger than 9 who have had at least 2 doses of flu vaccine previously (at any time) will need only 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 (2020–2021) 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.

Date reviewed: February 2020

[Nemours](#)

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# Screening and Diagnosis of Hearing Loss

## Hearing Screening

Hearing screening is a test to tell if people might have hearing loss. Hearing screening is easy and not painful. In fact, babies are often asleep while being screened. It takes a very short time — usually only a few minutes.

## New CDC Report: Infants with Congenital Disorders Identified Through Newborn Screening — United States, 2015–2017

### Babies

- All babies should be screened for hearing loss no later than **1 month of age**. It is best if they are screened before leaving the hospital after birth.
- If a baby does not pass a hearing screening, it's very important to get a full hearing test as soon as possible, but no later than **3 months of age**.

### Older Babies and Children

- If you think a child might have hearing loss, ask the doctor for a hearing test as soon as possible.
- Children who are at risk for acquired, progressive, or delayed-onset hearing loss should have at least one hearing test by 2 to 2 1/2 years of age. Hearing loss that gets worse over time is known as acquired or progressive hearing loss. Hearing loss that develops after the baby is born is called delayed-onset hearing loss. [Find out if a child may be at risk for hearing loss.](#)
- If a child does not pass a hearing screening, it's very important to get a full hearing test as soon as possible.

## Full Hearing Test

All children who do not pass a hearing screening should have a full hearing test. This test is also called an audiology evaluation. An audiologist, who is an expert trained to test hearing, will do the full hearing test. In addition, the audiologist will also ask questions about birth history, ear infection and hearing loss in the family.

There are many kinds of tests an audiologist can do to find out if a person has a hearing loss, how much of a hearing loss there is, and what type it is. The hearing tests are easy and not painful.

Some of the tests the audiologist might use include:

### Auditory Brainstem Response (ABR) Test or Brainstem Auditory Evoked Response (BAER) Test

Auditory Brainstem Response (ABR) or Brainstem Auditory Evoked Response (BAER) is a test that checks the brain's response to sound. Because this test does not rely on a person's response behavior, the person being tested can be sound asleep during the test.

### Otoacoustic Emissions (OAE)

Otoacoustic Emissions (OAE) is a test that checks the inner ear response to sound. Because this test does not rely on a person's response behavior, the person being tested can be sound asleep during the test.

### Behavioral Audiometry Evaluation

Behavioral Audiometry Evaluation will test how a person responds to sound overall. Behavioral Audiometry Evaluation tests the function of all parts of the ear. The person being tested must be awake and actively respond to sounds heard during the test.

With the parents' permission, the audiologist will share the results with the child's primary care doctor and other experts, such as:

- An ear, nose and throat doctor, also called an otolaryngologist
- An eye doctor, also called an ophthalmologist
- A professional trained in genetics, also called a clinical geneticist or a genetics counselor

For more information about hearing tests, visit the [American Speech-Language-Hearing Association websiteexternal icon](#).

### Get Help!

- If a parent or anyone else who knows a child well thinks the child might have hearing loss, ask the doctor for a **hearing screening** as soon as possible. Don't wait!
- If the child does not pass a hearing screening, ask the doctor for a **full hearing test**.
- If the child is diagnosed with a hearing loss, talk to the doctor or audiologist about [treatment and intervention services](#).

Hearing loss can affect a child's ability to develop communication, language, and social skills. The earlier children with hearing loss start getting services, the more likely they are to reach their full potential. If you are a parent and you suspect your child has hearing loss, trust your instincts and speak with your doctor.

Page last reviewed: September 11, 2020

Content source: [Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities](#)

# 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 of childhood vision problems are more likely to have eye problems.

## 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, 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. A pediatric ophthalmologist is an eye doctor trained and experienced in the care of children's eye problems.

**Last Updated:** 7/19/2016

**Source:** Your Child's Eyes (Copyright © 2011 American Academy of Pediatrics, Updated 05/2016)

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.



# Why Regular Dental Visits Are Important

Visiting the dentist regularly has many benefits, such as:

## Promoting Good Oral Health

During dental visits, oral health providers ask questions to learn about the pregnant woman's and parents' oral health practices. For example, they may ask if the pregnant woman or child drinks fluoridated tap water or snacks frequently or if parents give the child a bottle filled with something other than water at bedtime (*See Where We Stand: Fruit Juice*). This information can help oral health providers deliver care and provide education to make it less likely that the woman or child will have problems later.

## Teaching Children to Value Good Oral Health

Early dental visits teach a child that oral health is important. A child who is taken for dental visits early in life is more likely to have a good attitude about oral health providers and dental visits. Pregnant women who get oral health care are also more likely to take their child to get care.

## Finding Oral Health Problems Early

One goal of dental visits is finding problems early. Tooth decay can be stopped or managed if it is caught early. Treating problems early keeps oral diseases from getting worse and costs less than treatment would later. Treating disease early is also important because oral disease can be transmitted from mother to baby through saliva.

## How to Find a Pediatric Dentist

To find a dentist to care for your child visit the American Academy of Pediatric Dentistry web site or [insurekidsnow.gov](http://insurekidsnow.gov).

**Last Updated:** 2/10/2016

**Source:** Brush Up on Oral Health Newsletter (Copyright © 2013 The National Center on Health)

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.

## 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.

## 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.

### Nemours

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

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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: \_\_\_\_\_

☐ Approved Pick Up

Father: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Approved Pick Up

Legal Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

☐ Approved Pick Up

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 15<sup>th</sup>, 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



**Good nutrition today means a stronger tomorrow!**

# **Building for the Future with CACFP**

This day care receives support from the Child and Adult Care Food Program to serve healthy meals to your children.



**Meals served here must meet USDA's nutrition standards.**

## **Questions? Concerns?**

*Ohio Department of Education  
25 S. Front St. Columbus, Ohio 43215  
Phone 614-466-2945 Toll Free 1-800-808-6235*

*Sponsoring organization: M1 Kids Academy (Assembly Child Care)  
Address: 1000 McPherson St. Mansfield, OH 44903  
Phone: 419-529-3556*

**Learn more about CACFP at USDA's website:**

**<https://www.fns.usda.gov/>**

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**United States Department of Agriculture**  
Food and Nutrition Service FNS-317  
November 2019

This Institution is an equal opportunity provider

¡Buena nutrición hoy significa un mañana más saludable!

# Construyendo para el Futuro con CACFP

Esta guardería infantil recibe ayuda del Child and Adult Care Food Program para servir comidas nutritivas a sus niños.



**Comidas servidas aquí deben de seguir los requisitos nutricionales establecidos por USDA.**

## ¿Preguntas? ¿Inquietudes?

*Ohio Department of Education Phone 614-466-2945 Toll Free 1-800-808-6235*

*Sponsoring organization: M1 Kids Academy (Assembly Child Care)*

*Address: 1000 McPherson St. Mansfield, OH 44903*

*Phone: 419-529-3556*

Aprenda más información sobre CACFP en el sitio web del USDA:

<https://www.fns.usda.gov/>

USDA es un proveedor, empleador y prestamista que ofrece igualdad de oportunidades.

**United States Department of Agriculture**

Food and Nutrition Service FNS-317

Noviembre 2019

# CHILD AND ADULT CARE FOOD PROGRAM INFANT MEALS – PARENT PREFERENCE LETTER

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

**FROM:**

**NAME OF  
CENTER/PROVIDER**

M1 Kids Academy (Assembly Child Care)

**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 U.S. Department of Agriculture (USDA) child nutrition program. 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:

**NAME OF FORMULA**

Meijer Sensitivity, Meijer Infant, Gerber Soy

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 NAME:**

**INFANT 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Rev. 9/2019





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**

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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

(rev. 12/3/2015)



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

<b>CENTER NAME</b>		M1 Kids Academy (Assembly Child Care)		<b>CHECK IF A FOSTER CHILD</b> (The legal responsibility of a welfare agency or court)	<b>PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.</b>	
<b>PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER</b>					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.	_____

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"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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.

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

American Indian or Alaska Native	Asian	Black or African American
Native Hawaiian or Other Pacific Islander	White	Other

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

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the 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: July 2021**

<p>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</p>		<p>Application Certified/Categorized as:</p> <p><input type="checkbox"/> <b>FREE</b>, based on <input type="checkbox"/> Food Assistance/OWF Case No.  <input type="checkbox"/> Household size and income  <input type="checkbox"/> Foster Child</p>
<p><b>Total Household Size:</b> _____</p> <p><b>Total Household Income:</b> \$ _____</p> <p>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</p>		<p><input type="checkbox"/> <b>REDUCED</b>, based on Household size and income</p> <p><input type="checkbox"/> <b>PAID</b>, based on <input type="checkbox"/> Income too high  <input type="checkbox"/> Incomplete  <input type="checkbox"/> Invalid case number or information</p>

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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**REDUCED INCOME ELIGIBILITY GUIDELINES**

**Guidelines to be effective from July 1, 2021 through June 30, 2022. 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	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member, add	+8,399	+700	+350	+324	+162

# ETHNIC and RACIAL DATA FORM

Agency/Daycare Center: M1 Kids Academy (Assembly Child Care)

Agency/Daycare Address: 1000 McPherson St, Mansfield, OH 44903

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. If you choose not to Self Identify, then please be aware that the agency/daycare will need to make a judgment of your child's race and ethnicity because Civil Rights law require them to do so. This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name \_\_\_\_\_

Ethnic Category: Choose one

<b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
<b>Non-Hispanic or Latino:</b>	

Racial Categories: Check all that apply

<b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
<b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<b>Black or African American:</b> A person having origins in any of the black racial groups of Africa.	
<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
<b>Other</b>	

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





# 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

<b>To be completed by Child Care Center/Provider prior to distribution of form</b>	
Name of Child Care Center/Provider: <b>M1 kids academy</b>	
	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)) <b>Pacific Foods Ultra Soy Original</b>
	This child care center/provider has chosen not to provide non-dairy beverages for the substitution of fluid milk.

<b>To be completed by Parent/Guardian</b>	
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 <b>not</b> 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](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](mailto: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

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Parent Signature

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Date

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

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Parent Signature

---

Date



### Center Parent Information

The center is licensed to operate legally by the Ohio Department of Job and Family Services (ODJFS). This license is posted in a noticeable place for review.

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

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

The administrator's hours of availability to meet with parents and child/staff ratios are posted in a noticeable place in the center 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.

It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex, disability, 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.

For more information about child care licensing requirements as well as how to apply for child care assistance, Medicaid health screenings and early intervention services for your child, please visit <http://jfs.ohio.gov/cdc/families.stm>.



## Never Miss a Moment!

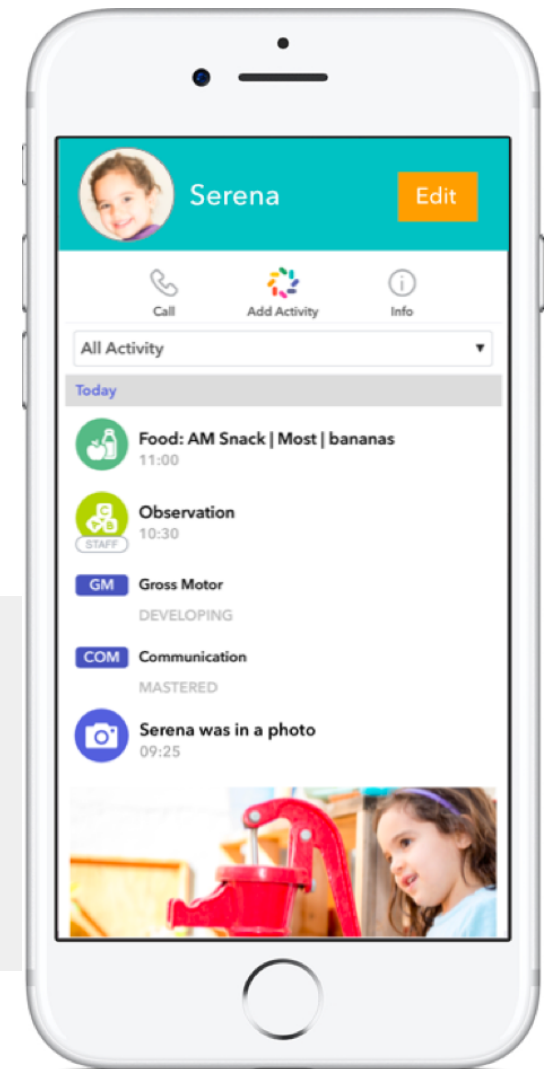
Brightwheel is an all-in-one app where you can stay connected to your child throughout the day. Get real-time updates on your phone and tablet so you never miss a moment!

### 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](http://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!

