Daddy's Daycare Enrollment Checklist

*The checklist below is a guide to assist and assure you have all the **necessary** forms/documentation needed for enrollment.*

All forms/documents MUST be filled out completely, MUST have all required signatures, turned-in prior to first day, and if a Childcare Connection is required the connection MUST be authorized to our center.

ALL ENROLLMENTS

- ○ Child Enrollment and Health Information Form (3pages)
- ○ Child Medical Statement (must be signed by Physician's office)
- ○ Family Information for Step Up to Quality Programs
- ○ CACFP Income Eligibility
- ○ CACFP Enrollment Form (needed for each child enrolled)

Infant and Toddler enrollments need:

- ○ CACFP Infant Meals Parent Preference Letter
- ○ Basic Infant Information (infants only)
- ○ Caregiver's Identification (Early Head Start)
- ○ Proof of Income (Early Head Start)
- ○ Proof of Medical Coverage

Preschool enrollments need:

- ○ A completed Cincinnati Preschool Promise Application
- ○ Recent Proof of Residence (utility bill, lease, HCJFS mail)

The following information is included for you to read and keep; Ohio WIC, Building for the Future, ***Center Information and Hours of Operation.***

DADDY'S DAYCARE CHILD DEVELOPMENT CENTER

1528 Linn Street Cincinnati, Ohio 45214
Center 513-421-3233 Fax 513-421-3111

Hours of Operation

Center Opens-6:00am / Cut-off-9:00am

Email address: melena.campbell@daddysdaycare.net

ODJFS License Number 201202 (for Childcare Connection)

Welcome to Daddy's Daycare:

Transitioning your child/children into our center is something that is done based on your child's needs. We like to create and follow routines that children know and can predict.

Creating the same drop off and pick up time makes the transition into the center easier for your child/children.

- *Your child's/children's drop off and pick up times will be determined prior to the first day of enrollment. Failing to adhere to these times may result in your child/children being withdrew from our program.*
    - Your drop off plan should include a goodbye hug and or kiss and acknowledgement that the child will be safe with their provider and that you will return.
    - Your pick up should include a thank you to the provider for keeping your child safe; a goodbye and we will see you tomorrow.

All children MUST be picked-up by their scheduled pick-up time. Any child/children not being picked-up by their scheduled pick-up time will incur a late. The late fee, ***$35.00 for the first 15 minutes and $1.00 a minute thereafter, per child. Late fees MUST be paid prior to your child/children's return.***

ITEMS TO BRING THAT WILL REMAIN AT THE CENTER-Pillow, blanket, and complete change of clothes

We look forward to providing quality care for your child/children!!!

Daddy's Daycare Child Development Center

Transition Policy and Plan for Prospective Families

Policy

One aspect of our program is our commitment to developing partnerships with families. This begins with our first interaction with interested families in our program. It is our belief that our program reflects the diverse needs of the children and families.

- All parents will be treated with respect.
- We will recognize that each family has unique strengths and challenges.
- We will support their desire for their child to have the best early childhood experience.
- At times we may not be able to meet all the needs of our families but we will always attempt to respond in a reflective and supportive manner.

Plan/Inquires

- Phone inquires will be returned within 2 business days
- Administrator will attempt to meet the needs of the caregivers in response to their need to enroll.
- Parents who come without an appointment will be offered a tour if the administrator is available. If not, the staff will get the parents contact information.

Tour

- Administrator will typically host the parent tours. A back up person should be trained to offer tours if the director is not available.
- Parents will be given an enrollment packet.
- The tour will include the following information
    - Educational philosophy and lesson planning (how we plan individually)
    - Teacher's education and experience
    - Social and Emotional Development strategies (nap notes, importance of preparation, attachment and how this affects transition plan)
    - Any partner or sponsoring agency information
    - Tuition - Holidays
    - Ask parent what they hope and desire for their child's school experience

Next Steps

- Follow up with a call to the parent after one week if you have not been contacted by them
- Parents who are on the waiting list will be contacted quarterly to keep them informed and identify if they still want to remain on the list

Family decides to Enroll

- Transition visits are scheduled (two transition visits are required prior to enrollment)
    - 9-10a- breakfast, circle time, center play
    - 2:30p-3:30p- pm snack, center play
- After the visits, administrator, staff and parents agree that the child has successfully acclimated to the environment, a start date will be set. If necessary, the administrator may request additional visit time or support from the family before the child is enrolled.
- Establish drop-off and pick-up times
- Handbook issued and acknowledgement signed

Daddy's Daycare Child Development Center
New Child Enrollment Information

Child's name: _____Date of Birth_____

Has your child attended a childcare center and/or licensed home provider?
(circle) Yes or No How many centers has he/she attended? _____

Is your child currently enrolled at a childcare center?
(circle) Yes or No

Has your child been withdrawn from a childcare center and/or home provider?
(circle) Yes or No Please explain: _____

List current and previous childcare centers and/or home providers your child has attended.

Current childcare center:

Name: _____

Address: _____

Phone Number: _____

Administrator: _____

Date of enrollment: _____

Last day attended: _____

Previous childcare center:

Name: _____

Address: _____

Phone Number: _____

Administrator: _____

Date of enrollment: _____

Last day attended: _____

Daddy's Daycare Child Development Center
CAREGIVER SCHEDULE FORM

We like to create and follow routines that children know and can predict. Your child's/children's drop off and pick up times **will be determined prior to the first day of enrollment**. *Failing to adhere to these times may result in your child/children being withdrew from our program.*

Please fill-in the information below and return this form with your enrollment packet. *We may request an official schedule from your employer/school.*

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

All schedule changes **MUST** be approved by the Administrator prior to the changes in hours of care.

Any child/children being picked-up after their pick-up time will incur a late fee, ***$35.00 for the first 15 minutes and $1.00 a minute thereafter, per child. Late fees MUST be paid prior to your child/children's return or payment arrangements made.***

I acknowledge my drop-off and pick-up times are determined prior to enrollment and failing adhere to these times may result in your child/children being withdrew.

Caregiver_____ Date_____

To be completed by Administrator ONLY

Drop-off Time	
Pick-up Time	

Administrator_____ Date_____

Daddy's Daycare Child Development Center
1528 Linn Street Cincinnati, Ohio 45214
513-421-3233

Media Release Form

I, _____ the legal parent/guardian, do hereby grant permission to Daddy's Daycare Child Development Center the use of image(s) for any legal use of my child_____.

Such includes the display, distribution, publication, transmission or otherwise use of photographs, images, videos of my child for use in materials that include but may not be limited to, printed materials, digital media, and web postings. I agree they may be used for a variety of purposes without further notification.

Parent/Guardian Signature: _____

Date: _____

Daddy's Daycare CDC

(1528 Linn Street Cincinnati, Ohio 45214)

Child/Children Name(s): _____

I_____ give permission for the following person(s) listed below to pick up my child/children from Daddy's Daycare CDC (1528 Linn Street Cincinnati, Ohio 45214.)

Name	Relationship to Child	Contact Information

Each person coming to pick up your child/children **MUST** submit a form of **Photo I.D.** to verify his or her identity.

I understand that my child/children may **NOT** be released to any other person who requests to pick up my child/children. I also understand that if anyone other than the person(s) listed above picks up my child/children, I must give proper notice to the center staff, or the center's administrator.

_____ _____

Parent Name Date

_____ _____

CCSM (Child Care Staff Member) Date

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 #1		Relationship to Child
Home Address ☐ Same as Child's		Home Telephone Number ☐ Same as Child's
City	State	Zip
Email Address *(if applicable)*		Cell Phone *(if applicable)*
Parent's Work/School Name		Parent's Work/School Telephone Number
Parent's Work/School Address		City

Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

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

Parent/Guardian Name #2		Relationship to Child
Home Address ☐ Same as Child's		Home Telephone Number ☐ Same as Child's
City	State	Zip
Email Address *(if applicable)*		Cell Phone
Parent's Work/School Name		Parent's Work/School Telephone Number
Parent's Work/School Address		City

Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ 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 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 Medical Foods

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 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/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 to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or 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 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

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 file.

☐ N/A - program does not provide meals or snacks to the child.

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.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

☐ Not applicable

Child's Name

Diapering Statement

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

The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give *Permission* to Transport		**OR**	**Do not sign both**	***Do Not Give Permission* 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.				**does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date			Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No *(check one)*

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

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, 5101:2-13-15, and 5101:2-14-04. 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

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? *(Check all that apply)*

☐ Formula (include brand) ☐ Breast milk

Formula preparation *(if center/provider is to prepare.)*

Amount for each feeding	Frequency of feedings

My infant likes a bottle warmed: *(Check one)* ☐ Room temp ☐ Warm ☐ Very warm/NOT HOT

Juice *(type, amount, when?)*

Does child use a cup yet? ☐ No ☐ Yes

Solid foods *(baby food, brand, types, amounts, frequency)*
**you must have written permission from your child's physician if your child is under 4 months and given solid foods.*

Are foods served room temperature or warmed?

Table food *(types, amounts, frequency, special instructions)*

Security items *(pacifier, blankies, etc.)*

Nap schedule

Hints for getting baby to sleep

Sleeping Position ☐ Back ☐ Side* ☐ Tummy*
**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.*

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 Education - Office of Integrated Student Supports

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 to Complete

- 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 Daddy's Daycare Child Development Center

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, (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. Revised 10/2019

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2022-2023

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	Daddy's Daycare Child Development Center

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER

* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE	CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court. Attach documentation)
1.			☐
2.			☐
3.			☐
4.			☐

PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.

Check type of benefit: ☐ FOOD ASSISTANCE (SNAP) or ☐ OHIO WORKS FIRST (OWF)

CASE NO.	_ _ _ _ _ _ _
CASE NO.	_ _ _ _ _ _ _
CASE NO.	_ _ _ _ _ _ _
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	☐	$ amount / how often	$ amount / how often	$ amount / how often	$ amount / how often
1.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
2.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
3.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
4.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
5.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____
6.	☐	$_____/_____	$_____/_____	$_____/_____	$_____/_____

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 ☐☐☐☐ ☐ (Check if applicable) 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).

☐	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: June 2022

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:

☐ **FREE,** based on ☐ Food Assistance/OWF Case No.
☐ Household size and income
☐ Foster Child

☐ **REDUCED**, based on Household size and income

Total Household Size: _____

Total Household Income: $_____
Per: ☐ week ☐ every two weeks ☐ twice per month ☐ month ☐ year

☐ **PAID,** based on ☐ Income too high
☐ Incomplete
☐ Invalid case number or information

Signature of Sponsor / Center Representative	Date Sponsor Certified/Categorized Form	Effective Date	Expiration Date
		(From the first of month of date signed)	(Valid until last day of month in which form was signed one year earlier)

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.

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**	Daddy's Daycare Child Development Center

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	

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. <u>When a child is developmentally ready, parents can provide only one component (food or formula) as part of a reimbursable meal or snack</u>.

<u>PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD</u>

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 all solid foods for my infant when he/she is developmentally ready

☐ I will bring one solid food item for my infant when he/she is developmentally ready for it and the center will provide all other required components including formula.

***Note: If your feeding preferences change, you will be asked to complete a new form.**

INFANT NAME:	**INFANT BIRTHDATE:**
PARENT/GUARDIAN SIGNATURE:	**DATE:**

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or 2.**fax:** (833) 256-1665 or (202) 690-7442; or **email:** Program.Intake@usda.gov

This institution is an equal opportunity provider

Rev. 8/2022 Rev. 8/2022

Health Screening

The First Step in Getting to Know a Child

Health screening benefits the overall health of the child. It is through checkups and tests that physicians can identify potential health problems. Many childhood health problems can be corrected before they become a health problem that the child carries into adulthood. Through health screening, healthy eating and regular physical activity you can help your child learn healthy living habits which can last a lifetime.

Blood Pressure-Your child should have blood pressure measurements regularly, starting at around 3 years of age. High blood pressure in children needs medical attention. It may be a sign of underlying disease. If not treated it may lead to serious illness. Check with your child's physician care about blood pressure measurements.

Lead-Lead can harm your child, slowing physical and mental growth and damaging many parts of the body. The most common way children get lead poisoning is by being around old house paint that is chipping or peeling. Some authorities recommend lead tests at 1 and 2 years of age. If you can answer "yes" to any of the questions below, your child may need lead tests earlier and more often than other children. Has your child:

- Lived in or regularly visited a house built before 1950? (This could include a day care center, preschool, the home of a babysitter or relative, etc.)
- Lived in or regularly visited a house built before 1978 (the year lead-based paint was banned for residential use) with recent, ongoing, or planned renovation or remodeling?
- Had a brother or sister, housemate, or playmate followed or treated for lead poisoning?

Vision and Hearing-Your child's vision should be tested before starting school, at about 3 or 4 years of age. Your child may need vision tests as he or she grows. Some authorities recommend hearing testing beginning at 3 to 4 years of age. If at any age your child has any of the vision or hearing warning signs listed below, be sure to talk with your health care provider.

Vision Warning Signs: Eyes turning inward (crossing) or outward, squinting, headaches, not doing as well in school work as before, blurred or double vision

Hearing Warning Signs: Poor response to noise or voice, slow language and speech development, abnormal sounding speech

Special Warning: Listening to very loud music, especially with earphones, can permanently damage your child's hearing.

Additional Tests-Your child may need other tests to prevent health problems. Some common tests are:

- Anemia (Blood) Test- Anemia is having less than the normal number of red blood cells or less hemoglobin than normal in the blood. Your child may need to be tested for anemia when he or she is still a baby (usually around the first birthday). Children may need this test as they get older.
- Cholesterol (Blood) Test- Children (2 years and older) may need this test especially if they have a parent with high cholesterol or a parent or grandparent with heart disease before age 55. If a family history is not available, testing may be needed if your child is obese or has high blood pressure.
- Tuberculosis (TB) Skin Test- Children may need this test if they have had close contact with a person who has TB, live in an area where TB is more common than average (such as a Native American reservation, a homeless shelter or an institution) or have recently moved from Asia, Africa, Central America, South America, the Caribbean, or the Pacific Islands.

Child and Family Support Services available in the Community

Name	Address	Phone #	Website
Help Me Grow	246 N. High Str. Columbus, OH 43215	614-644-8389	www.helpmegrow.ohio.gov
First Steps	275 E Main Str Frankfort, KY 40621	800-372-2973	chfs.ky.gov/dph/firststeps.htm
Ohio Coalition for the Education of Children with Disabilities	165 W Center Str; Ste 301 Marion.OH 43302	800-374-2806	http://ocecd.org
Memorial, Inc.	1607 Mansfield Str Cinci, OH 45202	513-621-3032	manta.com/c/mmggvlh/memorial-inc
Hamilton County Education Services Center	11083 Hamilton Ave Cinci, OH 45231	513-674-4200	www.hcesc.org
Kentucky Special Parent Involvement Network	10301-B Deering Rd Lexington KY 40272	800-525-7746	www.kyspin.com
Cincinnati Public Schools	2651 Burnet Ave Cinci OH 45219	513-363-0000	www.cps-k12.org
Central Clinic	311 Albert-Sabin Way	513-558-5823	www.centralclinic.org
Children's Home	5050 Madison Rd	513-272-2800	www.thechildrenshomecinti.org
Talbert House	2600 Victory Parkway	513-751-7747	www.talberthouse.org
4C	1924 Dana Ave	513-221-0033	www.rcforchildren.org
United Way-Success by Six	2400 Reading Rd	513-762-7100	www.sb6uwgc.org
Community Action Agency	1740 Langdon Farm Rd Cinci ,OH 45237	513-569-1840	www.cincy-caa.org
Rape Crisis/Abuse Cr of Hamilton County	215 E. 9th Str; 7th Floor Cinci, OH 45202	513-977-5541	www.womenhelpingwomen.org
The Dept. of Jobs & Family Services	222 E. Central Pkwy	513-946-1800	www.hcjfs.org
Beech Acres Parenting Center	2330 Victory Pkwy Cinci, OH 45206	513-231-6630	www.beechacres.org
Children's Hospital-PPC Clinic	333 Burnet Ave Cinci, OH 45220	513-636-4200 WIC(food suplmt program) 513-636-5818	www.cincinnatichildrens.org
FreeStore FoodBank	112 E. Liberty Cinci, OH 45202	513-241-1064	www.fsfbmedia.org
St. Vincent De Paul Society	1125 Bank Str Cinci, OH 45214	513-421-2273	www.wvdpusa.org
Goodwill Industries	10600 Springfield Pk Cinci, OH 45215	513-771-4800	www.cincinnatigoodwill.org
University of Cincinnati	2600 Clifton Ave Cinci, OH 45220	513-556-6000	www.uc.edu
Cincinnati State	3520 Central Pkwy Cinci, OH 45223	513-569-1500	www.cincinnatistate.edu
Cincinnati Christian University	2700 Glenway Ave Cinci, OH 45204	513-244-8100	www.ccuniversity.edu
African American Chamber of Commerce	2945 Gilbert Ave	513-751-9900	www.african-americanchamber.org
Cincinnati Union Bethel (Anna Louise Inn)	300 Lytle Str Cinci, OH 45202	513-768-6907	www.cincinnatiunionbethel.org
CELC, Inc	1301 E. McMillan str	513-961-2696	www.celcinc.org
Health Department	3101 Burnett Ave Cinci, OH 45229	513-357-7300	www.cincinnati-oh.gov/health
Winton Hills Medical & Health Center	5275 Winneste Ave Cinci, OH 45232	513-242-1033	www.winmedinc.org
Small Smiles Dental Services	2830 Colerain Ave Cinci, OH 45225	513-591-1400	www.smallsmiles.com
Home Ownership Center	2820 Vernon Place Cinci, OH 45219	513-961-2800	www.hometoday.cc
241-KIDS	222 E Central Pkwy Cinci, OH 45202	513-241-5437	www.hcjfs.org/services/child-protection
YWCA	898 Walnut Street Cinci, OH 45202	513-241-7090	www.ywca.org/cincinnati
BMF Clinic	400 E. Martin Luther King Dr Cinci, OH 45229	513-861-7313	

Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name *(print or type)*	Date of Birth

Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):

Section A- EXAMINATION

√ The above named child has been examined.

√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).

√ The above named child does not have allergies OR is allergic to the following (*please list in space below)*:

Check below, if applicable:

☐ Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.

Optional: Measurements and Recommended Assessments/Screenings

Height _____ Vision _____ ☐ Yes ☐ No Lead _____ ☐ Yes ☐ No

Weight _____ Hearing _____ ☐ Yes ☐ No Hemoglobin _____ ☐ Yes ☐ No

BMI _____ Dental _____ ☐ Yes ☐ No Other: _____

Notes:

Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (*Complete ONLY ONE SECTION below)*

Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:

Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: ☐ The above named child has been immunized against the diseases listed above. *If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):*	**Initials of Examining Health Care Practitioner**
	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	**Signature of Parent**
	Date