



University of Dayton

**Bombeck Family
Learning Center**



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Learning Center**



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

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

Child's Name		Date of Birth	First Day at Program/Home	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name			Relationship to Child	
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Parent/Guardian Name			Relationship to Child	
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.				
Name		Name		
City	State	City	State	
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City	State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

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

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

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

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, or medical food.
N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? following) <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	<u>Do Not Give Permission</u> to Transport
Program or Home Name		Program or Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		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 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
CHILD MEDICAL STATEMENT FOR CHILD CARE

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

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

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

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
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Optional Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements		Notes	
Height			
Weight			
BMI			

Ohio Department of Job and Family Services
**CHILD MEDICAL/PHYSICAL CARE PLAN FOR
 CHILDCARE**

Child's Name	Date of Birth		
Special Health Conditions			
Symptoms to watch for and emergency action to be taken if the following symptoms occur			
Activities/foods/environmental conditions to avoid, if applicable			
Medical procedures to be followed and expected benefit of treatment, if applicable			
Are any medications required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete JFS 01217 "Request for Administration of Medication")</i> If yes, what medications?			
In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Training Instructions <i>(Trainer must be a parent or certified professional)</i>			
Signature of Trainer			Date
Signature of trained providers, substitutes or child care staff members who have been made aware of the condition. <i>(There must always be a trained caregiver present when the child is present)</i>			
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
<i>(Only trained providers, substitutes or child care staff members shall be permitted to perform medical procedures listed above.)</i>			
Additional services (educational/therapeutic) child is receiving			
Who provides the above services?			
Name	Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I give my permission for the staff listed above to perform the procedures in my child's Medical/Physical Care Plan.

Parent Signature	Date
Administrator/Provider Signature	Date

Note: A separate plan must be written for each condition that requires different actions to be taken

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

Child's Name <i>(Last)</i>	<i>(First)</i>	Nickname <i>(If any)</i>
<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. <i>(Check all that apply)</i> 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



Child Release Form

To provide for the safety and protection of your child(ren), please provide for us a complete list of people who may pick up your child(ren) from the center. Anyone other than the parent should sign in at the front desk. The staff may ask for picture identification before releasing the child(ren).

Child's Name: _____ Classroom: _____

Child's Name: _____ Classroom: _____

Child's Name: _____ Classroom: _____

Child's Name: _____ Classroom: _____

The following individuals have my permission to pick up the above child(ren) from the Bombeck Family Learning Center:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that these individuals should sign in at the front desk and may be asked to provide picture identification when requesting release of the child(ren). Questions or concerns should be addressed by reaching me by phone at the following numbers:

Work: _____ Home: _____ Cell: _____

If efforts to reach me should fail, please call the following person to verify permission to pick up my child(ren):

Name: _____ Relationship: _____ Cell: _____

Please sign and date below:

Name: _____ Date: _____



Handbook Acknowledgement

The Bombeck Family Learning Center's handbook will be emailed to new families upon confirmed enrollment.

After reading the handbook, please sign and return this page to the Director. This page must be on file in the center office prior to the first day of attendance. Please feel free to ask the Director, office staff, or any teacher any questions you may have about the Bombeck Family Learning Center policies in the handbook.

I acknowledge that I have a copy of the Bombeck Family Learning Center Handbook, and I agree to follow all policies outlined within.

Signature: _____ Date: _____

Signature: _____ Date: _____



Email Listserv

The Bombeck Family Learning Center has a listserv so that newsletters and information can be sent electronically to families. Please return this form with your email address so that you can be enrolled into our listserv network. You can return this form to the front desk.

Child's or Children's Name: _____

Parent Name: _____

Parent Email: _____

Parent Name: _____

Parent Email: _____

Add other guardian information:

Name: _____

Email: _____

Name: _____

Email: _____



Consumer Product Safety Commission (CPSC) Recalls

We encourage all staff and families to sign up for product recall notices for infants and children through the Consumer Product Safety Commission (CPSC). As a center we receive these notices and will share product recalls as we see fit. They will be posted in the staff lounge as well.

Sign up at: <https://www.cpsc.gov/Newsroom/Subscribe/>

Select: Recalls involving infant/child products



Photo/Video Policy Acknowledgment Form

The University of Dayton's Bombeck Family Learning Center is the demonstrations school for the University's graduate and undergraduate Early Childhood Teacher Licensure and Early Childhood Leadership and Advocacy Programs. We provide the highest quality care and education for the children enrolled at the center. We also strive to support the University of Dayton's Marianist mission by sharing Bombeck Center practice with the local, regional, national and international early childhood community. This demonstration of practice requires that we share the work of our children and teacher through a variety of means. Still and video streamed images that capture the innovative and research-based practice flourishing at eh Bombeck Center are used in the publication of books, chapters and articles, face-to-face and online presentations, workshops, college courses and professional development (including traditional, online, and DVD formats) and on our website and social media pages, which provide resources to early childhood leaders, teachers, students and parents. The images support the websites, marketing and recruiting materials for the Bombeck Center, the Center for Early Learning, the ACCESS Curriculum and at times the Department of Teacher Education, School of Education and Health Sciences, and the University of Dayton. While children's images are used, no names or identifying information is used. Pseudonyms may be used where appropriate.

In the past, Bombeck Center parents have signed a more limited Photo/Video Release. As the work of the center has become more widely known and the demand for use to share our practice has grown, we feel the need to keep our families informed and also ask them to sign a more comprehensive photo and video release form.

The following blanket permission **MUST** be on file prior to and in order for your child to be enrolled in the Bombeck Family Learning Center.

I _____ understand the Bombeck Family Learning Center Photo Policy and agree to the terms that the image of my child _____ will likely appear in still and digital/video images as described above. I understand that these images may be used in print material, video/DVD, and as digital stills and streaming in order to share Bombeck Center Practice with early childhood professionals, students, parents, children, and other stakeholders. The same may be used in marketing and recruiting as described above.



Emergency Protocol/Missing Child Procedure

Director of Daily Operations: Michelle Donley Assistant Director:

Jenilyn Bell

If director is off-site, the following is protocol for chain of command:

1. Assistant Director- Jenilyn Bell
2. Administrative Secretary- Deborah Poppaw
3. Nutrition Specialist-Amy Bartley

Missing Child Procedure:

Immediate search by all available personnel during which:

- a. Call to UD police
- b. Call to parent.
- c. Call to ODJFS to self-report.



Bombeck Family Learning Center Vaccination Policy

Families are required to have a “Child Medical Statement for child Care (JFS01305)” completed by a medical professional before the child can enroll and updated annually thereafter as outlined in the Ohio Department of Job and Family Services Child Care Licensing Rules.

This medical statement lists vaccinations that the child has received as recommended by the Ohio Department of Health. If it is indicated on the statement that a family has refused any of these vaccinations, for reasons other than the child’s health is determined to be at risk if one or more vaccines are given, the child will not be able to enroll in the center.

University of Dayton students placed in the Center for employment and lab experiences must have a medical professional complete and sign “Employee Medical Statement for child Care Centers and Type A Homes (JFS01296)” If it is indicated that the student has not been immunized against measles, mumps, or rubella they will sign and abide by the terms of the University’s “Request for Exemption of Immunization Requirement” and understand that if an outbreak should occur, they will be denied access to the Center and therefore the completion of their lab experience may be jeopardized.

Please note that the Center and the University of Dayton will follow decisions, guidelines and policies set forth by the Ohio Department of Health should any conflicts arise with its internal policy statements.



Screening Information for Children Dental

Vision

Hearing

Lead BMI

You may find the above screenings at:

Dayton Children's One

Children's Plaza (937)

641-3000



Why are Health Screenings so Important?

Hearing:

Approximately two to four of every 1,000 children in the United States are born deaf or hard-of-hearing, making hearing loss the most common birth disorder. Many studies have shown that early diagnosis of hearing loss is crucial to the development of speech, language, cognitive, and psychosocial abilities. Treatment is most successful if hearing loss is identified early, preferably within the first few months of life. Still, one in every four children born with serious hearing loss does not receive a diagnosis until 14 months old.

Vision:

School vision screenings are important and can help to detect eye conditions that are defined as “commonly occurring,” meaning that they OCCUR in more than 1% of the target population. Early detection of vision problems has a demonstrated impact on quality of life for students, especially in the case of color-blindness, which is often not assessed “in any other venue except as necessary for entry into certain occupations.” Although traditional school vision screenings have focused on myopia (nearsightedness, or lack of clear distance vision), children need to receive an eye exam by an eye doctor in a clinical setting that can detect issues with distance vision, close vision, color detection, and binocular vision.

Dental:

The health and development of a child’s mouth and teeth are as important as any other part of the body, yet tooth decay is the most common chronic childhood disease. Poor oral health in children has been linked to poor performance in school, poor social relationships and less success in later life.

Lead:

Lead is a metal that has been redistributed in the environment as a result of human activities over thousands of years. It has been used in construction, for decoration, and even as a food additive. It also has been a known health risk for centuries. There are no signs and symptoms specific to lead poisoning, making identification based solely on patient history and physical examination difficult.

BMI:

BMI is a way to detect possible weight problems for children. A BMI below 5th percentile may mean that a child is not growing well or that he or she may be at risk for an eating disorder. Children with a BMI above 85th percentile are overweight. Those above 95th percentile are obese. Overweight or obese kids are more likely to be overweight adults. This puts them at risk for a number of health problems like diabetes, high blood pressure, heart disease and stroke.



Summary of Policies

The following is a summary of some of the policies that impact daily life at the center. Complete information can be found in the Parent Handbook, which we encourage you to read and use as a reference. The complete handbook will be emailed to enrolled families.

Please address questions or concerns to the director at 937-229-5378.

Attendance

A parent should notify the center by 9:00 AM when a child will not be attending on a scheduled day.

Vacations

Families are entitled to five vacation days annually. Vacation request forms may be picked up at the front desk and turned in to Jenilyn Bell.

Payment of Tuition

Tuition payments are due by Friday for the following week's tuition. If payment is not received on time a \$25.00 late charge will be added to the balance. Tuition payments and late charges not paid by the following week are cause for withdrawal of service by the center.

Late Pick Up Fees

A late fee will be charged for children left at the center after 6:00 PM. More than 3 late charges per semester could be cause for withdrawal of services. Late fees are: Before 6:30 – one dollar a minute until 6:30 – Five dollars per minute. Calls ahead do not negate late charges.

Medical Exclusions policy

As a center licensed by the State of Ohio, we are required to strictly follow procedures concerning communicable disease to protect the children and staff at the center. The parent will be expected to pick up the child within one hour of being informed if a child exhibits the following symptoms:

- Temperature of 100 degrees Fahrenheit when in combination with any other sign of illness. Temperature is taken using the axillary method (underarm).
- Diarrhea – 3 or more loose stools within a twenty-four hour period (please inform staff of any incidents at home)
- Severe coughing
- Difficult or rapid breathing



- Yellowish eyes or skin
- Redness of eyes, discharge, matted lashes, burning, itching
- Untreated infected skin patches, spots or rashes
- Unusually dark urine or gray or white stool
- Stiff neck with elevated temperature
- Evidence of lice, scabies, or other parasitic infestation
- Sore throat or difficulty swallowing
- Vomiting more than one time when accompanied by other signs of illness

You will receive an exclusion letter noting that **symptoms must be absent for at least 24 hours without medication prior to the child's return to the center.** If a child is not symptom free, we must have a note signed by a physician stating the child is not contagious, before we can allow the child to enter the facility.

Mildly ill children not exhibiting the above symptoms, but not feeling well will be observed and families notified if their condition worsens. **Please plan ahead for any medical exclusion and have a back-up plan in place if you are not able to take time off from work or school.** If this is your child's first experience in a group setting, you may find that they may experience more frequent illnesses until their immune system becomes more active. Families will be notified if and when their child has been exposed to a communicable disease by a sign on that child's classroom door. This sign will indicate the communicable disease, symptoms, incubation and contagious periods.

Parent Participation, Visitors and Custody

Any custodial parent, custodian, or guardian of a child enrolled at the center is welcome to visit at any time. Visitors to the center are required to sign in and out of the building at the front desk. When custody rights or visitation of a child had been determined by a court or other legal entity, a copy of the order must be provided to the center.

Child Abuse Reporting Procedure

The Ohio Child Care Licensing Code requires that all employees be trained to recognize child abuse and neglect. If any abuse or neglect is seen or suspected involving a child enrolled at the center, the situation **must** be reported to the Children's Services Board in the county in which the child resides. Employees who report abuse and/or neglect in the workplace are immune from discharge, retaliation, or other disciplinary actions. Childcare workers and staff of the center are **mandated reporters. Failure to report child abuse or neglect is cause for disciplinary action, which may include termination of employment.** Families are advised to share detailed information of any abnormal or unusual injury that happens to their child.



WIC: OHIO WIC PROGRAM ELIGIBILITY

WIC is a nutrition education program. WIC provides nutritious foods that promote good health for pregnant and breastfeeding women; women who recently had a baby; infants, birth through 12 months; children age 1 to 5 years; who are:

- Present at the clinic appointment, and provide proof of identity;
- Residents of the State of Ohio;
- Determined by health professionals to be at medical/nutritional risk; and
- Meets income guidelines - 185 percent of Federal Poverty Income Guidelines.

Ohio WIC Program Income Guidelines

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

WIC Income Guidelines (Revised 7/20)

Economic Unit	Annually	Monthly	Twice Monthly	Biweekly	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570



How to Apply

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/women-infants-children/resources/ohio-wic-program-eligibility>

WIC clinics are located in all 88 Ohio counties. Applicants can call the Help Me Grow Helpline at 1-800-755-GROW (1-800-4769) for specific clinic locations or call your county WIC clinic (see WIC Clinic Directory for your county WIC clinic phone number).

You can also apply by printing out a WIC Program Application (Solicitud del Programa de WIC) and mailing it to the WIC clinic in your area. Please note that you must schedule an appointment at the clinic, too.

To save time at your appointment, you can also print out a health history form from the list below. Print out one health history form for each person applying. Be sure to complete the form that best describes the person: 1. Infant (birth to 12 months old), 2. Child (age 1 to 5 years), 3. Pregnant, or 4. Breastfeeding woman or woman who has had a baby in the last 6 months and is not pregnant. The WIC staff will help you to make sure you receive health and nutrition information that is individualized to you and your family based on the information on these completed forms.

- WIC Health History for Infants
- WIC Health History for Children
- WIC Health History for Pregnant Women
- WIC Health History for Breastfeeding and Postpartum Women

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.

For more information:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/women-infants-children/resources/ohio-wic-program-eligibility>

ETHNIC and RACIAL DATA FORM

Agency/Daycare Center _____

Agency/Daycare Address _____

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 judgement of your child’s race and ethnicity because Civil Rights law requires 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

Hispanic or Latino: 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”.	
Non-Hispanic or Latino:	

Racial Categories: Check all that apply

American Indian or Alaska Native: 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.	
Asian: 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.	
Black or African American: A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
Other	

Parent/Guardian Signature _____ Date _____

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day millions of children participate in CACFP at child care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving inequality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five groups)
Milk Fruit or Vegetable Grain Meat/meat alternate (may be substituted for the grain up to 3 times per week)	Milk Meat/meat alternate Grain Vegetable (two different vegetables can be substituted for a fruit) Fruit	Milk Meat/meat alternate Grain Vegetable Fruit

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed private homes.
- **After School Care Programs:** Centers in low-income areas provide free snack and/or meal to school-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential daycare to the following children:

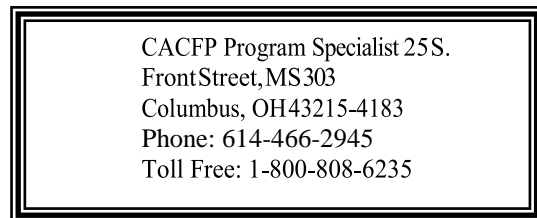
- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

Contact Information

If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

Ohio Department of Education



Nondiscrimination

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

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

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

This institution is an equal opportunity provider.

10/2017

What Do I Bring to My First Visit?

- ♥ Proof of income (current pay stubs, approval letter for Healthy Start, Ohio WorksFirst, Food Stamps or current Medicaid card)
- ♥ Proof of address (utility or credit bill, or Ohio driver's license)
- ♥ Proof of identity for you and any other applicants (birth certificate, driver's license, Medicaid card, crib card or shot record)
- ♥ All family members applying for WIC services
- ♥ If pregnant, a doctor's statement showing due date
- ♥ Children's shot records



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

This institution is an equal opportunity provider.



The mission of the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants and children. Visit our <http://www.odh.ohio.gov>



Women, Infants & Children



Eat Smart, Play Hard



Ohio WIC

What is WIC?

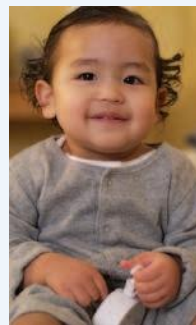
WIC is a nutrition education program. WIC provides nutritious foods that promote good health for pregnant women, women who just had a baby, breastfeeding moms, infants and children up to age 5.



What Does WIC Provide?

- ♥ Nutrition education and support
- ♥ Breastfeeding education and support
- ♥ Referral for health care
- ♥ Immunization screening and referral
- ♥ Supplemental foods such as:

Cereal
Eggs
Milk
Whole-grain foods
Fruits and Vegetables
Infant formula



Who is Eligible for WIC?



Women who are pregnant, breastfeeding or have a baby less than 6 months old, and infants and children up to 5 years

old are eligible to apply for WIC. Fathers are welcome to apply for WIC for their children up to age 5.

To qualify for services you must:

- ♥ Live in Ohio
- ♥ Meet WIC income guidelines
- ♥ Have certain nutritional or health risks



How Do I Apply?

Make an appointment

Call your local clinic to schedule an appointment to meet with a WIC staff member or call **1-800-755-GROW (4769)** for locations and more information.

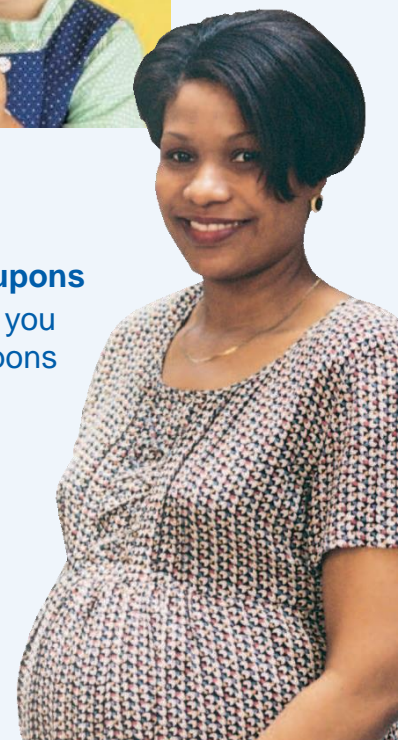
See if you qualify

All it takes is a visit to your local WIC clinic to see if you qualify for services.



Receive WIC coupons

If you are eligible, you will receive coupons to buy healthy foods at local WIC-approved grocery stores.



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

CHILD'S NAME <small>(please print)</small>	AGE	BIRTHDATE / / <small>month / day / year</small>
--	------------	--

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

Check () Days Child Normally in Care	List hours child normally in care				Check () meals child normally receives while in care						
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

SIGNATURE OF PARENT/GUARDIAN	DATE	DAY PHONE NUMBER
-------------------------------------	-------------	-------------------------

MAILING ADDRESS: STREET/APT.	CITY	ZIP CODE
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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.

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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.

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Revised 10/2019



Health Insurance Information Form

It is recommended by the National Association for the Education of Young Children Accreditation Academy that childcare center have on file the health insurance information needed for treatment in case of an emergency for all the children they care for. We ask that you fill out this form and return it to the front desk.

This form will be kept in your child's office folder, which is kept in a locked cabinet. Only office personnel and teachers have access to this information.

Child's Name: _____ Classroom: _____

Health Insurance Information:

Insured: _____

Provider: _____

Address: _____

ID: _____

Parent Signature: _____ Date: _____



Holiday Schedule 2020-2021

Nov 25-27, 2020		Thanksgiving Break
Dec 8, 2020	Tuesday	Feast of the Immaculate Conception
Dec 24-Jan 1, 2021		Christmas Break
Jan 18, 2021	Monday	Martin Luther King Jr. Day
April 2, 2021	Friday	Good Friday
May 31, 2021	Monday	Memorial Day



Parking Information

- *During drop off/pick up, please park on the south side of our parking lot.
 - * There is a continuous sidewalk for your child to safely enter our building.
 - * The white striped area by the curb is reserved for parents of infants and those physically in need of a closer space.
-

Security Card Information

- * The University of Dayton will pay for the first security card, but if you request a second card, there will be a \$10.00 charge.

_____ I am requesting to have a second security card to the Bombeck Center. I have enclosed a check to BFLC for \$10.00.

_____ I would like to have \$10.00 added to my next tuition payment.

_____ I will pay on UPay.

Sorry, but we are unable to accept cash.

Please return this slip to the front desk.

Name _____



Immunization Clinic: Dayton and Montgomery County Public Health

The Immunization Clinic reduces and eliminates the spread of vaccine preventable diseases by providing vaccination and education services.

The Immunization Clinic provides routine vaccines for infants, children, teens, and adults. The clinic provides vaccines for international travelers, those with occupational risk, medical indications, and for post-exposure disease control efforts.

Services are provided by appointment. To schedule an appointment, call 937-225-4550.

NOTE: The clinic is closed daily from 11:30-12:30 and the second and fourth Friday of every month from 8:00-9:00 AM.

Learn more:

<https://www.phdmc.org/client-services/immunization-clinic>

**Bombeck Family Learning Center
August 2020-January 2021**

	Monday	Tuesday	Wednesday	Thursday	Friday
AUG 3 SEP 7 OCT 12 NOV 16 DEC 7 DEC 21 JAN 25	*Cereal, fruit, milk Chicken Nuggets, Cauliflower, Honey Dew *Graham crackers, milk	*Bagels w/cc or Cereal, fruit, milk Elbow Mac & Cheese, peas, Cantaloupe *Goldfish, milk	*French toast sticks, fruit, milk Pizza, Broccoli, Orange(PS) Mandarin (IT) *Animal crackers, milk	*Muffin, fruit, milk Black beans, (separate) rice, carrots, banana *Cheese & crackers, juice	*Cinnamon Toast, fruit, milk Chicken Patty, green beans, whole grain bun, pineapple Vanilla wafers, milk
AUG 10 SEP 14 OCT 19 NOV 23 DEC 28	*Muffin, fruit, milk Cheese Tortellini ,red sauce, oranges, green beans *Cereal, fruit, milk	* French toast sticks, fruit, milk Chicken patty, bun, sweet potato waffle fries, cantaloupe *Graham crackers, milk	*Cinnamon toast , fruit, milk Pizza, Peas, Oranges (Preschool) Mandarin Oranges for (Infants and Toddler) *Animal crackers, milk	*Cereal, fruit, milk Meatballs, Mashed Potatoes, gravy, apples *Cheese & Crackers, Juice	*Muffin, fruit, milk Turkey & Cheese Sliders, Broccoli, Banana *Goldfish, juice
AUG 17 SEPT 21 OCT 26 NOV 30 JAN 4	*Cereal, fruit, milk Creamed Chicken mixed with rice, peas, banana *Goldfish, pineapple tid-bits	*Bagels w/cc or Cereal, fruit, milk Elbow Mac & Cheese, greenbeans, fresh pear Vanilla wafers, milk	*Muffin, fruit, milk Pizza, broccoli, strawberries *Graham crackers, milk	*Cereal, fruit, milk Black beans, (separate) rice, carrots, apples *Cheese & Crackers, juice	*French toast sticks, fruit, milk Chicken patty, whole grain bun, sweet potato waffle fries, banana *Fruit/fruit cup, oyster crackers
AUG 24 SEP 28 NOV 2 DEC 7 JAN 11	*Cereal, fruit, milk Chicken Patty, whole grain bun, peas, honey dew Vanilla wafers, milk	*Muffin, fruit, milk Mac & Cheese, green beans, oranges *Goldfish, juice	*French toast sticks, fruit, milk Pizza, carrots, cantaloupe *Graham crackers, juice	*Cereal, fruit, milk Sloppy Joe w/ground Turkey, whole grain bun, tater tots, strawberries *Cheese & Crackers	*Muffin, fruit, milk Cheese Tortellini, red sauce, broccoli, banana * Fruit/fruit cup, oyster crackers
AUG 31 OCT 5 NOV 9 DEC 14 JAN 18	*Cereal, fruit, milk Elbow Mac & Cheese, apples, green beans *Goldfish, pineapple tid-bits	*Bagel w/cc or Cereal, fruit, milk Chicken nuggets, Cauliflower, Strawberries *Animal crackers, milk	*Cinnamon toast, fruit, milk Pizza, Carrots, Pineapple *Cereal mix, milk	*Muffin, fruit, milk Meat Balls, Mashed Potatoes, Gravy, Applesauce *Graham crackers, milk	* French toast sticks, fruit, milk Turkey & Cheese Sliders, Broccoli, Banana Vanilla wafers, fruit, milk

This institution is an equal opportunity provider.

Milk is served with lunch. Morning and afternoon snacks are subject to change due to availability. Check menu board by the front door daily for snack and lunch menus. Food can be provided by parents for special dietary restrictions.

Please Note- * is notification of Whole Grain Item



Weekly Tuition Rates:

July 2020 - June 2021

Infant/Toddler Rooms	Weekly Tuition	UD 15%	UD 30%
Sunbeams Moonbeams Flyers Gliders Aviators	\$297.00	\$252.00	\$208.00

Preschool Rooms	Weekly Tuition	UD 15%	UD 30%
Discoverers Navigators Explorers Voyagers Jets Skyriders	\$245.00	\$208.00	\$172.00

Preschool Rooms	Weekly Tuition Preschool Promise	UD 15% Preschool Promise	UD 30% Preschool Promised
Discoverers Navigators Explorers Voyagers Jets Skyriders	\$212.00	\$175.00	\$139.00



Moment Path

Moment Path is our childcare management software. Instead of filling out daily sheets for your child, we will track moments by using this software program. We will also send out notifications for inclement weather and emergencies through Moment Path as well.

Name: _____

Email: _____

Name: _____

Email: _____

***Please turn this form into the front desk.

FACEBOOK Information

Bombeck Family Learning Center has a Facebook Group. Don't miss out! Get updates and learn about the fun and exciting things that are happening at the Bombeck Family Learning Center. Post and share pictures/videos.

Note: This is a CLOSED/PRIVATE group and only intended for approved Bombeck parents/staff/families. We will approve members as they request access.

Join Now!

https://www.facebook.com/login/?next=https%3A%2F%2Fwww.facebook.com%2Fgroups%2FBombeckschoolfamily%2F_requests%2F