



**FIRST STEP PRESCHOOL
EMERGENCY CONTACT/RELEASE FORM
PLEASE PRINT ALL INFORMATION**



Name of Child: _____ Child's Teacher: _____
(Please Print) AM: _____ PM: _____

We are required to have on file 2 additional **emergency contacts**, **OTHER THAN PARENT(S)**, in the event the parent(s) cannot be reached. The two additional contacts must be at different households, addresses, and phone numbers. You may use some of the same Permission to Release contacts listed below.

EMERGENCY CONTACTS

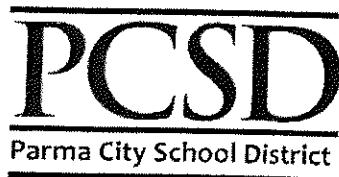
1. Name/Relationship: _____
Address: _____
Phone Number(s): _____
2. Name/Relationship: _____
Address: _____
Phone Number(s): _____

PERMISSION TO RELEASE CHILD

We are required to have **contact information** for 3 persons, **OTHER THAN PARENT(S)**, to whom the child can be released. The 3 names must be 3 different households, addresses, and phone numbers. You may use some of the same Emergency Contacts from above.

1. Name/Relationship: _____
Address: _____
Phone Number(s): _____
2. Name/Relationship: _____
Address: _____
Phone Number(s): _____
3. Name/Relationship: _____
Address: _____
Phone Number(s): _____

Do you wish to have your child's name included in the class directory? Yes _____ No _____



Dear Parent or Guardian,

According to Ohio State Law, all preschool children are required to have a yearly physical form turned into the school clinic within 30 days of their admission to the program. This may be completed with information from a physical exam done within the last 365 days (1year). If, however if a physical expires during the school year, another updated form is required.

It is also required that a copy of their current and age appropriate immunization record be attached to the physical form if not already turned in. If your child has had a physical in the last 365 days, you can have the physician fill out the form from that physical date.

Attached is the First Step Preschool's physical form that should be brought to your child's physician. It is also recommended that special needs children be evaluated by an eye specialist. Also attached is a dental form that can be waived by having a parent or guardian's signature at the bottom. If your child has seen a dentist then have this form filled out by a dentist. This dental form is also required by Ohio State Law whether a child has seen a dentist or not.

Please forward the physical and dental forms to First Step Preschool, 7700 Malibu Drive, Parma, Ohio 44130. You may also fax the forms to the school at (440-842-9832).

If you have any questions or concerns regarding this matter, please contact our clinic nurse (440-885-7085).

Healthy regards,

First Step Preschool
Parma City School District
PSI Affiliates, INC. Staff

PHYSICAL EXAMINATION

| | | | | | |
|----------------------|--------------|--|--|----------------------|--|
| Student's name _____ | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of birth / / | |
| Height _____ | Weight _____ | BMI percentile _____ | | BP _____ | |

Screening Tests

| Vision | Hearing | Postural |
|---|--|--|
| Date performed / / | Date performed / / | Date performed / / |
| Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No | Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____ |

Speech/Language

| | |
|---|--|
| Speech assessment completed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child has no discernible speech problem | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Speech evaluation recommended | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child has possible problem with _____ | |

Lead Poisoning

| | |
|------------|--|
| Date _____ | Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL |
| Date _____ | Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL |

HGB Results

PRESCHOOL ONLY

| | |
|------------|--|
| Date _____ | Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL |
| Date _____ | Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL |

Tuberculin Test

| | | |
|------------|------------|---------------|
| Date _____ | Type _____ | Results _____ |
|------------|------------|---------------|

Health History (Serious or chronic illnesses/injuries/surgeries)

| |
|--|
| |
| |
| |

Physical Examination Date of most recent examination

☐ Essentially normal ☐ Abnormalities as follows _____

Is this child able to participate fully in:

| | |
|-----------------------------------|--|
| Classroom and academic activities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Competition athletics | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|------------------------------|--|
| Physical education classes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact and collision sports | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If limitations are advised, please specify _____

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

| | | |
|--|------------------|--------------------|
| Health Care Provider's signature _____ | Print name _____ | Phone () _____ |
| Address _____ | | Date / / |
| City _____ | State _____ | Zip _____ |

Adapted from the Ohio Department of Health

Ohio Department of Health • School and Adolescent Health

Oral Assessment

| | |
|--------------|---------------|
| Student name | Date of birth |
|--------------|---------------|

The following services have been performed (please check all that apply)

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Examination | <input type="checkbox"/> Fluoride application | <input type="checkbox"/> Oral prophylaxis (cleaning) | <input type="checkbox"/> Prescription for fluoride supplement |
| <input type="checkbox"/> Orthodontic assessment | <input type="checkbox"/> Radiographs | <input type="checkbox"/> Dental sealant | <input type="checkbox"/> Treatment (restoration, pulp therapy) |
| <input type="checkbox"/> Other _____ | | | |

The following oral hygiene instruction was provided (please check all that apply)

| | | | |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> Toothbrushing | <input type="checkbox"/> Flossing | <input type="checkbox"/> Dietary counseling | <input type="checkbox"/> Use of fluoride mouthrinse |
| <input type="checkbox"/> Other _____ | | | |

The following statements are applicable (please check all that apply)

| | | | | | | | | | |
|---|---------------------|------------|-------|---------|--|------|------|-------|-----|
| <input type="checkbox"/> All necessary preventive services have been performed. (Fluoride treatment, prophylaxis) <input type="checkbox"/> No restorative services are required at this time. <input type="checkbox"/> Further treatment is indicated. (See comments) <input type="checkbox"/> Further appointments have been arranged. (Orthodontic, restorative) <input type="checkbox"/> Routine recall visits recommended. | | | | | | | | | |
| Comments _____ _____ _____ _____ _____ | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Dentist's signature</td> <td style="width: 30%; padding: 5px;">Print name</td> <td style="width: 30%; padding: 5px;">Phone</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address</td> <td style="padding: 5px;">Date</td> </tr> <tr> <td style="padding: 5px;">City</td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">ZIP</td> </tr> </table> | Dentist's signature | Print name | Phone | Address | | Date | City | State | ZIP |
| Dentist's signature | Print name | Phone | | | | | | | |
| Address | | Date | | | | | | | |
| City | State | ZIP | | | | | | | |

HEA 4243 8/06

School Entry Forms
Page 6 - 9/15/2006

Proprietary information of PSI Affiliates, Inc. May not be copied without consent.

Please sign here if your child has not yet seen a dentist. This form is able to be waived but still needs to be on file. X_____



First Step Preschool Family Survey

Child's Name: _____ Date of Birth: _____

☐ I have access to the digital student handbook online

☐ I do not need a hardcopy of the student handbook

Nickname: _____ Any known Allergies: _____

Parent/Guardian Email Address: _____

Who does your child live with (pets included)? Please list name and relationship.

Religious Affiliation: _____

Are there cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing, head covering, etc.) _____

To align with our Districts Embrace All initiative, do you have any family traditions or talents you would like to share? If so please list below.

Is your child toilet trained (check one)? ☐ independent ☐ emerging ☐ not yet

Any Special Arrangements (shared parenting, living in two homes, or custody specifications)? _____

Is your child adopted? ☐ yes ☐ no At what age? _____

Is your child aware of their adoption? _____

Is your child a foster child? ☐ yes ☐ no

How long has s/he been with your family? _____

Languages spoken at home: _____

How do you discipline your child at home? _____

How does your child react to discipline?

OVER

School History

Has your child attended preschool or daycare before? ☐ yes ☐ no

Where? _____

How Long? _____

Has your child had any group experiences (i.e. library story time, Little Gym, etc)? ☐ yes ☐ no

What kind? _____

What does your child like to do at home? _____

What games or toys does your child prefer? _____

Please circle the words below that describe your child:

Friendly Moody Quiet Aggressive Good-natured Emotional

Impulsive Attentive Sleepy Fearful Even-tempered Stubborn

Caring Happy Shy Dependent Sympathetic Energetic

Does your child enjoy reading books with you? ☐ yes ☐ no

How often do you read at home? _____

Who reads with your child at home? _____

Does your child nap? _____ What time? _____ How long? _____

What time does your child go to sleep at night? _____

What time does your child wake up in the morning? _____

Does your child play well alone? ☐ yes ☐ no

Does your child play well in groups? ☐ yes ☐ no

Does your child have any fears (i.e. animas, thunder, dark, etc)? _____

What are they? _____

OVER

Has your child had to face any difficult situations (hospitalization, moving, divorce, etc)? _____

Does your child have frequent temper tantrums? ☐ yes ☐ no

Describe what might occur that would result in a temper tantrum: _____

Does your child:

Seem to be highly active? ☐ yes ☐ no

Seem to be unusually quiet? ☐ yes ☐ no

Seem to be a happy child? ☐ yes ☐ no

How long can your child attend to something of interest? _____

Do you have any concerns about your child's development (speech, fine motor, behavior)? If so, please explain.

What goals do you have for your child this school year? _____

Is there anything else you would like to tell us about your child? _____

Families,

You are receiving the **First Step Transitioning to My New Classroom** pamphlet. These will travel with your child to their new classroom to give the receiving teacher information about your child.

Please complete the following sections:

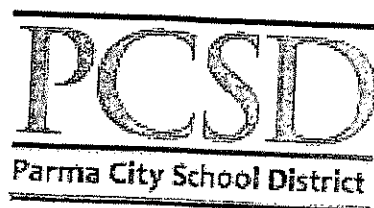
- The Personal Information Section
- Thoughts from My Parent/Guardian
- My Community and Early Assistance

After completing it, please return it back to school by _____.

Please let me know if you have any questions.

Thank you,

First Step Preschool



Helping Your Child Make Successful Transitions: Home to School

Throughout childhood, children face changes at home and at school. These changes can be small and go unnoticed, or they can be life-changing. Beginning preschool or kindergarten is a transition that holds many changes for children. The importance of parents' involvement in their child's transition from home to school cannot be stressed enough. With the support of a caring parent, this transition can be a positive experience for a child, giving him or her a sense of self-confidence and accomplishment.

Tips for Helping Your Child Transition from Home to School

- Give your child opportunities to leave you and spend time fun times with other adults and children.
- Talk about school in positive ways.
- Give your child opportunities to play with items like scissors, crayons, pencils, markers, paint and paper.
- Read books to your child and talk about the pictures and the story.
- Encourage your child's independence by letting him follow simple directions and by letting him do tasks on his own.
- Take your child to visit the school. Playing on the playground, touring the building, and finding the bathrooms are helpful activities at this time.
- Ask your child what she thinks school will be like. You may learn that your child understands what to expect, or you may find that she has unrealistic fears or misunderstandings. Listen and talk about school.
- Visit the bus stop or walk the route to school.
- Expect your child's transition to be successful. Remember the adjustment will take time.
- Your positive outlook can help your child; let him know you are confident in his ability to do well.



My Early Childhood Experience
(completed by teacher)

Name of Program: _____
Address: _____

Phone: _____
Teacher(s): _____
Email: _____
Type of Program: _____
How long attended: _____
How often attended: _____

Acknowledgement and Release

This document has been completed by the child's current teacher and/or the child's parent/guardian and is created for the purpose of sharing information. This information, including the child's skills and possible needs, will be shared by the current teacher with the child's perspective kindergarten teacher.

By signing below, the child's parent/guardian consents and authorizes the release of the information contained.

Parent/Guardian
Signature _____

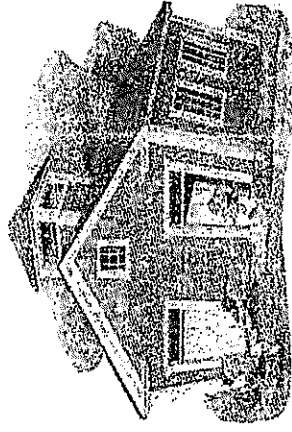
Date ____/____/____

Together with the Parma City School District and community preschools, we strive to continue to provide an environment that positively encourages the physical, social, emotional, adaptive, aesthetic, intellectual & language development of each unique child in a safe and nurturing setting.

Together we provide an early intervention & educational foundation for all children, including children with disabilities. Our small class sizes and variety of instructional strategies enable our students to realize their unique potentials while exploring their environment and developing in many areas as they prepare for kindergarten.

Integrating children with varying abilities provides our young children with a belief system that is conducive to positive character building and overall com-passion.

Transitioning To My New Class



Name: _____
Address: _____

Phone: _____
Email: _____
Birth Date: ____/____/____
Parent/Guardian: _____
Date Completed: ____/____/____

Important Things You Should Know

Thoughts from my teacher

Thoughts from my parent/guardian

ALL ABOUT ME

My Skills

(completed by teacher)

| Skills | Most of the time | Some of the time | Not at all |
|---|------------------|------------------|------------|
| Attends during large groups | | | |
| Listens when others speak | | | |
| Uses sentences to communicate needs | | | |
| Is understood by listeners | | | |
| Follows 2 step directions | | | |
| Cooperates with peers | | | |
| Shares classroom materials | | | |
| Takes turns in activities | | | |
| Shows self-confidence | | | |
| Makes good use of my time | | | |
| Completes tasks in appropriate length of time | | | |
| Follows through with decisions | | | |
| Accepts responsibility | | | |
| Transitions to new activities | | | |
| Transitions to new rooms | | | |
| Handles change in routine | | | |
| Adequate fine motor skills | | | |
| Independent in restroom | | | |
| Independent hand washing | | | |
| Completes arrival and dismissal routine by self | | | |
| Other language(s) spoken | | | |

Attach any work samples and/or assessment results

My Community Support and Early Assistance

(completed by parent/guardian and /or teacher)

☐ Groups/organizations Involvement

- ☐ Library
- ☐ Play groups
- ☐ Swim or other types of lessons
- ☐ Sports
- ☐ Other _____
- ☐ None

☐ Early Childhood Intervention

- ☐ IEP
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Help Me Grow
- ☐ Other _____

☐ Transition Activities

- ☐ Class visit
- ☐ Social Story
- ☐ Parent meeting
- ☐ Meet & greet tour
- ☐ Home visit
- ☐ Other _____

Administration

Dr. Charles Smialek, Superintendent
Sean Nuccio, Treasurer
Lara Svihlik, Early Childhood Coordinator

**Board of Education**

Steven Vaughn, President
Amanda Karpus, Vice President
Cynthia Lee Bratz
Jack C. Krise, Jr.
Mark Ruda

Rated "Excellent" by the Ohio Department of Education
SPECIAL EDUCATION

Date: _____

To the Parent/Guardian of (student name): _____

The Ohio Department of Education is requiring all school districts in the State of Ohio to identify the family income level of preschoolers who attend public school preschool programs. These programs include those children (ages 3-5) with or without disabilities.

Please complete the following questions:

1. How many members are in your household? _____

Members of the household include all people living in your home, related or not (such as grandparents, other relatives or friends). You must include yourself and all children.

2. What is your annual income? _____

I verify that the above information is correct.

Parent/Guardian Signature: _____ Date: _____

You do have the option to refuse to provide the State of Ohio with this information. If you decline, please indicate on the line provided and sign your name.

I decline to provide the State of Ohio with personal household income amount information at this time.

Parent/Guardian Signature: _____ Date: _____

Thank you for your help in responding to this request from the Ohio Department of Education.

Sincerely,

Parma City School District
Special Education Department

Media and Directory Refusal Form

Please understand that by checking and signing the form below you are instructing the school **NOT** to use your child's name or photograph in any way. This includes recognition on bulletin boards, in school memory books, in yearbooks, in athletic programs, PCSD print or electronic publications or local media of a positive nature. Regrettably, it is not possible to legally give partial permission. Therefore, **signing the form restricts the district completely** from using your child's name or image in any public display, publication or media.

In addition, Board of Education policy and the Family Education Rights and Privacy Act (FERPA), the Parma Board of Education has authorized the release of directory information to non-profit organizations in compliance with ORC Sec.3319.321(B)(2)(a) which states: "Directory information" may not be withheld from military recruiters, businesses, industry, charitable institutions, colleges, or universities unless such restrictions are imposed uniformly on each of these groups." The Parma Board of Education has uniformly declined all such requests except to the military due to ORC Sec. 3319.321(B)(2)(b) which states: "Names and addresses must be given to military recruiters unless the student or the student's parent, guardian, or custodian requests otherwise in writing."

The Parma Board of Education policy defines "directory information" as including:

- student's name
- address
- telephone number (unlisted numbers shall remain confidential)
- date and place of birth
- major field of study or participation in officially recognized activities and sports
- height and weight, if a member of an athletic team
- dates of attendance
- date of graduation
- awards received
- honor rolls and scholarships

Media and Directory Information Refusal Form

As the parent /guardian of a student enrolled in the Parma City School District (check all that apply):

- ☐ I hereby direct the district to take all reasonable steps to ensure my child is **NOT** photographed and/or interviewed for school or District print or electronic publications including positive recognition displays posted on the walls of the school, bulletin boards, photos published in the yearbook or athletic programs, or for use by the media.
- ☐ I hereby direct the Parma City School District **NOT** to release directory information for my child.

Child's name: _____

School Building: _____ Grade: _____

This designation will remain in effect until modified by the written direction of the student's parent or the eligible student.

Parent Signature: _____ Date: _____

Witness Signature: _____ Date: _____

ELEMENTARY SCHOOL SUPPLY LIST

2022 - 2023 SCHOOL YEAR

First Step Preschool

Bookbag
(no wheels, big enough to hold a folder)
1 Box of Tissues
Pack of Crayola Crayons (AM students only)
3 Pack of Elmer's Glue Sticks (AM students only)
Pack of Crayola Markers (PM students only)
Liquid Elmer's Glue Bottle (PM students only)

Kindergarten Launch Academy

Backpack
2 Large Boxes of Tissues
Headphones (straight cord/plug)
2 Packs of Baby Wipes
1 Container of Clorox Wipes

Kindergarten

Backpack
2 Boxes of Tissues
Headphones for iPads (straight cord/plug)
Blunt Tip Fiskars Scissors
Supply Box
1 Pack of Baby Wipes
2 - 24 Packs of Crayola Crayons
1 Container of Clorox Wipes

First Grade

Backpack
2 Boxes of Tissues
Headphones for iPad (straight cord/plug)
Plastic Supply Box
2 - 24 Packs of Crayola Crayons
1 Container of Clorox Wipes

PCSD
Parma City School District

Second Grade

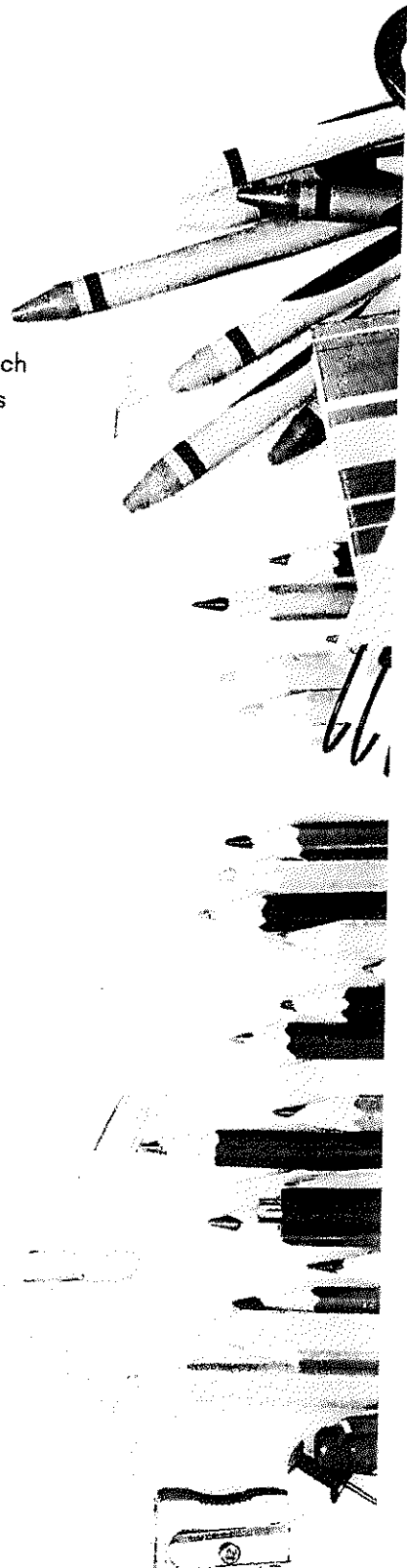
Backpack (no wheels)
2 Boxes of Tissues
5" Pointed Scissors
Headphones
12 Inch Ruler
1 Spiral Notebook
2 Pink Erasers
2 Highlighters
Plastic Supply Box or Zipper Pouch
2 - 24 Packs of Crayola Crayons
1 Container of Clorox Wipes

Third Grade

Backpack
2 Boxes of Tissues
1 - 10 Pack of Crayola Markers
1 - 24 Pack of Crayola Crayons
1 - 12 Pack of Colored Pencils
Ruler
Notebook Paper
Large Supply Pouch
1 Composition Notebook
Pencil Sharpener with Cover
5" Scissors
Earbuds
1 Container of Clorox Wipes

Fourth Grade

Backpack
Earbuds/Headphones
2 Boxes of Tissues
5" Pointed Scissors
Sock to Erase Dry Erase Board
Supply Pouch
1 - 12 Pack of Colored Pencils
1 - 24 Pack of Crayola Crayons
1 Composition Notebook
Loose Leaf Paper
1 Container of Clorox Wipes





WHEN YOUR CHILD IS NOT
COMING TO SCHOOL, PLEASE
CALL TRANSPORTATION AND
FIRST STEP PRESCHOOL

PARMA CITY SCHOOLS
TRANSPORTATION
DEPARTMENT
440-885-8336

SUBURBAN TRANSPORTATION
440-846-9291

FIRST STEP PRESCHOOL
440-885-8645



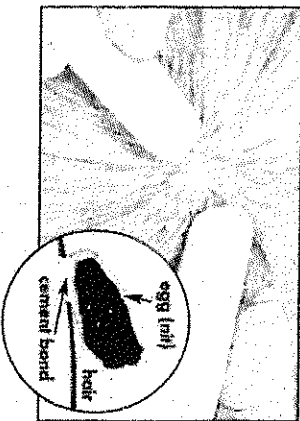


Illustration courtesy of Bayer Corporation

- 7 The eggs are laid close to the scalp (eggs farther than 1/2 inch from the scalp are probably already hatched or dead).
- 8 The nits are off white in color and are attached to the hair by a cementlike substance.
- 9 Lice do not cause disease; they are more of an embarrassment and nuisance.

How Do You Get It?

- 10 Lice are passed from direct personal contact (head-to-head contact or combs, hats, or coats).
- 11 Lice are not passed in swimming pools, and you cannot get them from pets.

Who Gets Them?

- 12 Lice can live on any person's head—regardless of age, income, social status, or cleanliness.
- 13 If one child has lice, check the hair of everyone else in your house.



Ohio Department of Health
246 North High Street • Box 118
Columbus, Ohio 43216-0118

An Equal Opportunity Employer

John Kasich
Governor

Richard Hedges, M.P.
Director of Health

3611.13

What Should I Do If My Child Gets Head Lice?

Facts About Head Lice

What Are They?

- 1 Head lice are yellowish-white insects that live on the human scalp.
- 2 Lice don't have wings, and they cannot fly, hop, or jump.



- 3 Head lice are about 1/8 of an inch long.
- 4 Head lice are difficult to see because they are so small and move very quickly.
- 5 Itching of the scalp may be the first sign of head lice.
- 6 Most often, what you will see are the oval eggs (nits) which have been laid by the lice.

Steps For Treating Head Lice



What Do I Do?

Follow these steps to get rid of head lice:

- 1 Apply a lice-killing hair product (shampoo or creme rinse).
- 2 Remove the nits.
- 3 Clean the home.

How To Apply The Lice-Killing Hair Product (Shampoo or Creme Rinse) Correctly:

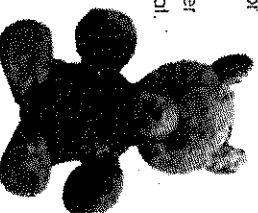
- 1 Only treat the hair of people who have head lice or nits.
- 2 Buy the lice-killing hair product from the grocery or drugstore or get it from the doctor.
- 3 Apply the hair product exactly according to the package directions. The label will tell you either on dry or wet hair.
- 4 Cover the hair completely with the hair product.
- 5 Leave the lice-killing hair product on the correct length of time. Use a watch or timer.
- 6 Wash the hair with regular shampoo. Check the contents of the regular shampoo. If the shampoo contains silicone, it may keep the head lice product from working properly.

How To Remove The Nits:

- 1 Work under a good light (sunlight), a strong lamp, or a magnifying light).
- 2 Divide and fasten the hair in sections, working each section separately.
- 3 Look through each section of hair for nits, starting at the scalp and working outward.
- 4 Remove the nits by pulling down the length of the hair with your fingernails. Put the nits in a trash bag and throw them away.
- 5 A metal lice comb may help.
- 6 It takes time to remove nits – It may take several hours.

How To Clean The Home:

- 1 Wash all bedding, towels and recently worn clothing in hot water and dry in a hot dryer for 20 minutes.
- 2 Nonwashable items (such as stuffed animals or wool coats) can be dry-cleaned or sealed in a plastic bag for two weeks.
- 3 If unable to wash clothes or bag items for two weeks, they can be put in the dryer for 20 minutes on high heat.



- 4 Vacuum the upholstered furniture, rugs, and car seats.
- 5 Soak combs and brushes in hot (not boiling) water for 10 minutes.
- 6 You do not need to have a pest control company spray your home.

Do Not Use Lice Sprays

Follow Up Steps:

- 1 Check everyone's hair daily for at least 7-10 days.
 - 2 After 7-10 days if there are still nits or lice, use the lice-killing hair product again.
 - 3 If more lice or nits are found, you will have to remove the nits and clean the home again in addition to treating the hair again.
 - 4 Call your doctor about head lice treatment.
- If you are pregnant or breastfeeding.
 - For children under 2 years old.
 - If the skin of the scalp is broken or infected.
 - If there are lice in the eyebrows or eyelashes.
 - If the head lice continue after two treatments with the lice killing hair product.

Reminders:

Lice are passed by direct personal contact.

Do not overreact the hair; follow the directions on the head lice product exactly.

Only treat the hair of persons who have head lice or nits.

Home remedies like mayonnaise, olive oil, and petroleum jelly are not recommended.

Do not use kerosene or gasoline.

Do not shave the head.

Itching may continue for a week or two after treatment, because the lice-killing hair products dry the scalp.

Check for lice often during the school year.

Keep a sense of humor when dealing with head lice!

Remember:

Lice do not cause disease, but it will take time and work to get rid of them.

For additional information contact your school nurse or local health department.

Ohio Department of Medicaid
HEALTHCHEK AND PREGNANCY RELATED SERVICES INFORMATION SHEET

HEALTHCHEK – CHECK IT OUT!

Did you know Ohio's Medicaid program includes **Healthchk** services for children up to 21 years of age? (These services are also called EPSDT sometimes.) **Healthchk** services help children stay healthy and reduce the chances of sickness by treating health problems early. All **Healthchk** services are free. You can get help and information by contacting your county Healthchk Coordinator or your managed care plan and by going to <http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchk.aspx>

Screening Services

Doctors want children to have well-child check-ups (screenings) while they are growing up so that health problems can be found early. Check-ups covered by **Healthchk** include:

- Physical check-ups
- Vision checks
- Dental checks
- Hearing checks
- Nutrition screenings
- Mental health screenings
- Developmental screenings
- Immunizations, if needed

Mothers should have at least one prenatal exam and children should have exams at birth, 3 to 5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year. All children should have tests for lead poisoning.

Treatment Services

If the doctor finds a problem during a check-up, the doctor may provide the treatment or may refer you to another doctor. **Healthchk** covers treatment services. Some services may need prior approval. If your child is not in a managed care plan and needs prior approval for a service, your doctor will need to request it from Ohio Medicaid. If your child is in a managed care plan, your doctor will request prior approval from the plan. If you disagree with the decision made by Ohio Medicaid or your child's managed care plan, you can ask for a hearing. Check with your Healthchk Coordinator for more information.

Support Services

The names, addresses and phone numbers of Healthchk Coordinators for all counties can be found at <http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf> or by calling your County Department of Job and Family Services. If you need to find a doctor, dentist or other health care provider, your county Healthchk Coordinator can give you a list. Your Healthchk Coordinator can also help you make doctor's appointments and help you get transportation to the doctor. If your child is in a managed care plan, the plan can also help make doctor's appointments and may provide transportation to the doctor. The plan can also give you a list of doctors in their plan. You can go to the plan's website for more information.

You can ask your Healthchk Coordinator to make referrals for you to Head Start, the Women, Infants, and Children (WIC) program, Help Me Grow, and the Bureau for Children with Medical Handicaps. Your Healthchk Coordinator can give you names of other agencies that can help you get clothing, housing, food, and other services. You may also submit questions using an online form found at <http://medicaid.ohio.gov/CONTACT.aspx>.

EARLY INTERVENTION SERVICES

In Ohio, the County Board is the primary contact for an individual and their family. The County Board serves two primary functions:

Determining Eligibility: Your County Board will work with you to determine eligibility for services. Eligibility criteria varies by age:

- **Ages 0-2:** the eligibility report completed by or for *Help Me Grow* is used to determine eligibility.
- **Ages 3-5:** Each County Board sets eligibility requirements, which may include the evaluation completed by or for the school district for preschool special education

Service Coordination: Once you are eligible for services, your County Board will link you to needed services and supports. A Services and Support Administrator (SSA) will work with you to develop an Individual Service Plan that outlines what types of supports are needed.

When to contact your local County Board

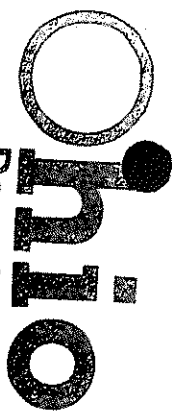
Contact your local County Board:

- If your child is diagnosed with a developmental disability, or you suspect your child may have a developmental disability.
- If additional support is needed to achieve your/your child's goals.
- If you are moving to a new community and are receiving services, and want to continue receiving services once you move.

Case Management (Service and Support Administration - SSA)

Case management is a process to link individuals and families to needed services and supports provided by local county boards of DODD. It may include any or all of the following supports:

- Information, referral and linkage
- Eligibility determination and assessment
- Individual Service Plan development and revision
- Assistance in provider selection and accessing services
- Coordination and monitoring of services
- Quality assurance of services provided to individuals and families
- Crisis intervention



Department of Medicaid

fact sheet

OVERVIEW

Healthchek services are required by the federal government. These services include a comprehensive health and developmental history to assess physical and mental health, screenings for potential health problems – including vision, hearing, and dental screenings.

Healthchek also covers:

- » necessary laboratory tests,
- » vaccines,
- » blood lead screening, and
- » health education and nutritional advice.

Providers may make referrals to other health providers for more specialized care. Healthchek services are also available to individuals covered by a Medicaid managed care plan or who are on a Medicaid home and community-based waiver.

Additional Services

If a screening reveals a medical condition, Ohio Medicaid can be billed for any necessary follow-up services provided to treat the child's medical condition.

HEALTHCHEK: OHIO'S EPSDT PROGRAM

Healthchek is Ohio's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service package. These are comprehensive and preventative services for babies, kids, and young adults younger than age 21 who are covered by Ohio Medicaid.

A CLOSER LOOK AT HEALTHCHEK IN OHIO

WHEN SHOULD A CHILD GET HEALTHCHEK SERVICES?

Babies should have at least 8 Healthchek exams by their first birthday. Children should have Healthchek exams at 15, 18, 24, and 30 months. After 30 months, one exam per year is recommended until the age of 21.

HEALTHCHEK COORDINATORS

Every county department of job and family services has a coordinator responsible for informing Ohioans covered by Medicaid about available Healthchek services. The person supports the coordination of non-medical Healthchek support services when requests are made.

Examples of these services include:

- » assistance making appointments,
- » transportation,
- » referrals to food pantries, clothing, and heat assistance, and
- » referrals to lead-free housing options.

For a list of Healthchek Coordinators, visit: <http://medicaid.ohio.gov/Healthchek>

HEALTHCHEK PROVIDERS

Any doctor who accepts Medicaid can provide Healthchek services. Individuals can ask their doctors for Healthchek services at their next appointment. Sometimes, a provider may refer a patient for specialized care. Some services may need prior approval.

HEALTHCHEK AND MANAGED CARE

Healthchek services are a part of the benefit package every managed care plan offers its members. Managed care plans and county Healthchek coordinators work together to ensure Healthchek services are available.

PREGNANCY RELATED SERVICES

In many counties, the Pregnancy Related Services (PRS) and Healthchek coordinators are the same. The county's PRS coordinator can explain the importance of Healthchek services to a mother before a baby is born. They can also assist pregnant women with services like arranging transportation, making prenatal appointments and explaining the importance of attending these appointments to increase the likelihood of a healthy pregnancy and a healthy baby.

When Should I Keep My Child Home From School?



Below are symptoms on when you should keep a child home from school:

- **Coughing:** If your child has a persistent, disruptive cough
- **Diarrhea:** Until diarrhea has ceased for 24 hours without medication
- **Fever 100 degrees or higher:** Until fever is below 100 degrees for 24 hours without medication
- **Lice or Nits:** Until treated and "nit free" (must be checked by clinic or office staff before returning to the classroom)
- **Rash:** If a rash is untreated or if a child is too uncomfortable even if treated
- **Strep Throat/Scarlet Fever:** Until he/she has been on antibiotics for 24 hours
- **Conjunctivitis:** Has red, swollen eyes that itch and are draining pus or have a crusty appearance upon awakening. Keep home until he/she has been on eye drops/antibiotics for 24 hours and cleared by a doctor
- **Vomiting:** Until vomiting has ceased for 24 hours without medication
- **Communicable Diseases:** If your child has been diagnosed with a communicable disease keep him/her home until the doctor clears your child to return to school. Examples include but are not limited to chicken pox, impetigo, scabies, lice, and ringworm.
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AREA CHILD CARE CENTERS AND PRESCHOOLS PARMA CITY SCHOOL DISTRICT

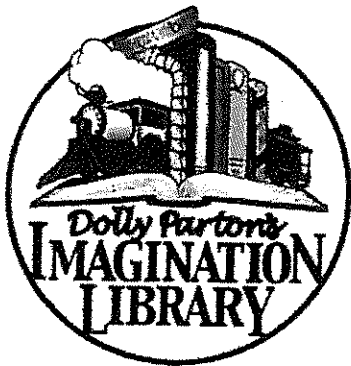
IN DISTRICT

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| Parma City School District First Step Preschool @ Pleasantview 7700 Malibu Drive Parma, OH 44130 Contact: Lara Svihlik Type of Care: Preschool Program Phone: 440-885-8645 | Bethel Christian Academy Preschool 12901 Pleasant Valley Road Parma, OH 44130 Type of Care: Preschool Program Phone: 440-842-8575 | Cleveland Children Academy Daycare 5739 Chevrolet Boulevard Parma, Ohio 44130 Type of Care: Daycare Phone: 440-884-5439 |
| Bethlehem Family Childcare and Learning Center 7500 State Road Parma, OH 44134 Type of Care: Child Care Center Phone: 440-884-0430 | Bethany Lutheran Preschool 6041 Ridge Road Parma, OH 44129 Type of Care: Preschool Program Phone: 440-884-1010 | Providence Academy 12193 W. Pleasant Valley Road Parma, OH 44130 Type of Care: Preschool Program Phone: 440-382-0745 |
| Cub House Child Care Center 6500 Pearl Road Parma Heights, Ohio 44130 Type of Care: Child Care Center Phone: 440-884-2827 | Holy Family Day Care Center 7367 York Road Parma, OH 44130 Type of Care: Child Care Center Phone: 440-842-7785 ext. 323 | UH Parma Childcare 7300 State Road Parma, OH 44134 Type of Care: Child Care Center Phone: 440-743-2585 |
| Parma Preschool, Inc. 5280 Broadview Road Parma, OH 44134 Type of Care: Preschool Program Phone: 440-238-0193 | Parma Montessori and Child Care Creative Playrooms 12965 Corporate Drive Parma, OH 44130 Type of Care: Child Care Center Phone: 216-898-9520 | Parkview Head Start 5210 Loya Parkway Parma, OH 44134 Type of Care: Preschool Program Phone: 440-885-2429 |
| Kidsfirst Learning Center 7025 West 130th Street Parma Heights, OH 44130 Type of Care: Phone: 440-842-4004 | Goddard School 5701 Lombardo Center Seven Hills, Ohio 44131 Type of Care: Preschool Program Phone: 216-525-2000 | St. Charles Borromeo Preschool 7107 Wilber Avenue Parma, OH 44129 Type of Care: Preschool Program Phone: 440-886-5546 |
| Learn 'N' Grow 6248 Pearl Road Parma Heights, OH 44130 Type of Care: Child Care Center Phone: 440-842-4848 | Precious Angels Child Care II 6339 Olde York Road Parma Heights, OH 44130 Type of Care: Child Care Center Phone: 440-842-1867 | The Smart Start Learning Center 7505 York Road Parma, OH 44130 Type of Care: Child Care Center Phone: 440-842-1184 |
| Ridgewood Preschool 125 E. Ridgewood Drive Seven Hills, OH 44131 Type of Care: Preschool Program Phone: 440-886-1794 | St. Columbkille Preschool 6740 Broadview Road Parma, OH 44134 Type of Care: Preschool Program Phone: 216-524-4816 | Sonshine Nursery School 8971 W. Ridgewood Drive Parma Heights, OH 44130 Type of Care: Preschool Program Phone: 440-886-7485 |
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AREA CHILD CARE CENTERS AND PRESCHOOLS PARMA CITY SCHOOL DISTRICT

OUT OF DISTRICT

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| Bright Beginners 6632 Harris Road Broadview Heights, OH 44147 Type of Care: Preschool Program Phone: 440-526-1016 | Scribes & Scribblers 1401 Uhlin Drive Middleburgh Heights, OH 44130 Type of Care: Child Care Center Phone: 440-884-5437 | Wishing Well Preschool 4548 Wallings Road North Royalton, OH 44133 Type of Care: Preschool Program Phone: 440-237-3330 |
| Wishing Well Enrichment Center 14574 Ride Road North Royalton, OH 44133 Type of Care: Preschool/Child Care Phone: 440-237-5000 | St. Leo Preschool 4940 Broadview Road Cleveland, OH 44109 Type of Care: Preschool Program Phone: 216-661-5330 | Saint Albert the Great 6667 Wallings Road North Royalton, OH 44133 Type of Care: Preschool Program Phone: 440-237-1032 |
| Loving Care Day Nursery 8131 Brecksville Road Brecksville, OH 44141 Type of Care: Child Care Center Phone: 440-526-0865 | Willard Head Start 2220 West 95 th Street Cleveland, OH 44102 Type of Care: Preschool Program Phone: 216-651-5154 | Middleburgh Early Education Center 7171 Pearl Road Middleburgh Heights, OH 44130 Type of Care: Preschool Program Phone: 440-888-9922 |
| Young Achievers Daycare 3326 Broadview Road Cleveland, OH 44109 Type of Care: Child Care Center Phone: 216-459-9225 | Academy of Saint Bartholomew Preschool 14875 Bagley Road Middleburgh Heights, OH 44130 Type of Care: Preschool Program Phone: 440-845-6660 | Little Feet Child Care 8161 Broadview Road Broadview Heights, OH 44147 Type of Care: Child Care Center Phone: 440-838-1880 |



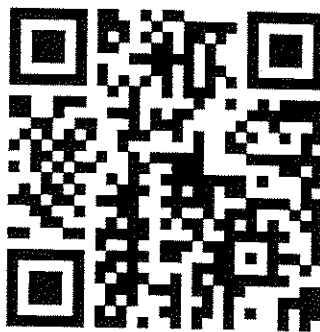
Now available in Cuyahoga County

DOLLY PARTON'S IMAGINATION LIBRARY

Dolly Parton's Imagination Library is a book gifting program that mails free books to children from birth to age five in participating communities within the United States, United Kingdom, Canada, Australia and Republic of Ireland.

Inspired by her father's inability to read and write Dolly started her Imagination Library in 1995 for the children within her home county. Today, her program spans four countries and mails over 1 million free books each month to children around the world.

Scan this code to sign up for a **FREE** Imagination Library!
Books will start arriving in 8-10 weeks.



Each child in your family under the age of 5 is eligible
for his/her own Imagination Library!