

WELCOME

ENROLLMENT REQUIREMENTS WITH MASTERING MILESTONES:

1- AN UPDATED SHOT RECORD PER CHILD

2- THE CHILD INFORMATION PACK COMPLETED

3- THE FOOD PROGRAM ENROLLMENT FORM COMPLETED

For All Children Enrolled in our Program ***1 form per Household**

4- THE MONTHLY CLASSROOM SUPPLY FEE \$20.00 PER FAMILY

- Prior to Care and monthly on the 1st of every month

5- THE \$45.00 REGISTRATION FEE Paid --PER FAMILY -Prior to Care)

--Paid Upon Enrollment to Secure your Spot--

****Please Remain in contact with Kim or Tawnya on Enrollment Plans.**

Your Enrollment Spot will not be held longer than 2 weeks without Communication.

(No Reimbursements)

-PRIVATE PAY TUITION IS DUE WEEKLY PRIOR TO CARE

-YOU PAY TO STAY- 6 ANNUAL FREE DAYS ARE OFFERED AFTER 6 MONTHS OF ENROLLMENT

to use for sick days, absent days, ... (using up to 3 per week) - TO ALL FULL TIME ANNUAL ENROLLMENT/ DOES NOT APPLY TO SCHOOL AGE

--ALL ENROLLMENT MUST SIGN IN AND OUT DAILY!

****PLEASE USE THE PARENT PAYMENT BOX**

-- ADJACENT TO THE DAILY SIGN IN AREA FOR PMTS.

WE DO ACCEPT CHECKS OR MONEY ORDERS PAYABLE TO MASTERING MILESTONES,

OR YOU MAY SIGN UP WITH KIM TO USE OUR ONLINE PARENT PAYMENT PORTAL

I WILL NEED A VALID EMAIL ADDRESS ON FILE TO OPEN ACCESS -

YOU WILL LINK YOUR ACCOUNT FOR PMT. METHOD BY GOING TO: MyProcure.com

ALL CASH PAY MUST BE PAID TO KIM OR TAWNIA

IN OUR INFANT/TODDLER/PRESCHOOL BUILDING #1

BETWEEN 6:30AM-2:30PM - TO RECEIVE A RECEIPT.

DHS CHILDCARE COVERAGE

1 -IF YOU ARE COVERED BY DHS AND HAVE A MONTHLY COPAYMENT **YOUR COPAY AMOUNT IS DETERMINED BY DHS & YOUR RESPONSIBLE FOR PAYING PRIOR TO CARE**

-- DUE ON THE FIRST DAY OF ENROLLMENT AND ON THE FIRST OF EVERY MONTH.

2 --YOUR CARD MUST READ APPROVED DAILY FOR YOUR CHILD TO REMAIN IN OUR CARE.

3 --YOUR CARD MUST BE SWIPED IN AND OUT DAILY-Per Our Policy,

Paying Attention to dates and times (AM or PM) when swiping. (See Print Out Ticket)

THIS IS YOUR RESPONSIBILITY TO MAINTAIN YOUR SWIPES FOR PAYMENT TO OUR PROGRAM.

DHS pmt status remains 3 weeks behind, therefore I cannot give you 10 more days to swipe

4 **YOUR CHILD MUST BE SIGNED AND CHECKED IN AND OUT DAILY**

ON THE HAND WRITTEN LOG-PARENT AREA). THIS FORM IS REQUIRED PER FOOD PROGRAM AND LICENSING ATTENDANCE TRACKING USE



Child Information



Mastering Milestones 30053882
Program name K8 Date

Child Information

Child's name Gender Date of birth
Home street address City State
Mailing address City State
Finding directions ZIP County

Parent or guardian name, adult whom child lives with Phone Alternate phone
Place of employment Business phone Email

Parent or guardian name, adult whom child lives with Phone Alternate phone
Place of employment Business phone Email

Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. Parent/guardian must provide a copy of the current updated immunization record to the child care program. Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Health Record

Child's physician or clinic

Phone

Street address

City

Oklahoma

State

ZIP

☐ I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?

☐ Yes ☐ No

When yes, list:

Does the known allergy require special precautions, actions, or medications?

☐ Yes ☐ No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?

☐ Yes ☐ No

☐ When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

☐ Yes ☐ No

Transportation

- ☐ I do not give permission to transport my child.
- ☐ I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- ☐ When an emergency occurs and I cannot be reached
- ☐ Field trips
- ☐ ~~To and from home~~

Mastering Milestones
DOES NOT OFFER

Drop-off time: _____ Pick-up time: _____

~~Specific plan for transfer and supervision:~~

- ☐ ~~To and from home~~

Preschool (Cushing Pre-K) IF Age applies (AGE 4-5)

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- ☒ Other, specify:

Parents must provide Age/Weight Appropriate CAR SEAT

Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

Signature

I understand this form is supplied by the Department of Human Services (DHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon DHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

Parent/guardian signature

Date

Child Care Program Use

Date child entered program: _____

Date child withdrawn: _____

Mastering Milestones Tuition Rate Chart

#1



FULL DAY RATES:

Age 6 Week's-1 year \$33.00

Age 2-4 Year's \$30.00

Age 5-7 Year's \$25.00

Age 8-12 Year's \$24.00

**UPDATE
EFFECTIVE:
1-1-2025**



-4 Day Minimal -Paid In Full Weekly PRIOR TO CARE ON MONDAY

(Late Payments will Result in Terminated Enrollment)

Age 6 Weeks - 4 Years Full Day Programs during the school year & summer months.

AFTER 6 MONTHS OF FULL DAY - FULL TIME /FULL DAY ENROLLMENT

**- EACH PRIVATE PAY CHILD AGE 4 & Under Attending an ANNUAL full day daily
WILL RECEIVE 6 FREE DAYS PER YEAR (Notify Kim in writing- when in need of use)**

\$1.00 OFF PER DAY PER FAMILY -NOT PER CHILD-

FOR A MULTI-FAMILY DISCOUNT

#2

**AGE 4-5 WHO ARE IN PRE-K Public School
AND NEED Transportation/Care**

SET RATE of \$70.00 WEEKLY PRIOR TO CARE

***Rate Includes Before & After Care, Transportation and a PM Snack.**

***We will offer full day sign up's when school is out.**

****OAK GROVE SCHOOL TRANSPORT & CARE FOR AFTER SCHOOL DAILY**

SET RATE of \$70.00 WEEKLY PRIOR TO CARE

#3

**BEFORE & AFTER CARE PROGRAM (BUILDING #2)
FOR CUSHING SCHOOL AGE Grades K-7 / AGE 5-13**

SET RATE of \$65.00 Per Week Prior To Care

This rate will include care from 6:30-8:00am and 3:15-5:30pm

We have a Public School Bus Pick Up & Drop Off Prior to Bus Exchanges.

All children arriving off of the Public School Bus will receive a Snack and Play Time.

**SUMMER MONTHS: ALL SCHOOL AGE ARE OFFERED A FULL DAY SIGN UP
FOLLOWING FULL DAY RATES FOR A FULL DAY OF CARE.**

***Please Make Checks or Money Orders Payable to MASTERING MILESTONES.**

You may also sign up with our www.MyProcare.com PARENT PORTAL

For Online or In Office Credit Card Services.

I Will Need a Valid Email Address on File prior to parent activation.

***ALL Cash Must be Paid to Kim or Tawnya in the MAIN OFFICE**

7am-2pm Monday-Thursday Receiving a Receipt!

PAY FOR WHAT YOU AGREE TO ON YOUR PARENT AGREEMENT FORM

CENTER CLOSINGS = NO CHARGE



PARENT AGREEMENT FOR ENROLLMENT IN MASTERING MILESTONES

I would like to enroll my child in Mastering Milestones.

I would like the following (minimal 4 day schedule):

~Check days Needed and Complete Drop Off Time and Pick Up Time:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Daily Drop Off Time (AM) _____

Daily Pick Up time (PM) _____

(If you pick up after 5:30, you will be Expected to Pay \$5.00 per 5 Minutes Late)

My Child's Name is _____ DOB _____

I understand that I Must Pay for the schedule of which I Enroll My Child to maintain my child's enrollment spot. FULL DAY ENROLLMENT MUST ALSO PAY WEEKLY PRIOR TO CARE TO ELIMINATE LATE FEES.

IF YOU WISH TO PAY EVERY 2 WEEKS OR MONTHLY, YOU MUST DO SO IN ADVANCE.

If I need to CHANGE THE ENROLLMENT AGREEMENT SCHEDULE, I AGREE TO GIVE A 2 WEEKS NOTICE IN WRITING!

If You are enrolling in the full day program or the before/after care program, PAYMENT IS DUE WEEKLY PRIOR TO CARE.(NO EXCEPTIONS)

If You are covered by DHS and have a MONTHLY FAMILY CO-PAY, PAYMENT IS DUE ON THE 1st of EVERY MONTH AND OR UPON ENROLLMENT! SWIPE S COMPLETED DAILY. THIS IS YOUR RESPONSIBILITY. FOLLOWING THE TUITION FEE SCHEDULE, I AGREE TO PAY:

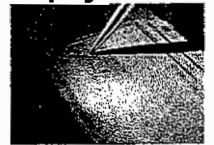
**\$ _____ WEEKLY
AT THE BEGINNING OF THE WEEK OF CARE.**



OR if I am ENROLLED IN

DHS CO-PAY, I agree to pay:

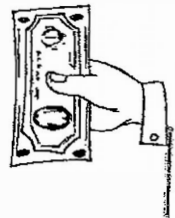
\$ _____ MONTHLY BY THE FIRST OF EVERY MONTH.



(NO EXCEPTIONS) PLEASE INCLUDE A \$5.00 DAILY LATE FEE.

If this Exceeds 5 days, you will loose Enrollment.

ALL PAYMENTS MUST BE MADE PAYABLE TO MASTERING MILESTONES (CHECK OR MONEY ORDER) AND MUST BE PLACED IN THE PAYMENT BOX. (NO CASH IN THE BOX) IF PAYING BY CASH, YOU MUST PAY A TEACHER IN CHARGE AND RECEIVE A RECEIPT.



PARENT SIGNATURE _____

DATE _____

LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **(Name of Center) MASTERING MILESTONES** offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached CACFP Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household **ONLY** if the children in child care are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to: (Name of Center) MASTERING MILESTONES, (Address) 1130 E Main St Cushing Ok 74023, (Phone Number) 918-285-3046.**
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women, Infants, and Children (WIC) **MAY** be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on the application. Children in households participating in WIC **MAY** be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income.
9. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider.

If you have other questions or need help, call **(Phone Number) 918-285-3046**.

Sincerely,

(Signature) Kim Ridenour

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 day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet United States Department of Agriculture (USDA) requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the Five Groups)
Milk, 1% Fruit Vegetable Grains	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable

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 day care homes**—Licensed or approved private homes.
- **At-Risk Programs**—Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless shelters**—Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Programs in needy areas

Contact Information

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

Mastering Milestones CDC Center 1130 E. Main St. Cushing, Oklahoma 74023 masteringmilestones90@gmail.c 918-285-3046
--

State Department of Education
Child Nutrition Programs
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
405-521-3327

This institution is an equal opportunity provider.

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.

Check normal days the child is in care.

Part 1: Answer this question if you choose.

Part 2: Skip this part.

Part 3: Sign the form. The last four digits of a social security number are *NOT* necessary.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check any child enrolled that is a foster child (a child awarded to the State)

Check normal days the child is in care

Part 1: Answer this question if you choose.

Part 2: Skip this part.

Part 3: Sign the form. The last four digits of a social security number are *NOT* necessary.

- If any child in the household is a foster child, mark the foster box in the top section for each foster child in the household.

IF YOU ARE APPLYING BASED ON INCOME, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check any child enrolled that is a foster child (a child awarded to the state)

Check normal days the child is in care.

Part 1: Answer this question if you choose

Part 2: Follow these instructions to report total CURRENT household income .

- **Column A—Name:** List only the first and last names of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income:** For each household member receiving income, list each income received and the interval the household member is paid.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
- If any member of the household does not receive income, the zero income box should be marked as no reportable income or \$0 can be listed in the income box.

Part 3: Sign and date the form. The last four digits of a social security number *IS* necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check normal days the child is in care.

Part 1: Answer this question if you choose

Part 2: Follow these instructions to report total current household income.

- **Column A—Name:** List only the first and last names of ***EACH*** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income:** For each household member receiving income, list each income received for the month.

In Box 1, list the ***gross income***, not the take-home pay. Gross income is the amount earned ***BEFORE*** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

If any member of the household does not receive income, the zero income box should be marked or \$0 can be listed in the income box.

Part 3: Sign and date the form. The last four digits of a social security number ***IS*** necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.

* 1 form per Household

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2024-2025

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

Normal Days In Care : Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

PART 1: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Mark one ethnic identity:

Mark one or more racial identities:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

- ☐ Asian
☐ White

- ☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander

- ☐ Black or African American

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	Zero Income
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.

Signature of Adult Household Member

Home/Cell Phone Number

Date

Last four digits of social security number: **** - ** -

☐ I do not have a social security number

FOR INSTITUTION USE ONLY:

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Application Approved For:

- ☐ Free
☐ Reduced
☐ Not Eligible

- ☐ SNAP/TANF/FDPIR
☐ Foster
☐ Income: Total Income : \$

Signature of Determining Official

Date

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually

Household Size

*The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider

MASTERING MILESTONES

SUNBLOCK AND WATER PLAY

PERMISSION FORM

SUNBLOCK

DURING ENROLLMENT WITH MASTERING MILESTONES,

I _____ Parent or Guardian of
(family or child) _____

give permission to allow Mastering Milestones TEACHERS
to apply *Sunblock* as needed when playing outside.

I agree to provide a New Bottle ANNUALLY, making sure
the expiration date is valid. (Labeling with Child's Name)

** *Each Child must have their own bottle and may not share with
a sibling due to sunblock being needed in separate classrooms.*

**-SUN BLOCK MAY NOT BE SHARED WITH ANOTHER CHILD-
IN THE CLASSROOM DUE TO SKIN ALLERGIES.**

Sunblock is kept in a classroom tote, out of reach of children.

****This permission form will be kept in the child's enrollment folder
in the main office area for Licensing Purposes.**

Splish
SPLASH

WATER PLAY

My Child or Children _____

are allowed to play in the water tables and sprinklers
during water play sensory time.

*****If they are in the School Age Building,**
they are allowed to attend the local Water Park with
Mastering Milestones Teachers and friends
attending the weekly summer planned field trip.

-If you do not wish for your school age child to attend
the water park scheduled field trip days, simply do not bring them.

All Teachers will attend in that building,
as Teacher Ratio Needs are much greater for safety.

THANK YOU

PARENT SIGNATURE: _____ DATE: _____

****Permission Form Created: 6-4-2024**



Compliance File Notification:
Child Care Programs and Family Child Care Homes



Program Information

Mastering Milestones Child Development Center, LLC, KS 30053882
Program name License number
1130 E. Main Cushing OK 74023
Street address City State ZIP code
— SAME —
Mailing address
918-285-3046 Kim Ridenour
Phone Owner

Child Information

★ Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

Agreement and Signature

• I understand and am aware:

- ☒ this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
- ☒ of the Compliance File location and its contents.
- ☒ this form is to be completed:
 - ☒ upon child enrollment; and
 - ☒ every 12 months thereafter.
- ☒ a copy of the program specific Notice to Parents is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- ☒ DHS Publication No. 14-01, Notice to Parents for Child Care Program
- ☐ Form 07LC084E, Notice to Parents for Family Child Care Home

★

Parent or legal guardian name

★

Parent or legal guardian signature

★

Date



Insurance Notification:
Child Care Programs and Family Child Care Homes



Program Information

Mastering Milestones Child Development Center, LLC License number 300535882
Program name
1130 E. Main Cushing OK 74023
Street address City State ZIP code
- SAME -
Mailing address
918-285-3046 Kim Ridemur
Phone Owner

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

Agreement and Signature

- I understand and am aware this program:

☐ does not maintain general liability insurance coverage, as defined by Section 707 of Title 36 of the Oklahoma Statutes, of at least two-hundred-thousand dollars (\$200,000) for each occurrence of negligence. This insurance would cover injury to a child due to negligence that occurs while the child is in the care of the child care program.

☐ reports self-insurance in accordance with state law.

☒ is required to post Form 07LC093E, Insurance Exception Notification in a conspicuous location.

☐ Select for a copy of Form 07LC093E, Insurance Exception Notification which is to be provided to parents upon enrollment or when information changes.

- This form is to be completed:

☒ upon child enrollment; and

☒ every 12 months thereafter.

Parent or legal guardian name

Parent or legal guardian signature

Date

Parent Survey

Your child's name _____ Your name _____

I would like to get to know more about your child. The more I know, the better I can work to meet his/her needs. Please answer the questions below. Thank you.

1) List 3-5 words that describes your child's character (cheerful, shy, competitive etc.)

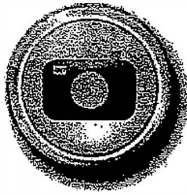
2) What motivates your child?

3) What are your child's strengths?

4) What concerns do you have?

5) What goals do you have for your child this year?

6) Is there anything else you would like me to know about your child?



Permission to Photograph

I, _____, give permission for Mastering Milestones
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in a personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, art work activities, ...	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on Mastering Milestones Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other: <u>NO NAMES ARE POSTED</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>JUST CLASSROOM ACTIVITIES</u>		
Other (please list).		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

Expulsion Policy Agreement

WE ARE A CENTER USING MANY POSITIVE GUIDANCE TECHNIQUES DAILY TO OPERATE.

Reason's to Expel a child from our Program:

BEHAVIOR

-If All 5 Steps Per Behavior Modification Techniques have been taken and the child returns with the same safety behavior issues, they will be expelled.

We use this Positive re-direction step method to help resolve all issues in need and in hopes to accomplish safety with behavior.

This form is one of many that you read and sign in the Child Enrollment Pack.

The Following Techniques are used:

Step 1: Re-Direction with Positive Guidance

Step 2 : Verbal Warning followed with Re-Direction.

Step 3: Remove the child from the situation and use "Thinking Time" (one minute per year of age) and send a RED note or NOTICE NOTE home to parents.

Step 4 : Call the Parent to come to help resolve the situation if bad behavior has continued.

Step 5 : Dismiss Child's Daily Enrollment For 1 to 2 Weeks -Parent are still responsible for payment to hold enrollment.

I, as the Director will contact and Refer the parents with information with a Behavioral Specialist for Professional Guidance Techniques to use at home and in our center.

FINAL STEP:

If the child returns with the same behavioral issues after taking all 5 steps of Action to Improve, the child will be Permanently Expelled.

(Our Center does not allow Physical Abuse in any form)

With this being said, teachers nor children are not allowed to harm other's !

TUITION / ENROLLMENT AGREEMENT

Our Tuition is to be paid weekly prior to care and families must pay for the schedule of which the child is signed up for.

If the family receives Assistance, they are responsible to pay the Monthly Copay on the 1st of EVERY MONTH.

They are also responsible for making sure the child is in attendance daily as long as health permits them being here.

Our Goal to operate is no less than 3 days of attendance per week and if the schedule needs adjustment, you will notify us in writing and by updating the Parent Agreement Form with changes needed.

If you -as the responsible party, do not keep your DHS status for coverage Active and Swipe your card Daily and Pay your Copayment Monthly by the 1st, your child could be Expelled.

This Parent Agreement Form is also Included in the Enrollment Pack.

If the parent fails to follow the Policies, the child will unfortunately loose enrollment, BEING EXPELLED.

Tuition is how we pay our Teachers and pay for all other Daily Operational Fees.

*OTHER REASONS MAY VARY IF THE NEED TO EXPEL MUST TAKE PLACE SUCH AS :

-SAFETY ISSUES REGARDING OUR PROGRAM, TEACHERS, CHILDREN, ...(Inappropriate Parent Behavior Issues)

-Keeping up to date Immunizations on file with us

DHS CHILDCARE FAMILIES

ALL MONTHLY FAMILY COPAYS --HAVE BEEN WAVED--
ONCE AGAIN THROUGH APRIL -2023.

SO THIS MEANS- NO OUT OF POCKET \$\$ -FOR YOU.UNTIL MAY 2023.
AT THAT TIME - YOU WILL GO BACK TO PAYING OUT OF POCKET
ON THE 1ST OF EVERY MONTH PRIOR TO CARE.

YOUR CHILD MUST ATTEND AND OR PAY
FOR 4 DAYS MINIMAL WEEKLY

-TO HOLD A FULL TIME ENROLLMENT SPOT

WITH MASTERING MILESTONES,
AS SIGNED UPON ENROLLMENT.

IT IS YOUR RESPONSIBILITY TO
SWIPE AND SIGN YOUR CHILD IN AND OUT DAILY
PER OUR POLICY -THAT WAS SIGNED BY YOU- UPON ENROLLMENT.
-DO NOT RELY ON US TO WRITE DOWN OR CALL YOU
ON YOUR MISSED SWIPES.

IF YOUR CHILD IS ABSENT, YOU NEED TO CALL AND NOTIFY OUR CENTER.
918-285-3046 OR 918-285-3088 LEAVE A MESSAGE

ALL ATTENDANCE AND SWIPE HISTORY WILL BE REVIEWED
MONTHLY -FOR APPROVED CONTINUED CARE.

TOO MANY FAMILIES ARE WAITING TO TAKE YOUR SPOT.
I MUST HAVE RELIABLE FAMILIES TAKING CARE OF SWIPES
WITHOUT HASTLE TO RECEIVE CHILD CARE FUNDS TO OPERATE.

AGAIN - THIS IS YOUR RESPONSIBILITY.
YOU ARE GETTING CHILD CARE FREE.

WE CANNOT BE PAID FOR OUR SERVICES
UNLESS YOU ARE SWIPING DAILY.

DHS IS ALREADY 3 WEEKS BEHIND ON PROCESSING PMTS TO US.
IF YOU ARE NOT SWIPING - THAT MEANS ITS MORE TIME WITHOUT A PAYMENT FOR CARE.

READ, SIGN & RETURN THIS PAGE:

NAME

DATE

①

Video Surveillance

With the number of working parents increasing, childcare is becoming an essential part of early education. A video surveillance system at your day care or childcare center can help keep children safe and provide parents with peace of mind. There are few things as important to us as our children. As a result, we take their safety and security very seriously. This is especially true when we leave our children in the care of others. We want to make sure that they are safe and secure when at school, day care, or elsewhere. Parents want to know that their children are safe so more and more daycares are adding security cameras to their facilities as a result. Installing a security camera system in a daycare center gives the parents a sense of security that their children are not only being watched by a qualified facility but that the entire environment of the daycare is being monitored using video surveillance. With security cameras and a surveillance DVR recorder, the day care owners are able to monitor the children and know if anything is amiss. We are not just talking about abduction, which is a fear for any parent, but we are also talking about children wandering off, or getting injured. With someone actively monitoring the cameras they can see a child in danger and be able to respond quickly. They can also alert day care staff about the child wandering off and have someone get the child before it is too late. Also, with video surveillance also being recorded, old footage can be reviewed at any time to review past events that took place. Security cameras are used to keep us safe in stores and out in the street, so why are they not used to keep our children safe in day care?

VIDEO SURVEILLANCE RELEASE FORM

1. I consent and authorize Mastering Milestones Child Development Center, LLC,
located at 1130 E Main St, Cushing, OK 74023 to use my likeness in Video Surveillance to
Enhance The Safety of My Child while in Care of Mastering Milestones.

The Owner/Director or Teacher In Charge when The Director Is Absent, Will Monitor Daily
Security Cameras of -Teachers and Children Both Inside Classrooms & Outside on the
Playground of Our Child Care Center.

-We are able to monitor **Who Comes In and Out of The Building Daily.**

-This is Also Monitored by our S2 Solutions Security System.

We Will NOT Be Monitoring Inside Restroom Use Or In Diapering Areas.

Enhancing Safety & Security For Our Children Is The Goal Of This Added Expense & Action!

Again, S2 Solutions, The Director- Kim Ridenour and or The Mastering Milestones Teacher In
Charge when Kim Is Unavailable, will be the Only Eyes Monitoring this information daily.

**When Enrolled Families Access Entrance Into Our Building Using The Assigned Access
Card or Key Fob,** They May Also View The Office Monitor that will be Hung on the Wall While
Signing Children In Or Out DAILY.

Having Access to Our Building Requires Using An Assigned Access Card!

Do Not Open The Door For Just Anyone, This is Why We Have Security-

To Enable All Who Are A Part Of Our Program- to Enter and Exit Safely.

This too is part of our Security System Setup. We Pay A Monthly Fee To Monitor Our Building
Through S2 Solutions. Even when we are all away from the center, they are able to Monitor our
Building. **We Are NOT Offering A Parent Portal at this time.**

After looking into it, that is a Whole Different Legal Aspect that we choose Not To Be A Part Of!

This Added **Surveillance Use Is Primarily A Tool of Safety** for All Who Are Inside and Outside
of Our Center.

2. *I understand and agree that all Video Footage is the property of Mastering Milestones
Child Development Center, LLC, and will not be returned to me.*

3. *I acknowledge that I am not entitled to any compensation or royalties with respect to
the use of the Video if needed for Safety Incidents in a Legal Matter.*

4. *I agree to release and forever discharge Mastering Milestones Child Development
Center, LLC and its affiliates, officers, employees, representatives, partners, Licensing
Agents and anyone claiming through them, in their individual and/or corporate
capacities from any and all claims, liabilities, obligations, promises, agreements,
disputes, demands, damages, causes of action of any nature or kind, known or
unknown, which I, and anyone claiming on behalf of me, may have or claim to have
against Releasee in connection with this Release.*

5. *I Have Carefully Read and Fully Understand all the provisions of this Video
Surveillance Release Form and am freely, knowingly and voluntarily signing.*

SIGNATURES

Kim Ridenour

MASTERING MILESTONES CENTER

DAILY ROUTINE

6:30 A.M. - 5:45 P.M. MONDAY THROUGH FRIDAY

6:30-8:45 ALL CHILDREN WASH HANDS UPON ARRIVAL

Before Care/Center Play with Mixed Age Groups

(4's Public School Kids Load van at 7:45/Public School Bus Picks Up Others)

8:45-9:00 RESTROOM/WASH HANDS FOR BREAKFAST

9:00-9:30 BREAKFAST MEAL TIME

9:30-9:45 RESTROOM/WASH HANDS AND FACES

9:45-11:45 ROTATED Center Play/

Weekly Lesson Plan Learning Time/Outdoor Play

Within each Age Group Classroom Setting Per Routine

11:45-12:00 RESTROOM/WASH HANDS FOR LUNCH

12:00-12:30 LUNCH MEAL TIME

12:30-12:45 RESTROOM/WASH HANDS AND FACES

12:45-2:30/2:45 REST/NAP TIME

2:30-3:00 GETTING UP FROM NAP / RESTROOM & WASH HANDS FOR P.M. SNACK

3:00 SNACK TIME

3:45 AFTER CARE SNACK TIME FOR SCHOOL AGE

3:15-3:30 RESTROOM/WASH HANDS AND FACES

*REGROUP FOR AFTER CARE

3:30-5:00 CENTER PLAY/OUTDOOR PLAY ROTATED

PER GROUPS INDIVIDUAL CLASSROOM SCHEDULE

5:00-5:30 PREPARE FOR DAILY DEPARTURE

/HOMEWORK TIME FOR SCHOOL AGE



*ALL WHO ARE IN DIAPERS, WILL BE CHECKED AND CHANGED HOURLY, IF NOT NEEDED BEFORE.
*PLEASE SUPPLY AN ADEQUATE AMT. OF DIAPERS AND WIPES FOR THE TIME BEING CARED FOR BY M.M.

*UPON WRITTEN REQUEST PER PARENT:

TO HELP SAVE FAMILY FUNDS, WE WILL NOT CHANGE THEM HOURLY IF THEY ARE DRY.
YOUR CHILD WILL BE CHECKED HOURLY AND THEN CHANGED MINIMALLY EVERY 2 HOURS.

This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and DHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in DHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of DHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

Posted: The program is required to post:

- This Notice to Parents; and
- Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

Compliance file: The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file only contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: monitoring visit forms; including the most recent visit; case status information; such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

Online

Child care locator and case summary: Access at the below Web address.

Licensing requirements for child care programs: Access at the below Web address or contact the local DHS office below for a mailed copy.

At the DHS local office

Public licensing file: Contact the local office below to schedule an appointment.

Case summary: Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:

DHS local office

Child Care Services

Address: Julie Krayler Stillwater, OK **Phone:** 800-270-0797

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>

Child Care Centers, Drop-In Programs, and Part-Day Programs

Single-Age Group Chart Use when the: • group of children are the same ages or • Mixed-Age Group Exception* applies.	Ratios	Maximum Group Size
Infants	1:4	8
1-year-olds	1:6	12
2-year-olds	1:8	16
3-year-olds	1:12	24
4-year-olds	1:15	30
5-year-olds (and older single-age groups)	1:20	40

Child Care Centers, Drop-In Programs, and Part-Day Programs (continued)

Mixed-Age Group Chart Use when the group of children are different ages, unless the Mixed-Age Group Exception* applies.	Ratios	Maximum Group Size
Infants, and 1-year-olds, and 2-year-olds only	1:6 No more than two infants per teaching personnel	12
Infants and older	1:8 No more than two under 2 years of age per teaching personnel	16
1-year-olds and older	1:8 No more than two 1-year-olds per teaching personnel	16
2-year-olds and older	1:12 No more than four 2-year-olds per teaching personnel	24
3-year-olds and older	1:15 No more than six 3-year-olds per teaching personnel	30
4-year-olds and older	1:18 No more than eight 4-year-olds per teaching personnel	36
5-year-olds and older (and older mixed-age groups)	1:20	40

***Mixed-Age Group Exception.** If a mixed-age group of children is understaffed or over group size according to the Mixed-Age Group Chart, refer to the Single-Age Group Chart to determine if the mixed-age group may be in compliance. In this situation, the age of the youngest child in the mixed-age group determines the ratio and group size used in the Single-Age Group Chart. The children may remain in their mixed-age group even when following the Single-Age Group Chart.

Licensing

APPENDIX JJ. EXCLUSION CRITERIA FOR CHILDREN WHO ARE ILL

All programs

Children diagnosed with these illnesses are excluded from all programs, including programs serving children who are ill.

1. Aseptic meningitis
2. Bacterial meningitis
3. E. coli 0157:H7, until diarrhea resolves and two stool cultures are negative
4. Untreated scabies
5. All reportable contagious diseases, until the period of communicability has elapsed as determined by a licensed physician or health department official

Programs serving only children who are well

Children with these illness symptoms are excluded from a program caring for only well children.

1. Fever, defined as axillary (armpit) temperature of 100 degrees or higher, or oral temperature of 101 degrees or higher, with another sign or symptom of illness
2. Diarrhea, defined as runny or watery stools with increased frequency of loose stools
3. Vomiting two or more times in a 24-hour period
4. Undiagnosed body rash or pox, except diaper rash, with fever
5. Draining skin wounds that cannot be kept completely covered by a bandage
6. Sore throat with fever and swollen glands
7. Eye discharge, defined as thick mucus or pus draining from the eye or Conjunctivitis (pink eye) without evidence of allergic reaction
8. Yellowish skin or eyes
9. Severe and/or persistent coughing, where a child gets red or blue in the face, makes a high-pitched whooping sound after coughing, or coughs to the point of vomiting
10. Appears to be severely ill from an unexplained cause, such as extreme lethargy, irritability, persistent crying, difficulty breathing, or any other unusual signs

- **Lethargy: TOO SICK TO COME TO DAYCARE/SCHOOL**
- **Excessive Runny Nose: See a Dr. for Diagnosis**
- **Diarrhea or Vomiting: TOO SICK TO COME TO DAYCARE/SCHOOL**
- **Skin Infections: ring worm, impetigo, lice, rash, ...: See a Dr. for Diagnosis**
- **Pink Eye/Conjunctivitis: 48 Hrs for return / See a Dr. for Diagnosis**

In the event a child contracts a communicable disease and exposes the other children, the parent is required to immediately notify the Center.

We will inform other parents verbally and or in writing that a possible exposure has occurred keeping the ill child's name confidential.

Should a child become ill at school, the parent will be notified immediately.

In case of accidental injury, we will make an immediate attempt to contact a parent.

If we cannot reach you, we will call the children's physician.

If necessary, we will also call an ambulance.

The Teacher will be in charge and make all decisions about the care of the child.

You will be expected to assume responsibility for any resulting expenses not covered by our insurance provider. Mastering Milestones will maintain a parent's signed consent form agreeing to this provision. Please keep the teacher up-to-date on phone numbers, emergency numbers, and medical conditions.

RETURNING TO SCHOOL

FOLLOW OUR RETURN POLICY AND PROVIDE A SAFE NOTE FROM THE PHYSICIAN. An ill child will not be permitted to return to school until the contagious period of the illness has passed based on published medical information and has met Mastering Milestones Guidelines. For example, if the child's *temperature remains normal for 24 hours without having taken medication to control temperature within that 24 hour period* and he/she shows no signs of illness, then the child may return to school.

Or if the child has been on *antibiotics for 24 hours and the treating physician signs a statement that the child is not contagious*, then the child may be readmitted into school.

★ Out of Mastering Milestones Handbook

HEALTH INFORMATION

Each child is required by state regulation to have a health statement on file that includes a record of updated immunizations.

If a child's health care summary is not complete at the time of enrollment or within thirty (30) days after enrollment, the child will be excluded from the program.

MEDICATION

If your child requires medicine administered during school hours, please alert the teacher to his/her condition and complete a Medication Form including dosage, time to be administered and possible side effects of the medication. The Medication Form will remain on file at the school for as long as your child requires the medicine. The Teacher is not permitted to administer any medication without a complete Medication Form on file.

All medication must be in the original container and clearly marked with the child's name, address and phone number. You may not leave medication in a cubby or a diaper bag.

Please make sure all medications is handed to a teacher to properly store.

SICK CHILDREN

For the health of our teachers and all of our children, please do not attempt to bring a noticeably ill child to school. Our teachers are instructed to refuse any child showing the following signs that he/she is ill, contagious or injured:

- Contagious illness (RSV, Flu, Chicken Pox, Strep, Bronchitis, Sinus Infection, Viral Infection, Croup, etc.) *ALSO SEE LICENSING GUIDELINES
- RETURN PERIODS:
- Flu- 4 days
- RSV: 5 days
- Strep: 2 days
- Fever: FEVER FREE FOR 24 Hours Without Using Meds to Reduce Temp
- Ear Infections: 1 day fever free
- On Antibiotics: No Return Before 24 Hours
- Coughing, Ear Aches or Sore Throat: See a Dr. for diagnosis
- Covid (see attachments)



MASTERING MILESTONES 2025-2026
WE FOLLOW CUSHING PUBLIC SCHOOL



PLEASE FOLLOW OUR ANNUAL CALENDAR OF CLOSING / OPEN DATES
- FOR FAMILIES AND TEACHERS -

WEDNESDAY AUGUST 13 -- BACK TO SCHOOL SCHEDULES BEGIN

FRIDAY AUGUST 29 and MONDAY SEPTEMBER 3

CUSHING PUBLIC SCHOOL and OUR CENTER IS CLOSED FOR A PROFESSIONAL DAY and LABOR DAY

OCTOBER 16, 17 & 20

THURSDAY, FRIDAY AND MONDAY - CUSHING PUBLIC SCHOOLS ARE CLOSED.

We are CLOSED THURSDAY & FRIDAY FOR FALL BREAK BUT WILL REMAIN OPEN ON MONDAY 20th!

****OUR PARENT TEACHER CONFERENCES WILL BE HELD THIS MONTH.**

NOVEMBER

24-28 PUBLIC SCHOOLS ARE CLOSED ALL WEEK FOR THANKSGIVING.

WE ARE OPEN 24, 25 & 26 MONDAY TUESDAY WEDNESDAY CLOSED THURSDAY & FRIDAY

DECEMBER 22- JANUARY 5 SCHOOLS ARE CLOSED FOR HOLIDAYS /

WE ARE CLOSED MONDAY THE 22nd THROUGH FRIDAY 25 FOR OUR CHRISTMAS BREAK

AND WILL OPEN MONDAY DECEMBER 29 Tuesday 30 and Friday Jan 2nd.

--- CLOSING Wednesday DECEMBER 31st & Thursday JANUARY 1, 2026.

MONDAY JANUARY 19- SCHOOLS ARE CLOSED FOR THE HOLIDAY. WE ARE OPEN

FEBRUARY- NO CLOSING FOR US - MONDAY 16, SCHOOLS ARE CLOSED -

FRIDAY MARCH 13- FRIDAY MARCH 20. SCHOOLS ARE CLOSED FOR SPRING BREAK.

*****WE ARE OPEN FRIDAY MARCH 13. ***WE ARE OPEN MONDAY TUESDAY WEDNESDAY**

WE ARE CLOSED ON THURSDAY & FRIDAY 19 & 20 FOR OUR TEACHER SPRING BREAK.

****OUR PARENT TEACHER CONFERENCES WILL BE HELD THIS MONTH.**

APRIL NO CLOSING FOR US- FRIDAY APRIL 3 SCHOOLS ARE CLOSED.

MAY MASTERING MILESTONES PRESCHOOL GRADUATION @ 10:30AM (TBA)

FRIDAY MAY 15 IS THE LAST DAY OF CUSHING SCHOOLS.

MONDAY MAY 18- SUMMER SCHEDULED FUN DAYS WILL BEGIN!

WE WILL CLOSE FRIDAY MAY 22 & MONDAY MAY 25 FOR THE HOLIDAY.

JUNE / JULY

JUNE 29-JULY 3 WE ARE CLOSED THIS WEEK FOR TEACHER VACATION WEEK.

SIGN UP FOR BACK TO SCHOOL NEEDS THIS MONTH!

AUGUST 2026 SUMMER BASH & BACK TO SCHOOL DATES POSTED CLOSER TO DATE!

PLEASE FOLLOW OUR
MASTERING MILESTONES
FACEBOOK PAGE
FOR BAD WEATHER CLOSINGS,
DAILY CLASSROOM PICTURES
and POSTED REMINDERS
FOR CHILDREN & FAMILIES!

- READ YOUR CHILDS
DAILY REPORTS AND
MONTHLY CLASSROOM
NEWSLETTERS
FOR ALL PLANNED EVENTS
AND ANY NEEDED ITEMS.

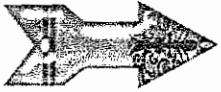
BORN TO CRAFT

extra ITEMS NEEDED FOR ART PROJECTS

(used THINGS YOU MAY HAVE LAYING AROUND AT HOME)

**-RIBBON -ARTIFICIAL FLOWERS -VARIETY OF FABRIC SQUARES -DUCK TAPE
-VARIETY OF BUTTONS -LEFT OVER WRAPPING PAPER -SCOTCH TAPE
-TISSUE PAPER -MASKING TAPE -MAGNETS -BEADS OF ALL SIZES**

DAILY:



**-EVERY MONDAY YOUR CHILD MUST HAVE
A CLEAN FITTED SHEET & BLANKET**

- BEING PICKED UP ON FRIDAYS TO TAKE HOME AND WASH.

YOU WILL NOT BE ABLE TO LEAVE YOUR CHILD FOR A FULL DAY

IF THEY DO NOT HAVE -- DAILY NECESSITIES --

-BEDDING -EXTRA CLOTHING -A JACKET -FOR OUTDOORPLAY- -SHOES FOR AGE 1 & UP

(ALL ITEMS LABELED WITH CHILDS NAME INSIDE)

IN ADDITION TO THE ABOVE, -LITTLES NEED:-

****WEEKLY LABELED SUPPLY OF -DIAPERS/PULL-UPS -WIPES -FORMULA -BOTTLES**

**PARENTS: WHEN BRINGING CHILDREN IN DAILY: MAKE SURE THEY ARE SIGNED IN,
ARRIVING IN A FRESH DIAPER OR PULL-UP IF WEARING ONE & HAVE CLEAN FACE & HANDS**

**-NOT WEARING THE SAME CLOTHES & DIRT FROM THE DAY BEFORE
OR AN OVERNIGHT DIAPER/PULL-UP.**

IF WE ARE CARING FOR YOUR CHILDREN-- PAYMENT FOR CARE IS WHAT PAYS:

THE TEACHERS TO CARE FOR CHILDREN & FOR CENTER OPERATION EXPENSES.

**TO MAKE THAT HAPPEN: **FOR THOSE WITH FREE SERVICE -DHS -MUST SWIPE CARD DAILY
IN & OUT FOR OUR PAYMENT TO GET PAID / WHICH IS ALREADY -3 WKS BEHIND!!**

-DO NOT RELY ON OUR CENTER TO KEEP UP WITH MISSED SWIPES-

*****PRIVATE PAY -MUST BE PAID IN FULL ON MONDAY- PRIOR TO CARE.**