



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ross County YMCA Child Development Program Registration 2025-2026

Child's Name: _____ **DOB** _____ **Age** _____

YMCA membership status: Youth Family None

Parent's Name: _____

Phone Number: _____

Email Address: _____

Days of attendance: M Tu W Th F

Expected times of drop off/pick up: _____ am _____ pm

Indicate the program you wish to enroll in:

☐ **Toddler Care (Ages 18-36 months)**

- There is a \$25.00 registration fee for all new participants.
- Payments are automatically drafted out of bank account or credit/debit card. Draft is to be set up at the time of enrollment.
- All participants are required to have a physical completed before their first day of school. Physical must be completed on the provided ODJFS form included in this packet and updated every 13 months as enrolled.
- YMCA staff must be aware of any custody issues and have appropriate documentation on file.

***There is a non-refundable \$25.00 registration fee for all families due at the time of enrollment. Weekly Child Care fees are due every Wednesday for the following week.**

***Our ODJFS (Ohio Department of Job and Family Services) acceptance policy includes swiping daily for your child's attendance, meeting the required hours you are given, and paying your weekly co-payment.**

Parent/Guardian Signature

Date

For questions or additional information please contact Bri McIntosh at (740) 772-4340 or brimcintosh@rosscountyyymca.org. Please check out our website at www.rosscountyyymca.org and we are on Facebook!



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**YMCA of Ross County
Child Care and Early Learning**

Fee Structure Effective as of February 2025

	Member Rate (per week)	Guest Rate (per week)
Toddlers	\$165	\$180
Preschool	\$155	\$175
Program Registration Fees	\$25	\$25
	*one time fee	
Family Discount		
20% discount applied to additional children in lowest priced enrolled program(s)		

To enroll, please contact program director Brianna McIntosh at 740.772.4340 or
brimcintosh@rosscountyyymca.org



YMCA OF ROSS COUNTY

CHILD DEVELOPMENT PROGRAM

SCHOOL CALENDAR 2025-2026

AUGUST						
SU	M	TU	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

6th Last day of Summer Camp
 7th & 8th Teacher In Service
 Closed
 8th Back to School night 5-7p
 11th First day of Fall Preschool

SEPTEMBER						
SU	M	TU	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1st Labor day- Closed

OCTOBER						
SU	M	TU	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

13th -17th Scholastic Book Fair
 14th & 16th Fall Parent/ Teacher
 Conf. - Close @ 5

NOVEMBER						
SU	M	TU	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

27th & 28th Thanksgiving
 Break- Closed

DECEMBER						
SU	M	TU	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

5th Staff Christmas Party-
 Close @ 5
 19th Christmas Program 3pm
 24th & 25th Christmas Break-
 Closed

JANUARY						
SU	M	TU	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

1st New Years Day- Closed

FEBRUARY						
SU	M	TU	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH						
SU	M	TU	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL						
SU	M	TU	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

14th & 16th Spring Parent/ Teacher conf
 - Close @ 5
 21st & 23rd Spring Parent/ Teacher conf
 - Close @ 5

MAY						
SU	M	TU	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

25th Memorial Day - Closed
 28th Pre K Graduation 1pm
 29th Last Day of Fall Preschool

JUNE						
SU	M	TU	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1st First day of Summer Camp

JULY						
SU	M	TU	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Ohio Department of Children and Youth

FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

<p><i>We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL</i> Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.</p>		
Child's/Children's Name(s):	Caretaker's Name:	
Date Completed:		
TOPICS		
Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?		
Y	N	Information on child growth and development.
Y	N	Guiding and supporting a child's behavior.
Y	N	Medical or disabilities or possible conditions for any child or adult in the family.
Y	N	Obtaining toys or activities to use to help any child in your home.
Y	N	Preparing your child for kindergarten.
Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?		
Y	N	Health insurance and/or access to regular medical care, dental care, or medications.
Y	N	Medical or health supplies or supports that anyone in your family needs.
Y	N	Accessing immunizations.
Y	N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.
Y	N	Concerns with depression, anger, anxiety, or mental health needs.
Y	N	Concerns with alcohol, drug, or addiction problems.
Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?		
Y	N	Help paying for child care.
Y	N	Help finding housing or safe housing.
Y	N	Help paying your mortgage or rent.
Y	N	Help with food expenses.
Y	N	Finding household items such as furniture, clothing, or school supplies.
Y	N	Access to transportation or transportation expenses.
Y	N	Attending school (such as a GED, Certifications, or college degrees)
Y	N	Help finding work or job training

Are there other needs you or your family have that are not listed above:

Parent Signature	Date:
Administrator or Designee Signature:	Date:

For Staff Use:

Bronze Rating Level	Silver Rating Level	Gold Rating Level
Resources provided to the family:	Resources provided to the family:	Resources provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
Referrals provided to the family:	Referrals provided to the family:	Referrals provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
Follow-up provided to the family:		Follow-up provided to the family:
		Administrator or Designee Signature & Date:



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Updated Illness Policy Effective: 12/29/2020

Changes to the current illness policy include the following:

-Any children showing signs of or experiencing any symptoms of COVID-19 such as:

- New uncontrolled cough (for children with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle or body ache
- Sore throat
- New loss of taste or smell
- Fever of 100 degrees or more
- Fatigue
- New onset of severe headache
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

Will be sent home immediately and not permitted to return for up to 14 days from the date sent home.

-Temperatures of all children will be taken upon entrance into our facility by a staff member. If any adult is entering the facility for any reason, their health will be evaluated as well.

-A child or parent/guardian may not enter the facility with a temperature of 100 degrees or higher.

-If a child shows a temperature of 99 degrees to 99.9 degrees upon arrival or at any point during the day, the child's temperature will be taken periodically to monitor any progression.

YMCA OF ROSS COUNTY

100 Mill St. Chillicothe, Ohio 45601

P 740.772.4340 www.rosscountyyymca.org



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-If a child has a temperature of 100 degrees, they will be sent home immediately and will not be permitted to return until they are fever free for 24 hours, without the use of fever-reducing medication.

-If a child or family member has had contact with someone confirmed or probable to have COVID-19, he or she must complete isolation or quarantine procedures in coordination with the local health department prior to returning to the program.

Current illness policy into addition of above:

A child is considered to be sick when demonstrating any of the following symptoms:

- Diarrhea (three or more abnormally, unexpectedly or unexplained loose stools within a twenty-four hour period).
- Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
- Difficult or rapid breathing.
- Yellowish skin or eyes.
- Redness of the eye or eyelid, thick and purulent (pus) eye discharge, matted eyelashes, burning, itching or eye pain.
- Untreated infected skin patches, unusual spots or rashes.
- Unusually dark urine and /or gray or white stool.
- Stiff neck with elevated temperature.
- Evidence of untreated lice, scabies, or other parasitic infestations.
- Sore throat or difficulty in swallowing.
- Vomiting more than one time or when accompanied by any other sign or symptom of illness.

Please assist us in this manner and keep your children home when they are showing any signs of illness.

By signing this document, you are agreeing to comply with all obligations within our illness policy as set forth.

Parent/Guardian Signature

Date

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. YMCA of Ross County has put in place preventative measures to reduce the spread of COVID-19; however, YMCA of Ross County cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA of Ross County may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA of Ross County's employees, volunteers, and program participants and their families.

____ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at YMCA of Ross County. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless YMCA of Ross County, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YMCA of Ross County, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at YMCA of Ross County.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where YMCA of Ross County is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

____ INITIALS If I have signed a separate general waiver of liability connected to my participation at YMCA of Ross County, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at YMCA of Ross County.

Signature _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone (____) _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of YMCA of Ross County

____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____

Ohio Department of Children and Youth
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

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

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name #1				Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's				Home Telephone Number <input type="checkbox"/> Same as Child's	
City				State Zip	
Email Address (if applicable)				Cell Phone (if applicable)	
Parent's Work/School Name				Parent's Work/School Telephone Number	
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2				Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's				Home Telephone Number <input type="checkbox"/> Same as Child's	
City				State Zip	
Email Address (if applicable)				Cell Phone	
Parent's Work/School Name				Parent's Work/School Telephone Number	
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State		City State	
Telephone Number		Relationship to Child		Telephone Number Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State		Telephone Number	

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

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

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

☐ No

☐ Yes - *check all that apply* ☐ Food ☐ Medication ☐ Environmental Please list and explain:

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

☐ No

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

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

☐ No

☐ Yes - please explain

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

☐ No

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

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

☐ No

☐ Yes - please explain

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

☐ No

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

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

☐ No

☐ Yes - please explain

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

☐ No

☐ Yes - written instructions from the child's health care provider must be on file.

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

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.

☐ Not applicable

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

☐ Not applicable

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

☐ Not applicable

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

☐ Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? ☐ Yes (If yes, skip to *Emergency Transportation Authorization* section)

☐ No (If no, fill out the following:)

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

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

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Program or Home Name			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

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

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

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Reset Form

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

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

- ☐ active ☐ adventurous ☐ affectionate ☐ anxious ☐ bossy ☐ bright ☐ busy ☐ calm ☐ cautious ☐ cheerful
☐ content ☐ creative ☐ curious ☐ easily-angered ☐ emotional ☐ energetic ☐ excitable ☐ friendly ☐ gives-in-easily
☐ happy ☐ hesitant ☐ insecure ☐ jealous ☐ likes structure/routines ☐ loud ☐ loving ☐ mellow ☐ outgoing
☐ prefers adult attention ☐ quiet ☐ sensitive ☐ serious ☐ shares-well ☐ social ☐ spontaneous ☐ stubborn ☐ tentative
☐ other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a ☐ high chair, ☐ booster, ☐ child size chair or ☐ adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date



Pick up Permission

Only the following people are permitted to pick up or drop off my child to the YMCA of Ross County.

Must be 18 years of age and have proper ID at the time of pick up. Staff members will not be permitted to release a child to someone who is not on this list without written notice from a parent.

***Please keep in mind we cannot withhold releasing a child to a biological parent without proper court documentation.**

Name	Relationship	Phone Number

Parent/Guardian Signature

____/____/____
Date

Walking Trips

I hereby give consent and authorization for my child to participate in off-site trips with the Ross County YMCA Child Development Center. Trips include walks to the City Park and other destinations within a radius of five blocks of the YMCA. They may also include crossing the bridge over the Yoctangee Lake, which is greater than two feet in depth. I understand that sometimes trips may be spontaneous and advance notification may not always be possible. The YMCA will always be left with the notice of the group's departure time and expected time of return for any trip taken. I approve of my child's inclusion in these activities.

Parent/Guardian Signature

____/____/____
Date

First Aid

The Ross County YMCA Child Development staff members and volunteers have my permission to administer first aid to my child when necessary.

Parent/Guardian Signature

____/____/____
Date

Photography Release

I give my permission to the Ross County YMCA Child Development Center to use, without limitation or obligation, photographs, film footage, or tape recording, which may include myself and/or my child's image(s) or voice for purposes of promoting or marketing YMCA programs.

*Signing below gives us consent. If you do not wish to consent, please check this box ☐ NO PHOTOGRAPHY.

Child's Name _____

DOB _____

Parent's Name _____

Parent's Signature _____

Date _____

Ross County YMCA Child Development Center

Policies & Statement of Understanding

I have received and reviewed the Program Policies & Procedures Handbook and understand its contents.

- ☐ I understand that I need to pack my child a swimsuit and towel and that my child needs to wear comfortable play clothing each day.
- ☐ I understand that under no circumstance will my child bring their own toys, which include but are not limited to: personal electronic devices, card games, other personal items. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day. My child is responsible for his/her own belongings. The Ross County YMCA is not responsible for lost or stolen items.
- ☐ I understand that program fees are due every Wednesday prior to the week of attendance. Payments not made on time will be subject to a \$10.00 per week, per child late fee.
- ☐ I understand that there is a late fee of \$10.00 per child, per every 15 minutes after 6:00pm. If a child is left after 7:00pm and a parent has not made contact to the center, the staff will contact Children's Services.
- ☐ I understand that I am not to leave my child at the Ross County YMCA Child Development Center unless a staff member is there to receive and supervise them.
- ☐ I understand that my child will only be released to authorized adults. I will inform anyone signing out my child to present a valid form of identification.
- ☐ I understand that the Ross County YMCA Child Development Center cannot withhold a child from a biological parent without legal documentation.
- ☐ I understand that the Ross County YMCA Child Development Center is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- ☐ I understand that should a parent/guardian or authorized adult arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

☐ I understand that the Ross County YMCA Child Development Center does not sanction, encourage, or endorse the use of YMCA employee or volunteers for non-YMCA child care activities. Such activities are outside the scope of an employee or volunteer's duties with the Ross County YMCA Child Development Center. The Ross County YMCA Child Development Center does not assume any responsibility for off-duty employees.

☐ I understand that there are inherent risks involved in participating in the Ross County YMCA Child Development Center programs. I will not hold the Ross County YMCA Child Development Center; its staff, volunteers, directors, administrators, and/or members liable for any accidents or injuries that occur while participating in the Child Care Programs.

Please be sure to carefully read the Parent Handbook you were given at the time of enrollment for full program details.

**Ross County YMCA
Child Development Center
Parent Handbook Acknowledgement**

**I acknowledge that I have received a copy of the Ross County YMCA Child
Development Center Handbook for:**

☐ Toddler Care

Child _____

☐ Preschool

Child _____

I agree to follow all policies outlined within.

Parent/Guardian Name

____/____/____
Date

Parent/Guardian Signature

Parent Form Checklist

Dear Parents, we need completed forms for your child to attend!

Required Forms (available in Enrollment Packet)

☐ **Registration Form**

☐ **ODJFS Child Health and Medical Form**

Required fields:

- ☐ **Child's Information**
- ☐ **Parent/Guardian Information (Including how to be reached while your child is in the program)**
- ☐ **TWO Emergency Contacts**
- ☐ **Doctor/Dentist Information (Don't have one? Use Adena Regional Medical Center 272 Hospital Road Chillicothe, Ohio 45601 (740) 779-7531)**
- ☐ **Emergency Transportation Authorization**
- ☐ **Health Information (Anything Marked on this page must be followed by Medical/Physical Care Plan and/or Administration of Medication Form – See Child Care Administrator to obtain)**

☐ **Family Information**

☐ **Pick up Permission, Walking Trip, First Aid, Photography Release Form**

☐ **YMCA Transportation Permission Form (PS ONLY)**

☐ **Swimming Permission Form (PS ONLY)**

☐ **YMCA Parent Handbook Acknowledgment**

☐ **Medical Statement Form (MUST use form given)**

☐ **Child and Adult Care Food Program Enrollment Form (All portions must be filled out even if over income eligible.)**

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):	
Section A- EXAMINATION	
✓ The above named child has been examined.	
✓ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
✓ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):	
Check below, if applicable:	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings	
Height _____	Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____
Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

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

IMMUNIZATION (Complete ONLY ONE SECTION below)	
Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:	
Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Initials of Examining Health Care Practitioner <hr/> Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	Signature of Parent <hr/> Date

Payment Authorization Agreement

I authorize the YMCA of Ross County to initiate electronic entries to my financial institution named below to debit my account.

☐ Checking Account ☐ Savings Account

☐ MasterCard ☐ Visa ☐ Discover

PLEASE COMPLETE FORM IN FULL

Bank Information

Bank or Credit Card Company _____

City, State, Zip _____

Routing/Transit Number _____

Account Number _____

Credit Card Number _____

Credit Card Expiration Date _____

Name on Bank Account or Credit Card _____

Your Information

Parent/Guardian _____

Parent/Guardian DOB __/__/__

Address _____

City/State/Zip _____

Email _____

Work Phone _____

Cell Phone _____

Child(ren)'s Name _____

Child(ren)'s Membership Status _____

Child Care Participation: (Please Circle)

Monday Tuesday Wednesday Thursday Friday

Second Child Discount? Yes___ No___

Parent/Guardian Signature _____

Staff Signature _____

Terms And Conditions

1. I authorize the YMCA of Ross County to withdraw sufficient funds to pay my regular child care fees and/or child care related fees that are due and payable.
2. If for any reason my account does not have sufficient funds to cover the debits authorized herein, YMCA will redraft up to two more times to collect these fees. After all draft attempts have been exhausted, I agree that I am still responsible for payment, a service charge to the YMCA in the amount of \$ 30 and any service fees charged by the financial institution involved.
3. In the event I wish to revoke this authorization, I may do so at any time providing written notice to the YMCA. After written notice is signed, fees will be drafted out for the next two (2) Wednesdays.
4. All child care payments are non-refundable and nontransferable. The YMCA reserves the right to increase child care costs with notification.
5. I understand and will adhere to the YMCA of Ross County's Child Care payment policy as written.

Updated: 9/9/2024

Date _____

Date _____

Ohio Department of Education - Office of Integrated Student Supports
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME

CHILD'S NAME
(please print)

AGE

BIRTHDATE

month / day / year

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

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

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

**SIGNATURE OF
PARENT/GUARDIAN**

DATE

**DAY PHONE
NUMBER**

**MAILING ADDRESS:
STREET /APT.**

CITY

ZIP CODE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

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

This institution is an equal opportunity provider.

Revised 10/2019

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME *Sunshine Child Care*

CHILD'S NAME

(please print)

ANNIE JONES

AGE

5

BIRTHDATE

9

/

4

/

2009

month

day

year

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

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓		✓		
Tuesday	✓	7:00 am			6:00 pm		✓	✓		
Wednesday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm		✓	✓		
Thursday	✓	7:00 am			6:00 pm		✓	✓		
Friday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm			✓		
Saturday										
Sunday										

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

SIGNATURE OF

PARENT/GUARDIAN *Mary Jones*

DATE

7/13/2019

DAY PHONE

NUMBER *(614) 222-3344*

MAILING ADDRESS:

STREET /APT.

123 Park St.

CITY

Columbus

ZIP CODE

43215

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised 10/2019

INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2023-2024

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

CENTER NAME				CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court. Attach documentation)	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.	
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER					Check type of benefit:	<input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE			CASE NO.	_____
1.					CASE NO.	_____
2.					CASE NO.	_____
3.					CASE NO.	_____
4.					CASE NO.	_____

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.					
a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the “I do not have a Social Security Number” box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information,		
* _____ SIGNATURE OF ADULT HOUSEHOLD MEMBER	* _____ DATE	* If Part 3 is completed, insert last 4 digits of Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Check if applicable) <input type="checkbox"/> I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of the respondent.

<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>	Other

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

If you do not know the respondent's race or ethnicity, please check the "Other" box and write in the information, but if you do not, we will assume the respondent is White.

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

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program. **State Distribution: July 2023**

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

<p>THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent(s).</p> <p>Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion : Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12</p>		<p>Application Certified/Categorized as:</p> <p><input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child</p>
<p>Total Household Size: _____</p> <p>Total Household Income: \$ _____</p> <p>Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year</p>		<p><input type="checkbox"/> REDUCED-PRICE, based on Household size and income</p> <p><input type="checkbox"/> PAID, based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information</p>

Signature of Sponsor / Center Representative

Date Sponsor Certified/Categorized Form

Effective Date
(From the first of month of date signed)

Expiration Date
(Valid until last day of month in which
form was signed one year earlier)

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the income eligibility application is optional.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Attach documentation to show foster child status.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a swipe card number.

SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.

PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.

- Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- Check the box for any person listed as a household member (including children) that has no income.
- For each household member, list each type of income received during the last month and list how often the money was received.
 - Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
 - List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
 - List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
 - List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

- * All applications must have the signature of an adult household member.
- * The adult signing the application must also date the form.
- * Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." If you listed a food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

REDUCED-PRICE INCOME ELIGIBILITY GUIDELINES					
Effective from July 1, 2023 through June 30, 2024. Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits.					
HOUSEHOLD SIZE	ANNUAL	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$26,973	2,248	1,124	1,038	519
2	\$36,482	3,041	1,521	1,404	702
3	\$45,991	3,833	1,917	1,769	885
4	\$55,500	4,625	2,313	2,135	1,068
5	\$65,009	5,418	2,709	2,501	1,251
6	\$74,518	6,210	3,105	2,867	1,434
7	\$84,027	7,003	3,502	3,232	1,616
8	\$93,536	7,795	3,898	3,598	1,799
Additional member	+9,509	+793	+397	+366	+183

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 more than 2.6 million children participate in CACFP at child care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

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

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or 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 Child Care Homes:** Licensed or approved private homes.
- **After School Care Programs:** Centers in low-income areas provide free snacks to School-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility

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

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

Contact

Information

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

Sponsoring Organization/Center

Ross County YMCA
100 Mill Street
Chillicothe, Ohio 45601
1-740-772-4340

Ohio Department of Education

CACFP Consultant
25 S. Front Street, MS 303
Columbus, OH 43215-4183
614-466-2945
Toll Free: 1-800-808-6235

Nondiscrimination

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

What is WIC?

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



What Does WIC Provide?

- ♥ Nutrition education and support
- ♥ Breastfeeding education and support
- ♥ Referral for health care
- ♥ Immunization screening and referral
- ♥ Supplemental foods such as:
 - Cereal
 - Eggs
 - Milk
 - Whole-grain foods
 - Fruits and Vegetables
 - Infant formula



Who is Eligible for WIC?



Women who are pregnant, breastfeeding or have a baby less than 6 months old, and infants and children up to 5 years old are eligible to apply for WIC. Fathers are welcome to apply for WIC for their children up to age 5.

To qualify for services you must:

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

How Do I Apply?

Make an appointment

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

See if you qualify

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



Receive WIC coupons

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



ETHNIC and RACIAL DATA FORM

Agency/Daycare Center _____

Agency/Daycare Address _____

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name _____

Ethnic Category: Choose one _____

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

Racial Categories: Check all that apply

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

Parent/Guardian Signature _____ Date _____



YMCA TODDLER CARE

Parent Handbook YMCA OF ROSS COUNTY



YMCA of Ross County
100 Mill Street
Chillicothe, Ohio 45601
Brimcintosh@rosscountyyymca.org

Updated: August 2022



**YMCA of Ross County
100 Mill Street
Chillicothe, OH 45601
740-772-4340**

Dear Families:

I would like to take this opportunity to welcome both you and your child to our Child Development Program. The YMCA of Ross County is very excited to be able to offer a fun-filled, safe, and enriching program for your child.

This booklet has been prepared for your convenience to inform you of our policies and procedures. Please keep and refer to this packet. If you have additional questions, concerns, or suggestions, please talk with our staff or set up a time to meet with me and go over any concerns you may have about the program.

In the spirit that forms this organization, we welcome, thank, and extend our promise to build a healthy spirit, mind, and body through our programs. We appreciate your interest, support, and cooperation.

Sincerely,

Tashia Norman

Associate Executive Director/ Child Care Director



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ODJFS Required Information

PHILOSOPHY & GOALS

The YMCA Child Development Program exists to meet the need of families to have an enriching, safe, consistent environment for their children in their toddler to school age. The program is designed to complement, not imitate, outside activities and home. One of the main components of our programs is to help children to understand and appreciate diversity.

Through our programs, the YMCA seeks to help children:

- Grow personally.
- Clarify personal values.
- Get along with others
- Grow socially, cognitively, and emotionally.
- Become better leaders.
- Develop character development traits including caring, honesty, respect, and responsibility.
- HAVE FUN!

The program's activities are designed to promote self-esteem and meet the individual developmental needs of children. The YMCA program:

- Promote physical well-being and motor development through swim instruction, gymnastics, fitness classes, gym time, outside play and more.
- Foster social and emotional development by offering children a base of warmth, security and continuity while encouraging open communication and peaceful resolution of differences.
- Provide varied approaches to learning using the children's natural curiosity and enthusiasm.
- Facilitate language development by staff example, books and story telling.
- Develop cognition and general knowledge through exploration and instruction.

Parents' needs will be met through a program that:

- Offers safe, caring, affordable child care services and is sensitive to the needs of children and families.
- Encourages communication among children, parents, and child care staff.

The Community's needs will be met by a program that:

- Provides quality child care services.
- Reflects current values and concerns.
- Utilizes existing educational and recreational resources.



YMCA CHILD CARE MISSION

The mission of the YMCA Child Care program is to foster the ongoing development of all children with quality, affordable and accessible child care programs which ensure each child a positive, safe, and nurturing environment in collaboration with families and their community.

MISSION OF THE YMCA OF ROSS COUNTY

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Families will not be denied child care services because of their inability to pay. YMCA child care programs are contracted through the Ross County Department of Job and Family Services to provide Child Care Subsidies for families that qualify.

DAYS AND HOURS OF SERVICE

The program is open Monday – Friday, 7:00am to 6:00pm. Because of our licensing restrictions, our staff will not be responsible for the supervision of children brought to the program before 7:00am. The program is closed on the days listed below:

- New Year's Eve
- New Year's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day (Thursday & Friday)
- Christmas Eve
- Christmas Day

All child care programs may be closed 2 days in August annually for cleaning and maintenance.

CHILDREN TO BE SERVED

This program is licensed to serve 14 children from the ages of 18 months–36 months.



STAFF RATIOS AND MAXIMUM GROUP SIZE

The program will not exceed the following State required ratios:

1:7 18 months–30 months 1:8 30 months–36 months

The maximum group sizes are as follows:

7 for 18 months–30 months 8 for 30 months–36 months

PROGRAM ELEMENTS

The program elements reflect both the philosophy and program objectives of the YMCA program and more specifically describe the daily environment. These include some of the following:

1. Parent's and other significant adult's involvement is expected for a successful program.
2. Many environmental elements form the basis of the child centered and evolving curriculum.

THESE ENVIRONMENTAL ELEMENTS ARE:

- A. Personal choice and accessibility of materials are used in an organized space, which fosters self-direction/skill acquisition. (For example: Time set aside to extend the activity, if child chooses).
- B. Safe, interactive experiences promote the sequence of development in all areas (social-emotional, physical, and cognitive). These include:
 - 1) Socialization activities which foster peaceful resolution of conflict and peer/adult respect through listening and helping.
 - 2) Discovery learning and problem solving opportunities which encourage many different approaches.
 - 3) Individual and group experiences which promote sensory exploration and large/small muscle development.
- C. Transitions are considered important and positive experiences for handling children's routine tasks.
- D. Small group/individual time exists for reflecting and discussing the weekly/daily active learning experiences. These interactive opportunities with peers/adults foster respect for developmental differences/background diversity.
- E. Ongoing shared information from the family, child, and teachers is used for planning the center environment/curriculum and the family-child participation activities. Assessment of children's progress is to support and guide development. Formal Assessments will be used several times through out the school year. We use the ASQ and ASQ-SE with all Preschool students. Notification will be sent home before administering assessments of any kind.



ADMISSIONS

A child is considered to be enrolled in the program only after the registration and first week's fee has been received, the administrator confirms the availability of space and the required paperwork is received. This includes basic enrollment and health information. Any change to this information must be communicated to the administrator immediately so that current information is always on file. This is for the safety of your child. A medical form signed by a physician or certified nurse practitioner is required to be submitted at the time of enrollment. This medical statement must be updated every 13 months.

GETTING USED TO THE NEW ROUTINE

It's normal for your child to have some fears and misgivings about being away from you. Children, like adults need time to get used to new situations. Try to prepare your child for the changes as far in advance as possible. Talk about some of the new people your child will meet and the new things your child will do. If your schedule allows, it may be helpful to visit and play in the classroom with your child. This will help your child become familiar with his/her new routines and teachers.

If this is the first time your child has been separated from you, it is natural for the child to be hesitant. Please do not sneak out when your child is not looking. A cheerful goodbye kiss from you, a smile, and a reassuring word that you will be back to pick them up is all that you need to do. Our caring staff will take it from there. Usually the child settles down shortly after the parent leaves. Feel free to call the center at any time to find out how your child is doing. Chances are that your child will be busy playing and you can relax.

Depending on their ages, some children will "act out" their feelings by:

1. Clinging to you and refusing to let go.
2. Having tantrums.
3. Forgetting their toilet training.
4. Not eating.
5. Waking at night or having bad dreams.
6. Thumb sucking.
7. Bedwetting.
8. Expressing desire to stay home.

Usually these problems are temporary. If you are enthusiastic about the child care center, chances are your child soon will be.



TRANSITIONS

Toddlers will have the chance to transition up to the Preschool class at the age of 36 months. Transitions are typically a week to two week mixture of time in their current classroom along with time and exposure to their new classroom. Transition time may vary for some children depending on their acclimation to the new environment.

Preschool children in the program at age 3 will have the opportunity to transition to the Pre-K classroom after their 4th birthday and also depending on when they will be age eligible for Kindergarten. If they are age eligible for Kindergarten in the fall of the next school year they will transition to the Pre-K classroom. If they turn 4 and will not be age eligible for Kindergarten the following school year, they will remain in the Preschool room until the fall before their Kindergarten start.

For Pre-K children going on to Kindergarten we strongly suggest parents participate in any back to school nights, meet the teacher events, or open houses the new school may offer for your child. We can prepare copies of any completed assessment materials as requested ahead of time.

PARENT PARTICIPATION

A key element of our program is parent involvement. Parents are strongly encouraged to volunteer their time and services in a wide variety of ways. Examples of involvement may be participation in field trips, fundraising, serving on the Parent Advisory Board, typing or writing columns in a newsletter, carpentry, repairs, and so forth. Parents are encouraged to participate in all facets of the program to make our program the best possible place for their children. Through combined efforts, the family, the child, and the program all benefit.

Parents should discuss any concerns or suggestions about the child care program with the administrator. When a parent feels the classroom staff has not addressed their concerns, the parent may discuss their concerns with the Child Care Administrator and then the Executive Director.

Parents are invited to visit our program at any time. Please come visit your child or to observe the program whenever you choose.

Talk to your teacher daily because he/she can give you the most accurate information. Teachers are available to discuss your child at any time. However, due to staff responsibilities and schedules, parents/guardians are asked to make appointments for lengthy conversations.



PARENT ROSTER

A roster will be compiled and distributed to parents upon request. Parents who do not wish to be included on a roster for distribution should check the "no" box on the enrollment form. Our program will maintain a confidential roster of all persons attending for inspection by the Ohio Department of Job and Family Services.

VISITATION

We have an open door policy. Parents may visit their child at any time. We encourage lunch or snack breaks together – of course you will be sitting in a child size chair! Taking your child "out" to lunch is another special time together.

We only ask when you observe or visit that you do not disrupt the routine. If you will be taking your child out for a brief time, please do this at completion of an activity.

Parents must always let their child's teacher and the administrator know when they are taking a child out for a short time, and sign in/out accordingly.

ARRIVAL AND DEPARTURE

Parents/guardians must come into the center upon arrival, accompanying their child without exception. They must also sign in on the parent sign-in/out sheet, and help their child put away his/her belongings in their cubby. At the time of pick-up, parents/guardians are asked to make contact with staff so they are aware that the child is leaving. They must also sign the child out on the parent sign-in/out sheet. Remember to bring a photo ID with you the first few times, as you will be asked to present it.

Parents are required to notify the center in advance if anyone other than a parent (or person on the authorization list) comes to pick up the child. All adults may be asked to show a photo ID at any time.

CUSTODY AGREEMENTS

If there are custody issues involved with your child, you must provide the center with court papers indicating who has permission to pick up your child. The center may not deny a parent/guardian access to their child without proper documentation.

LATE PICK-UP FEES



Parents/guardian will be charged a \$10.00 per child, per 15 minute late fee. If a parent has not arrived by 6:05 PM, and has not contacted the program, staff will call the parent and then the adults listed as Emergency Contacts on the Child Enrollment and Health form to pick up the child. If those individuals cannot be reached, and the parent has not arrived by 7:00 PM, Children's Services and/or the Police may be contacted. REPEATED LATE PICKUP MAY RESULT IN DISMISSAL FROM THE PROGRAM.

DISCONTINUATION OF CHILD CARE SERVICES

The program reserves the right to terminate child care services under any of the following conditions:

- a. Failure to abide by any of the terms of the enrollment agreement or to fulfill any of the responsibilities or conditions includes herein.
- b. Severe behavior by the child which disrupts the group including repeated instances of failure to listen to his/her teacher, failure to follow classroom rules, disruptive behaviors, excessive biting, hitting and other actions requiring one on one supervision.
- c. Social or emotional needs of the child, which prohibit him/her from adapting to classroom activities.
- d. Failure of parent(s) to treat staff or other parents respectfully. Disrespect includes abusive language or behavior.
- e. Failure of parent(s) to pay weekly tuition and fees in a timely manner.

The program reserves the right to discontinue childcare services with ONLY ONE-DAY NOTICE upon the occurrence of any of the above conditions.

OUTDOOR PLAY

Research has shown that children stay healthier when they have daily outdoor play. Based on this information and state requirements, outdoor play will be included in our program on a daily basis. We will limit the amount of time outside when the temperatures are very warm or very cold. Children will not be taken outside when the temperature (wind chill and heat index factored in) drop below 25 degrees or rise above 90 degrees. If the situation requires it we will also adjust outdoor time due to rain, threatening weather, ozone warnings, etc. On days that outdoor play is not provided due to these conditions, we will include a time for indoor gross motor activities. Please send your children with the proper



clothing so they may be comfortable and safe whenever we are outside. This includes jackets, hats, mittens, and boots in the wintertime.

DAILY SCHEDULE

The daily activities of the center vary according to the age of the child. Each schedule provides for quiet and active, as well as individual and group experiences. Also, outdoor and large muscle play are planned daily. Daily Routines are posted in the parent information areas in each classroom and weekly schedules are developed to provide children with a consistent and secure environment.

While you are not here, you want to know that your child is learning, growing, and enjoying his/her day. Our staff uses knowledge of the progress of young children's thinking skills to guide our curriculum, which places attention on physical, social, emotional, and intellectual growth. Through carefully planned play activities, children master skills such as communicative and social interaction, while developing their creative and problem solving abilities. Classrooms are child-centered and arranged to provide learning areas where children are encouraged to choose their own activities. Teachers develop lesson plans that offer children many opportunities to experiment. The curriculum includes activities in art, literacy, math, music, dramatic play, large and small motor development, science, language, and social skills. The teacher facilitates the child's learning and curiosity by rotating classroom materials.

Daily Schedule

7:00-8:30 Free Classroom time

8:30 Snack

9:00 Group/Circle Time

Songs, Stories, & Sharing

9:30 – 11:00 AM Activities

Gym, Art, Playground

11:00 Lunch

12:00 – 2:00 Nap Time

2:00 Restroom break

2:30 Snack

3:00 – 4:30 PM Activities

Playground, Art/Coloring, Reading

6:00 Program Closes



CHILDREN WITH SPECIAL NEEDS

It is the intent of the YMCA of Ross County to include children with special needs in activities to the greatest extent possible. Recognizing limitations due to a child's special need is important and, with this in mind, the YMCA will make every attempt to adapt program activities, staffing, and facilities through reasonable accommodation, unless the accommodation imposes hardship on the YMCA. If your child requires an accommodation, please discuss it with the director.

It is recommended that a family member (or caregiver) tour the facility with the appropriate YMCA staff, along with the child with the special need, before the first day of child care services. This provides the family with an opportunity to observe the program, facility, and staff. This also allows the staff to learn what can be done to enhance the child's involvement in the program.

VOLUNTEERS

The staff welcomes volunteers. The administrator works to recruit and train volunteers who contribute to the quality of the program. Classroom volunteers are to support the staff and are never left in charge of a group of children.

ILLNESS POLICY

We strive to maintain a safe and healthy atmosphere where all children receive the best possible care. We ask your support in minimizing the spread of illness among children in the program. Please keep your child home when they are ill.

As a general rule, children will receive individual care and support for their immediate and ongoing needs. However, if after a reasonable amount of time the child is unable to participate in normal daily center activities, the parents will be notified that the additional care detracts from other children in the program and their child's health.

Because it is sometimes difficult for parents/staff to determine the wellness of a child early in the day, the program will use the following guidelines to assist parents with this determination.

1. Children will receive a daily health check upon entering the classroom.
2. All supervisory staff are trained to recognize the general signs and symptoms of communicable/contagious illnesses. When they are unsure of the seriousness of a child's illness, the staff will consult with the administrator.
3. An ill child (experiencing mild discomfort but not exhibiting any communicable disease symptoms) may be cared for in the child's group and observed. **CHILDREN WITH SEVERE SYMPTOMS, WHICH ARE CONTAGIOUS AND POSSIBLE**

COMMUNICABLE DISEASE SYMPTOMS, WILL BE ISOLATED FROM THE GROUP. (An ODJFS Communicable Disease Chart is posted for staff and parental reference.)

- A. The staff shall immediately notify the parent or guardian of the child's condition when a child has been observed with signs or symptoms of illness.
- B. A child with any of the following signs or symptoms shall be immediately isolated and discharged to his/her parent/guardian. Parents/guardians must make arrangements to pick up the child immediately. While waiting for parent/guardian, the child will be isolated and made comfortable in the area, provided with a cot, and constantly supervised by an adult. All linens and blankets used by an ill child will be laundered before being used again. The cot will be cleaned and disinfected with bleach and water.
4. The following common symptoms will require a child to be sent home and to remain home at least 24 hours after symptoms are gone.
 - A. Diarrhea (three or more abnormally loose stools within a 24 hour period)
 - B. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound
 - C. Difficult or rapid breathing.
 - D. Yellowish skin or eyes.
 - E. Redness of the eye, obvious discharge, matted eyelashes, burning, itching.
 - F. Temperature of 100° F when in combination with any other sign or symptom of illness.
 - G. Unusually dark urine and/or gray or white stool.
 - H. A stiff neck with an elevated temperature.
 - I. Unusual spots or rashes.
 - J. A sore throat or difficulty swallowing.
 - K. Evidence of lice infestation, scabies, or other parasitic infestation
 - L. The beginnings of a cold with an excessively runny nose (different from an allergy).
 - M. Had a throat culture taken and you are waiting for results. The child must not attend school until the results are known and the doctor approves the return.
 - N. Vomiting more than one time or when accompanied by any other sign or symptom of illness.
 - O. Untreated/infected skin patches or rashes.
5. After the parent/guardian has picked up an ill child, a phone call to a physician is always the next recommended step to determine a course of action for the child. Because it's important that children have time to recover from an illness, a child who is sent home ill from the program needs to remain home, recuperating for 24 hours after symptoms have disappeared. Child will be readmitted only with a doctors release if less than 24 hours. This will minimize the spread of illness in the program and allow your child to fully recover from illness.



6. All parents will be notified if a communicable disease is present in the program. A note will be posted on the program door. Parents will be told what symptoms to look for in a communicable disease. The affected child's identity will not be revealed.
7. When the child has been ill the night before, parents are asked to consult the enclosed list and to be considerate of all children/staff when making their decision to bring in their child. Please assist the program in avoiding the spread of illness through the program's children.
8. If a child is placed on an antibiotic prescription, he/she should not return to the program until 24 hours after the treatment has been started. Exceptions are made for children who have conditions or symptoms that are not contagious.
9. A physician can provide written documentation that a child is not contagious and the child may return to the center with symptoms. Examples would be a rash that is diagnosed as an allergic reaction or diarrhea that has been cultured and not determined to be caused by bacteria or virus. Don't hesitate to ask your doctor about your child's contagious state and his/her return date to the program.

NON-PRESCRIPTION MEDICINE POLICY

Staff can administer non-prescription medications that do not contain aspirin, or non-prescription cough or cold medication that do not contain codeine (e.g. Robitussin, Triaminic, Benadryl, Tylenol, etc.) as long as the age and dosages comply with the manufacturer's label and for only 3 consecutive days. The parent must complete a "Parent/Guardian Request for Administration of Medication Form" to indicate when the medication should be given to the child. All non-prescription medicines must be in the original containers. A doctor's prescription or a statement from the doctor must be on file at the center in order to continue the non-prescription medical treatment more than 3 days. Please hand medication and form directly to a staff member.

When over the counter medicine package say to consult a physician when the child is under a certain age, parents need to comply and submit the "Parent/Guardian Request for Administration of Medication Form" signed by the physician, or they could decide to return to the center during the day to administer the medicine themselves. Physicians must sign for any different dosages than those, which the manufacturer recommends.

Diaper rash cream will require a "Parent/Guardian Request for Administration of Medication Form" which will remain on file for up to 12 months, or as long as the same cream is being administered. Changing any form of cream (ex:brand) will need to be followed up with the completion of a new form.



If more clarification is required regarding medicines and their administration, please contact the Center Administrator.

PRESCRIPTION MEDICINE POLICY

All prescription medications given to a child must have a physician's written instructions which must be updated every 12 months or have a recent prescription label.

TRANSFERRING PRESCRIPTION MEDICINE TO AN UNMARKED BOTTLE IS AGAINST THE STATE OF OHIO LICENSING LAWS. Our staff will ask parents to give the medicine, in order to comply with the law.

The licensing law states that prescription labels, which contain the instructions "to be given as needed", shall be accompanied by written instructions from the parent, if it is to be administered by the center.

Parents/Guardians must have a complete "Parent/Guardian Request for Administration of Medication Form" on file for all prescription drugs. Prescription medicine can be given as specified by the physician until the medication is gone. Prescription dosages cannot be altered. Expired medications need to be removed from the center by the parents. Please hand medication and form directly to a staff member.

FOOD SUPPLEMENTS OR MODIFIED DIETS

If your child requires a food supplement or modified diet, you must secure written information from your physician regarding this. A Medical/Physical Care Plan must be filled out and returned to the center. Families are responsible for providing food supplements for modified diets.

CHILD ABUSE REPORTING

All staff members are mandated reporters of child abuse. If staff has suspicions that a child is being abused or neglected, they **MUST** make a report to the local children's services agency. The safety of the children is always our first concern.

GENERAL POLICIES

1. Children may not bring items from home. The program staff is not responsible for the loss or damage to any toy. Stuffed animals, baby dolls, etc. are permissible for naptime only.
2. Your child is more than welcome to celebrate their birthday at the program. Please see your child's teacher in advance of the big day so they can make arrangements with you.



3. Please CHECK YOUR CHILD'S CUBBY & FOLDER DAILY. It will contain artwork, soiled clothes that need to be taken home, parent literature, field trip permission slips, which need your signature, incident reports, etc. It is very important that that you make time to read all newsletters, flyers, door signs, and permission slip forms. These contain dates and events that are important to know.
4. Send appropriate clothing to the center for your child. We go outside throughout the year. Always keep a shirt, extra pants, underwear/pull ups or diapers, shoes, and socks at the program in case your child needs them. Children will need to be dressed appropriately for playing and getting dirty. Play clothes and gym shoes are best. Personal belongings should be in a bag clearly marked with the child's name.

Emergency transportation

The YMCA of Ross County does ask parents to give permission to transport children in the event of an emergency. If the family fails to give this permission, the Childcare development center will no longer be able to serve the family.



NON-DISCRIMINATION POLICY

The YMCA of Ross County does not discriminate in the hiring of staff or in the enrollment of children upon the basis of race, color, religion, sex, or national origin. Children are enrolled as space becomes available.

FEES AND CHARGES

REGISTRATION FEE

\$25.00 (family) registration fee, non-refundable fee.

PROGRAM FEES

Fees will be due on a pre-pay basis; payment is due on Wednesday for the following week of care.

Fees are required to be drafted automatically every Wednesday from a checking/savings account or a credit/debit card that is set up at the front desk at the time of enrollment.

- ▶ Fees are not pro-rated for any reason, including holidays, illness*, family vacations, or emergency school closings.

** There will be no refunds or credits for illness, unless a physician's note is provided for serious absences of 5 or more days or illness/death in the family.*

Current fees are in enrollment packet.

Payments may be made earlier, but payments received after the due dates will be charged a late fee of \$10.00 per child per week. Past due balances must be paid before the next payment date. Failure to do so may result in dismissal from the program.

* Please note: Whenever a payment becomes two weeks behind, the child will be unable to attend. Those through Job and Family Services: If the co-pay becomes late, your child may not attend. If any changes occur in your ODJFS coverage, you are responsible for payment for the time your child spent in childcare.

ATTENDANCE

Your child's attendance will be full-time only. Full-time is 4-5 days per week. It is the parent/guardians responsibility to keep us informed of the days the child shall attend.



WITHDRAWAL FROM THE PROGRAM

Individuals intending to withdraw from the program must do so by contacting our office and giving a 2-week written notice. Parents/guardians are responsible for the program fee until the final day of the notice. If your child has not attended the program for 2 consecutive weeks without notification, it may result in the termination of your child care spot.

Any assessments, screenings, medical forms or any other documentation you or your child have completed are available upon child being withdrawn from the program as requested.

RETURNED CHECK FEE

There is a returned check fee of \$30.00. If you have a check returned to us for insufficient funds, you may have to change your payment draft source.

MAKING PAYMENTS

A draft payment system is established at the time of enrollment. Payments will come out every Wednesday from a credit/debit card or a checking/savings account for the upcoming week of service.

FINANCIAL ASSISTANCE

Financial assistance is available only through Job and family Services for families that qualify (see YMCA Mission section for more details).

TAX INFORMATION

Please keep a copy of your receipts for your tax records. The YMCA will provide an end of the year statement only when requested.

The tax identification number for the YMCA of Ross County is 31-4379806.

LUNCH AND SNACKS

This program participates in the Child and Adult Care Food Program, which provides free breakfast, lunch, and afternoon snacks to all children within the program consistent with USDA guidelines.

ABSENCE/VACATION POLICY

Please let the program know in advance if your child will not be attending the program for any reason. There is no credit given for sick days or vacation days.

ACCIDENTS/EMERGENCIES

The child care program has devised several procedures to follow in the event that an emergency would occur while a child is in the program's care. In the event of a fire or tornado, staff would follow the written instructions posted in each classroom, describing emergency evacuation routes, and the procedures to be followed to assure that children arrive at the designated "safe spot". In order to prepare children for the rare need to evacuate, the program does conduct monthly fire drills, and periodic tornado drills. Should we need to evacuate due to fire or weather conditions, or the loss of power, heat, or water to the program, our emergency destination is Tyler Memorial Methodist Church. A sign will be posted indicating that we have been evacuated and the location where you can pick up your child. Parents/guardians will be contacted as soon as possible to come pick up their child. If a parent/guardian cannot be reached, we will contact the emergency contacts as listed on your child's registration information.

In the unlikely event there would be an environmental threat or a threat of violence, the staff will secure the children in the safest location possible, contact and follow the directions given by the proper authorities and contact the parent/guardian as soon as the situations allows. An incident report will be provided to the parent/guardian.

There is always one staff member present that has received training in First Aid, CPR, and Communicable Diseases and as well as an on site First Aid Kit. In the case of a minor accident/injury staff will administer basic first aid and TLC. If the injury is serious, first aid would be administered and the parent/guardian would be contacted immediately to assist in deciding an appropriate course of action. If any injury is life threatening, the EMS will be contacted, parents/guardians will be notified, and a staff member will accompany the child to the hospital with all available health records. Staff may not transport children in their own vehicles. Only parents/guardians or EMS will transport.

Any incident/injury report will be completed, and given to the person picking up the child, on the day of the incident/injury, if any of the following occur: the child has an illness, accident, or injury which requires first aid; the child receives a bump or blow to the head; or an unusual or unexpected event occurs which jeopardizes the safety of the child. If a child requires emergency transportation, the report shall be available within twenty-four hours after the incident occurs.

TRANSPORTATION

EMERGENCY TRANSPORTATION

Whenever there is a medical or dental emergency and a child needs to be transported, the emergency squad is called to transport the child to the hospital if parental permission is granted. If parental permission is not granted for the program to call the emergency squad for transportation, then the parent/guardian is called to transport the child. If a child is



transported to an emergency facility, parents/guardians are notified immediately. The Child Enrollment and Health Information form which includes the emergency transportation information and the child's health condition information accompanies the child to the emergency facility along with a child care staff member if the parent/guardian is unavailable.

SAFETY POLICIES

1. No child shall ever be left alone or unattended. The staff member in charge of a child or group is responsible for their safety. Staff will supervise children at all times. If a child becomes ill, they may be isolated in a section of a room, but within sight and hearing of a staff member.
2. The person bringing the child to the program must sign in/out on the Parent Sign-In Sheet and bring the child to the room/area designated. The parent must acknowledge to the teacher that they are arriving/departing.
3. The only people who may pick up a child are those listed by the custodial parent in the child's file. Staff will not release a child to a person who is not listed. Parents must update the information at least annually. Staff will ask to see the ID of persons they do not recognize. The staff members responsible must see the child and adult leave together.
4. Non-custodial parents must have written permission from the custodial parent to pick up a child. Legal documentation must also be on file. We are unable to withhold a child from a parent without legal custodial documentation.
5. Fire drills are coordinated monthly. A record of these is maintained in the program.
6. Fire emergency and weather alert plans are posted in each classroom. These include a diagram showing evacuation and shelters.
7. The staff has immediate access to a non-coin operated telephone at all times.
8. All cleaning supplies are labeled and placed away from the reach of small children.
9. An incident report will be completed when an accident or injury occurs. A copy of the completed report will be given to the parent/guardian upon request.

Swimming



In the summer we will take the children out to the grassy area by the playground, or to the grassy area outside of the Toddler Care fire exit to play in baby pools with parent's written permission.

BEHAVIOR MANAGEMENT POLICY

I. Philosophy

The YMCA strives to maintain a positive approach to managing children's behavior at all times. Considering each child's age, developmental stage, and personality, clear parameters and expectations create an environment where children feel safe to explore and learn. "Discipline" is the process of teaching self-control, conflict resolution and the ability to live within limitations and agreed upon guidelines. We will never look to punish, but to seek to learn from mistakes made. Expected behavior guidelines are established by the staff and children and are founded upon our core values of caring, honesty, respect and responsibility. Positive behavior is self-rewarding and allows for program activities to occur. When children choose to behave outside of the guidelines, some consequences are required to avoid future problems. The overall safety of all children in the program is our highest priority. Our guidance policy applies to all YMCA members, staff and program participants.

When a child needs guidance, the staff begins by redirecting the child into more constructive activities. With help from adults and peers, children learn and practice nonviolent forms of conflict resolution. Our policy goal is to help each child develop positive feelings of self-esteem while fostering growth toward self-direction.

The child care programs of the YMCA of Ross County provide a safe environment for children to develop spirit, mind, and body. The overriding principle of the YMCA's guidance policy is to help children become individuals who make their own choices and who take responsibility for their actions.

II. Guidelines

- Set limits are developmentally appropriate. Specific policies are listed below.
- All children are expected to respect the rights and feelings of others and to avoid disruptive behaviors that would interfere with program activities. Aggressive behaviors such as hitting, kicking, biting, tripping, verbal "put-downs", spitting, cursing, and other similar inappropriate behaviors will not be tolerated.
- All children are expected to follow all directions given by the staff regarding safety procedures and to stay with the group for all scheduled activities.



- The program strictly prohibits the use of alcohol, tobacco, and drugs, except prescribed medications or over-the-counter medication with proper written consent.
- All children are expected to respect the private property of others and to understand that stealing or vandalizing the property of others cannot be tolerated.
- The YMCA has a zero-tolerance policy in regards to serious threats (verbal or physical) to other children, families, or YMCA staff members.
- Weapons are strictly prohibited in any YMCA program.

Biting

Biting is a normal phase of a child's development. However, when biting situations occur it can cause parents a sense of anxiousness. The YMCA biting policy is intended to protect the safety of all children while helping a child who is biting to extinguish this behavior. We ask for parent support when a biting situation occurs. This may include arrangements to have the child picked up from the center. This is not intended as punishment for the child or parent, but as a safety precaution for the other children in the room.

III. Behavior Management Practices

When a child engages in inappropriate behavior that threatens the health or safety of herself/himself or others, the YMCA staff will do the following:

- A. Take immediate action to stop the behavior
- B. Inform the child and/or parents of the disciplinary action that will be taken. If the severity of the inappropriate behavior warrants, or the child cannot be controlled on the spot, it may be necessary to temporarily remove him/her from the situation. Additionally, staff will attempt to learn the causes of the behavior and will try to help the child understand and overcome these.
- C. Staff and child will go to Administrator's office to discuss the incident and consequences. This may include considering the possibility of suspending and/or expelling the child from the program. The decision to send a child home is a difficult one to make and will be carefully considered before action is taken.
- D. Termination for behavioral reasons may be immediate; advance notice will not be given.

In all other situations where the safety of other children or staff is not directly jeopardized, YMCA staff will discuss the behavioral problem with the child and determine if disciplinary action is necessary. This process assists the child in learning to take responsibility for his/her own behavior. In cases of repeated inappropriate behavior, any one of the following disciplinary procedures may be used:



- Staff may hold a discussion with the child about the inappropriate behavior and its future consequences.
- Staff may inform the child of any disciplinary action to be taken if the behavior is repeated.
- Staff may redirect/provide time away from the activity, with the child returning to the activity contingent on a willingness to behave appropriately. Explain further disciplinary action to be taken if behavior continues.
- Staff may consult the Administrator for appropriate consequences.
- Staff may redirect/provide time away from activity, and notify parents of child's behavior. If behavior continues, staff shall conduct a parent/guardian conference to discuss and provide support in managing child's behavior at the program.

When a child's persistent or dangerous behavior takes too much time and attention away from the needs, safety, and well being of other children, or causes disruption of the program objective, the possibility of suspending and or expelling the child from the program must be considered. The decision to send a child home is a difficult one to make and will be carefully considered before action is taken.

LICENSING

Our Child Care Center is licensed according to the Ohio Department of Job & Family Services. At the end of this handbook you will find an attachment about licensing and other valuable information. Please take the time to read this information.

GIFTS TO THE PROGRAM

The YMCA of Ross County is a non-profit organization. All gifts and donations are tax deductible. Receipts can be requested for all gifts and donations.

IMPORTANT NAMES AND PHONE NUMBERS

YMCA of Ross County (Phone)	740-772-4340
YMCA of Ross County (Fax)	740-774-1734

Tashia Mills
Brianna McIntosh
Steve Clever, LISW-S

Associate Executive Director/ Child Care Director
Enrollment Coordinator
Executive Director/CEO

- To contact/leave message for program staff
- To give notice of illness/absence
- Donations and gifts to the program
- Compliments or concerns about program/staff
- Snow Emergency Care
- Receipts for donations and gifts
- Billing questions
- Registration
- Other YMCA Program Information

ODHS 1239 (Rev. 2/87)

CRITERIA FOR MEETING THE NUTRITION REQUIREMENTS FOR MEALS IN CHILD DAY CARE FACILITIES

Child day care facilities must serve meals which constitute at least one third of each child's recommended daily dietary allowances, which include foods from all four basic food groups, and which reflect the developmental stage of the child. *See rule 5101:2-12-61 (centers); rule 5101:2-13-60 (type A family day care homes); and rule 5101:2-14-28 (certified type B family day care homes).*

The following information specifies the four basic food groups and the quantities necessary to meet nutritional requirements for the lunch meal.

I. MEAT GROUP	Amount		
	1-3 years	3-6 years	6 years and up
Beef, pork, veal, lamb, poultry, fish	Weight 1 oz	1 1/2 oz.	2 oz.
	Protein content 7g.	11g.	14 g.
Cheese	1 oz.	1 1/2 oz.	2 oz.

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, audiotope, 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:

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

This institution is an equal opportunity provider.

07/25/2022

Egg	1 med. or one lg.	1 1/2 med. or one lg.	2 med.
Peanut butter	2 tbsp.	3 tbsp.	4 tbsp
Cooked dried beans, peas	1/2 cup	3/4 cup	1 cup
Cottage Cheese	1/4 cup (2oz.)	3/8 cup (3 oz.)	1/2 cup (4oz.)

Functions: Provide the nutrients protein, B vitamins (niacin and thiamine), and iron which are needed daily for building and maintaining body cells (e.g. muscles, blood, bone), promoting proper growth, regulating body functions, resisting infection, and forming hemoglobin in the red blood cells.

Notes: Total portion sizes for the meat group can be met by one of the above amounts stated or a combination of any of the above amounts equivalent to total meat portions.

- One pound of hamburger shrinks 4-5 oz. in cooking
- Two chicken wings or one drumstick or one thigh = 1 1/2 oz. meat
- One-fourth cup canned fish (tuna, salmon, mackerel) = 1 oz. meat.
- One medium chicken liver = 1 oz. meat.
- All fish sticks, cold cuts, frankfurters, etc., do not weigh the same. Be sure to determine weight by dividing number of pieces or slices into total package.
- Cheese food and cheese spread do not contain as much protein as regular cheese. If they are used, 1 1/2 oz. = 1 oz. meat. Cream cheese cannot be used as a meat equivalent.
- Cooked dry beans or dry peas may be used as a meat equivalent or as part of the vegetable/fruit group but not in both groups in the same meal.

II. VEGETABLE/FRUIT GROUP

Amount

1 -3 years	3-6 years	6 years and up
1/4 cup total	1/2 cup total	3/4 cup total

Functions: Provide the nutrients Vitamin A and Vitamin C as well as roughage in the diet Vitamin C helps build and maintain healthy gums, body tissues and blood; helps resist infections; hastens wound and bone healing; aids in utilization of iron. Vitamin A is important for healthy skin and mucous membranes (such as nasal and intestinal); promotes healthy eye tissues for normal vision.

Notes:

- Each meal must include two or more vegetables and/or fruits to equal the total above amount.
- A source of Vitamin C needs to be served daily and a source of Vitamin A three times a week.
- Excellent and good sources of vitamin C and A are shown below. One excellent or two good sources equal one serving of vitamin C and A.

Vitamin C (daily)

Excellent Sources

15 mg. or more/serving

Broccoli, fresh or frozen, cooked - 1/4cup
 Brussel sprouts, cooked - 1/4cup
 Cauliflower, raw or cooked - 1/4cup
 Green leafy vegetables, cooked - 1/4 cup
 (Beef greens, collards, kale, mustard greens, chard, turnip greens)
 Green peppers, sweet, raw, large - 1/8
 Potato, boiled, 2 1/4" diameter - 1
 Potato, baked 2 1/2" diameter (without skin) - 1
 Tomato, fresh, small - 1
 Cantaloupe - 5" melon - 1/8
 Grapefruit, canned - 1/4 cup
 Grapefruit, fresh, 4" diameter - 1/2
 Grapefruit juice, canned - 1/4 cup
 Grapefruit-orange juice, canned - 1/4 cup
 Honeydew melon, 5" diameter - 1/8
 Orange, fresh, 2 1/2" diameter - 1/4
 Orange juice, fresh, frozen, canned - 1/4 cup
 Strawberries, fresh - 5
 Tangerine, small - 1

Good Sources - 8-14 mg./serving

Asparagus, fresh or canned, med. spears - 3
 Cabbage, shredded, cooked or raw - 1/4 cup
 Okra, cooked - 4 pods
 Spinach, cooked, fresh, canned, frozen - 1/4 cup
 Sweet potato, canned, small - 1
 Tomatoes, canned - 1/4 cup

Vitamin A (3 times/week)

Excellent Sources

660 IU or more/serving

Broccoli, fresh or frozen, cooked - 1/4cup
 Carrots, cooked - 1/4 cup
 Green leafy vegetables, cooked - 1/4 cup
 (Beef greens, collards, kale, mustard greens, chard, turnip greens)
 Pumpkin, cooked - 1/4cup
 Spinach, cooked, fresh, canned or frozen - 1/4 cup
 Squash, winter, fresh or frozen - 1/4 cup
 Sweet potato, small - 1
 Vegetable soup, canned - 1/2 cup
 Apricots, canned, half - 1
 Cantaloupe - 5" melon - 1/8
 Nectarine, fresh, medium - 1
 Peach, fresh, medium - 1

Good Sources - 300 - 600 IU/serving

Asparagus, green, fresh, cooked - 1/4 cup
 Tomatoes, canned - 1/4 cup
 Tomato juice - 1/4 cup
 Tomato puree - 2 Tbsp.

Tomato soup - 1/2 cup
 Apricot Nectar - 1/4 cup
 Cherries, red sour, fresh, canned or frozen - 1/4 cup
 Grapefruit, pink, 4" diameter - 1/2
 Peach, canned, half - 1
 Plums, purple, canned - 1

Milk	1/2 cup(4oz.)	3/4 cup(6oz.)	1 cup (8oz.)
Calcium equivalents			
Cheese	1/2 oz.	3/4 oz.	1 oz.

Functions: Provides the nutrients calcium, riboflavin (B2), and protein which are needed for forming strong bones and teeth; assisting in blood clotting; normal functioning of muscles and nerves; promoting healthy skin and eyes.

Notes:

- Each meal must include one serving of fluid of milk or cheese
- Whole milk and two percent milk are the beverages of choice.
- Fresh fluid skim milk must *not* be used as a beverage; however, it may be used in cooking.
- Natural cheese may be used as a calcium equivalent or as a meat substitute but not in both groups in the same meal.
- Regular fluid milk must be Vitamin D fortified while fresh and dry skim milk should be fortified with Vitamins A and D. Read the label.
- Although ice cream and cottage cheese contain calcium, the quantities needed to satisfy the RDA are too large to be practical for these age groups.
- Although pudding made with milk is a good source of calcium, it is not included in the milk group because of its high sugar content.

V. Other Foods ("Extra" Foods)

Functions: Foods in this group provide energy, enhance flavor, and help satisfy the appetite. Fats supply the essential fatty acids, carry fat-soluble vitamins (A,D,E, and K) and make up part of cell structure.

Notes:

- This group contains foods which do not belong in one of the four food groups. Examples of these foods are as follows: table sugar (sucrose), honey, jelly, jams, syrups, sweet toppings; pies, cakes, pastries, soft drinks, fruit flavored drinks; butter, margarine, shortening, salad oil, salad dressing, mayonnaise.
- These foods supplement but cannot substitute for foods in the four food groups. With few exceptions, they are "empty calorie" foods i.e., they provide mainly calories but little in the way of nutrients.

Prepared by the Ohio Department of Health, Nutrition Division, in cooperation with the Ohio Department of Human Services.

ODHS 1239 (Rev. 2/87)

