



## YMCA of Ross County Summer Camp 2024 School Age Enrollment Packet

Located at The Chillicothe Primary School  
235 Cherry St, Chillicothe, Ohio 45601

Child's name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Weekly Rates:   Member           Non-Member  
                          \$145                   \$165

### Child's Daily Schedule:

Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Summer Camp registration is continuous enrollment much like during the school year. Payments will come out of the established draft source every Wednesday for the upcoming week of camp. All field trip fees\* are included and parents will be notified of any changes or additional needs.

\*Field trip restrictions are subject to licensing guidelines. Parents will always be notified of outside activities as they are arranged.

Credit is not given for days missed. We do not prorate fees for any reason.

ODJFS Participants – You will be required to attend a minimum of 25 hours each week. Full time approval only will be accepted by our program. If you do not attend all approved hours each week, you may lose your spot in the Child Care Program. Please understand that we are only reimbursed if your child is in attendance.

Operating hours will be from 7:00-6:00 Monday through Friday with drop off times from 7:00-9:00 am and pick up times will be from 3:00-6:00.

Students will need to bring a backpack daily containing the following:

- Packed lunch using healthy option guidelines in the handbook
- Water bottle with name on it
- Extra set of clothes
- Bathing suit and towel ( M, W, F)

Backpacks will be sent home daily at pick up times.

**\*The illness policy will be strictly enforced. Children with a temperature of 100 degrees or more will not be permitted to stay at the center and will not be permitted to return for 24 hours AFTER being fever free without the assistance of medication. \***

Childs Shirt size: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



This form is for School Age Summer Camp only.  
Any questions? Please contact Bri at  
[brimcintosh@rosscountyyymca.org](mailto:brimcintosh@rosscountyyymca.org)

For office use:

- .. Enrollment Form Completed (all three pages)
- .. All permission slips completed
- .. Swimming Permission
- .. Statement of Understanding
- .. Transportation Permission
- .. Handbook Acknowledgment
- .. Payment Authorization Form



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

Fee Structure Effective as of February 2024

	<b>Member Rate (per week)</b>	<b>Guest Rate (per week)</b>
<b>Toddlers</b>	\$155	\$170
<b>Preschool</b>	\$145	\$165
<b>School-Age Programs</b>		
After-School (@ Southeastern)	\$55	
Before School (@Huntington)	\$55	
After-School (@ Huntington)	\$55	
Before & After School (@Huntington)	\$70	
After-School (@ Chillicothe City Schools)	\$55	
<b>Summer Camp (School Age)</b>		
Full Time Program	\$145	\$165
<b>Program Registration Fees</b>	\$25	\$25
	*one time fee	
<b>Family Discount</b>		
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



Ohio Department of Job and Family Services  
**REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE**

This form is to be completed for each prescription or non-prescription medication that a child needs to receive while in care.

It is not required to be completed for topical products, lotions, or if the medication is required by a health care plan (JFS 01236).

Child's Name	Date of Birth (if needed to determine the correct dosage)	Weight (if needed to determine the correct dosage)
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**Box 1** The following section must always be completed by the parent/guardian.

Name of medication  <div style="font-size: 1.2em; font-family: cursive;">Equate Spf 50 sunscreen</div>	Dosage  <div style="font-size: 1.2em; font-family: cursive;">Cover all exposed areas of body</div> <input type="checkbox"/> See attached				
To be administered at the following times  <div style="font-size: 1.2em; font-family: cursive;">Before going outside</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">For the following period of time</td> <td style="width: 50%; padding: 5px;">Medication expiration date</td> </tr> <tr> <td style="padding: 5px; text-align: center;"> <div style="font-size: 1.2em; font-family: cursive;">6-1-24 - 8-31-24</div> </td> <td style="padding: 5px; text-align: center;"> <div style="font-size: 1.2em; font-family: cursive;">4/2026</div> </td> </tr> </table>	For the following period of time	Medication expiration date	<div style="font-size: 1.2em; font-family: cursive;">6-1-24 - 8-31-24</div>	<div style="font-size: 1.2em; font-family: cursive;">4/2026</div>
For the following period of time	Medication expiration date				
<div style="font-size: 1.2em; font-family: cursive;">6-1-24 - 8-31-24</div>	<div style="font-size: 1.2em; font-family: cursive;">4/2026</div>				

*I understand:*

1. This form expires twelve months from the date of my signature, if box 2 has not been completed.
2. That my child must receive at least one dose of medication at home prior to the program administering the medication (unless the medication is used for emergencies).

Signature of Parent/Guardian	Date
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**Box 2** The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant when any of the following apply:

1. The nonprescription medication contains codeine or aspirin;
2. A physician's instruction is needed for a nonprescription medication;
3. The child does not meet the minimum age or weight requirements as listed on the label instructions on the nonprescription medication;
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen-day period;
5. The intended use differs from the manufacturer's instructions or use

Instructions

See Attached

Possible side effects to watch for are

See Attached

*The child is under my care and should receive the above medication as written. I understand this form expires twelve months from the date of my signature.*

Signature of licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant

Date of Signature

Phone Number







**Ross County YMCA  
Child Development Center  
Transportation Permission Form**

I grant permission for the Ross County YMCA Child Development Center to transport my child  
\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ to and from all selected field trips.

I understand that my child will be transported by buses to and from the Ross County YMCA  
Child Development Center.

In the case of a different means of transportation, parents will be notified on the permission  
slip for the trip.

I release the Ross County YMCA Child Development Center, agents, and staff from all liability.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_/\_\_\_/\_\_\_  
Date



**Ross County YMCA  
Child Development Center  
Swimming Permission Form**

I grant permission for my child \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_\_\_  
to go swimming or otherwise participate in water activities in bodies of water two or  
more feet in depth at the Ross County YMCA Child Development Center.

My child is a \_\_\_ non-swimmer \_\_\_ swimmer

During any scheduled swimming activity a certified lifeguard will be on duty at all times. A child  
staff ratio maximum of 1:18 for school-age children and 1:12 for preschool children will be  
maintained at all times. Additional staff is provided above the licensing ratio standards. All  
children will swim at the Ross County YMCA Child Development Center. I understand my child  
will be evaluated by lifeguards prior to swimming activities. Depending on the swim skill  
demonstrated, my child will:

1. Be required to swim in shallow water only and wear a flotation device while participating in the aquatic portion of the program. (Note: The YMCA will provide this equipment).
2. Be required to swim in shallow water only or
3. Able to swim in deep water. (Child must be able to jump feet first into water, tread for 10 seconds and continue to swim for 15 meters).

I understand that the YMCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water, if deemed necessary.

I would like my child to swim in shallow water only \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Ohio Department of Job and Family Services  
**FIELD TRIP PERMISSION FOR CHILD CARE**

Field Trip Information	
Date of trip 6-3-2024 - 8-31-24 Every Monday & Friday	
Field trip destination and address Ross County YMCA 100 Mill. st, Chillicothe, Ohio 45601	
Approximate time of departure 1:00 pm	
Approximate time of return 3:00 pm	
Mode of transportation (walking, school bus, public transportation, parent vehicles, provider vehicle and driver) Walking	
During this field trip children will have access to water that is 18 inches or more in depth <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a swimming permission slip is required)	
Water activities are planned <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a swimming permission slip is required)	
Child's Information	
Child's name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date





Ohio Department of Job and Family Services  
**FIELD TRIP PERMISSION FOR CHILD CARE**

Field Trip Information	
Date of trip 6-1-2024 - 8-31-2024 <sup>Every</sup> Tuesday & Thursday	
Field trip destination and address Yoctangee Park 19 Enderlin cir, Chillicothe, Oh, 45601	
Approximate time of departure 10:00 am	
Approximate time of return 12:00 pm	
Mode of transportation (walking, school bus, public transportation, parent vehicles, provider vehicle and driver) Walking	
During this field trip children will have access to water that is 18 inches or more in depth <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a swimming permission slip is required)	
Water activities are planned <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, a swimming permission slip is required)	
Child's Information	
Child's name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to attend the field trip described above.	
Parent's 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.





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

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

Child's Name		Date of Birth	First Day at Program/Home	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name #1		Relationship to Child		
Home Address <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?				
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name <b>of at least one person</b> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . 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		State		
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City		State	Telephone Number	

Child's Name

**Allergies, Special Health or Medical Conditions, and Medical Foods**

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

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

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

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

- No  
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

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

- No  
 Yes - please explain

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

- No  
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

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

- No  
 Yes - please explain

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

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

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

- No  
 Yes - please explain

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

- No  
 Yes - written instructions from the child's health care provider must be on file.  
 N/A - program does not provide meals or snacks to the child.

Child's Name

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

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

Child's Name

**Diapering Statement**

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

The program's policy is to check diapers every 2 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**

<u>Give Permission to Transport</u>		<b>OR</b> <b>Do not sign both</b>	<u>Do Not Give Permission to Transport</u>	
Program or Home Name <u>Chillicothe City YMCA Latchney</u>			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

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



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

Child's Name (Last)	(First)	Nickname (If any)
<p><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></p>		
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



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

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 \_\_\_\_\_  
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 \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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.





### **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.**

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>

### **Walking Trips**

**I hereby give consent and authorization for my child to participate in off-site trips with the Ross County YMCA Child Development Program. 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**

\_\_\_/\_\_\_/\_\_\_

**Photography Release**

**I give my permission to the Ross County YMCA Child Development Program 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** \_\_\_\_\_



# Chillicothe Latchkey

## 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's lunch during the summer months and drinks daily according to state guidelines stated in the handbook and there will be no cooking provided. A microwave and refrigeration are not available. I understand 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. Any items not claimed by the middle and end of the school year will be donated to Goodwill. Chillicothe Latchkey is not responsible for lost or stolen items.
- I understand that program fees are due every Wednesday prior to the week of attendance. Any returned fees will be charged an additional \$30.00 fee. Repeat returns will result in termination of services.
- 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 Chillicothe Latchkey program 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 Chillicothe Latchkey staff cannot withhold a child from a biological parent without legal documentation.
- I understand that the Chillicothe Latchkey 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 Chillicothe Latchkey program does not sanction, encourage, or endorse the use of employees 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/Chillicothe Latchkey. The Ross County YMCA Child Development Center and Chillicothe Latchkey program does not assume any responsibility for off-duty employees.
  
- I understand that there are inherent risks involved in participating in the Chillicothe Latchkey program. I will not hold the Chillicothe Latchkey program; 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.

**Chillicothe Latchkey  
Parent Handbook Acknowledgement**

I acknowledge that I have received a copy of the Chillicothe Latchkey program handbook and 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 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 indicated on this page must be followed by Medical/Physical Care Plan and/or Administration of Medication Form – See Child Care Administrator to obtain)
  - Pick up Permission, Walking Trip, First Aid, Release of Academic Information, Photography Release
- \*If photography is a concern, please check no photography on the release form.
- Parent Handbook Acknowledgment
  - SUTQ Family Information Page



# CHILLICOTHE CITY SCHOOLS YMCA LATCHKEY PROGRAMS

Parent Handbook



We're about helping kids make friends, build character, feel safe,  
succeed academically, stay active, become better leaders and  
**HAVE FUN!**

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**Dear Parent/Guardian,**

On behalf of the YMCA of Ross County, I would like to take this opportunity to welcome both you and your child(ren) to the YMCA of Ross County School Age Care (SAC) Program. The YMCA of Ross County is very excited to be able to offer a fun-filled and enriching program for your child. We are dedicated to building strong character in the youth we serve. Our programs are centered on the YMCA's four core values of Caring, Honesty, Respect, and Responsibility.

The YMCA of Ross County SAC Program has been structured to be as flexible as possible to meet your family's needs. This booklet has been prepared for your convenience to inform you of our policies and procedures. Please refer to this booklet if you have any additional questions regarding our SAC program or other YMCA programs please feel free to contact me at 740-772-4340.

Building strong kids, strong families, and strong communities has always been and remains a major goal for the YMCA. Once again, we would like to welcome you and your child(ren) to the YMCA of Ross County, and we thank you for your support and cooperation.

Thank you,  
Tashia Norman  
Child Care Director

**Chillicothe City Primary YMCA Latchkey  
235 Cherry Street Chillicothe, OH 45601  
(740) 774-3307**

## PHILOSOPHY OF THE YMCA SCHOOL AGE CARE PROGRAM

The YMCA SAC program exists to meet the needs of families to have a safe, consistent, environment for their children. The program is designed to compliment, not imitate, school and home. It serves as an important component in the continuum of services provided for school-age children.

Through the YMCA SAC program, the YMCA seeks to help children:

- Grow personally
- Clarify personal values
- Get along with others
- Appreciate diversity
- Become better leaders
- Develop specific skills
- HAVE FUN!

The SAC program is child centered and designed to promote self-esteem and meet the individual developmental needs of CHILDREN. The YMCA program:

- Offers children a base of warmth, security, and continuity provided by caring, qualified staff
- Fosters initiative, independence, cooperation, and self control
- Has flexible schedules that allow for choices during (but not limited to) play, social experiences, and school work
- Permits freedom within set limits
- Respects cultural diversity
- Build strong character through programs centered around our core values of Caring, Honesty, Respect, and Responsibility

The needs of FAMILIES will be met through a program that:

- Offers quality, safe, affordable child care services
- Is sensitive to the needs of children and families

- Encourages communication among children, school representatives, families, and SAC staff
- Allows for ongoing family involvement and regular opportunities for feedback through family events and/or an advisory committee and a regular evaluation process
- Assist families with building strong character values in their children

The COMMUNITIES needs will be met by a program that:

- Provides quality child care services
- Reflects current values and concern
- Utilizes existing educational and recreational resources
- Builds strong character values in children

## 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, schools and 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 accept payment through the Ross County Department of Job and Family Services for families that qualify. No person or family shall be denied services offered, nor denied employment by the YMCA upon the basis of race, color, religion, sex, or national origin.

## PROGRAM GOALS

**Personal Discipline**- The program will help children increase their responsible behavior and self-control by creating an environment in which activities are presented, but in which adults do not dictate how the activities are pursued; in which guidance is offered, but is not overwhelming; and in which encouragement is offered to promote self-confidence. Rules will be minimal in number, accepted as important by the children, and consistently applied by the SAC staff. The YMCA Guidance Policy will be applied consistently.

**Social Development and Emotional Well Being**- The programs will meet children's social and emotional needs by helping every child make friends through activities that require varying numbers of participants, as well as allowing unstructured time for friendships to develop. Activities and community projects such as "environmental friendliness" will provide the social learning children gain from exposure to the larger community.

**Physical Skills**- The programs will meet children's physical needs by: providing space and scheduled times for activities (such as running, jumping, and playing ball both indoors and outdoors); providing supervision to ensure safety (but without overprotection or over-direction); providing opportunities for rest; and providing food needed to restore energy.

**Health and Safety Skills**- The program will increase children's health and safety skills by providing activities that emphasize healthy lifestyles. A discussion of nutrition, daily exercise, safety skills, etc. will increase awareness.

**Educational Opportunities**- The program will provide students with homework and academic assistance. It will also provide opportunities for

children to learn through a variety of carefully planned, developmentally appropriate activities.

## SAC CURRICULUM COMPONENTS

### CHARACTER DEVELOPMENT

The four core values of Caring, Honesty, Respect, and Responsibility form the basis for our programs. Our staff model YMCA values and assist children in building strong character based on these core values.

### SAC CURRICULUM COMPONENTS

Second only to human relationships, a well-planned curriculum will help define a child's experience in the SAC program. Monthly/Weekly schedules will be available for parent/guardian in parent sign-in/out area.

SAC curriculum components include but are not limited to:

- Arts & Humanities • Service Learning • Character Development
- Literacy • Homework & Academic Support • Interest Areas • Games • Science/Discovery • Health, Wellness & Fitness • Social Competence and Conflict Resolution

### INTEREST AREAS

Time is given daily for children to choose and experience the following interest areas:

### EDUCATIONAL ASSISTANCE

Time and space, as well as YMCA staff are available to assist children with their homework



assignments and facilitate additionally enriching activities.

The YMCA provides all necessary equipment for your child while participating in our SAC Program. Therefore, we do not allow items to be brought from home.

### SPECIAL EVENTS

The SAC program will offer its own unique Special Events throughout the school year.

### **SNACKS**

A nutritious snack will be served each afternoon; additionally an am snack will be served during our summer programs. Each of the snacks will contain food from 2 of the 4 basic food groups. Snacks such as 100% juice/milk, cereal, crackers, pretzels, granola bars, fruits and vegetables, as well as other nutritious foods will be served. Please note that these snacks are not a replacement for meals. A snack menu is posted in the parent information area. If your child has special dietary needs due to medical reasons or you prefer that your child eat something other than what is planned for snack-time, you are welcome to send food with your child. If you choose to send a snack with your child, the snack must contain 2 food groups. There is no reimbursement of tuition if food is sent from home. **Please note any food allergies on the Child Enrollment and Health Information form and the Medical/Physical Care Plan form, and advise SAC staff.**

During summer camp children will need to bring a sack lunch. The sack lunch should include all four food groups and two foods from the fruit/vegetable group. Please refer to the sample menus of lunches that meet nutritional requirements and nutritional information that are in the appendix section of this handbook. If a child is sent to the program without a lunch, the staff will call the parent and ask the parent

to bring the child a lunch, otherwise there will be an \$5.00 charge for lunches that are supplemented by the YMCA. There will also be a \$1.00 charge for every food group supplement the YMCA has to make.

***Refrigeration for lunches and snacks is not available in SAC program.*** Lunches should be kept with other personal belongings (coat, backpack, swimsuit, etc) on hooks and in cubbies.

### **CHILDREN TO BE SERVED**

The SAC program provides services for children between the grades K-2 (Primary) and grade 3- age 14 (Intermediate) and enrolled in the Chillicothe City Schools District or Bishop Flaget.

### **HOURS AND DAYS OF OPERATION**

The SAC program operates from 6:15 am-7:15 am and then 1:45 pm- 6:00 pm. Latchkey will not take place on school days/holidays indicated on the school calendar.

### DATES OF SERVICE

During the calendar school year beginning 2021/2022 school year.

### SNOW DAYS

The SAC Program will not operate on days that school has been cancelled due to severe weather.

Please keep in mind that the YMCA will use discretion if deemed necessary to open late or close early. Please make sure to listen to **WKKJ 94.3** radio and/or check the website at [www.wkkj.com](http://www.wkkj.com) for possible changes in our schedule.

## STAFF/CHILD RATIOS AND MAXIMUM GROUP SIZE

The SAC Program will not exceed the following State required ratio: 1 staff to 18 school-age children. Maximum group size for school-age children is 36. Exceptions may include snack, outside play or special events.

## SAC ADMISSIONS

A child is considered to be enrolled in the center only after the registration and first week's fee has been received, the administrator confirms the availability of space and all of the required paperwork is received. This includes basic enrollment and health information. Any change to the enrollment and health information must be communicated to the office immediately so that current information is always on file. This is for the safety of your child.

## FEE POLICY INFORMATION

### REGISTRATION FEE

\$25.00 the 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.

Current fee schedule is available upon request. 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: Your co-pay is due at the first of the month. If the co-pay becomes late, your child may not attend.

### 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. Fees will continue to be drafted out for the next 2 Wednesdays from the date of the form (indicated by the administrator).

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 slot.

### 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 no longer be permitted to pay by check.

### 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 SAC 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.**

### **MAKING PAYMENTS**

Automatic payment drafts are set up at the time of enrollment from a checking/savings account or a credit/debit bank card. No exceptions will be made to this policy.

### **FINANCIAL ASSISTANCE**

Financial assistance is available for families that qualify through the Ohio Department of Job and Family Services.

### **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.

## **DAILY ATTENDANCE**

Attendance will be taken daily for the safety and security of each child. If your child is ill or will not be attending the program for any reason, you must notify us by 12:00 (noon) by calling 772-4340 or e-mail [tmills@rosscountyyymca.org](mailto:tmills@rosscountyyymca.org).

**Parents/guardians are required to sign their child in each morning and/or out each afternoon and walk them to the appropriate area.**

If your child is ill for an extended period of time, the child care program must be notified of the days your child will not attend. There will be no refunds or credits for illness.

## **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 Child Care Administrator.

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.

## **PERSONAL BELONGINGS**

Personal belongings are the responsibility of the child. The YMCA will provide a designated place for your child's belongings during the programs. The YMCA is not responsible for lost or stolen items. **Please do not allow your child to bring valuable items to the SAC Program.**

## **WHAT TO BRING WITH YOU EACH DAY**

Children will need to be dressed appropriately for weather, 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. Modest swimsuit & towel are required to swim. Change of clothes may be necessary for some children.

## **SUPERVISION POLICIES**

A major responsibility of the staff is to ensure the health and safety of each child entrusted in our care. Staff is aware of the importance of the safety of your child and will anticipate possible hazards, and take necessary, precautionary and preventative measures.

### ARRIVAL/DEPARTURE

1. Children must be signed in the SAC program each morning by a parent/guardian or an authorized adult.
2. After school, a staff member meets the children at the bus, attendance is taken and the children are walked into the center. This is done to assure that the staff member knows that each child that is scheduled to attend SAC has arrived safely to the program. Children must be signed out of SAC each afternoon by their parent/guardian or an authorized adult.
3. If your child does not arrive to the classroom for after school care, the child care staff member will call the parent/guardian to see if there has been an error in communication. If the parent/guardian is unsure of the whereabouts of the child, staff will work with the parent/guardian to locate the child.
4. The Program staff has immediate access to a non-coin operated telephone at all times.
5. Fire drills will be held monthly at varying times and a record of these fire drills will be maintained at the center.
6. The fire emergency and weather alert plans are posted in each classroom.

### SUPERVISION OF SCHOOL-AGE CHILDREN

1. No child will be left alone or unsupervised. A minimum of 2 staff shall always be in the building when there are children present.

Required staff/child ratios will be maintained at all times.

2. School age children may run errands inside the building or use the restroom alone or in groups of no more than six children without adult supervision as long as all of the following conditions are met:

- ▶ children are within hearing distance of a staff member
- ▶ the staff member checks on the children regularly until they return
- ▶ the restroom is for the exclusive use of the program

One group of no more than six school children, fourth grade age or older, may engage in activities which pose no physical threat to their safety in a room without a child care staff member (area must remain in space approved for the child care programs use), as long as the staff member can see or hear the children at all times, and checks on the children periodically.

3. When children leave the program to participate in activities such as Scouts, tutoring, or clubs, parents must fill out a YMCA Form for Student Activities On/Off Program Premises designating the day, time of departure, time of return, destination, and mode of transportation (if applicable) that the child will use to get to the activity.

### RELEASE OF CHILD

The parent/ guardian must sign their child in and out each day. The parent may designate another responsible adult to pick up or drop off the child if previous written authorization has been supplied to the program. **VALID PHOTO IDENTIFICATION** must be presented before releasing the child to anyone. Please let people know about this ahead of time so they bring a picture ID and are not offended. The children's safety is our top priority!

Police will be notified if an adult who appears to be under the influence of drugs or alcohol attempts to pick up a child. In this situation, emergency contacts will be called to transport the child.

### **CUSTODY AGREEMENTS**

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

### **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.

## **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.

### **ROUTINE TRIPS**

These services are contracted. A child care staff member with first aid, communicable diseases and CPR trainings will be present on buses.

**Walking Trips** - Trips include walks within a radius of five blocks of the school. Sometimes these trips may be spontaneous and advance notification is not possible. The school will always be left with notice of the group's departure time and expected time of return for any trip taken.

### **FIELD TRIPS**

Summer Camp **ONLY**-We may be taking periodic field trips. Transportation for these outings will be contracted. A child care staff member with first aid, communicable diseases and CPR trainings will be present on all field trips. Before departing the program, a count will be taken of all the children and attendance sheets will be taken on the trips. Upon arrival at the destination, another count will be taken to assure that all of the children have safely arrived. This process will be repeated upon leaving the destination, and returning to the program. During the course of the field trips, each staff member will have specific children that they are responsible for supervising.

Before any child participates in either a routine trip or field trip, the program will obtain written permission from the parent or guardian. A copy of all children's medical records, written permission forms, and first aid kits are with staff at all times.

## **SWIMMING INFORMATION**

(Summer Camp **ONLY**)-Swimming activities may be provided as a regular part of the SAC program or as a field trip. When children are swimming, a lifeguard will be present at all

times and SAC staff will also be actively supervising the children. Swimming permission is included in the enrollment packet. The permission form also includes the staff/child ratio that will be followed while the children are at the pool and specify if additional adults will be in attendance. Please remember to send swimming suits and towels for your children.

If the swimming activity is outdoors, sunscreen will be required. We provide our own, but you may also send a specific brand in for your child. Sunscreen must also have a *Request for Administration of Medication* form completed for it. If your child burns easily, please include a lightweight t-shirt that they may wear over their swimsuit.

## 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.

### 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. Consider 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.

In all other situations where the safety of other children or staff are 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 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.

## MANAGEMENT OF ILLNESSES

The YMCA strives to maintain a clean and healthy environment. However, we realize that children become ill from time to time. YMCA child care staff will be trained in recognizing the signs and symptoms of illness, washing procedures, and disinfecting procedures. We observe all children as they enter the program to quickly assess their general health. We ask that you not bring a sick child to the program, as they will be sent home. Please also plan ahead and have a back up care plan in place if you are not able to take time off from work or school.

A child with any of the following symptoms will be immediately isolated and discharged to the parent or emergency contact:

- ▶ Temperature of 101° F when in combination with any other sign or symptom of illness.
- ▶ Diarrhea (three or more abnormally loose stools within a 24 hour period)
- ▶ Severe coughing (causing the child to become red in the face or to make a whooping sound)
- ▶ Difficult or rapid breathing
- ▶ Yellowish skin or eyes
- ▶ Redness of the eye, obvious discharge, matted eyelashes, burning, itching
- ▶ Untreated skin patches, unusually spots

- or rashes
- ▶ Unusually dark urine or gray or white stools
- ▶ Stiff neck with an elevated temperature
- ▶ Evidence of nits, lice, scabies or other parasitic infestations
- ▶ Vomiting more than one time or when accompanied by any other sign or symptom of illness.
- ▶ Sore throat or difficulty swallowing

Any child demonstrating signs of illness not listed above will be isolated and carefully observed for symptoms. The parent/guardian will be notified. If a child does not feel well enough to participate in program activities the parent/guardian will be called to pick up the child. Anytime a child is isolated they will be kept within sight and hearing of a staff member. The cot/mat and any linens used will be washed and disinfected before being used again.

Parents will be notified in writing if children have been exposed to a communicable illness. Children will be readmitted to the program after at least 24 hours of being free of a fever and other symptoms. If they are not symptom free, a doctor's note will be required stating that the child is not contagious.

### MEDICATIONS

The SAC program will administer medications to a child only after the parent/guardian completes a *Request for Administration of Medication* form. All proper sections must be completed and the medication must be handed to a staff member. Medications will be stored in a designated area inaccessible to children. Medications may NOT be stored in a child's cubby or book bag.

Prescription medications must be in their original container and administered in accordance to the instructions on the label. Over-the-counter medications must also be in their original container, must not be expired,

and must be administered in accordance to label instructions. If parents request any different dosages or uses, a physician must provide written instruction on the *Request for Administration of Medication* form. Over-the-counter medications will not be administered for more than three days without instructions from a physician.

### FOOD SUPPLEMENTS OR MODIFIED DIETS

If your child requires a food supplement or a modified diet, you must secure written information from your physician regarding this. A Medical/Physical Care Plan must be filled out and returned. Please speak with the Child Care Administrator for more details regarding this policy.

### LICE POLICY

The YMCA of Ross County is very aware of the lice problem in many schools today. Any child can get lice, and unfortunately, many do. To limit the spread of lice within our SAC programs, we take the following action:

- We follow a nit-free policy. *Please note this may differ from your child's school policy.*

If a child is discovered to have nits or lice, he/she will be immediately moved to an area of the program away from the other children, but supervised by staff. The child's parent/guardian will be contacted immediately and asked to pick up their child. All other children are checked for nits or lice during that program time and may, if necessary, be checked through the following program time. All areas are cleaned and treated for lice before students are allowed to play with items affected. An exposure notification will be available in the sign-in/out area informing parents/guardians that their child may have been exposed to lice. *Any child, who has been sent home due to nits or lice, may not return until they have been treated and are found by YMCA staff to be nit-free and lice free.*



## **ACCIDENTS/EMERGENCIES**

The SAC 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 the softball field. 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/Communicable Diseases and CPR 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 parents/guardians 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.

### **OUTDOOR PLAY**

Research has shown that children stay healthier when they have daily outdoor play. Based on this information, we include outdoor play in our programs. For full day programs, we go outside daily as weather permits. 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 the outdoor time due to rain, threatening weather, ozone warnings, etc. On days that outdoor play is not provided, we will include a time for indoor large motor activities. Please send your children with the proper clothing so they may be comfortable and safe whenever we are outside. This includes appropriate jackets, hats, mittens and shoes/boots during winter months.

## **TERMINATION OF CHILD CARE SERVICES**

The YMCA reserves the right to discontinue child care services under any of the following conditions:

1. Failure to abide by any of the registration agreement conditions as itemized in the Parent Statement of Understanding, or failure to fulfill any of the responsibilities or conditions included in the Parent Handbook.
2. Severe behavior by the child which disrupts the group, including instances of failing to listen to staff members; refusal to follow program rules; excessive use of physical force, including hitting, pushing, kicking or biting; verbal abuse; cursing or excessive threats to use physical abuse.
3. Failure of parents/guardians to treat staff or other parents or children respectfully. Disrespect includes inappropriate or abusive language, behavior, or threats.
4. The SAC programs follow a zero-tolerance policy in regards to weapons. Any participant, parent/guardian or family-authorized adult that uses or possesses or threatens to use or possess a weapon at any time may be permanently expelled from the SAC program.
5. Lack of regular attendance in excess of 2 weeks without notification.
6. Balance due of 2 weeks or more of child care fees.
7. Failure to properly swipe your ODJFS Child Care services card for any amount of time attended.

## **YMCA PARENT/GUARDIAN PARTICIPATION POLICY**

1. Parents/guardians are invited to participate in our SAC program on any level they are comfortable. Parents/guardians shall have

access to SAC programs at all times to interact with their child and observe the program. When visiting the SAC program, parents should inform the staff of their presence.

2. Parents/guardians should discuss any concerns or suggestions about the child care program with the Child Care Administrator. If a parent feels that the Child Care Administrator has not addressed their concerns, the parent/guardian may discuss their concern with the YMCA Executive Director.
3. Family participation opportunities include: Family events, field trips, volunteering in the program, Advisory Committees and donations.
4. YMCA staff is available to discuss your child's progress or needs at anytime. However, due to staff responsibilities and schedules, parents are asked to make appointments with staff when it is necessary to engage in any lengthy conversations.
5. Upon request, parents/guardians will be provided with a roster of the names and telephone numbers of parents/guardians of the children attending the program. Parents/guardians have the right to request that their name or telephone number is not included on the roster.
6. Parents have the opportunity to give input and evaluate the program at least annually.

## **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 SAC 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      740-772-4340  
Fax                              740-774-1734

Tashia Norman, Child Care Director  
Steve Clever, LISW-S, Executive Director

- 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

## **DAILY SCHEDULES**

Our program's daily schedule is flexible when necessary but structured to provide routine. We include indoor and outdoor learning activities, which incorporate structured, and child choice time. Our schedule allows opportunities for individual, small group, and large group activities.

### After School Program

#### PM

1:45 – 2:30	Arrival/Bathroom Break
2:30 – 3:30	Free Play/Centers
3:30 – 4:30	Homework/Quiet Activity
4:30 – 5:30	Gross Motor
5:30 – 6:00	Free Play/Centers

## 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	
years	6 years and up	1-3 years	3-6
oz.	Weight	1 oz	1 1/2
1 lg.	Protein content	7g.	
1/2 oz.	Cheese	1 oz.	1
med. or one lg.	Egg	1 med. or one lg.	1 1/2
tbsp.	Peanut butter	2 tbsp.	3
cup	Cooked dried beans, peas	1/2 cup	3/4
(3 oz.)	Cottage Cheese	1/4 cup (2oz.)	3/8 cup

**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	
years	6 years and up	1-3 years	3-6
1/2 cup total	3/4 cup total	1/4 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) (3 times/week)	Vitamin A
Excellent Sources 15 mg. or more/serving	660 IU
or more/serving	
Broccoli, fresh or frozen, cooked - 1/4 cup	Broccoli, fresh or frozen,
cooked - 1/4 cup	Carrots,
Brussel sprouts, cooked - 1/4 cup	Green leafy vegetables,
cooked - 1/4 cup	(Beef
Cauliflower, raw or cooked - 1/4 cup	greens,
cooked - 1/4 cup	Pumpkin,
Green leafy vegetables, cooked - 1/4 cup	Spinach,
greens, collards, kale, mustard	frozen - 1/4
(Beef greens, collards, kale, mustard	Squash, winter, fresh or
chard, turnip greens)	Sweet
greens, chard, turnip greens)	Vegetable
cooked - 1/4 cup	Apricots,
Green peppers, sweet, raw, large - 1/8	Cantaloupe -
cooked, fresh, canned or	Nectarine,
Potato, boiled, 2 1/4" diameter - 1	Peach, fresh,
cup	Good
Potato, baked 2 1/2" diameter (without skin) - 1	Asparagus, green, fresh,
frozen - 1/4 cup	Tomatoes,
Tomato, fresh, small - 1	Tomato juice
potato, small - 1	Tomato puree
Cantaloupe - 5" melon - 1/8	Tomato soup - 1/2
soup, canned - 1/2 cup	Apricot Nectar - 1/4 cup
Grapefruit, canned - 1/4 cup	Cherries, red sour, fresh,
canned, half - 1	or frozen -
Grapefruit, fresh, 4" diameter - 1/2	Grapefruit, pink, 4"
5" melon - 1/8	Peach, canned, half - 1
Grapefruit juice, canned - 1/4 cup	Plums,
fresh, medium - 1	Plums, prune, fresh - 3
Grapefruit-orange juice, canned - 1/4 cup	Prunes, stewed,
medium - 1	Watermelon balls or
Honeydew melon, 5" diameter - 1/8	
Orange, fresh, 2 1/2" diameter - 1/4	
Sources - 300 - 600 IU/serving	
Orange juice, fresh, frozen, canned - 1/4 cup	
cooked - 1/4 cup	
Strawberries, fresh - 5	
canned - 1/4 cup	
Tangerine, small - 1	
- 1/4 cup	
- 2 Tbsp.	
Good Sources - 8-14 mg./serving	
cup	
Asparagus, fresh or canned, med. spears - 3	
Cabbage, shredded, cooked or raw - 1/4 cup	
canned	
Okra, cooked - 4 pods	
1/4 cup	
Spinach, cooked, fresh, canned, frozen - 1/4 cup	
diameter - 1/2	
Sweet potato, canned, small - 1	
Tomatoes, canned - 1/4 cup	
purple, canned - 1	
Tomato juice, canned - 1/4 cup	
Turnips, white root, diced, cooked - 1/4 cup	
medium - 2	
Pineapple, canned, slice - 1	
cubes - 1/2 cup	

- Vegetables and fruits such as, green beans, peas, corn, bananas, grapes, etc. are not good sources of Vitamins A or C. However, they are sources of other nutrients and can still be served.
- Vitamin C is a water-soluble nutrient which means amounts in

excess of the body's daily needs are excreted in the urine. Therefore, Vitamin C must be supplied daily. Vitamin C is also readily destroyed by high temperature or long exposure to heat or air (oxygen). Therefore, cook these foods in a small amount of water or steam them and cook only the minimum time needed.

- Vitamin A is fat-soluble which means it is carried through the body attached to fat it is stored in the body primarily in the liver. The body can draw on these stores when Vitamin A is needed. Therefore, a good source eaten every other day generally meets needs.
- Fried and processed potatoes (e.g. frozen fries, hash browns, tater tots, and instant potatoes) are not a good source of Vitamin C. However, instant potatoes are fortified with Vitamin C and may be used as a Vitamin C source.
- 100% full strength vegetable or fruit juice may not be counted to meet more than one-half of the amounts required.
- The following tomato products equal 1/4 cup vegetable:
  - 1 tablespoon paste
  - 2 tablespoons puree
  - 1/4 cup sauce

III. GRAIN GROUP		
AMOUNT		1-6
years	6 years and up	
Bread		1/2
slice	1 slice	
BREAD ALTERNATIVES		
Cooked pastas, rice, corn, grits		1/4 cup
1/2 cup		
Crackers		2 to 3
small	4 to 6 small	
Biscuit, roll, muffin		1/2
regular size	1 regular size	
Pancake, 4" diameter		1
2		
Waffle, 7" diameter		1/4
1/2		
Bun, bagel, English muffin		1/2 regular
size	1 regular size	

**Functions:** Provides the nutrients carbohydrate, B vitamins (thiamine, niacin), and iron as well as, roughage from whole grains. These nutrients give energy; aid in normal digestion and utilization of food; promote normal appetite, healthy skin and nerves; and help form hemoglobin in the red blood cells.

**Notes:**

- Only whole grain, fortified, or enriched grain products can be used as food sources for this food group.
- Cookies, cakes, donuts and pastries are not included in this food group.
- Cooked or ready-to-eat breakfast cereals are not included in this group for the noon meal.

		Amount	
<b>MILK GROUP</b>	1-3years	3-6 years	6
	years & up		
<b>Milk</b>	1/2 cup(4oz.)	3/4 cup(6oz.)	
1 cup (8oz.)			
<b>Calcium equivalents</b>			

**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 quantity is needed to satisfy the RDA is too large to be practical for these age groups. Although pudding made with milk is a good source of calcium, it is not recommended 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)**

## INFORMATION REQUIRED BY OHIO ADMINISTRATIVE CODE

The facility is licensed to operate legally by the Ohio Department of Job and Family Services. This license is posted in a conspicuous place for review.

A toll-free telephone number is listed on the facility's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing law and rules governing child care are available for review at the facility upon request.

The administrator and each employee of the facility is required, under Section 2151.421 of the Ohio Revised Code, ORC to report their suspicions of child abuse or child neglect to the local public children's services agency.

Any parent, custodian, or guardian of a child enrolled in the facility shall be permitted unlimited access to the facility during all hours of operation for the purpose of contacting their children, evaluating the care provided by the facility or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the Administrator of his/her presence.

Rosters of the names and telephone numbers of the parents or guardians of the children attending the facility are available upon request. The parent roster will not include the name or telephone number of any parent who requests that his/her name or telephone number not be included.

The licensing inspection reports and complaint investigation reports, for the current licensing period, are posted in a conspicuous place in the facility for review.

The licensing record including compliance report forms, complaint investigation reports, and evaluation forms from the building and fire departments are available for review upon request from the Ohio Department of Job and Family Services.

It is unlawful for the facility to discriminate in the enrollment of children upon the basis of race, color, religion, sex, or national origin, or disability in violating of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq.

*\*This information must be given in writing to all parents, guardians, and employees as required in 5101:2-12-30 of the Ohio Administrative Code.*

**JFS 01237 (Rev. 9/2006)**

## USDA Nondiscrimination Statement

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](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, 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, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto: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.

