



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EXTENDED DAY PROGRAMS

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Director

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513-508-8217

Program Locations:

Rising Stars Academy – Vine

2120 Vine Street, Cincinnati, Ohio 45202

Abigail Rogers – Site Administrator

Arogers1@myy.org

513-646-1649 – Cell Phone

513-363-6539 – Classroom

513-362-2090 – Weather Alert Line

Dater Montessori

2840 Boudinot Ave, Cincinnati, Ohio 45238

Terry Weber – Site Administrator

513-363-0977 – Classroom

513-362-2090 – Weather Alert Line

Pleasant Ridge Montessori

5954 Montgomery Road, Cincinnati, Ohio, 45213

Tiffany Grissom – Site Administrator

TGrissom@myy.org

513-748-1506 – Cell Phone

513-362-2090 – Weather Alert Line

School for Creative and Performing Arts

108 W. Central Pkwy, Cincinnati, Ohio 45202

TBD – Site Administrator

513-362-2090 – Weather Alert Line

Gamble Montessori Elementary

2700 Felicity Road, Cincinnati, Ohio, 45211

TBD – Site Administrator

513-362-2090 – Weather Alert Line

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Welcome to the Extended Day Program!

We look forward to working with you and your family. This handbook serves as part of the admission agreement and is designed to help inform you of our policies and procedures, and to help you learn more about our program. Please read it through, ask us any questions you might have and keep it in a convenient place at home for future reference. Our rules are designed to meet all State of Ohio licensing requirements and to provide a high quality experience for the children and families enrolled.

YMCA of Greater Cincinnati Mission Statement

The mission of the YMCA of Greater Cincinnati is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Our Cause

We are a powerful association of men, women and children joined together by a shared commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility. We believe that lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors. That's why, at the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors in communities to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

Program Philosophy

The purpose of the Y Extended Day Programs are to meet the developmental needs of children and to serve family needs for quality programs. Programs focus on facilitating the child's sense of industry, promoting a sense of competence, and creating an environment conducive to positive peer interaction, encouraging initiative, supporting growth and self-direction, and free choice under the guidance of nurturing and caring staff. This is done in a setting designed for acceptance, respect and encouragement. Through all programs, YMCA staff work in cooperation with the goals of families.

The program is designed to meet the developmental needs of children (3 years to 12 years - Site based) enrolled in the Extended Day Program. It provides experiences that enrich and enhance each child's cognitive, language, social, emotional, physical and creative development. Within the classroom daily schedule, each child has opportunities to create, explore the environment, learn problem solving and personal interaction skills, and learn concepts through first-hand experiences. Children develop a positive self-concept through a balance of self-directed and teacher directed activities. Opportunities for solitary play as well as group activities are provided. Through play children learn the vital lessons of how to manage feelings, emotions and relationships, cooperating, sharing and listening to others. In the early years, (age's birth to 8 years old) children make no distinction between learning and playing. Children should be taught as much as they want to know, and real learning comes from a young child's experience of objects. The more ideas, activities, and skills we can offer children, the better, but only if we respect that play and having fun are essentials to learning. Children's development and skills level are assessed periodically so that teachers can plan for educational, social, and emotional experiences that support the individual's development and ensure that preschool children enter kindergarten with age appropriate skills and knowledge.

We strive to make available opportunities for our parents to participate in activities with their children including but not limited to; Inviting Parents to read at Story Time, Parent Child Yoga Classes, Dinner with parents.

Program Goals

our program provides:

- Safe environment
- Emotional support and warmth
- Responsive adults who serve as good adult role models and especially good listeners
- Opportunities to work with real tools for play and/or for purposeful real world work as well as learning confidence in dealing with the physical world through games, hobbies, and exercise
- Freedom of choice in a facility full of age appropriate materials
- Freedom to work and play individually or with peers
- Encouragement to be creative and imaginative
- Time and space to engage in reading, computing and problem –solving through self-selected tasks
- Time and appropriate space for rest or quiet time
- Opportunities to develop personal discipline including taking responsibility for one's own actions, setting and accepting limits, respecting rights and property of others, forming friendships, and using community resources responsibly
- Learning to accept one's own personal abilities
- Opportunities to learn about diversity and inclusion
- Opportunities to learn about nutrition and other components of a healthy, safe life
- Parents are welcome to discuss any educational concerns with the lead teacher or director at any time. You are welcome to contact either to schedule a time to meet with them if you feel that is necessary as well.

Staff

Staff is carefully selected in order to provide the best possible care and education for your child. We employ people who are warm and nurturing, who understand child development, who can apply their knowledge in the classroom, and who respect each child as an individual. We seek employees who value working as a team with parents and colleagues. Each staff person has on file three written references, a criminal records check and a physical examination.

- The Director has a minimum of a bachelor's degree in early childhood education and experience as a center administrator.
- Lead teachers have at least an Associate's degree (or equivalent) and experience as teachers of young children.
- Teachers and Assistant Teachers have at least a high school diploma and experience as a teacher of young children. Some are participating in college education.

Continuing education is an important part of working for the YMCA. Each staff person attends training in first aid, communicable disease, child abuse prevention and recognition, child development, and teaching methods. The YMCA provides for educational opportunities for staff to continue learning.

Goals for Staff

- Serve as positive role models and provide care that is supportive, nurturing, warm and responsive to each child's individual needs.
- Respect parents as the primary and most important provider of care and nurturing. We believe that parents and teachers are partners in children's care and education.
- Work in collaboration and cooperation with other organizations, such as school, churches, social service agencies and other non-profits that are committed to serving the needs of children and families and who have goals similar to those of the YMCA.
- Be able to accept, demonstrate and teach the YMCA Character Development Values of Caring, Honesty, Respect and Responsibility
- Seek to expand each child's potential by providing a creative environment for children to develop individual capacities, socially, intellectually, physically, and emotionally.

Assessments and Screenings

This program is housed within an ODE licensed building, Cincinnati Public Schools will conduct and report results back to ODE. We have permission slips that parents sign through which CPS and YMCA will collaborate information in the best interest of the children served in our extended day program.

Sample Classroom Schedules

Each classroom has a different daily schedule; it is posted on the classroom wall. Each classroom spends at least ½ hour in the afternoon in the outdoors or in alternative large motor activity. The following are examples of the daily schedule for the children.

Extended Day

Time	Activity
2:15	Arrival, health check, free play in classroom.
2:30p	Small Group Activity – Yoga, Mindful Moment, STEAM, Reading Group
3:15p	Bathroom Break
3:30 – 4:30p	Groups will have the opportunity for: Outdoor play, including games, group activities, large and small motor activities, (or indoors in inclement weather) OR Self-selected, individual and small group activities in science, mathematics, block building, language arts, dramatic play, water and sand play, creative art, spatial concepts, small motor development, and music.
4:30 – 4:45p	Bathroom Break and handwashing prep for dinner
4:45p-5:15p	Dinner
5:15- 5:45	Self-selected, individual and small group activities in science, mathematics, block building, language arts, dramatic play, water and sand play, creative art, spatial concepts, small motor development, and music.

***Schools with a later start time will have the same/similar schedule with a later start time.

Sample Summer Schedule

Time	Activity
8:30a	Arrival, health check, free play in classroom.
8:45a – 9:15a	Breakfast Small Group Activity – Yoga, Mindful Moment, STEAM, Reading Group
9:15a	Bathroom Break
9:30a -10:15a	Large and Small group instruction – dependent on the week's theme.
10:15a- 11:45a	Groups will have the opportunity for: Outdoor play, including games, group activities, large and small motor activities, (or indoors in inclement weather) OR Self-selected, individual and small group activities in science, mathematics, block building, language arts, dramatic play, water and sand play, creative art, spatial concepts, small motor development, and music.
11:45a	Bathroom Break and handwashing prep for lunch
Noon – 12:30p	Lunch
12:30p-12:45p	Prep for Nap
12:45p – 2:00p	Nap/ Rest period or Quiet activity for school agers
2:00p – 2:15p	Bathroom Break and prep for snack
2:15-2:45p	Snack
2:45p -330p	Groups will have the opportunity for: Outdoor play, including games, group activities, large and small motor activities, (or indoors in inclement weather) OR Self-selected, individual and small group activities in science, mathematics, block building, language arts, dramatic play, water and sand play, creative art, spatial concepts, small motor development, and music.
3:30p 4:30p	Small group activity Yoga, Mindful Moment, STEAM, Reading Group
4:30 – 4:45p	Bathroom Break and handwashing prep for dinner
4:45p-5:15p	Dinner
5:15- 5:45	Self-selected, individual and small group activities in science, mathematics, block building, language arts, dramatic play, water and sand play, creative art, spatial concepts, small motor development, and music.

Field trips, special visitors, and special projects appropriate to the developmental needs of children will be offered.

Daily Routine

A consistent daily routine helps you and your child start the day well. If you work irregular hours, try to keep arrival and departure times as consistent as possible. Children prefer to have the same things happen day after day. They often feel uncomfortable when they arrive earlier or later than usual and they notice and worry if you arrive later in the afternoon than usual. If you are enrolled in the before school program; when you arrive, please walk with your child to his/her cubby or cubbies and put personal belongings away. Sign in, and then you may want to speak with the teacher and help your child find something to do. A kiss, hug and friendly good-

bye are important for you and your child. If your child has a hard time saying good-bye, the teachers are happy to help and may give you some ideas to make parting easier. Please don't leave without saying good-bye. Don't hesitate to call us at any time to reassure yourself that your child is doing well.

Hours of Operation/ Holidays

The center hours vary dependent on the site (see front sheet for your site) Monday through Friday, during the regularly scheduled school year with the inclusion of the following holidays. The center will be closed on the following holidays:

- Monday, Jan. 2 in observance of New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving and the Friday after Thanksgiving
- Christmas Day

If the holiday falls on a weekend, we will reschedule it for the day observed by the State of Ohio. On other holidays and eves of holidays, we will remain open, and at such times, you may be requested to sign up in advance so that we can make appropriate arrangements for staff scheduling, and food ordering.

Field Trips

During the summer the center will provide opportunities for field trips, permission slips must be completed prior to the child being permitted to participate. Busses will be rented through a rental company. Walking and water activities may be available but there will not be swimming during any field trip.

Emergency Closings

Should bad weather make travel difficult, please monitor the media. We will make every effort to keep the center open. Although we make every effort to be open and on time, in very unusual circumstances parents will not be able to leave children at the center until enough staff arrive to maintain appropriate staff child ratios. You can stay at the center and play with your child until another staff person arrives or the decision is made to close the center.

Weather Emergencies Occurring During Center Hours

In the event of tornado or severe weather alerts, all classes will follow CPS emergency procedures where we will be free from flying glass and furniture. Staff may bring books for reading to children. Parents who arrive during such an emergency will be strongly encouraged to remain at the Center until the alert has been lifted. If it appears that the weather will make travel dangerous, the Director reserves the right to close the center early. The center will be staffed until all children have been picked up.

Parents can get updates for closures via the YMCA Weather Line at 513-362-2090.

Procedures for Emergencies or Accidents

Each classroom and the office has posted at all times the general emergency plan, which includes plans for evaluation and for emergencies, and includes emergency phone numbers next to the phones. The first aid kit is located in the program office and in a carrying bag for field trips. Children's medical records, health records, and emergency transportation authorization, filed alphabetically, are kept in the office.

In the case of an emergency and/or illness the staff person in charge will attend to the emergency and/or illness. All other staff shall clear the area and supervise the other children. The lead teacher will immediately contact the appropriate emergency number. If the parents or guardians cannot be reached, the emergency contacts provided by the family will be notified. If necessary, the child will be transported by the emergency squad to the hospital. YMCA personnel will NOT transport children in emergency situations; however a staff member will go with the child. Staff will take with them the child's individual medical care plans and permission for emergency transportation provided by the family. Dental emergencies will be cared for as prescribed by the dental first aid chart posted in each classroom.

General Emergency

Center staff will follow posted procedures in regards to general emergencies. General emergencies include; threats to the safety of children due to environmental situations or threats of violence, natural disasters such as fire, tornado, flood, etc., and loss of power, heat or water. If the center has to be evacuated for any reason, emergency contact paperwork will accompany the children and staff. Once relocated, staff will contact families regarding the emergency.

Serious Incident and Accidents

Emergencies and accidents will be handled as requested by the parent(s) on the emergency forms. Minor accidents (cuts, bruises, etc.) are treated by staff members trained in first aid. If a child is injured at the center and requires transportation to a hospital or practitioner indicated on the medical/dental care form, our staff will call 911 and an emergency squad will determine whether the child will be transported to the appropriate facility. In any case of emergency transport a staff member will accompany the child until a parent or guardian arrives to be with the child. The staff member will take with them a copy of the child's emergency transportation form as well as any other vital medical information in the child's file. A copy of the child's emergency transportation form is kept on all vehicles that transport children as well as their central file. The center has a telephone available for emergencies, as well as for communication with parents.

Fire and Tornado

Fire and tornado drills are held monthly. A plan is posted which explains the responsibilities of the staff and actions taken in care of fire emergency and weather alerts.

Important Phone Numbers

Emergency Squad	911	Children's Protective Services	241-KIDS
Fire Department	911	Children's Hospital	636-4200
Police Department	911	Poison Control Center	872-5111

The YMCA will take the following action(s) in case of a general emergency that threatens the safety of the children such as an environmental situation or threats of violence, natural disasters, loss of power, heat, or water. We will be with the children at all times and no one will be left unsupervised. We will remain in the designated safe space. In any event of a natural disaster, we will relocate the children to a designated space in the building depending upon the disaster, and outside if a fire has occurred. In any event where there would be loss of power, heat, or water, we would contact parents at that time to notify them that their children are to be picked up.

Child Abuse or Neglect

The Director and all employees of the program are required by law to report any suspicion of child abuse or neglect to the Children's Services agency for the community the family resides in. Staff will protect all children from abuse and neglect while in the care of the center.

Weapons Policy

Unless otherwise authorized by law and except as provided below, pursuant to the Ohio Revised Code, no person shall knowingly possess, have under his control, convey, or attempt to convey a deadly handgun or dangerous ordnance onto these premises. This includes, but not limited to, all employees, members, and guests.

A person who has been issued a valid concealed handgun license may transport and store a firearm and ammunition inside the person's privately owned motor vehicle if that vehicle is legally parked in the YMCA parking area and if one of the following applies: (1) the person is physically present inside the motor vehicle, or (2) each firearm and all of the ammunition is locked within the trunk, glove box, or other enclosed compartment or container within or on the person's privately owned motor vehicle.

Incident/Injury Report

The center will fill out incident/injury reports on any unusual or unexpected occurrence which may jeopardize the safety of children or staff. Incidents or injuries that require an incident/injury report include but are not limited to: illness, accident or injury which requires first aid treatment, a bump or blow to the head, unusual or unexpected event which jeopardizes the safety of children or staff. In the event that an incident/injury report is filled out, the person who picks up the child(ren) involved the day of the incident/injury will receive a report to sign and will also receive a copy of the report. All incident/injury reports are filed in the Director's office. When incidents that require medical treatment or are pre-determined by Ohio Department of Job and Family Services rules to be reported to ODJFS within 24 hours, staff will document that the report has been made and complete the required forms.

Management of Illness

All staff persons are trained to recognize the signs of communicable disease and other illnesses, hand washing and disinfecting procedures, through courses in first aid, in common childhood illness, and prevention and recognition of child abuse training provided by a person qualified to provide the course. A trained staff person will observe each child as he or she enters the program. The Communicable Disease Chart furnished by the Ohio Department of Health is posted in the Y Early Learning Center.

Any child who develops the following symptoms while in the program will be isolated immediately on a cot in a portion of the room not being used and discharged to his/her parent or guardian. They may return with a doctor's note stating that the child's condition is not contagious or 24 hours after symptoms listed below have ceased. Symptoms are:

1. Temperature of at least 100 degrees Fahrenheit (axillary) when in combination with any other sign or symptom of illness.
2. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
3. Difficult or rapid breathing.
4. Yellowish skin or eyes.
5. Redness of the eye, or thick and purulent (pus) discharge, matted eyelashes, burning, itching or eye pain.
6. Unusually dark urine and/or gray or white stool.
7. Stiff neck with elevated temperature.
8. Vomiting more than one time or when accompanied by any other sign or symptom of illness.

A child exhibiting other symptoms will be isolated and discharged and may be readmitted to the program after he/she is free from all symptoms for 24 hours. Those symptoms include:

1. Diarrhea (three or more abnormally, unexpectedly or unexplained loose stools within a 24 hour period).
2. Evidence of untreated lice, scabies or other parasitic infestations.
3. Untreated infected skin patches, unusual spots or rashes.
4. Sore throat or difficulty in swallowing.

Isolation Precautions: A child isolated due to suspected communicable disease (or symptoms listed above) shall be:

1. Within sight and hearing of an adult at all times.
2. Cared for in another room or portion of a room away from other children.
3. Provided with a cot and made comfortable. After use, the cot shall be disinfected with an appropriate germicide, or if soiled with blood, feces, vomit or other body fluids, the cot shall be cleaned with soap and water and disinfected with an appropriate germicide.

YMCA programs cannot allow "mildly ill" children in the program. Mildly ill is defined as a child who is not feeling well enough to participate in the regular program, but who does not have any of the conditions which prohibit participation. A child who becomes ill during the day shall be discharged to the care of his/her parent or guardian as promptly as possible. If the parent or guardian is unable to come to the program center, the staff will discharge the ill child to the person who has been designated by the parent.

Employees will also abide by the same communicable disease policies as the children. This means that no employee shall be permitted to work if they display any of the symptoms that are listed above.

In the case of exposure to a communicable disease, parents will be notified verbally and/or in writing about the children's possible exposure.

Medication: Administration of medication, special diets or food supplements may be undertaken by the program, at the program staff's complete discretion, after receipt of a completed, Request for the Administration of Medication by the Child Care Personnel form, signed by a parent/guardian (and doctor if applicable). The Ohio Department of Job and Family Services provide and enforce

very specific rules for the administration, storage, and documentation of medication. For this reason, families are asked to cooperate in the process by doing the following:

- a. When a child has a chronic condition that may require medical treatment, a "medical care plan" is completed by the family with assistance from staff. All staff who may care for the child shall be trained by the family (when needed) and sign the medical care plan to indicate that they are trained (is appropriate) and that they are aware of the plan.
- b. When a child has to be given medication at the Center, families will:
Provide the medication in the original container with the original label. Complete the form required to give medication, including instructions for administration of medication that are consistent with the instructions printed on the prescription label, and have a trained staff person accept the medication and review the form.

If the following conditions exist, the medication will not be accepted at the Center.

- a. Over the counter medication (unless accompanied by a doctor's order)
- b. Medication that is expired, for which the prescription is greater than one year old, or when the instructions don't match the label
- c. The center does not have the tools to administer the medication such as a special measuring spoon

Topical medication such as sunscreen or diaper cream must also be accompanied by an Administration of Medication by the Child Care Personnel form.

Child Medical Statements

All children are required to have a current medical statement signed by their physician and dated. We then require them to be updated annually from the date of examination. If a parent declines immunization for their child they will need to complete the Medical Statement required by ODJFS. If there is any sign of a communicable disease, any child not immunized against that illness will have to be excluded from the program until the disease is gone.

Inhalers and other emergency medication

All inhalers and other emergency medications are readily accessible to program staff members who are working with children that may need such items. Participants with asthma that require medication such as an inhaler must have this indicated on their health form, complete a medical care plan, and provide the medication at all times. Children will not have in their possession medication.

Allergies

Information about allergies is provided at the time of enrollment or at the time of later diagnosis. A medical care plan is completed. All staff sign off on the medical care plan. Emergency treatment for severe allergies will be provided by the family (such as an EpiPen) and will be present at all times when a child is present in the facility.

Arrival and Departure

1. As the children arrive for the program, the staff takes attendance immediately and parent signs in the child on the appropriate form. When leaving the program, parents must notify staff that they are removing their child from the program and sign their child out on the appropriate form. Any parent who arrives after the center is scheduled to close could be charged a late fee of \$10 per every 15 minutes per child.

2. The YMCA staff is unable to deny a parent access to their child unless legal documentation is on file at the center, which may include a custody agreement.
3. If the closing staff have not heard from the parent or has not been able to reach the parent or an emergency contact and has waited a reasonable amount of time after closing, he/she will call 241-KIDS (Hamilton County Job and Family Services) to arrange emergency care for the child until the parents can be located.
4. No child will be released from the center to anyone other than the parents, legal guardians, or other persons specifically indicated on the child's enrollment documents. Any person who is picking up a child enrolled at the program must be able to identify themselves with a photo ID. Since many staff work at the Center, it is always possible that children's escorts will need to show ID with a photo as all staff may not have met all parents, guardians, or other escorts. Also if there is a custody agreement the Director will need to have a copy of those papers at time of enrollment and we follow the court documents.
5. Please let us know if a child is not attending the program, and if a child may have a communicable condition.
6. Please call or verbally tell your child's teacher if your child is going to absent due to illness or vacation.
7. If a child is supposed to arrive at a program from another program and does not and we have not received notification that the child would not be present the family may be called to verify absence.

Drop Off/Pick up Sign in Location

Arrival and departure may happen in each classroom or in an alternative classroom very early or late in the day. Family members or escorts will sign the child (ren) in and out in those locations.

Outdoor Activities

The program shall provide outdoor play each day for children. In the event of inclement weather conditions, such as severe storms, winds, or extreme high or low temperature, the program will provide alternative indoor activities. Children are required outdoor play which can occur between 25 degrees to 90 degrees.

The staff monitor local weather conditions, including storm watch and weather emergencies.

When outdoor play is not possible due to a heat emergency, significant precipitation, very cold conditions, or issues with the outdoor environment, staff will lead alternative indoor activities.

Safety/Supervision

1. All efforts to ensure safety are made at all times.
2. Emergencies and accidents will be handled as requested by the parent(s) on the emergency forms. Minor accidents (cuts, bruises, etc.) are treated by a staff member who has completed the required first aid course. If a child is injured at the program or in the event of the transportation of a child to the source of an emergency medical/dental care, the staff will complete an incident/accident report. One copy will be given to the parent and one copy will be retained in the child's file.
3. All children will be supervised at all times by staff.
4. Programs have a telephone available for emergencies as well as for communication with parents.

5. Fire drills are held monthly and Emergency drills are held during severe weather months and Lockdown drills are held quarterly. The staff will follow the plan by the YMCA of Greater Cincinnati Association for the action to be taken in case of fire emergency, weather alerts, or other emergency situations.
6. The program will protect the children from abuse or neglect. The Director and each employee of the program are required by law to report any suspicion of child abuse or neglect.
7. Spray aerosols and pesticides are prohibited when children are in attendance at the program.

Insurance

The YMCA of Greater Cincinnati has a Certificate of Insurance which may be provided upon request.

Food Information

The center will provide a dinner each afternoon. A menu is posted. During meals and snacks, staff and children spend time together in a relaxed atmosphere. Center staff will develop a plan with the parents of those children who have special dietary needs.

If a parent provided meal does not include the required supplement from the recommended food groups, the center shall provide appropriate substitutes and make them available to children who are missing that item. There may be an additional fee associated with this service.

Emergency Transportation Authorization

We are unable to accept enrollment for families who refuse to grant permission for their child (ren) to be transported for emergency medical treatment.

In the event of an emergency where a child needs to be transported to an emergency facility, the Emergency Squad will transport the injured child after a call to 911. Staff will never transport a child in their personal vehicles but will ride the squad with the child.

Staff to Participant Ratios

Age	YMCA staff to child ratio	ODJFS staff to child ratio	Maximum Group Size
Preschool: 3- 5 years	1:10	1:12	20
School Age: 5-12	1:15	1:18	30

At no time does the YMCA exceed the ODJFS required ratios.

Licensing

1. The Y Early Learning Center has been issued a license to operate legally by the Ohio Department of Job and Family Services. The laws and rules that govern this license are available at the center for review.

2. The center's licensing records, including but not limited to compliance report forms and evaluation forms from the Health and Fire Departments that inspected the center, are located at the center.

YMCA Membership

The YMCA is a membership-based organization dedicated to the development of spirit, mind and body. The goal encourages a lifelong commitment to physical health, supportive family relationships, and personal development. Participants in childcare are considered members. For information regarding membership in other YMCA programs and scholarship information, see the Director of the center.

Annual Support Campaign

The Y program receives support from the generosity of the people in the community, including parents and staff. Each year we ask families to help support the program in a variety of ways, including fund-raisers, special events, donations, and by asking for the support of others. Your support enables us to continue serving this community and our center.

Enrollment

When parents are ready to enroll their child, we will make arrangements for the family to:

- Meet the child and parents, tour the Center, including explaining the program, policies, etc., and answering questions.
- Schedule a child's beginning date.
- Explain and assist with necessary paperwork: demographic information, Child Enrollment and Health information (JFS 01234)-parent must give permission to transport in case of emergency, Child Medical statement (JFS 01305) including immunizations-children not immunized will be excluded when there is a notice of communicable disease, Family Information form for Step Up to Quality (JFS 01511), YMCA Family Agreement, and Parent Permissions form.

Non-Discrimination

The Center does not discriminate in the enrollment of children, the hiring of staff, or any other procedure based upon the race, religion, gender, national origin, special needs, or economic status of any individual.

Special Services

It is our policy and practice to include children of diverse backgrounds including children with disabilities. We work with the schools, your physician, and a variety of community services to provide high quality services to all children. These services may include health and developmental screenings, classroom observation, and child assessment. At enrollment you will give written permission for health and developmental screenings, and will be informed privately of anything of concern that we learn from these services. If the family and/or the staff observe concerns in child development and seek additional services, you will be asked for written permission for any special services requested. If there is any service at all you would like to seek or learn more about, please let us know.

Parent/Staff Communication

The YMCA believes that activities to involve parents/guardians in their child's development should be included in our program. Activities and monthly lesson plans will be posted on the parent bulletin board for everyone's information.

Any problems your child may be having at home may affect the child's behavior at the YMCA program. Please keep us informed so that we can be sensitive to your child's needs. We would like to work as a team with the school and family to provide the best environment for your child's growth and development. It is very important that parents' talk with the staff and the staff will keep parents informed as well.

Any parent/guardian must provide legal documents upon any custody agreements/arrangements made within the court system regarding who can pick up the child/children. The staff will ask for the proper identification of the person picking up the child that is listed on the authorization form.

Grievances

Complaints and problems should be discussed with the Lead Teacher and Y Early Learning Center Director. We want to know right away if anything we say or do causes you concern or worry. We will do our best to resolve any problems that arise. If any problem that you have discussed with the Teacher, Director, and Supervisor is not resolved to your satisfaction, or if you wish to appeal your child being asked to leave the program, you may file a written grievance within 10 days to:

Kelly Basler

Executive Director of Child Development Services

YMCA OF Greater Cincinnati

112 Findlay St., Cincinnati, OH 45202

(P) 513 721-2195 (F) 513 721-1517

(E) KBasler@myy.org (W) Myy.org

(O) Face book/Twitter/You Tube/Blog

The Ohio Department of Job & Family Services provides a toll-free number for persons to report suspected violation by the Center. The number is 1-866-635-3748.

Emergency Closing

In the event of an emergency, the YMCA of Greater Cincinnati may deem it necessary to close the YMCA program. If at any time the YMCA is closed, all programs will be closed. This information is available on local radio and television stations and parents will be notified by a staff member of the closure.

Code of Conduct

The YMCA of Greater Cincinnati has a clear responsibility to protect the children in the programs and to promote the YMCA mission that includes practicing programs based on Christian principles that build healthy spirit, mind, and body. We therefore teach children to resolve conflicts by peaceful and non-violent means. In support of this responsibility, this Code of Conduct governs the behavior of all adults at the YMCA programs. Staff, parents, and visitors are to treat each other professionally, with respect, and act as role models for the children.

The Code of Conduct identifies unacceptable behaviors by any adult while in any space designated as YMCA program areas. Misconduct includes, but is not limited to, the following:

- Profanity
- Threats, intimidation, or harassment
- Mental or bodily harm
- Disruption or obstruction
- Disturbing the peace
- Dishonesty or misrepresentation
- Violation of criminal law
- Possession of weapons
- Dressing Inappropriately
- Possessing Illegal Substances (including alcohol, tobacco and other drugs)
- Engaging in Sexual Activity, Harassment or other display or conduct
- Misusing photographic devices

Anyone found in violation of the YMCA Code of Conduct is subject to termination of services, dismissal, or criminal charges.

Attendance

Regular attendance at the Center is important so that children receive the full benefit of the program. Children who do not attend regularly often do not feel comfortable and/or are unable to fully adjust to and trust the staff, other children and the environment. If you are participating in a special program the funder may limit payment for absenteeism. Please be aware that absenteeism over the cap set by your funder may not be reimbursed and you are responsible for the full tuition payment for any absence beyond the limits of the agency providing financial assistance.

Personal Items

Please identify personal items, including coats, hats, etc. with the child's name. Please dress your child for school in comfortable, washable play clothes that he/she can manage in the bathroom. Soiled clothes will be put in your child's cubby in a plastic bag for you to take home at the end of the day. Please check the cubby each day for soiled clothes. Please do not allow your child to bring toys from home except for planned toy sharing activities. If your child needs to bring something to ease the transition between home and school we will work as a team so that the child and his classmates recognize this item as personal and not to be shared. Please recognize the challenges we face monitoring each child's belongings. We will make every effort to keep track of your child's personal belongings, but cannot be responsible for losses. We do not allow guns, knives, or other violent toys into the Center. Please do not send or allow your child to bring jewelry, money, candy or chewing gum.

Parent Satisfaction

Your satisfaction with your child's care and education and with the way you are welcomed and how we communicate with you is very important to us. We expect that you will always be greeted warmly, treated with respect, listened to, and fully informed about the center and your child's health, safety, and progress. At least once a year we will conduct an anonymous parent survey to learn about the level of your satisfaction. We use this information when we make the performance goals for staff and for the Director and for the center's annual plan.

Communication and Problem Solving

Although we strive to communicate effectively and listen carefully, sometimes there are issues that arise where a parent or staff person has a concern. It is best to discuss concerns of any kind with the individual involved. If this is not appropriate or if the concern is not resolved, the Lead Teacher is the person responsible for your child's care and education, and the Director is responsible for all aspects of the center's operation. Parents and staff can go to the Lead Teacher and then Director with any concerns or unresolved problems. We want to know right away if anything we say or do causes you concern or worry. We will do our best to resolve any problems that arise.

Discipline

In youth programs, we strive to meet the needs of all children without ignoring the demands of any one individual. It becomes necessary in organizing and maintaining a large group to set limits or guidelines. When that set boundary becomes broken, it is also essential to provide some form of understanding. The YMCA policy follows these steps:

1. Each child is treated with respect and concern for his/her developmental needs. Guidance and discipline are positive, non-punitive, and appropriate to the situation and to each child's individual development. Verbalization of feelings for children, redirection, and problem-solving techniques are the methods used by the staff to guide children's behavior.
2. No cruel, harsh or unusual punishment, and no corporal punishment including but not limited to punching, pinching, shaking, spanking, or biting is ever permitted.
3. No child is ever isolated from the program, placed in a locked room, or confined in an enclosed area as a form of discipline.
4. In case of physical fighting among children, restraint by the staff may be used for the safety of the children involved but no form of physical punishment or physical restraint is ever used.
5. Discipline is never imposed for failure to eat or toileting accidents nor is food, rest, or toilet use ever withheld as a means of discipline.
6. No child is ever humiliated, subjected to profane language or other verbal abuse, or abused or neglected while in the care of the center.
7. No child is ever shamed, humiliated, or frightened by any form of discipline.
8. No discipline technique is ever delegated to another child.
9. "No" is used only if followed by an explanation.
10. The entire group will not be disciplined due to the unacceptable behavior of a few.

Additional Discipline Policy

Unfortunately, there are times when usual guidance techniques are not effective and despite working with parents, the inappropriate behavior may continue. When this happens, YMCA supervisors can exercise the option to suspend a child from the program. If problems continue despite the suspension and no progress is demonstrated, the child will be subject to expulsion from the program.

Serious behavior problems may include:

- Verbal or physical aggression toward staff or other adults
- Repeated incidents of physical and verbal aggression
- Exhibiting behavior that endangers the safety of the children
- Attempting to leave the program or premises without staff permission
- Consistently disregarding the rules and authority of the staff

- Possession of weapons
- Racism

When a child's behavior meets the criteria listed, the family will be notified of any action taken by the staff. As we state in our program goals, our program promotes "opportunities to develop personal discipline including taking responsibility for one's own actions, setting and accepting limits, respecting the rights and property of others". We strive to help each child reach his or her full potential as a productive, responsible human being. All employees of our programs are held accountable to the Child Guidance and Management specifications the State of Ohio Child Care licensing rules as a minimum standard and are provide with specialized training to protect children from danger of harm.

Enrollment Policy and Information

The YMCA does not discriminate in the enrollment of children based on race, religion, gender or national origin. The YMCA may consider factors such as age in assignment of children to classrooms.

Before attending the YMCA program, all children must be registered. A registration fee \$30 per child is non-refundable and paid upon enrollment. Classrooms have a limited enrollment and registration is on a first come, first served basis. ODJFS Child enrollment form must be complete and updated manually.

A waiting list will be maintained that includes all children.

When spaces are filled, applicants are put on a waiting list.

- Once a family is contacted to enroll their wait listed child, the family has one week to return the enrollment packet and first week's tuition.
- If a family declines the opening offered, they may stay on the waiting list and the next child's family will be contacted.
- The child must begin the later of two weeks from the date of contact or the first date the opening is available.

Fees

Fees vary dependent on school:

Registration Fee: \$30 per child, \$50 per family, not refundable.

Dater -

Before School Only: \$45/week

After School Only: \$45/week

Both: \$ 75/week

RSA - Vine and Gamble Montessori -

Preschool After Only: \$90/week

School Age After Only: \$50/week

Pleasant Ridge Montessori -

After Only: \$70/week

School for Creative and Performing Arts -

Before School Only: \$50/week

After School Only: \$50/week

Both: \$ 85/week

Summer Camp (Limited Locations): \$210/week
Registration Fee: \$30 per child, \$50 per family, not refundable.

Payment Procedures

Program tuition fees are due on the first day of each week. Families are welcome to pay in advance. A receipt will be provided for each payment.

There is no refund of tuition for any reason at any time. Tuition is not adjusted for holidays when the center is closed or for any other reason.

When tuition is not paid, the family may be asked to leave the program. Payment must be paid by check, money order or credit card to the YMCA. There is a \$25 charge for returned checks. The YMCA does not provide bills; payments are made by the family without a bill.

Termination of Services

The Center reserves the right to deny enrollment or discontinue service to any child at its discretion. A child's enrollment may be terminated in response to his/her behavior.

Financial Assistance

The YMCA welcomes everyone. Financial assistance is available through the Ohio Department of Job and Family Services or via YMCA Scholarships. Please see the Director for more information on the YMCA scholarship programs.

Tax Information

The center will provide a payment history upon request and end of the year. All requests should be directed to the Director and should be made with ample time for completion. Tax Identification number is furnished upon request.

Parent Handbook

All parents shall sign and date a statement verifying the review and receipt of these written policies and procedures. This statement shall be placed in the child's file folder.

Center Parent Information

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

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

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

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

The administrator's hours of availability and child/staff ratios are posted in a noticeable place in the center for review.

The licensing record, including licensing inspection reports, complaint investigation reports, and evaluation forms from the building and fire departments, is available for review upon written request from the Ohio department of job and family services.

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

For more information about child care licensing requirements as well as how to apply for child care assistance, Medicaid health screenings and early intervention services for your child, please visit <http://jfs.ohio.gov/cdc/families.stm>



Extended Day Programs Enrollment Checklist

YMCA of Greater Cincinnati

YMCA Forms

- _____ Demographic Form
- _____ Code of Conduct
- _____ Release and Waiver of Liability
- _____ Family Agreement
- _____ FERPA
- _____ Voucher Agreement (if receiving vouchers)
- _____ Automatic Draft Authorization

Ohio Department of Job & Family Services Forms

This is required information for the Ohio Department of Job and Family Services (ODJFS), needed to keep our child care license in compliance. Please complete all parts of the forms. If there is a box that is not applicable to your child/family, please put 'N/A' as every box needs to be completed.

- _____ Child Enrollment & Health Information for Child Care (JFS 1234)
- _____ Child Medical Statement for Child Care (JFS 1305) PRESCHOOL ONLY
- _____ Child Medical/Physical Care Plan for Child Care (JFS 1236)
*Please complete if your child has any health concerns, including allergies and dietary needs.
- _____ Request for Administration of Medication for Child Care (JFS1217)
*Please complete if staff will be required to administer medication to your child or your child requires a modified diet.
- _____ Family Information for Step Up To Quality Programs (SUTQ) (JFS 1511)



YMCA OF GREATER CINCINNATI
DEMOGRAPHIC INFORMATION

1. Parent/
Guardian's Name _____ Date of Birth _____

2. Parent/
Guardian's Name _____ Date of Birth _____

Home Address _____
City _____ State _____ Zip Code _____

Phone (H) _____ (W) _____ (Cell) _____

E-mail address: _____

_____ (circle one) _____ United Way Y N
Child's Name _____ (M or F) Child's Date of Birth _____

Child's Race: African American Asian White Hispanic Native American Pacific Islander Mult-Race Other
(Optional Circle one)

School: _____ School District: _____
Family Income: _____ Under \$27,000 Over \$27,500
(Select One)

FOR INTERNAL USE ONLY				Daxko Date Entered:	
Enrolled Date:				Exit Date:	
Funder	ODJFS fee: \$	Scholarship \$	Full Fee	\$	
Program	Infant	Toddler	Preschool	School Age AM	PM Both

1. Parent's Employer:
Employer Address: (Street, City, State, Zip)
Employer Phone: ()
2. Parent's Employer:
Employer Address: (Street, City, State, Zip)
Employer Phone: ()



CODE OF CONDUCT

It is the policy of the YMCA Youth Development and Education programs, that staff members will not use any physical forms of discipline such as hitting, spanking, or pinching; or any verbal methods of discipline that are demeaning to children such as teasing, mocking, or name-calling. These behaviors are also in direct violation of State Child Care Licensing rules. Staff members will use guidance techniques that are age-appropriate, and language that is always appropriate. When parents are in our building, or on field trips with us away from our building, we expect that parents will abide by the same policies as our staff.

We encourage children to be safe, be respectful and responsible. Aggressive behavior from children will not be tolerated. Aggressive behavior includes, but is not limited to: hitting, kicking, scratching, and spitting. Verbal disrespect, such as cussing, name-calling, or disobedience with teachers will also not be tolerated. Teachers will manage the behavior of the children in their classrooms. However, when children develop a pattern of aggressive behavior toward teachers and/or other children, the administration will determine if a child is either suspended or expelled from our program. Parents who exhibit these same behaviors may also be dismissed from our program.

We have adopted a four step approach with the inclusion of a Behavioral Incident Report (BIR). Please read carefully the steps below, as your child's continued enrollment at the YMCA may depend on them.

1. At the first incident involving aggressive or disrespectful behavior by adults or children, a BIR will be completed by a teacher or administrator outlining the behavior. The form will be reviewed with and signed by the individual who picks up the child on the day of the incident. Dependent on the severity of the incident, if the child is picked up by a non-guardian, the parent may be called for review of the incident as well.
2. Should a second incident arise, the parent or guardian will be asked to pick the child up immediately and upon arrival will meet with the lead teacher, administrator or designee regarding the incident. The BIR will be reviewed at that time and signed by the parent or guardian. The child will be excused from the program for one (1), 24 hour cool down period.
3. If the behavior continues and results in a third BIR the parent or guardian will be asked to pick the child up immediately and upon arrival will meet with the lead teacher, administrator, or designee regarding the incident. The BIR will be reviewed at that time and signed by the parent or guardian. The child may be excused from the program for up to a week-long cool down period.
4. Following the third incident, should another arise, the parent or guardian will be asked to pick the child up immediately and upon arrival will meet with the lead teacher, administrator, or designee regarding the incident. The BIR will be reviewed at that time and signed by the parent or guardian. It will be at this time that the child will be dismissed from the program. Re-entry to the program will be at the discretion of the administrator and leadership.

In cases where adults (parents and other family members) continue aggressive and disrespectful behavior after meeting the Director, the adults and children may be terminated from participation and enrollment in the YMCA. Staff members of the YMCA will be subject to disciplinary actions outlined in the personnel policies and procedures manual.

I have read and understand the Code of Conduct of the YMCA Youth Development and Education Branch.

Signed: _____ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Cincinnati

Release and Waiver of Liability:

I understand that the YMCA of Greater Cincinnati assumes no responsibility for the injuries or illness which I (or my identified child) may sustain as a result of my/their physical condition or resulting from my/their participation in any athletic activities, sports program, the use of any equipment, exercise, or any other activity at the YMCA. I am aware and give permission for me and my identified child to be exposed to essential oils if participating in the yoga programs. I expressly acknowledge on behalf of myself, my identified child and my heirs that assume the risk of any and all illness, which may result from my/thier participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, death, loss, or damage which I or my identified child may suffer as a result of me or my identified child's participation in these activities. I understand that the YMLCA of Greater Cincinnati is not responsible for any personal property lost or stolen while using the YMCA facilities or while on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio, or video tape recordings, which may include me or my identified child's image or voice for the purpose of promoting and interpreting YMCA programs and services to the general public. I am aware that there may be data collected for programs that I or my identified child participate in that may be used in research or public programs. I will adhere to the YMCA Code of Conduct and may restrict my access to the YMCA upon breach of the code.

ACCEPTANCE:

I acknowledge the Waiver set forth above and, being in sympathy with the mission of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

Child's Name

Parent Signature

Date _____

YMCA of Greater Cincinnati Family Agreement

Please keep and refer to your copy of the YMCA Family Handbook. Your signature indicates that you have received and agree to follow them.

I hereby grant permission for:

- My child to use all of the equipment and participate in all of the activities offered at the YMCA.
- My child to be included in evaluations and photographs/videos connected with the program, including marketing pieces, child screening and child progress tracking for curriculum planning.
- The staff to take whatever steps necessary to obtain emergency medical care as warranted for my child.

I understand that:

- Expenses incurred in obtaining medical treatment are my responsibility.
- The YMCA is not responsible for anything that may happen as a result of false information given by the parent or guardian.
- The YMCA will not assume responsibility for any child who has not been signed in as s/he arrives or has been signed out at departure.
- The YMCA prohibits staff from spending time outside of the program with children that they have met at the program. This includes child care outside of the program, transportation that is not owned by the YMCA, and any outside contact. Immediate disciplinary action will be taken by the YMCA toward staff when a violation is discovered, including termination of employment.
- Staff shall not release children to anyone other than the parent or guardian, or other person authorized by the parent or guardian. Any person unknown to the staff, who is authorized to pick up my child, will be required to present photo identification.
- Should a person arrive to pick up a my child who appears to be under the influence of drugs or alcohol and is unable to safely supervise my child, or is planning to drive a motor vehicle; staff will contact the emergency contacts and/or law enforcement personnel as determined by the staff member's judgment.
- The YMCA staff members are mandated, by state law, to report any suspected cases of child abuse or neglect to the proper authorities for investigation.

I affirm that I have been given a copy of the YMCA Family Handbook, and agree to read it, as I will be accountable for the information contained therein. I have received an additional one page document that details some requirements of the Ohio department of Job and Family Services for child care centers.

I agree to inform the office, in writing, at least two full weeks in advance when my child is leaving the program. If I prefer not to notify the program, I will pay the last two weeks tuition even if my child does not attend.

I agree to pay my tuition by check, money order, or credit card by Monday at the beginning of each week of service.

Cash is accepted only as follows:

- Exact change only
- Given to an office staff person and (wait for) immediately provided a receipt.

I understand that there are no refunds or reductions in tuition for illness, vacation, center closed days, holiday, or for any other reason.

Additional payment expectations for families receiving financial assistance:

I will do whatever necessary to ensure the center receives full payment. This includes maintaining my eligibility, ensuring my child meets attendance requirements, and attendance is recorded (via swipe card). If I cease to be eligible or if payment is not received due to another reason such as not meeting attendance requirements or excessive absenteeism, I understand that I am responsible for the payment myself and will provide those funds.

Parent/Guardian Signature _____

Date _____

Child's Name _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Parent/Guardian Permission to Release Confidential and FERPA Protected Information Form for
SUTQ**

Childs Name: _____

DOB _____

I give the YMCA of Greater Cincinnati Extended Day Programming permission to obtain from or give to the following agencies and/or person's pertinent social, medical, educational and other information, including but not limited to medical forms, IEPs, ELAs, District Benchmarks, DECCAs, ASQs, ASQ-SE and Kindergarten Readiness Assessments for the above listed child, for whom I am legally responsible. In granting such permission, I understand that such information will remain confidential to all other parties and that this information will be used only to provide a complete educational experience.

Name of Agency or Person

Address

Cincinnati Public Schools, Rising Stars Academy - Vine, 2120 Vine Street, Cincinnati, Ohio 45202
Dater Montessori, 2840 Boudinot Ave, Cincinnati, Ohio 45238
Gamble Montessori Elementary, 2700 Felicity Pl, Cincinnati, Ohio 45211
SCPA, 108 W. Central Pkwy, Cincinnati, Ohio 45202
Plesant Ridge Montessori, 5945 Montgomery Rd, Cincinnati, Ohio 45213

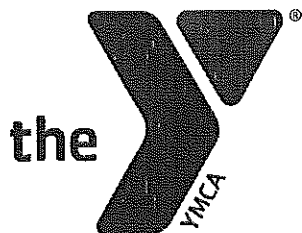
I release the YMCA of Greater Cincinnati Extended Day Programming and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. I also release the above named person(s) or agencies from any legal liability for giving information to the YMCA of Greater Cincinnati Extended Day Programming. This release is valid only for the duration in which the above listed child is enrolled in the YMCA program. I am aware that I may rescind this release at any time by providing in writing notification of termination to the site administrator.

Signature of Parent or Guardian

Date

Print Name

The purpose of this release and the anticipated disclosure of information was explained to the above listed parent.



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FOR SOCIAL RESPONSIBILITY**

**YMCA of Great Cincinnati
Voucher Agreement**

Please read the following policies for families using vouchers and the Ohio ECC swipe card system for Child Care.

Your responsibilities in this process are as follows:

- You are responsible for paying your parent fee as designated by Hamilton county Department of Job and Family Services. The fee must be paid in advance, no later than the Friday before the week of service.
- You are responsible for your pin numbers.
- You are responsible for tapping your child in and out each day.
- If you miss a TAP, you are responsible for doing a previous TAP and correctly recording the time your child arrived/departed within 24 hours.
- You are responsible for telling your child care caseworker if you change your address or phone number.
- If your child will be attending a different or additional program, it is your responsibility to call your caseworker and add the site as an authorized provider before the program begins.
- If you receive an error or denied message when TAP, it is your responsibility to notify a child care staff member immediately.
- For full-time programs, if the child does not attend at least 25 hours and does not have absences left to reach the 25 hour minimum, the family must pay the difference between the part time and full time rate for that week.
- For part time programs, if the child does not attend at least 7 hours and does not have absences left to reach the 7 hour minimum, the family must pay the difference between the hourly rate and the part time rate for that week.

I, _____ (print name), have read and understand my responsibilities in regards to the Ohio TAP System.

Signed _____ Date _____



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YMCA of Greater Cincinnati Automatic Draft Authorization

For your convenience, we can automatically draft your weekly, bi-weekly, or monthly payments from either your bank account or your credit/debit card. Payments are due in advance. All weekly and bi-weekly payments will be drafted on Fridays, while monthly payments will be drafted on your choice of the 1st or 16th of each month. Please fill out the information below to authorize automatic drafts from your account or credit/debit card. All account information will be entered into our secure system and all paper information will be safely discarded. We will keep your signature authorizing the automatic draft on file.

☐ Checking or Savings Account	☐ Credit or Debit Card
Bank Name: _____ (PNC Bank, Chase, etc...)	Name on Card: _____
Name on Account: _____	Address: _____
Routing Number: _____	Zip Code: _____
Account Number: _____	Type of Card: Visa MasterCard American Express
	Card Number: _____
	Expiration Date: ____ / ____ CVV: _____

I would like to make scheduled child care payments:

☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly 1st & 16th ☐ Monthly: 1st or 16th (circle one)

I, _____, authorize the YMCA of Greater Cincinnati to automatically draft payments for the Youth Development & Education program using the below above. In the event I need to cancel my automatic draft payments, I will provide written notice two weeks in advance.

Signature: _____ Date: _____

Child's Name: _____

Every day, the Youth Development & Education programs work to strengthen our communities and to provide programs that support children and teens in cultivating the values, skills, and relationships that lead to positive behaviors, better health, and enhanced educational achievement. One way you can join and support our cause is through our Annual Support Campaign. With your contribution we can keep programs running smoothly, utilize these funds to begin new programs of need, and support members in need of assistance. If you would like to contribute to the Y's cause, you can add a donation amount to your scheduled child care payments or give a one-time donation below. All donations are tax-deductible.

- ☐ Please add a donation amount of \$_____ to my scheduled payments, effective until 12/31/2018.
- ☐ I would like to offer a one-time donation amount of \$_____.
- ☐ At this time, I am unable to give a donation.

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

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

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

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

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

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

☐ No

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

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

☐ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

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

☐ No

☐ Yes - please explain

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

☐ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

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

☐ No

☐ Yes - please explain

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

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.

☐ N/A - program does not administer any medications.

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

☐ No

☐ Yes - please explain

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

☐ No

☐ Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."

☐ N/A - child does not attend a full time program.

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

Diapering Statement

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

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport				
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.	Do not sign both	Program or Home Name 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:				
<table style="width: 100%;"> <tr> <td style="width: 70%;">Parent's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Parent's Signature	Date		<table style="width: 100%;"> <tr> <td style="width: 70%;">Parent's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Parent's Signature	Date
Parent's Signature	Date					
Parent's Signature	Date					

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No (check one)	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.	
Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

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

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

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

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

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

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

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).			
☐ I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.			
Signature of Parent			Date of Signature
Optional Recommended Assessments/Screenings			
Vision	☐ Yes ☐ No	Lead	☐ Yes ☐ No
Hearing	☐ Yes ☐ No	Hemoglobin	☐ Yes ☐ No
Dental	☐ Yes ☐ No	Other	
Measurements		Notes	
Height			
Weight			
BMI			

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

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

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

Parent Signature	Date
Administrator/Provider Signature	Date

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

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

Box 1	The following section must always be completed by the parent/guardian.		
Check all that apply and complete all of the information. ☐ Prescription Medication ☐ Nonprescription Medication ☐ Food Supplement ☐ Topical Product or Lotion ☐ Refrigeration Required ☐ Modified Diet			
Name of Child		Date of Birth	Weight
Name of Medication		Exact Dosage	
To be administered at the following times		For the following period of time	
☐ I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).			
Signature of Parent/Guardian			Date
Box 2	The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.		
1. The medication contains codeine or aspirin. 2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions). 3. It is a sample medication without a prescription label. 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period. 5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.			
Name of child		Name of medication, vitamin, diet, supplement	
Dosage		Possible side effects to watch for are	
Expiration date (May not exceed twelve months from the date of this request for medications of food supplements).			
Instructions			
This child is under my care and should receive the above medication as written. Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant			
Date of signature		Phone number	
Name of child		Name of medication, vitamin, diet, supplement	

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

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

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? ☐ Yes or ☐ No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks ☐ milk, ☐ formula, ☐ juice or ☐ 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?

