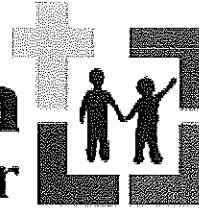


Zion Christian Early Learning Center



Canfield Before & After Care @ Hilltop Elementary School

Registration

It's time to make plans for the fall 2024-2025 school year.

Before & After Care begins Tuesday, **Sep 5, 2023**

Before Care Hours 6:30-8:30 a.m

After Care Hours 3:30-5:30 p.m

The entrance is at Hilltop Elementary cafeteria door

The Registration fee is \$15.00 per Child.

The currently hourly rate is \$7.25/hr and \$5.00/hr for a second child.

Rate is by the hour- not half hour

Child's name: _____

Child Birthdate: _____

What School does your child(ren) attend?

____ **Hilltop**

____ **CH Campbell**

(Please obtain a transportation form from CH Campbell office for your child to be bused to/from Hilltop Elementary)

Will your child ?

____ **Before Care**

____ **After Care**

____ **Both**

Parent Signature : _____

Date: _____

Zion Christian Early Learning Center



3300 Canfield Rd. Youngstown OH 44511 330-792-4066

| Family Information | |
|--------------------|--|
| Name of Child | |
| Birth date | |
| Home Phone | |
| Street Address | |
| City, State, Zip | |

| Mother/Guardian | |
|---------------------|--|
| Name | |
| Street Address | |
| City State Zip | |
| Cell Phone | |
| Email | |
| Place of Employment | |
| Work Phone | |

| Father/ Guardian | |
|---------------------|--|
| Name | |
| Street Address | |
| City State Zip | |
| Cell Phone | |
| Email | |
| Place of Employment | |
| Work Phone | |

| Marital Status | | | | |
|---------------------------------|----------|-----------|---------------|--------|
| MARRIED | DIVORCED | SEPARATED | WIDOW/WIDOWER | SINGLE |
| Custody/Visitation Arrangements | | | | |

| Other Members of your Household (Siblings, grandparents, etc.) | | | |
|--|------|-----|-----------------------|
| | Name | Age | Relationship to Child |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

| Persons Permitted to pick up your Child from the Center (Other than parents) | | |
|--|------|-----------------------|
| | Name | Relationship to Child |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

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? | | | | | |
| Emergency Contacts: Parents <u>cannot be listed</u> 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 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 | |
| Telephone Number | | Relationship to Child | | Telephone Number | |
| Other numbers where emergency contact can be reached (if applicable) | | Relationship to Child | | 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 |
| <p style="text-align: center;">Allergies, Special Health or Medical Conditions, and Medical Foods</p> <p>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.</p> |
| <p>Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Please list and explain: </p> <p>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? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p> |
| <p>Does your child have a developmental delay or special health or medical condition? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>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? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p> |
| <p>Is your child currently using any medication or medical food? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>If yes, does this medication or medical food need to be administered at the child care program/home?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> 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. </p> |
| <p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> N/A - program does not provide meals or snacks to the child. </p> |

| |
|---|
| 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. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Not applicable |
| List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits. |
| <input type="checkbox"/> Not applicable |
| List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs. |
| <input type="checkbox"/> 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

| Give <u>Permission</u> to Transport | | OR Do not sign both | Do Not Give <u>Permission</u> to Transport | |
|--|------|----------------------------|--|------|
| Program or Home Name <u>Zion Christian ELC</u> 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. | | | Program or Home Name <u>X</u> does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken. | |
| Parent's Signature | Date | | Parent's Signature | Date |

Acknowledgement of Policies and Procedures

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

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

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

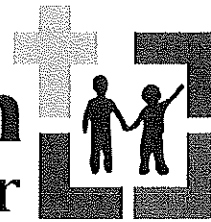
The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

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

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 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.

Zion Christian Early Learning Center



3300 Canfield Rd. Youngstown OH 44511 330-792-4066

Photo Consent Form

Occasionally during the school year local media or the newspaper will take pictures or film footage or our schools special events. Please indicate below as to whether or not your child may be photographed.

_____ Yes, my child may be photographed for use for all media purposes

i.e. newsletters, website, Facebook, etc...

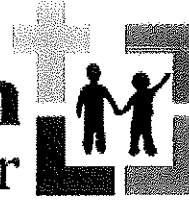
_____ No, my child may not be photographed for all media purposes

i.e. newsletters, website, etc...

Parent/Guardian Signature

Date

Zion Christian Early Learning Center



3300 Canfield Rd. Youngstown, Ohio 44511 | (330) 792-4066 |

Dear Parents,

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Procure Solutions' best-in-class parent app. So be on the Lookout for an Email to Sign Up!

What Can I See on the App?

Once you download the Procure mobile app, you can stay up to date on your child's daily activities, milestones, and more! We can send you photos and videos of your child, as well as keep you in the loop on upcoming events and time-sensitive information.

The app also offers several "contactless" ways to check your child in and out. This helps us limit in-person interactions and unnecessary foot traffic in the center so we can better ensure the health and wellbeing of you, your children and our staff.

Billing made Simple?

Managing child care payments is a critical process for child care centers of all sizes. Parents can access and make payments from a computer or through the Procure child care app on their phone!

Procure makes it as convenient as possible for parents to send their tuition money on time. To maximize convenience, parents should be able to automate payments with either pre-authorized debit or recurring credit card billing, according to their preference.

How do I get the app?

You will receive an email from Procure with a unique 10-digit code and instructions on how to download and log into the the app.

We think you'll really enjoy this new way for us to stay connected with us at ZCELC!





Student Information
Canfield - Before & After Care

| |
|----------------------|
| Student Name: |
|----------------------|

| |
|----------------------|
| Student Name: |
|----------------------|

| |
|----------------------|
| Student Name: |
|----------------------|

| |
|----------------------|
| Student Name: |
|----------------------|

Contact information :
(Must Provide Email for 1 or both Guardians for Billing)

| |
|---------------------|
| Parent Name: |
|---------------------|

| |
|---|
| Relationship to Student : Mother / Father / Guardian |
|---|

| |
|-----------------|
| Phone #: |
|-----------------|

| |
|---------------|
| Email: |
|---------------|

| |
|---------------------|
| Parent Name: |
|---------------------|

| |
|--|
| Relationship to Student: Mother / Father / Guardian |
|--|

| |
|-----------------|
| Phone #: |
|-----------------|

| |
|----------------|
| Email : |
|----------------|

The Procure child care mobile app is available for Apple iOS and Android devices
and can be downloaded in their respective app stores.

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

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

| | | | |
|--|---|--------------------------|-------|
| PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren). | | | |
| <input type="checkbox"/> | American Indian or Alaska Native | <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | Black or African American | <input type="checkbox"/> | White |
| <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> | Other |
| Please mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | | |

State Distribution: June 2022

HOUSEHOLD LETTER - Dear Parent or Guardian

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

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

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

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

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

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

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

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

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

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

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

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

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

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

| REDUCED INCOME ELIGIBILITY GUIDELINES | | | | | |
|---|--------|-------|-----------------|-----------------|-------|
| Effective from July 1, 2022 through June 30, 2023. Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits. | | | | | |
| HOUSEHOLD SIZE | ANNUAL | MONTH | TWICE PER MONTH | EVERY TWO WEEKS | WEEK |
| 1 | 25,142 | 2,096 | 1,048 | 967 | 484 |
| 2 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 3 | 42,606 | 3,551 | 1,776 | 1,639 | 820 |
| 4 | 51,338 | 4,279 | 2,140 | 1,975 | 988 |
| 5 | 60,070 | 5,006 | 2,503 | 2,311 | 1,156 |
| 6 | 68,802 | 5,734 | 2,867 | 2,647 | 1,324 |
| 7 | 77,534 | 6,462 | 3,231 | 2,983 | 1,492 |
| 8 | 86,266 | 7,189 | 3,595 | 3,318 | 1,659 |
| Additional member | +8,732 | +728 | +364 | +336 | +168 |

Ohio Department of Education - Office of Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

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

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

Instructions to Complete

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

CENTER NAME

ZION Christian ELC Before & After Care

CHILD'S NAME

(please print)

AGE

BIRTHDATE

month / day / year

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

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

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

**SIGNATURE OF
PARENT/GUARDIAN**

DATE

**DAY PHONE
NUMBER**

**MAILING ADDRESS:
STREET /APT.**

CITY

ZIP CODE

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

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

(2) fax: (833) 256-1665 or (202)690-7448; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised 8/2022

ETHNIC and RACIAL DATA FORM

Agency/Daycare Center Zion Christian ELC Before + After

Agency/Daycare Address 400 Hilltop Blvd
Camfield, OH 44406

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. **We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. If you choose not to Self Identify, then please be aware that the agency/daycare will need to make a judgment of your child's race and ethnicity because Civil Rights law require them to do so.** This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name _____

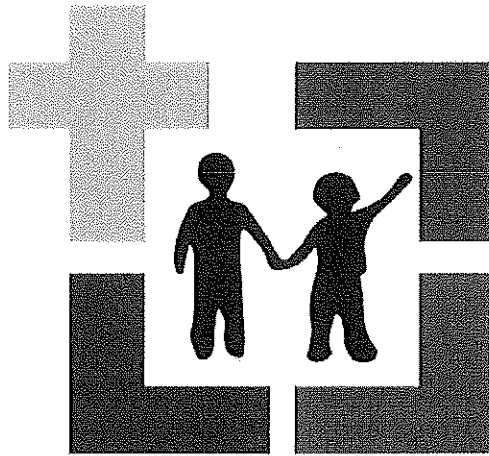
Ethnic Category: Choose one

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

Racial Categories: Check all that apply

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

Parent/Guardian Signature _____ Date _____



Zion Christian

Early Learning Center

Before/After Care

@ Canfield

A Handbook for Parents

400 Hilltop Blvd.

Canfield, OH 44406

330-565-9468 Fax 330-792-8012

school@zionohio.org

www.zcslearningcenter.com

Administrator-Toni Baker

Dear Parent/Guardian,

Welcome to Zion Christian Early Learning Center Before & After Care Program. We strive to always provide the very best care for your children while they are away from home. This is done in a safe, healthy enriched environment.

The following forms must be on file before your child can enter the program:

1. Registration for admission
2. Parent Handbook receipt form
3. Child's shot record
4. Emergency transportation authorization

Submit only if applicable to your child:

-Written plan for care of a child with special needs.

Thank you for choosing Zion Christian Early Learning Center Before & After Care for your child's care.

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Zion Christian Early Learning Center Before & After Care

400 Hilltop Blvd.
Canfield, OH 44406
330-792-4066

The State Department of Human Services licenses Zion Christian Early Learning Center Before & After Care Program. The license is posted on the parent information board. Copies of the school's licensing information is available upon request and fire inspection can be found in the schools cafeteria. A toll-free license inspection number is also available upon request to any person who suspects a violation of the law by the center.

Goals & Philosophies

Zion Christian Early Learning Center is designed to give each child the best possible care available outside of the home. We do this by providing a setting that encourages the social, emotional, physical, and intellectual growth of each child. Early childhood should be a time of warmth, security, exploration, and discovery. Our program strives to nurture and encourage these qualities in our students.

The goals are accomplished through the children's experience of a warm and accepting atmosphere, where they are not pressured to succeed. They will enjoy a world scaled to and planned for them. It is our hope that the children's school experiences will enrich their home life.

The school is sponsored and operated by Zion Christian Early Learning Center and is operated by a Board of Directors, consisting of the pastor and seven members of the congregation who are appointed by the Congregational Council. The Administrator and teachers report to the Board.

Daily Program

The daily program at Zion Christian Early Center Before & After care shall include Early Childhood Education that aids children in their growth by using developmentally appropriate activities through planned lessons prepared by the classroom's lead teacher. The program consists of afternoon snack, planned activities, indoor/outdoor activities, as well as an area that children can work on their homework.

Max Group Size

36
1:18 teacher/child ratio

Assessments

School-agers are exempt from formal assessments, informal assessments can be done if needed.

Ohio Department of Job and Family Services

Zion Christian Early Learning Center is a licensed provider for the Ohio Department of Job and Family Services (ODJFS). Any complaints or suspected violation of the licensing laws may be reported to the ODJFS at 1-866-886-3537.

Financial Policy

Tuition price sheet is given upon enrollment. Registration is for a school year-month and tuition is to be paid by the week before service when submitting schedule. Please make checks payable to Zion Christian Early Learning Center. Please mark the date of the week you are paying for in the memo area.

1. A non-refundable registration fee (as listed on the insert included with this handbook) will be charged each year at the time of registration. Registration is valid for the current school year.
2. Days missed during the week cannot be made up at a later time. If you need to reschedule or schedule an extra day, you **MUST** speak with the Administrator to see if there is an opening. Any additional days will be billed at the hourly rate.
3. Parents are responsible for payment of full tuition for any week for which their child is enrolled, whether the child attends or not. This includes snow days. Please remember that school tuition is based on enrollment rather than attendance.
4. All "non-sufficient funds" checks are charged \$25.00.
5. Any payments received more than 5 days after the due date will be assessed a \$5.00 late fee per week.
6. Tuition must be paid when schedule is submitted to keep accounts current. No exceptions.
7. ZCELC Before & After Care is open Monday through Friday from 6:45-8:45 a.m. to 3:30-5:30 p.m. A late pick-up fee of \$10.00, per each additional 15 minutes, will be charged for any child picked up **AFTER** 5:30 p.m. Three late departures are grounds for dismissal.
8. The school's tax identification number shall be given upon request.

Enrollment

Parents will be supplied with written information regarding the program and activities of the center. Enrollment is open to any child enrolled in Hilltop or CH Campbell Elementary. The school accepts any child regardless of race, religion, or national origin. Parents will be required to fill out and return the family information pack and immunization record before the child can attend.

Disenrollment

If your child will no longer be needing before or after care please just call the administrator to notify us that care is no longer needed. A child may be removed from the center at anytime for any reason deemed necessary by the administrator. Any past due tuition will be collected at this time.

Hours

Zion Christian Early Center Before & After Care is open Monday through Friday from 6:30-8:30 a.m. to 3:30-5:30 p.m.

Security

It is Zion Christian Early Learning Center Before & After Care's policy that identification must be shown to the teacher at pick up. Only those listed on your child's pick up list will be permitted to pick up your child. Please do not permit other people to come in behind you if you do not know them.

Zion Christian Early Learning Center Staff

ZCELC Before & After Care offers quality childcare with teacher /child ratios below the state requirements. The state requirements are as follows:

1/18 for school age children

Child's Weekly Schedule/Payment Schedule/Tuition

Children are scheduled each week according to the days/times that the parent has indicated on the classroom schedule. Parents with a varied schedule must fill in their schedules no later than Wednesday by 6:00 p.m. in the classroom. Times children are attending and parent initial should be put on the weekly schedule. For your convenience you may also e-mail your schedule to the administrator. Failure to fill in your child's schedule will not secure them a spot for that week. Parents may also call the administrator to give their schedule. You may leave your child's schedule on a voicemail if no one is available to take your call.

-Payments are due when schedules are submitted.

Reporting Off/Dropping Off

Children who will not be attending must be reported to the administrator one hour prior to their absence. Parents may leave a message on our voicemail if not available.

Children must bring personal items with them as they will not be permitted to go to their classrooms after 3:30 p.m.

Please use the parking spaces provided by Hilltop Elementary and be respectful of the designated handicapped parking spaces.

Siblings under the age of 16 are not permitted to bring children into the building OR to sign in or pick up.

When dropping off or picking up your child please remain off cell phones to have communication between you and your child's teacher. Parents should come into the classroom and have direct eye contact with staff.

Signing In/Out

Each student will be assigned to a specific classroom where the class sign in/out book is located. STATE LAW requires ALL students to be signed in upon arrival AND sign out upon dismissal by an AUTHORIZED ADULT. It is our policy that the pick-up person use their full, legible signature and write the time when signing children in and out. If someone other than a parent is picking up your child please notify teacher/administrator at drop off or call school office.

Please instruct anyone picking up your child to bring his/her photo identification. Any person who is not familiar to the staff and is not the usual pick up person will be required to show a photo ID.

- Anyone NOT listed on the authorized pick up list from the child's file WILL NOT be permitted to leave with the child UNLESS the school has been informed:
- In person by the parent OR
- By a hand-written, signed and dated note OR
- By a phone call from the parent
- Parents will be called to obtain verbal authorization for release of the child in any questionable circumstance.

If there are concerns regarding the dismissal of a child due to custody and/or legal arrangements, we must have a copy of legal papers showing custody and/or restrictions as to who may or may not pick up the child.

Once the parent or authorized pick up person arrives at the center, and children are signed out, the parent/pick up person is then responsible for their child(ren). PLEASE KEEP CHILDREN WITH YOU.

Snacks

Your child may eat breakfast at school. This meal must be provided from home and will be served no later than 15 minutes before school starts.

The afternoon snack will be provided by the center and will include food from at least two food groups. This snack menu will be posted on the Parent Board.

If your child requires a food supplement or a modified diet, you must secure written information from your physician regarding this. Please speak to the Administrator to make special arrangements.

Safety/Supervision Policy for Children

The teacher and/or assistant in charge of a group of children shall be responsible for their safety.

1. School age children will always be within sight or sound of a staff member.
2. The teacher and/or assistant are always present to welcome your child when they arrive.
3. The administrator has a cellphone available for calls that need to be received or made.
4. Parents are required to sign their child in/out on the sheet located in children's classroom.
5. Parents are required to bring their child into the classroom in the morning session and make eye contact with a staff member and sign child in. Parents picking up in the afternoon must sign out.
6. No child will be released to any person not written on the child's pick up list. All person must be at least 16 years of age.
7. Photo ID will be required of anyone that the staff does not recognize.
8. School age children arriving by bus shall be met at the door by a staff member. If the situation arises where they don not arrive upon scheduled times, the Administrator shall begin a tracking process with the home school.
9. A monthly fire drill will be enacted at varying times each month. A schedule is posted in the natural disasters.
10. A plan is posted in each room explaining how to evacuate the school in case of fire, weather alerts and natural disasters.
11. In the case of an emergency, such as an accident or illness, parent will be contacted first. If parents cannot be reached, the emergency contacts will be called, followed immediately by the school doctor. If needed, 911 will be called.
12. No aerosol spray is used when children are in attendance (including sunscreen)
13. Teachers and staff members shall immediately notify the local public children's service agency if a child is suspected of neglect and/or abuse.
14. A written incident report will be given to the parent and one will be kept on file at the school when a child is injured.

Parental Participation

Your child spends a great amount of time with the caregivers and teachers at this school, we encourage your cooperation, participation, and assistance in our program. Teacher's are available to discuss a child's progress or needs at any time. However due to staff responsibilities and schedules, parents are asked to make appointments with staff when it is necessary to engage them in lengthy conversations.

If parents have any concerns, it is recommended that the following chain of command be used until the problem is solved.

1. child's teacher
2. Administrator
3. Owner

Outdoor Play Policy

Research has shown that children stay healthier when they have daily outdoor play. Based on this information and state requirements, outdoor play will be included in our program on a daily basis. The following weather conditions shall prohibit children from walks and the use of outside playground facilities.

1. Low Temperatures (including wind chill) fall below freezing (25 degrees F)
2. Temperatures (including heat index) above 90 degrees F. When temperatures are above 70 degrees drinking water shall be made available to the children.
3. Heavy rain, lightning and thunder.
4. Severe weather conditions as determined by the National Weather Service.
5. National RED ALERT implemented or other unforeseen safety issues.
6. Inside large muscle area shall be used on days where outdoor play is eliminated for these reasons.

Policy on Managing Communicable Disease

A teacher trained in Red Cross Communicable Disease is always present when children arrive to recognize the signs of a communicable disease. A Communicable Disease chart is located in the Administrator's office. A daily inspection is given upon each child's arrival at school. The person bringing the child must wait until the inspection is over before leaving the premises.

Your child may not attend if:

1. He/she has vomited and/or had diarrhea in the past 12-15 hours.
2. He/she has a fever or has had one during the past 24 hour period.
3. He/she has a constant cough, whooping sound or difficult rapid breathing.
4. He/she has symptoms of possible communicable disease. (Sniffles, reddened eyes, sore throat, rash, headache or fever).
5. Signs of conjunctivitis red eyes, discharge from eyes, itchy eyes. When diagnosed, a child must be treated with medication for 24-hours before returning to the center.
6. Diagnosed strep throat, Scarlet Fever or Scarletina. Child must be treated with medication for 24-hours before returning to the center.
7. He/she has a heavy nasal discharge.

Your child will be isolated and sent home if he/she should show any of the following signs or symptoms:

1. Severe coughing (causing the child to become red in the face or to make a whooping sound)
2. Diarrhea (more than three times within a 24-hour period)
3. Difficult or rapid breathing
4. Conjunctivitis (Pink Eye)
5. Yellowish skin or eyes
6. Temperature of 100 degrees Fahrenheit taken by the axillary method when in combination with any other sign of illness (consideration to circumstances such as teething, and inoculations will be given)
7. Untreated infected skin patches
8. Unusually dark urine and/or gray or white stools
9. Stiff neck with an elevated temperature
10. Evidence of untreated lice, scabies or other parasitic infestation
11. Vomiting more than once or when accompanied by any other sign of illness
12. Sore throat or difficulty swallowing
13. If the were absent from school

Parents will be contacted immediately to come and pick up their child and will be asked to keep the child at home until complete recovery. It is requested that the child be picked up within the hour of when the phone call was made.

If a child is sent home with a fever over 100 degrees, they cannot return to the center for 24-hours and must have had a normal temperature for 12 hours without medication. Children must be symptom free. Children, who are not well enough to resume all scheduled activities, including outside playtime, **should be kept home.**

A mildly ill child, who is experiencing minor common cold symptoms and not feeling well enough to participate in activities, will be moved to an area not close to the other children and allowed to sit quietly and observe until time of departure.

If a child is sent home with a suspected case of head lice a note must be provided by a doctor stating that the child is clear of the communicable disease. A head check will be done by the administrator as well to ensure the child is not free for as long as the administrator sees fit.

We will immediately report any pattern of illness that is unusual or beyond the expected number of cases to the local health department. The center will notify all parents or guardians in writing, if their child has been exposed to a Communicable disease.

The school's staff is trained in recommended hand washing procedures to manage communicable diseases among Employees. All children MUST wash their hands when entering the center. Parents or responsible person dropping off child must take child to sink where they can wash their hands before entering the classroom.

Medication Policy

A licensed dentist is on call for Zion Christian Early Learning Center during all hours of operation.

ZCELC will administer medication to a child only under the following conditions:

1. Prescription drugs will be given if the parent submits a written request. The appropriate form is available from the Administrator and must be completely filled out, signed, and returned before any medication will be administered. Medication must be in its original container with its original label attached
2. Non-prescription medications will not be given unless prescribed by a doctor. Appropriate health forms must be signed in order to do so.
3. All medications must be handed to the teacher daily.
4. Medications may not be stored in the child's cubby or book bag. (The only exceptions are school age children who require inhalers/insulin for medical conditions).
5. No one shall be able to administer medicine on school property except for designated school employees. The staff will then keep track of the medication given by writing down when and how much was given, as advised by parent or physician.

With the number of children enrolled in our school, there is always the possibility that your child will be exposed to a contagious illness such as pink eye, strep throat, chicken pox, etc. It is our policy to inform all parents when their child has been exposed to such an illness. Please let us know as soon as possible if you are aware that your child has a contagious illness so that we may alert other parents. It is also the policy of Zion Christian School not to admit a child back to school until they have been on an antibiotic for a minimum of 24 hours. For the safety and health of all children involved, please keep your child home until, according to doctor's instructions, they are no longer contagious. If your child is sent home they are unable to attend the following day. ZCELC wishes to service all the medical needs your child has; however, we do not have a nurse on staff; therefore, we are unable to calculate or administer medication which result in our calculation. If your child has a special need, please help us to determine an action plan which will help us to care for your child in the best possible way we can. Sometimes a special care plan will be necessary and will need to be signed by the parent, physician and ZCELC staff.

We will no longer be administering over the counter medications (sunblock is the only exception). Prescription medications may still be administered with proper forms and scripts. You will need to check with the administrator to ensure that the forms are correctly completed. Epi pens and inhalers must have a prescription label on box as well as medication itself.

Immunizations

All children must be immunized unless they can provide a doctor or religious exemption. A current shot record must be submitted with parent information pack.

Guide to Discipline

The center environment is designed to allow children freedom of exploration, independence, and choice. The opportunity for interaction with people and inanimate objects helps children learn about themselves and the world. For this reason, learning to guide one's behavior in an adaptive way is very important.

We do not see discipline as punishment, but rather a redirection of inappropriate behavior. Behavior that is harmful is stopped immediately and the danger explained.

DISCIPLINE FOR INAPPROPRIATE OR DISRUPTIVE BEHAVIOR

1. Affirm the child's feelings: "You were so mad that Jimmy knocked down your building that you wanted to hurt him."
2. Set limits and offer an alternative: "You need to tell Jimmy with words not actions, how you feel. Maybe he can help you re-build your building."
3. Thinking time: If behavior problems still exist, the child may be required to leave the activity for the time to think about his actions. This time is no longer than one minute per year of child's age. After this time, the teacher will confirm that the child understands why they were removed from the activity and help direct them back into play.
4. If further action is necessary, the next step will be to contact the child's parents to discuss how we can work together for the benefit of the child. Children who have difficulty with hurting other or teachers may be removed from the center until they are over this stage.

FIGHTING AND BULLYING

There is a zero tolerance for fighting or bullying. You will be called to pick up your child if we see these behaviors. Should behaviors continue after 3 written warnings children will not be permitted to return to the program.

Under no circumstances will there be chastisement, corporal punishment or ridicule of any child!

Daily Procedures

Children must be escorted into the building and into their classrooms. Parents are not to leave until the child has been signed in and the parent has made the teacher aware of the child's presence. In the afternoon, the parent must tell the teacher he/she is there for the child and sign the child out. The sign-in sheet is located in your child's classroom. If your child is going to be absent or late, please notify the center by 6:30 a.m. or 1 hour before scheduled start time. Only adults are permitted to sign a child in or out of the program. Minors, including older brothers and sisters under 16 years of age, may not sign a child in or out of the Center.

If your child is to be picked up by someone not already listed on your child's pick up list, please tell the teacher or staff member who it will be or send a written notice. Otherwise, the child will not be released from school. The person picking the child up must show proper identification before the child will be released.

Each family can choose a 4-digit code upon enrollment. This code will be used by people other than those listed on your emergency contact list to convey important information to the school via telephone in case of emergencies or extenuating circumstances.

Days Center Will Be Closed

The Before/After Care will be closed anytime the school is closed whether it is a scheduled closing or a cancellation. ZCELC is only licensed to operate 6:30-8:30 a.m. and 3:30-5:30 p.m. We will not operate under a 2 hour delay.

Weather Closing Policy

The policy of our center is to remain open unless Hilltop Elementary School is closed.

Serious Illness or Injury

In the event of a serious illness or injury the staff will first contact 911 then the parents will be contacted. For a serious injury an incident report will be filled out. The parents will sign off and be given a copy of the report. The incident report will be sent to ODJFS after the administrator calls to report the incident.

If the parent does not give consent for emergency transportation they must fill out the correct box on the child enrollment and health information form giving directions to be taken.

Disaster Plan

***Fire Emergency**

- Ring fire alarm bell.
- Evacuate children out the nearest entrance as quickly and orderly as possible.
- Teacher should take a class list when evacuating in order to account for children after evacuation.

***Severe Weather Emergency**

- When weather warning sounds, children and teacher should go to the hallway in the middle of the building.
- Children and teachers should squat down in the hallway and cover their heads with their arm.
- Teacher should close doors to avoid flying glass.

***Earthquake Emergency**

- In case of earthquake, all children should get under a table or desk for protection from falling debris.

***Intruder Emergency**

- Take all children to the designated area away from all windows
- Teacher should take a class list in order to account for all children once they have reached the designated area.

Drop-off

Parents may drop-off their child at the cafeteria doors in the morning.

Smoke-Free/Weapon Free Policy

The Hilltop Elementary building is SMOKE-FREE. Also, Ohio State Law prohibits smoking within sight or smell of children at the center.

In addition, State law prohibits weapons of any type to be brought onto the school grounds or into the building.

Breastfeeding

Breastfeeding/pumping may be done anywhere not being used by schoolage children.

Center Parent Information

The center is licensed to operate legally by the Ohio Department of Job and Family Services (ODJFS). 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 to meet with parents 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 ODJFS. Inspections are also online at <http://childcaresearch.ohio.gov/>. Parents may search for a specific program and sign up to be notified when the program's latest inspection is posted online.

It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex, national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq. To file a discrimination complaint, write or call Health and Human Services (HHS) or ODJFS. HHS and ODJFS are equal opportunity providers and employers.

Write or Call:
HHS
Region V, Office of Civil Rights
233 N. Michigan Ave, Ste. 240
Chicago, IL 60601
(312) 886-2359 (voice)
(312) 353-5693 (TDD)
(312) 886-1807 (fax)

Write or Call:
ODJFS
Bureau of Civil Rights
30 E. Broad St., 37th Floor
Columbus, OH 43215-3414
(614) 644-2703 (voice)
1-866-277-6353 (toll free)
(614) 752-6381 (fax)
1-866-221-6700 (TTY) or (614) 995-9961

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>.