



Willow Tree Learning Academy

A Crittenton Community Program

Before and After Care Programs

Licensed by the State of West Virginia Department of Health and Human Services

Crittenton is accredited by the Council on Accreditation (COA) for highest standards of professional practice

Willow Tree Learning Academy operates on a non-discriminatory basis with regards to race, creed, religion, sex, traditional origin, handicap, age or marital status of parents

Crittenton Services
Willow Tree Learning Academy

Before and After Care
Pre-payment Worksheet

This worksheet is to help you prepare to enroll your child/children into the before or after care program. Please make sure that all areas on this worksheet are completed and payment is made to Crittenton Services prior to your child attending before or after care.

1. Registration Fee: \$15.00
(Child will not be accepted at the site without reg. fee payment.)
2. Outstanding Balance/Credit Balance: _____
(If any from previous year, contact business office)

Note: A year end invoice was mailed to your residence with your past due balance or credit balance.

3. Pre-payment for services: _____
(Amount of hours expected for first week of care.)

Total pre-paid to Crittenton Services: _____

Please be advised that there are duplicate copies of the emergency care page, the signature for treatment page, the media release page, and the pick up lists. All copies must be filled out, as well as the other information in this packet before your child is able to start before/aftercare.



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Crittenton Services
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Before and After Care
Enrollment Form

Child's Full Name: _____

Name Child goes By: _____ Date of Birth: _____

Child's Home Address: _____

City: _____ State: _____ Zip Code: _____

Child's Home Phone #: _____ Sex of Child: Male _____ Female _____

Any Known Food Allergies: _____

Mother's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Email Address: _____

Mother's Occupation: _____

Place of Employment: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Father's Email Address: _____

Father's Occupation: _____

Place of Employment: _____ Phone #: _____



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Crittenton Services
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Before and After Care
Provider's Contract

Name of Child: _____
Mother's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work: _____ Cell: _____
Occupation and Place of Employment: _____

Father's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work: _____ Cell: _____
Occupation and Place of Employment: _____

I (we) _____ agree to pre-pay the hourly fee of \$ _____ in
advance each week.

Additionally, I (we) agree to pay the one time non-refundable registration fee (\$15.00) upon enrollment.

Payment shall be made by cash, check, money order, Visa, MasterCard, and/or Discover Card to
Crittenton Services. Registration fee payment is due with the registration forms.

I (we) agree to be responsible for keeping track of cancelled checks/receipts in the event I can claim child
care services on my tax return. The Federal ID # is 55-0365158. Willow Tree Learning Academy will not
provide tax statements. Sorry for any inconvenience this may cause.

I (we) agree that the authorized parent/guardian will sign child in and out when the child is dropped
off and picked up.

I (we) further agree to hold harmless Willow Tree Learning Academy/Division of Crittenton
Services, Inc. and members of said organization from any and all liability arising from the use of
this service by our child/children.

Failure to pre-pay for services will render you ineligible for any and all child care services.

Violation of this contract will result in termination of future services and forfeiture of fees paid.

Signature of Parent/Guardian making payments

Date

Date of Enrollment: _____



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Crittenton Services
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Before and After Care
Child Emergency Care Form

Child's Name: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Sex of child: Male _____ Female _____

Any Known Allergies: _____

Mother's Name: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Father's Name: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Person to contact in an emergency if you are not available: These individuals must be able to assume responsibility for the care and welfare of your child if the center can not locate you in an emergency. This person may also pick up my child: Yes: _____ No: _____

Name: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____

Name: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____

Family Physician: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Hospital Preferred: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Child's Health Insurance Coverage: _____

Policy Number: _____

Special Diet: _____

Special Medical Needs: _____



Willow Tree
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Crittenton Services
Willow Tree Learning Academy

Before and After Care
Child Emergency Care Form

FIRST AID

In the event of an emergency, I authorize the staff to provide first aid care deemed necessary for my child.

Signature: _____

Date: _____

EMERGENCY CARE

In the event of an emergency in which I can not be reached, the physician listed, if possible, and a local hospital is hereby authorized to provide any emergency care and transportation if deemed necessary for my child.

Signature: _____

Date: _____

HEALTH RECORD TRANSFER

In the event of an emergency, I hereby authorize the transfer of my child's health record to a local hospital.

Signature: _____

Date: _____

PERMISSION TO TRANSPORT

In the event of a natural or man-made disaster, Willow Tree Learning Academy staff have my permission to transport my child to a safe place and call me immediately if this should occur.

Signature: _____

Date: _____



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Before and After Care
Child Emergency Care Form

Child's Name: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Sex of child: Male _____ Female _____

Any Known Allergies: _____

Mother's Name: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Father's Name: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Person to contact in an emergency if you are not available: These individuals must be able to assume responsibility for the care and welfare of your child if the center can not locate you in an emergency. This person may also pick up my child: Yes: _____ No: _____

Name: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____

Name: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____

Family Physician: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Hospital Preferred: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Child's Health Insurance Coverage: _____

Policy Number: _____

Special Diet: _____

Special Medical Needs: _____



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Crittenton Services
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Before and After Care
Media Release

From time to time, Willow Tree Learning Academy Child Care Centers may wish to publicize a child's accomplishments. In addition, there may be times when special events and activities at the center will be publicized by various news media (photographs, audio or video).

_____ I give my consent

_____ I do not give my consent

For the photograph, audio, video and /or name of my child, _____ to be release to the news media.

Parent/Guardian Signature: _____ Date: _____



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Parent/Guardian Signature: _____ Date: _____



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Crittenton Services
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Before and After Care
Child Pick-Up List

Your child will not be permitted to leave with anyone not authorized on this consent form. If it becomes necessary for someone else to pick-up your child, we must receive (in advance) from you a written, dated, and signed authorization. We will require identification from the person picking up the child. All authorized people must be at least 18 years of age.

Child's name: _____

Persons authorized to pick-up your child when you are unavailable to do so:

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
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Name: _____ Relationship: _____
Address: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____



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Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____



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Crittenton Services
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Before and After Care
Child Abuse and Neglect Form

According to the West Virginia code, the definition of an abused child is "A child whose health or welfare is harmed or threatened by a parent or custodian who knowingly inflicts, attempts to inflict, or allows another to inflict physical injury or substantial mental or emotional injury upon the child. In addition, physical injury may include any injury as a result of excessive corporal punishment."

All Willow Tree Academy employees are required to report immediately any suspected incident of child abuse or neglect to the Day Care Coordinator and Child Protective Services. In addition, they may report this to the Child Abuse Hotline.

I have read and understand Willow Tree Learning Academy's Abuse and Neglect Policy.

Child's Name: _____

Date Enrolled: _____

Parent/Guardian Signature: _____

Date: _____



Willow Tree
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Crittenton Services
Willow Tree Learning Academy

Before and After Care
Discipline Policy/Aggressive Behaviors

Unruly behavior and even some level of aggression for school-aged children in a child care setting are normal and expected. This can include anything from verbal intimidation, making fun of someone (bullying), to a push, or punch. Understanding the behavior, responding appropriately, and communicating clearly with parents are essential to dealing with these problem behaviors.

Willow Tree Learning Academy staff reserves the right to suspend or expel a child from the program if aggressive behaviors cannot be managed. This is only likely to occur when there are developmental issues with that child that require a more intensive level of supervision than our center can provide. In most cases, we find that consistent, persistent interventions with aggressive behaviors are successful. Our typical disciplinary response to unruly behavior or aggression will include the following recommended interventions:

- We will calmly explain that the behavior is not ok. We will speak calmly to your child and, at minimum, direct him or her to take a break from the action until they are calm and ready to re-engage with the others.
- We will quickly and publicly attend to the victim of aggression.
- We will offer ongoing praise and reinforcement for interacting appropriately with friends, encouraging socially acceptable interactions and verbal and nonverbal communication.
- Children who become aggressive will be encouraged to make amends and work with staff to mediate their problems.
- If aggression becomes a pattern, we will fully assess the situation, possible even with the help of a behavioral specialist, and request a meeting with the parents and principal to explore the child's particular needs and our plan for working with this behavior. We know that children overcome negative behaviors much more quickly when all of the important adults in their lives work together to support behavioral change. Parents may also work on a plan with the child at home.
- **At no time will any staff member use any verbal or physically abusive or demeaning interventions with a child.**



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Before and After Care
Discipline Policy/Aggressive Behaviors

Discipline Policy/Aggressive Behaviors Receipt

Child's Name: _____

I, _____, have read, understand, and agree with
the Discipline and Aggressive Behaviors Policy.

Parent/Guardian Signature: _____

Date: _____



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Crittenton Services
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Before and After Care
Client Satisfaction Surveys

Crittenton Services is committed to providing high quality services to the children and families that we serve. One way that we measure our success is by getting regular feedback from our clients. At least once every 90 days each client/family is given the opportunity to complete a client satisfaction survey. We are requesting your email address for the purpose of sending you a link to complete your client satisfaction surveys online. Your email address will not be used for any other purpose and will never be given out or sold to another company. If you do not have an email address or choose not to give out your email address, we will invite you to participate in the survey each quarter through the mail. You will be mailed a card which will include:

- A web address that you can use to access the survey.
- A telephone number that you can call to have a staff person complete the survey with you over the phone.

For each quarter that you complete a survey, you will be given the opportunity to be entered into a drawing for a small prize. You do not have to give your name to complete the survey however you will have to provide your name if you wish to be entered into this drawing. Your name will not be connected to the answers in your survey and your survey results will remain confidential. If at any time you would like to speak to someone about your satisfaction with services or you would like a paper survey mailed to you, feel free to call 304-242-7060 and ask to speak to a member of the Quality Improvement Department.

- I choose to receive my Client Satisfaction Survey invitations through email and my email address is: _____
- I do not have an email address or choose not to share my email address and would like to receive my Client Satisfaction Survey invitations through standard mail.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____



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Before and After Care
Concern/Complaint Form

Parent/Guardian Name: _____

School where child is enrolled: _____

Did you attempt to resolve this issue with the Site Director of our Child Care Center? _____

What is the concern/complaint? _____

Parent/Guardian Signature: _____ Date: _____

Phone number where you can be contacted: _____

Administrative Review and Follow-up: _____

Staff Signature: _____ Date: _____

Resolution of Complaint or concern? YES NO

Customer Signature: _____ Date: _____



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Before and After Care
Receipt of Customer Complaint Process

I have received the Customer Complaint Process information from Willow Tree Learning Academy. I have read, and understand the process in which to file a complaint or express concerns regarding the care that my child is receiving.

If I have any questions about the procedures of filing a complaint, I will ask a staff member. If no questions are asked, then the Staff assumes that I understand the process.

Site Coordinator: _____

Child's Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____



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Crittenton Services
Willow Tree Learning Academy

Before and After Care
Personal Property Policy

Children are not permitted to use cell phones, personal DVD players, personal music/media players, or hand held video games at Willow Tree Learning Academy sites or centers. If these items are brought to school, they must remain in the child's book bag. Not only is the staff unable to take responsibility for such equipment, some of this technology can be used to make contact via phone/internet with individuals who may not be appropriate to contact your child. For the safety and security of all the children in our care, and to assure the security of your child's property, these items are not permitted under any circumstance.

Thank you in advance for your cooperation!



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Before and After Care
Receipt of Admission Packet

As a parent or guardian of a child attending the Willow Tree Learning Academy Before and/or Aftercare, I have received and read the program's policies that are required by West Virginia State Licensing Regulations* and Willow Tree Learning Academy Child Care Center, and Ohio County Schools.

If I have any questions about these, I will ask a member of the Willow Tree Learning Academy staff. If no questions are asked, then the staff assumes that I understand and will follow all the policies.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

*A copy of the West Virginia State Licensing Regulations is readily accessible at each site.



Willow Tree
Learning Academy
A Crittenton Community Program



1900 Kanawha Boulevard, East, Building 6 • Charleston, WV 25305
wvde.us

Children with Disabilities and Special Dietary Needs

Schools/Sites participating in a federal school meal program (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, Summer Food Service Program, Fresh Fruit and Vegetable Program, Special Milk Program, and Afterschool Snack Program) are required to make reasonable accommodations for children who are unable to eat the school/site meals because of a disability that restricts the diet.

1. Licensed Medical Authority's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations at [7 CFR Part 15b](#) require substitutions or modifications in school/site meals for children whose disabilities restrict their diets. School Food Authorities/Sponsors must provide modifications for children on a case-by-case basis when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("**Medical Plan of Care for School/Site Food Service**") may be used to obtain the required information from the licensed medical authority. For this purpose, a *state licensed medical authority* in West Virginia includes a:

- Physician, (MD or DO)
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

The written medical statement must include:

- An explanation of how the child's physical or mental impairment restricts the child's diet;
- An explanation of what must be done to accommodate the child; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

2. Other Special Dietary Needs

School/Site food service staff may make food substitutions for individual children who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Schools/Sites are encouraged to have documentation on file when making menu modifications within the meal pattern.

3. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990* and the *ADA Amendments Act of 2008*, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

4. Individuals with Disabilities Education Act

A child with a disability under Part B of the *Individuals with Disabilities Education Act* (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to ensure that food service staff is involved early in decisions regarding special meals.

Nutrition Program Contact

For more information about requesting accommodations to meals and the meal service for children with disabilities at (School or Site Name), please contact:
(Name and contact information)

USDA Nondiscrimination 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: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

Medical Plan of Care for School/Site Food Service

Please read pages 1 and 2 before completing this form.

Child's Name	Date of Birth	Grade Level/Classroom
Name of School/Site	WVEIS Number	
Name of Parent/Guardian	Phone Number of Parent/Guardian	
Signature of Parent/Guardian	Date	
<p>1. Provide an explanation below of how the child's physical or mental impairment restricts the child's diet:</p>		
<p>2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the child's needs:</p>		
<p>3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.</p> <p>Foods to be omitted:</p> <p>1-</p> <p>2-</p>		
<p>Suggested substitutions:</p> <p>1-</p> <p>2-</p> <p>3-</p>		
<p>4. Indicate texture modifications, if applicable:</p> <ul style="list-style-type: none"> <input type="radio"/> Chopped/Cut into bite-sized pieces <input type="radio"/> Diced <input type="radio"/> Finely Ground <input type="radio"/> Pureed <input type="radio"/> Other: _____ 		
<p>5. List any required special adaptive equipment:</p>		
Name of Physician/Medical Authority & Title (Please Print)	Provider Phone Number	
Signature of Physician/Medical Authority	Date	
<p><i>Signing the following section is optional, but may prevent delays by allowing the school/site to speak with the physician/medical authority.</i></p> <p>Health Insurance Portability and Accountability Act Waiver</p> <p>In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (child nutrition program) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school/site program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ (date) This information is to be released for the specific purpose of Special Diet information.</p> <p>The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>		

Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

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

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

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread or may substitute a meat/alternate up to three times a week	Milk Meat or meat alternate Grains or bread Fruit Vegetable	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

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

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

Contact

Information

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

Sponsoring Organization/Center

State Agency Director

Amanda Harrison, Ex. Director
 WV Department of Education
 Office of Child Nutrition
 1900 Kanawha Boulevard, East R-750
 Charleston, West Virginia 25305
 (304) 558-3396



USDA is an equal opportunity provider

English Version