Home Ties
child development center

PARENT HANDBOOK

Serving Youth & Their Families Since 1978

YHS

YOUTH HEALTH SERVICE, INC.

971 Harrison Ave.
Elkins, WV 26241
http://www.youth-health.org
304-636-9450

(Revised July 2025)

Dear Parents & Caregivers,

Welcome to Home Ties Child Care and Development Center! We are committed to the families and children we serve through the many programs at Youth Health Service, Inc., including childcare. Dedicated, well trained, nurturing adults provide quality care for infants, pre-school, and school age children through the age of twelve years.

Home Ties staff are especially sensitive to the individual needs of children and bring expertise to Home Ties not commonly found in childcare settings. Many of our staff members have completed or are participating in a two-year certification program in Child Development through the US Department of Labor. As a program of Youth Health Service, Inc., the tradition of quality service is woven into Home Ties programs using the professional expertise of multiple disciplines, including education, nursing, psychology, and social work.

We strive to bring you a high-quality program! Our center is licensed by the WV Department of Health Human Resources, permitted through the Department of Health, and is subject to regular inspections by the WV Fire Marshall's Office. Providing a safe environment for your child to learn and grow is at the root of our services.

Please know that our door is always open for questions or concerns that may arise with your child, and we encourage parent/caregiver involvement, suggestions are definitely welcome! Thank you for the opportunity to serve your family. We look forward to working with your child every day!

Sincerely,

Youth Health Service & Home Ties Directors

Table of Contents

General Information 4
Statement of Purpose, Goals for Home Ties Children, Child Care Staff Members, Days and Hours of Operation
Goals, Daily Schedules & Involvement... 6
Program Goals, General Daily Schedule/Routine, Developmental Assessments, Parent/Caregiver Participation & Involvement
Home Ties Child Care Policies and Procedure.....9
Admission Policy, Information Requested Prior to Admission, Attendance Policy, Keyless Entry System, Accessing HTCDC & Parking, Payment & Fees, Rates, Tuition Vouchers, School Age Vouchers, Tuition Incentives, Discharge, Transportation Services, Signed Permission Requirements, Health & Safety Communication & Confidentiality, Illness Policy, Medication Administration, Accident/Injury Procedures, Fire Safety Compliance, Emergency Evacuations/Sheltering Procedures, Inclement Weather, Behavior Management, Wifi Access, Harassment, Grievance Procedures, Pest Control
Additional Services Available.....19
Behavioral Health Services, Strengthening Families Support Center

General Information

Statement of Purpose

The purpose of Home Ties Child Care and Development Center is to provide a program for a child that is a comfortable transition from home. This includes creating a child-centered program and environment where nurturing staff and children's daily routines are combined to enhance the growth and development of each child as an individual. Activities, expectations, and rooms reflect planning that encourage children to experience, interact, and enjoy their time away from family. At Home Ties, children have a variety of activities that are educational and that enhance their social, emotional, and physical growth as a person. These activities are planned and implemented by staff with specific education and training in young children's services.

Goals for Home Ties Children

The chief goal of Home Ties Child Care and Development Center is to provide a safe, consistent, and age- appropriate environment where children are nurtured and encouraged by friendly, trained staff. Children will develop independence, responsibility, and interactive relationships with others. Consistent expectations, appropriate learning opportunities, and responsive staff will foster these characteristics while providing for children's basic needs in a home-like setting.

Population Served

Home Ties Child Care provides full time child care services for children ages six weeks through their enrollment into Pre-K or Kindergarten. The licensed capacity is 24 children ages 6 weeks to 2 years old, and 57 children ages 2-5 years old. We also provide full-day Friday care for Pre-K children, and after school care and non-school day care to children through twelve years of age. These services are open to any family with children in this age range who request the service, who have means of paying for the service, and when there is space available within the classroom. There are no income or eligibility criteria for the child care program.

Home Ties Child Care, Youth Health Service Inc., provides service without regard to race, religion, ethnicity, gender, color, sex, sexual orientation, disability, age, national origin, or marital status.

Child Care Staff Members

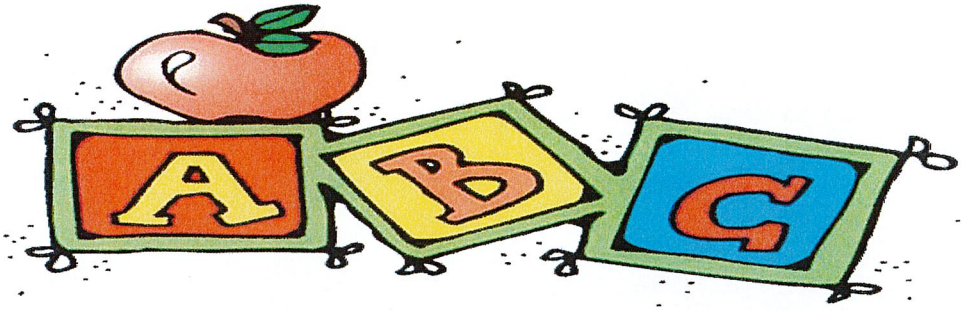
Home Ties Child Care is staffed with caring and qualified child care personnel. Extensive orientation along with ongoing staff education relating to child development, safety, and special needs is part of each staff person's training. All Home Ties staff obtains a food handlers card from the local health department and have current certification in pediatric

first aid and CPR. A health screen, including a Tuberculosis risk assessment and criminal background check, as well as a child maltreatment check, is also required for employment.

Days and Hours of Operation

Home Ties Child Care operates year round and daily Monday through Friday from 6:45 a.m. until 5:30 p.m. The center is closed on the following major Holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after (Black Friday), and Christmas Day. We may also be closed on Forest Festival Friday and other days leading into holidays depending upon the need of our caregivers (i.e. Christmas Eve, New Year's Eve). Home Ties may additionally be closed up to three days a year for staff training.

Please note: All children must arrive at the center no later than 10:00 a.m.



Goals, Daily Schedules & Involvement

Program Goals

Programs are designed to promote the child's physical, emotional, social and intellectual growth and well-being. Home Ties daily routines are child centered, planned and provide both active and passive learning experiences which promote the development of social competence and self-esteem. Each classroom in the center has a lead teacher. The lead teacher will post a schedule of daily activities with a reasonable routine for meals, snacks, rest, and quiet and active play. The lead teacher will post a daily lesson plan, which reflects the goals and objectives for the classroom in relation to the developmental expectations.

Home Ties will:

A. Provide a variety of games, toys, books, crafts, and other materials sufficient to allow the child a range of choices.
B. Provide for a quiet area where the child can sit or lie down to rest.
C. Assure that children will always have the freedom to go to the restroom or get a drink of water as needed.
D. Provide indoor and outdoor activities that will support the child's large and small muscles. Weather permitting, one hour of outdoor play will be provided daily.
E. Provide experiences and equipment that is age appropriate for the child's stage of development.
F. Provide a balance of group, quiet, and individual activities flexible enough to meet the individual needs of the child.
G. Provide for individual self-expression and imaginative play.
H. Demonstrate respect of each child's interests and allow choice, where appropriate, in activities.
I. Provide for a variety of social experiences appropriate for the child's level of maturity. Mixed age experiences will also be provided.
J. Provide each child his or her own mat for daily naps; (those who do not sleep are asked to rest quietly for the benefit of those sleeping).

K. Offer breakfast, lunch, and afternoon snacks. Meals are served in a family style setting that encourages socialization, makes eating attractive, and where staff members are present and seated for meals.

General Daily Schedule/Routine

Schedules are meant to be used as a guideline; however, flexibility is required to meet the needs of the children at any given time. Efforts are made to notify parents when major changes take place in the classrooms, however at times this is not possible. Each classroom has an individualized schedule posted.

6:45-8:30	Arrival/Free Play
8:30-9:30	Breakfast
9:30-10:30	Planned small/large group activities
10:30-11:30	Gross Motor (Outside weather permitting)
11:45-12:15	Lunch
12:30-2:45	Rest/Naps
3:00-3:30	Snack
3:30-5:00	Center Activities/Gross Motor
5:00-5:30	Departure/Free Play

The school age program includes opportunities for homework assistance, planned games and activities, structured and unstructured activity periods, and interactive time with peers. Wi-Fi is available for children to utilize for educational purposes only; please see internet usage policy for additional information.

Our Summer Program offers a relaxed environment for children to enjoy their school break while continuing to socialize with peers, benefit from exciting opportunities to be involved in their communities and much more! (Please see specific Summer Program pamphlet for more info.)

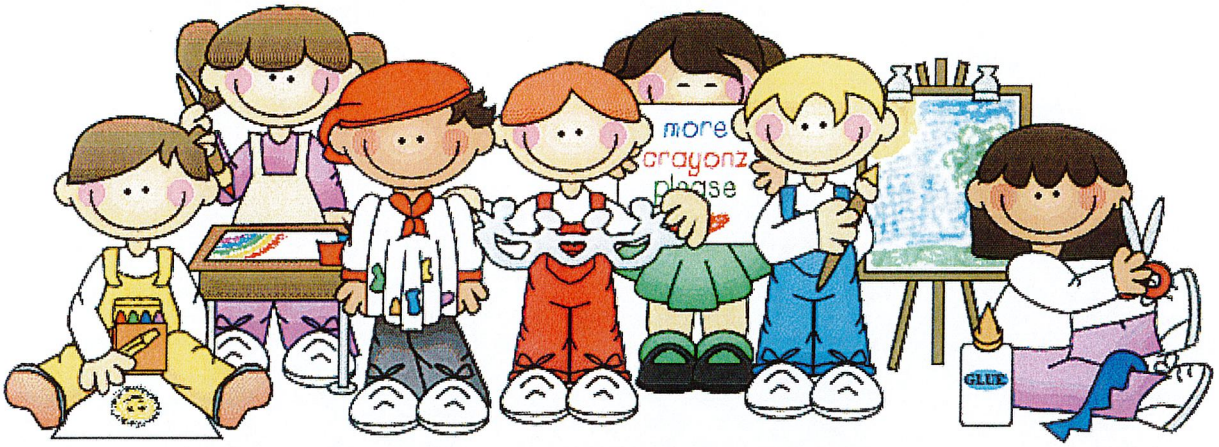
Developmental Assessments

A developmental checklist is completed on each child by the classroom's Lead Teacher within four to six weeks of enrollment and again within four weeks of transitioning to a new classroom; a minimum of two assessments per year are completed. Results are shared with caregivers upon completion, and include the developmental checklist and anecdotal notes taken over a specified period of time. This information is utilized to assist in planning activities and programs in your child's classroom and aide in ensuring your child is meeting developmental milestones. Caregiver input is important in this process and will be gathered as part of this assessment; we encourage caregivers to use this as an opportunity to raise concerns or ask questions about how this process meets their child's needs.

Parent/Caregiver Participation & Involvement:

We encourage all parents to visit Home Ties and be involved in their child's experiences. The door is always open, so feel free to visit anytime. We also encourage you in the following routines:

A. Please sign your child in and out daily. Only individuals listed on the permission form will be allowed to remove the child from our center and they must have photo identification available for staff to verify.
B. Please inform staff of any changes in your child's routine that may affect his or her needs or behavior while in care.
C. Please report absences or known late arrivals no later than 7:30 a.m. by **calling 304-636-9450 ext. 249 or ext. 268.**
D. If you are not going to be reached at your normal contact number, please inform staff in writing of how to reach you in case of emergency.
E. Please send your child in comfortable play clothing. Remember that play is messy, so please do not send your child in his or her best clothing, and always send a spare set of clothing just in case of accidents.
F. Please send a blanket and crib size sheet with your child for use during rest time. Blankets will be sent home on Fridays or at the parent's request to be laundered.
G. Please label all clothing, bottles, cups, blankets, security items, etc. with your child's first and last name. This will help staff keep track of personal belongings so that nothing will be lost. All items sent to the center must fit in a small bag or backpack for easier storage.
H. Please do not send food to the center with your child. WV licensing regulations state that a center serves only food and beverages provided by the center. Food items for special occasions may be approved by the director.
I. Please feel free to request to view the state licensing regulations or the Home Ties Administrative Manual at any time.
J. We welcome family volunteers at Home Ties Child Care. If you have any skills or activities that you would like to share please let your child's teacher know.



Home Ties Child Care Policies and Procedures

Admission Policy

Children are served on a first come first serve basis, as long as there is appropriate space in the center. If no space is available, parents may request their child be placed on a waiting list. Home Ties ensures that all children and families interested in enrolling have equal access to programs regardless of race, religion, ethnicity, gender, ability or sexual orientation.

Prior to enrollment parents/caregivers must attend a pre-admission meeting with the center's director or designee to discuss all necessary applications. During the visit, staff and parents will discuss any pertinent information that may affect the health, safety or well-being of the child while at the center, including the child's personality and individual characteristics. The parents will be provided an enrollment packet, a tour of the center, and a parent handbook.

- A $15.00 registration fee per family is collected at time of enrollment.
- All enrollment forms must be completed prior to admission.
- Parents/caregivers shall furnish a completed health form and copy of immunizations within 10 days of enrollment.

*Exemptions from immunization requirements shall be available for parents who provide written documentation of religious objections to immunization or who provide a signed statement from the child's licensed health care provider indicating that immunization is contraindicated based on the child's medical condition. No other exceptions to this rule will apply. Under-immunized children will be excluded from the center if a vaccine-preventable disease to which children are susceptible occurs in the program; exclusion will be lifted only after consultation with a healthcare professional dictates it is acceptable for the child to return.

Information Requested From Parents/Caregivers Prior to Admission

A. The child's name, address, sex, and date of birth.
B. The parent/guardian name, and home and work addresses and phone numbers.
C. Legal verification of custody when one parent is the sole legal guardian of the child by virtue of a court proceeding.
D. The names, addresses, and phone numbers of individuals who can assume responsibility if the center cannot locate the child's parent.
E. The names, addresses, and phone numbers of individuals authorized to take the child from the center along with a release signed by the parent.
F. The child's health record including special instructions concerning dietary or medical need.
G. The name, address, and phone number of the child's source of primary medical care and emergency medical care.
H. The name and policy number of the child's primary health insurance or medical card.
I. A signed permission form for emergency medical treatment and transportation.
J. A signed permission form to take photographs or make audio or video recordings of the child.
K. Scheduled days and hours of attendance and negotiated fee agreement.

Attendance Policy

A. Full and part time children must attend the program on a regular basis in order to maintain their slot.
B. When a child is to be absent, parents must notify the center at least 24 hours in advance, except in emergency situations.
C. Any child who has a Mountain Heart certificate which specifies more than 15 days per month must attend a minimum of 15 full days per month.
D. Any child whose Mountain Heart certificate specifies fewer than 15 days per month must attend at least 90% of the days scheduled.
E. If a child misses excessively, it may be assumed that the service is not needed and the child's slot will be filled.

Keyless Entry System

A keyless entry system has been installed at the center's main entrance located at the portico. This system was chosen to allow families greater ease with drop-off/pick-up, while still ensuring the security of the building and the safety of the children in the center. Only primary accountholders will be issued access codes. These access codes will be assigned by a Home Ties administrator at the time of enrollment. Caregivers issued access codes are expected to keep these codes confidential and are not permitted to share their code with others. Any authorized contact picking your child up can gain access to the building via the main YHS

entrance during regular business hours (M-F 8:30am - 5:30pm) or via the guest button located on the keyless entry pad.

Your access code does not replace your requirement to clock your child in/out at the computer station in the main hall. This code is intended to only give you access to the building. You must continue to clock your child in/out through the computer station.

Caregivers issued access codes are requested to notify Home Ties administration ASAP if they feel their code has been comprised. A new code will be issued and the previous code deactivated.

Accessing HTCDC and Parking

For the safety of the children and visitors of HTCDC, we ask that everyone accessing the building follow the posted signs and not make left turns into or out of the main lot. We recognize this can create an inconvenience, however, the safety of everyone is our greatest concern. Families may park in the designated 15minute loading/unloading spaces in the main lot, the main lot itself or either of the two gravel lots (the lower lot is accessible off of West Main Street and the side lot is accessible off of Glendale Avenue). Families are discouraged from leaving their vehicle idling to reduce exhaust our children and visitors are exposed to; however, in cases of extreme heat or cold it is understood this may be necessary.

Payments & Fees

All fees for services are due the first day of your child's attendance EACH WEEK.

Home Ties utilizes Tuition Express, part of our ProCare Software management system, to automatically process payments with the method selected by the parent/caregiver. We are able to process payments safely, quickly and efficiently from the bank institution of your choice, or Master Card/Visa credit cards and debit cards. If you elect to not enroll in this automated service a $5 monthly handling fee is assessed for continued processing of your payment by hand. (Please refer to Tuition Express hand-outs for more info.)

If you do not pay in advance, your child's place in his/her class may be forfeited until fees are paid. In addition a 10% late charge will be applied to your account if payment is past due ten days.

Late pick-up fees will be charged for care after 5:30 P.M. The charge is $10.00 for every 15 minutes. Higher fees will be charged if the child is consistently picked up late.

Fees are due when a child is absent for any reason as you are paying for the slot your child occupies at the center. Families enrolled in part and full time care, however, are eligible for tuition vouchers to use at times when the child is absent from the center without danger of losing the child's slot. Vouchers are given based on the amount of days your child is scheduled in the attendance agreement (see Tuition Voucher Policy). **It is the responsibility of the family to complete and submit a vacation voucher to the day care office to be applied to the account; otherwise the family will be billed regular fees.**

Other Fees:

Return Check Fee: $25
Rejected Credit Card: $10

Subsidized assistance is available through Mountain Heart. For more information, please give us a call or contact Mountain Heart directly at 304-637-2840. Additionally, financial assistance may be available for families who are experiencing a temporary hardship-please speak with a member of HTCDC administration for more information.

Rates (Effective July 1, 2023)

Infants & Walkers
(6 weeks to 2 years):
$171.94 per week
$153.23 @ 4 days
$134.54 @ 3 days

Toddlers
(2 years):
$159.89 per week
$141.17 @ 4 days
$122.46 @ 3 days

Pre-School
(3 to 4 years):
$147.81 per week
$129.08 @ 4 days
$110.40 @ 3 days

Pre-K & School Age Care:
(5-12 years):
Less than 2 hours - $12.04 per day
2 - 4 hours - $14.76 per day
Full day, 4 hours + - $33.18 per day
Full week - $132.71

*Snow days (or other unscheduled out of school) are on a space available basis only.

Transportation
$ 4.81 per trip (See transportation section for more info.)

Tuition Voucher Policy
Tuition vouchers are vouchers to be used when your child cannot attend childcare. These may be used for vacation or illness as you determine.

Tuition vouchers are issued on January 1st of each year. Tuition vouchers expire on December 31st, and any unused voucher will NOT carry forward. To use a voucher, you must contact the daycare office and sign the voucher to authorize redemption.

Typically, ten (10) full day tuition vouchers are given to children enrolled full-time in-Home Ties Daycare. Part time enrollment will receive tuition vouchers on a pro-rated basis according to the number of days enrolled on the attendance agreement. Additionally, tuition vouchers will be pro-rated for the first year of enrollment based upon the quarter your child enrolls. (See the schedule below.)

Vouchers will be issued as follows:

Enrollment Type	Jan-Mar	Apr-June	July-Sept	Oct-Dec.
Full- Time	10 days	8 days	5 days	3 days
4 days per week	8 days	6 days	4 days	2 days
3 days per week	6 days	5 days	3 days	2 days

School Age Tuition Vouchers
Children enrolled full time in After-school care and Summer Program will receive one (1) week of tuition vouchers. Tuition vouchers will not be issued for children enrolled less than full time in both programs.

Tuition Incentive Programs
All families enrolled in services are eligible for these incentives regardless of attendance status and length of enrollment time.

- Enrollment Incentive

  HTCDC currently charges a $15 enrollment fee per family at the time of enrollment; this fee is utilized to off-set time and supplies spent on entering your child into our ProCare management system and creating his/her required files.

A $15 fee will still be assessed per family at the time of enrollment; however, once your child has attended two full weeks (or 10 days for part-time status) and all required paperwork has been received your account will be credited $15 as a return on that enrollment fee.

If for any reason you choose to withdraw your child from services before that $15 credit is utilized it will be forfeited back to HTCDC.

- Referral Incentive

  Newly enrolling families will be asked if they've been referred by a current family utilizing HTCDC. Providing they are able to share who referred them, the referring family will receive a tuition incentive for that referral.

  Once the newly enrolled family has attended for two full weeks (or 10 days for part-time status) the referring family will receive a tuition credit equal to one week of the enrolling child's tuition.

  If for any reason you choose to withdraw your child from services before that credit is utilized it will be forfeited back to HTCDC.

- Sibling Incentive

  HTCDC currently gives families a 10% discount applied to the oldest child's tuition when a second child is enrolled. This discount will remain in effect and additional discounts of 5% will be given to additional siblings up to four for a total of 25% off the family's tuition. The HTCDC Director with consultation from administration will consider additional discounts for families of more than five children enrolling on a case-by-case basis.

Discharge

Children leave Home Ties for various reasons. Some children graduate into public school, while some parents relocate their families. Regardless of the reason for exit from the center, a two-week notice of intentions to withdraw a child from the center is requested. It is very important that parents communicate to Home Ties staff in order to allow a smooth transition for the child. If you withdraw your child, you are not guaranteed a space, should you wish to re-enroll your child at a later date. After your child is discharged, his or her personal records are kept for three (3) years and then disposed of by means of best practice to maintain confidentiality.

Transportation Services

Transportation arrangements are made on an individual basis at a pre-determined rate (see fee schedule). The ability to provide regular transportation will depend on the individual needs and the ability of our transportation department to meet the necessary schedules. We will coordinate school age transportation to and from each child's school with Randolph County Schools as possible, transportation fees will not be assessed to school-age children staying at the center for a service; however, children picked up from the parking lot will be assessed the transportation fee.

Signed Permission Requirements

Permission to transport to events outside the childcare center must be obtained from the parent or legal guardian before the child can be transported by Youth Health Service, Inc. Transportation for field trips away from the center that are part of the planned program is included in the regular fees. Parents/caregivers will be notified at least one week in advance of the planned date of the field trip and be informed of any necessary fees associated with the trip. Permission slips MUST be returned to the center 3 days prior to the planned trip to allow for time to plan adequate staffing and transportation needs.

Specific permission for children to participate in water activities and other special activities will be obtained utilizing the same guidelines listed above for field trips.

Children without signed permission slips, for any activity requiring one, will not be able to participate and will be provided with an alternate activity at the center.

Health & Safety Communication & Confidentiality

All enrollment and personal information obtained is confidential and can only be accessed by center staff and the Licensing Specialist. A confidentiality release form must be signed before the release of any information to any other agency or individual shall occur. Any concerns relating to the health, development, or behavior of any child shall be communicated to the parent promptly.

In order to effectively serve each child's needs, staff will regularly discuss the child's observed habits, activities and behaviors at the center, and inquire about each at home with caregivers.

All Youth Health Service, Inc. employees, including Home Ties staff members, are mandated reporters for suspected child abuse and child neglect.

Illness Policy

Please do not send your child to the center if he or she has any of the following conditions or symptoms:

- Communicable disease (including Chicken pox, Measles, Whooping Cough, Diphtheria. Mumps, Tuberculosis, or Rubella)
- Fever
- Lethargy (child appears to lack energy)
- Diarrhea
- Vomiting
- Undiagnosed Rash
- Infestation (Scabies or Head Lice)
- Pinkeye (yellow or white discharge)

- Strep throat
- Difficulty in breathing
- Mouth Sores with drooling

If these symptoms or conditions occur while your child is at the center, you will be notified to pick up your child immediately. If your child is found to have a fever of 100° or higher you will be requested to pick your child up from the center immediately.

If your child is sent home with any of the above symptoms, HTCDC requires a minimum of 24 hours out or a signed release from a licensed health care provider to return to the center.

Parents must report to the Director or designee if their child contracts any communicable disease.

Please note, our illness policy may change without notice per the requirements of our licensing body and/or CDC guidelines.

Medication Administration

No medications are given to a child without a written order or prescription from a licensed health care provider and the permission of the parent.

A medication administration form must be completed and on file for Home Ties staff members to be able to provide the child, and only specially trained staff members are permitted to administer medications.
Medicine to be administered should be in the original bottle or package and be clearly marked with the child's full name and birth date.

Accident/Injury Procedures

Any accident or injury requiring first aid will be documented by the staff member assigned and/or staff member who witnessed and/or responded to the child. These reports will be completed as soon as possible, but no later than the end of the staff person's shift. The Director or his/her designee will be informed of the incident immediately to assess the need to notify the parent/caregiver at that time or upon pick-up.

The parent/caregiver picking up the child will be provided the report to review and sign-off on, a copy will then also be provided to the caregiver. The original incident form is filed in the child's confidential file in the daycare office.

An accident or injury requiring medical attention outside the scope of our staff member's training will be assessed by the Director or his/her designee to determine if there is time

to contact the parent/caregiver, or the situation requires immediate emergency medical services (an ambulance to be called). In the event that immediate medical attention is necessary, a staff member will remain with your child at all times allowed by medical personnel until you arrive; another staff member will contact you immediately.

It is vital that you have accurate medical and insurance information, contact information and back-up contacts on file with the center for these types of emergencies.

Youth Health Service, Inc. has liability insurance through Wells Fargo/Philadelphia Idemnity Insurance Company.

Fire Safety Compliance

Youth Health Service and Home Ties Child Development Center practice regular fire drills to ensure that in an emergency our children and staff members will respond quickly and safely. We maintain appropriate permits issued by the WV Fire Marshall and are subject to regular inspections to ensure our compliance to maintain appropriate fire safety standards.

Emergency Evacuations/Sheltering Procedures

In the event of an emergency where it is unsafe for children to remain in the center, staff will safely move children to one of the pre-designated areas below, and families will be contacted immediately.

Davis Medical Center located on Gorman Avenue, **304-636-3300.**
The Phil Gainer Community Center located on Robert E. Lee Ave. **304-591-1410**

Inclement Weather

We make every effort to remain open during inclement weather. Our goal is to make sound decisions based on the safety of families and staff, while still meeting families' needs for child care. HTCDC will make every effort to communicate a decision to close the facility as quickly as possible. If the program closes early, families will be notified by phone. Please ensure your emergency contact information is up to date so we are able to contact you promptly. It is imperative that you arrange to have your child picked up as soon as possible; however, staff will stay until all children are picked up.

If weather becomes bad during the night, the roads will be monitored, and a decision will be made by 5 a.m. regarding the closing of the facility. Families are asked to refer to the radio station or local news channel for details.

Licensing regulations require facilities to close if there is no electricity or water.

Behavior Management

We practice a positive approach to child guidance and discipline. Limits are set clearly and consistently enforced. We focus on reinforcing positive behaviors as well as managing inappropriate behaviors.

When a child exhibits a misbehavior that continues over time, the director, lead teacher, and parent or guardian shall develop and implement a plan for managing the difficult behavior. Withdrawal from the program is only recommended in situations where difficult or unsafe behavior continues to be a risk to the child, other children, or staff.

Corporal punishment of any kind (including yelling, threatening or spanking) by ANYONE is not tolerated at Home Ties. In accordance to federal law, it is mandatory that we report any suspected cases of child abuse or neglect to the Department of Health and Human Resources.

Internet/Wi-Fi Usage

Children in the School-Age program will have the opportunity to access the internet for educational purposes only and only during specified periods of the classroom routine. The school-age teacher or other Home Ties staff member will enter the Wi-Fi password onto the child's device and monitor usage for content appropriateness. Families who permit their children to access the internet at Home Ties must agree to allow teachers to monitor the content being accessed. Violations of the use of internet access will result in one warning followed by the removal of the privilege for the individual child.

Harassment

Harassment of any type will not be tolerated and will be reported to the Executive Director immediately.

Grievance Procedures

If difficulties should arise, parents may choose to address their concerns with the Lead Teacher of the classroom within 2 days of the incident/occurrence. The Lead Teacher will then report to the Director of Home Ties within 1 day. The Lead Teacher or the Director of Home Ties will then address the parent's concern within 3 days. If the issue is not resolved between the parties, the parent may choose to contact Youth Health Service's Executive Co-Director who oversees Home Ties within 7 days. The Executive Co-Director will address the issue with the parents within 20 days of reporting.

Any concerns regarding childcare licensing compliance can be directed to the West Virginia Department of Health and Human Resources Child Care Center Program Manager, Todd McDaniel, at 304-420-2560 ext. 70901.

Pest Control

As a licensed day care center, Home Ties has an integrated pest management plan approved by the West Virginia Department of Agriculture. It is the policy of Youth Health Service, Inc. to notify parents should we ever need to use level 3 or 4 pesticides to get rid of ants, roaches, flies, etc., in the facility.

Additional Services Available at Youth Health Service

Behavioral Health Services

Youth Health Service is also a licensed behavioral health center. Our Behavioral Health program offers behavioral and mental health services to children and adolescents from the age of 3 to the age of 18 and young adults meeting specific criteria to the age of 24. In addition to individual treatment, our behavioral health staff provides group, sibling, and family therapy in the home, school and office locations. Please call 304-636-9450 for more information on how our behavioral health programs can benefit your child and your family.

Strengthening Families Support Center

Through state and federal funding, we are able to provide services through our family support center free of charge. At this center parents are able to enhance their parenting skills by taking part in parenting classes and family support services. The Family Support Center offers food, clothing and hygiene pantries available to anyone in the community regardless of income level. Our FSC staff can link families to an array of needed resources including: crisis support, utility assistance programs, and much more! Call 304-591-4052 for more information.

Serving Youth & Their Families Since 1978

YOUTH HEALTH SERVICE, INC.

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

May 15, 2026

Child and Adult Care Food Program (CACFP) Sponsors

2026-2027 West Virginia Application for Free and Reduced Price School Meals

Enclosed you will find the 2026-2027 Free and Reduced-Price Meals Family Application for the Child and Adult Care Food Program (CACFP). This mailing also includes the following documents:

- Prototype Letter to Households
- Instructions for Applying
- 2026-2027 Free and Reduced-Price Meals Application

Additional copies of the application may be reproduced from the enclosed materials or accessed online through the Office of Child Nutrition (OCN) website at: https://wvde.us/student-support-wellness/child-nutrition/child-adult-care-food/forms-reference-tools Please note that once eligibility for free or reduced-price meals is determined, it may remain in effect for the entire program year, regardless of any changes in household income status. Participants are always at liberty to apply for benefits at any time during the year.

We would like to remind all participants that maintaining confidentiality of eligibility information is essential and must be protected. Such information may only be disclosed for purposes permitted under federal regulations or with authorization provided by a parent or guardian.

The 2026-2027 application is effective beginning **July 1, 2026**.

If you have any questions or require additional assistance, please contact Tracy Sayre, CACFP Coordinator, at (304) 558-3396 or via email at trcsayre@k12.wv.us.

Thank you for your attention to this important program.

Sincerely,

Anthony Crago

Anthony Crago, Director
West Virginia Department of Education
Office of Child Nutrition

AC/TS/ja

Attachments

Dear Parent or Guardian:

This center participates in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP). Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. The statement will be filed as confidential information. The names of the participants for which free or reduced price meals may be claimed shall not be published, posted or announced in any manner; this information is necessary to determine the amount of federal funding received by our center for the meal served to children. Higher reimbursement will contribute to the overall quality of care your provider maintains.

If you received Food Stamps or benfefits under the West Virginia Temporary Assistance to Needy Families (TANF) on behalf of your child, then please list either your 10 digit Food Stamp case number or your TANF case number in Section 2 and sign and date the statement in Section 5. This means that your child is " categorically eligible' and will automatically qualify for reimbursement.

If a Food Stamp or TANF case number is not reported, Section 4 must be completed. You must include your total current household income by source and the names of all household members. CACFP defines a household as a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). The reported income should be what each member received last month. If last month's income does not accurately reflect your circumstances, provide a projection of your income using last year's income as a basis. Please remember to put the name and social security number of the primary wage earner underneath the chart. You must also sign and date Section 5.

If this application is for a foster child, please read carefully the directions found on the "Instructions For Applying' sheet. If you have a foster child and have further questions, please contact our office for additional information before completing the application.

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-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; or call (833) 632-9992

(2) **FAX:** (202) 690-7442; or

(3) **EMAIL:** program.intake@usda.gov.

This institution is an equal opportunity provider, employer, and lender.

Thank you for your cooperation:_____

Institution Representative

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

How To Apply for Free and Reduced Price Meals

Please use these instructions to help you fill out the application for free and reduced-price meals. You only need to submit one application per household.

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced-price meals. Please follow these instructions, in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact[Insert school/school district contact here; phone and email preferred].

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) [school/school system here].

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completed electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.	B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **Step 1**, go to **Step 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	D) Are any children homeless, migrant, or run away? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or [Insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [Insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
• Check "No" in **Step 2** and go to **Step 3.**	• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: [Insert State/local agency contacts here]. • Go to **Step 4.**

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled **"Sources of Income"** & **"Examples of Income for Children,"** on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes and deductions.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark, how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- ***Do NOT include:***
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, children and students already listed in **Step 1.**

Step 3: List ALL household members and income for each member

1) **List adult household members' names.**
Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in **Step 1**.

2) **List earnings from work.**
List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- ***What if I have multiple jobs?*** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- ***What if I am self-employed?*** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.
List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.
List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- ***What if I receive income from multiple sources in this category?*** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.
Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

6) Provide the last four digits of your Social Security Number.
An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.
List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- ***What is Child Income?*** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."	**C) Mail completed application to:** Insert School/District address here

Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

2026-2027 West Virginia Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

RETURN TO (School/District Name):
ADDRESS:

STEP 1 — List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 — Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ **NO** → Go to STEP 3.   ○ **YES** → Write case number here and proceed to STEP 4.   **CASE NUMBER (NOT EBT NUMBER):**

Write only one case number in this space.

STEP 3 — List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ☐

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) ☐☐☐☐

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income
Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	○	○	○	○	○

STEP 4 — Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school ofcials ma y verify (confr m) the information. I am aware that if I purposely give false information, my children may lose meal benefts , and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date

Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income

Earnings from Work

- Salary, wages, cash bonuses, tips, commissions
- Net income from self-employment (farm or business)

If you are in the U.S. Military:

- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)
- Allowances for of-base housing , food, and clothing

Public Assistance/Alimony/ Child Support

- Unemployment benefits
- Workers' compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veterans benefits
- Strike benefits

Pensions/Retirement/ All other sources of income

- Social Security/Disability (including railroad retirement and black lung benefits)
- Private Pensions or disability benefits
- Income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

Examples of Income for Children

- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits
- A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacifc Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often? ☐ Weekly ☐ Every 2 Weeks ☐ 2x Month ☐ Monthly ☐ Annual

Household size

Categorical Eligibility ☐

Eligibility ☐ Free ☐ Reduced ☐ Denied

Determining Ofcial 's Signature | Date | Confr ming Ofcial 's Signature | Date | Verifying Ofcial 's Signature | Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefts t o your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the **USDA Program Discrimination Complaint Form, AD-3027,** found online at How to File a Program Discrimination 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:

*MAIL: U.S. Department of Agriculture,
Office of the Assistant Secretary for Civil Rights,
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

USDA is an equal opportunity provider, employer, and lender.

Attachment A

Guidelines to Determine Participant Eligibility for Free and Reduced Price Meals

Effective from July 1, 2026, to June 30, 2027

Annual Family Income Before Deductions

Free Meals Eligibility (130%)

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
One	20,748	1,729	865	798	399
Two	28,132	2,345	1,173	1,082	541
Three	35,516	2,960	1,480	1,366	683
Four	42,900	3,575	1,788	1,650	825
Five	50,284	4,191	2,096	1,934	967
Six	57,668	4,806	2,403	2,218	1,109
Seven	65,052	5,421	2,711	2,502	1,251
Eight	72,436	6,037	3,019	2,786	1,393
Additional Member Add	7,384	616	308	284	142

Reduced-Price Meals Eligibility (185%)

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
One	29,526	2,461	1,231	1,136	568
Two	40,034	3,337	1,669	1,540	770
Three	50,542	4,212	2,106	1,944	972
Four	61,050	5,088	2,544	2,349	1,175
Five	71,558	5,964	2,982	2,753	1,377
Six	82,066	6,839	3,420	3,157	1,579
Seven	92,574	7,715	3,858	3,561	1,781
Eight	103,082	8,591	4,296	3,965	1,983
Additional Member Add	10,508	876	438	405	203

Conversion Factor

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12

Automated Payment Processing

Procare SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

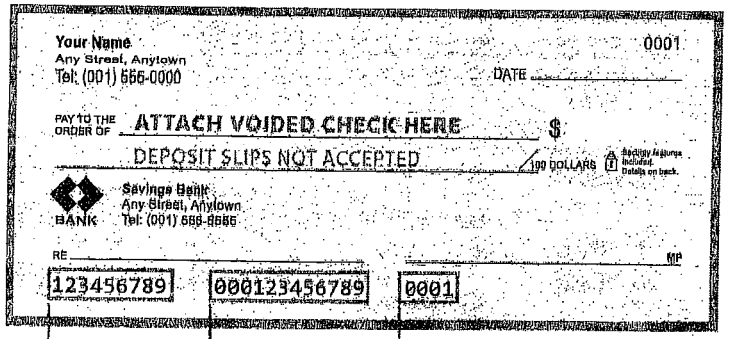
Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____



FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

HTCDC Tuition Rates

Effective 06/29/26

Infants/Walkers (6weeks to 2 years)
5 days – 177.10
4 days – 157.83
3 days – 138.58

Toddlers (2 years)
5 days – 164.69
4 days – 145.41
3 days – 126.13

Pre-School (3 to 4 years)
5 days – 152.24
4 days – 132.95
3 days – 113.71

School Age
Less than 2hrs – 12.40
2 – 4 hrs – 15.20
Full days, 4+ hrs – 34.18
Full Week – 136.69

Transportation
4.95

FY 27 – 3%

BH-30%
HTCDC-50%

Requested Amendment. You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our privacy manager stating exactly the information in question and your reasoning that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if: 1) the information was not created by us or the person who created it is no longer available to make the change, 2) the information is not part of the designated record kept by this agency, or 3) if it is the opinion of the health care provider that the information is accurate and complete.

Request Restrictions. You have the right to request a restriction or limitation of how we use or disclose your medical information for treatment, payment, or health care operations. **For example, you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care.** Your request must be made in writing , which your case manager can help you complete.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment or protected by federal or state law.

An Accounting of Disclosures. You have the right to request a list of the disclosures of your health information we have made outside of our privacy that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain information). Your first request for a list of disclosures within a 12 month period will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications. **You have the right to request how we communicate with you to preserve your privacy.** For example, you may request that we call you only at your work number or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint. If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our privacy manager or directly to the Secretary of Health & Human Services.

To file a complaint, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to: Attention Privacy Manager, Youth Health Service, Inc, 971 Harrison Avenue, Elkins, WV 26241. There will be no retaliation for your filing a complaint.

Uses of Disclosures Not Covered

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

For More Information

If you have questions or would like additional information you may contact us at (304)636-9450.

Notice of Privacy Practices

Youth Health Service, Inc.
971 Harrison Avenue
Elkins, WV 26241
Phone: (304)636-9450 Fax: (304)636-7057
email: youth@youth-health.org

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

Client Name: _____

NR # _____

Serving Youth & their Families Since 1978

YOUTH HEALTH SERVICE, INC.

HEALTH CONNECTIONS • HOME TIES CHILD CARE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgment *

I, _____, have received a copy of Youth Health Service, Inc.'s Notice of Privacy Practices.

_____

Please Print Name

_____ / ___ / ___

Signature (Date)

For YHS Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices but acknowledgment could not be obtained because:

( ) Individual refused to sign

( ) Communication barriers prohibited obtaining the acknowledgment

( ) An emergency situation prevented us from obtaining acknowledgment

( ) Other (Please Specify)

_____

_____

Official Signature & Date _____ / ___ / ___

971 HARRISON AVENUE, ELKINS, WV 26241 • PHONE 304-636-9450 FAX 304-636-7057 • WWW.YOUTH-HEALTH.ORG

HOME TIES CHILD CARE PROGRAM

INFANT SCHEDULE (6 weeks – 12 months)

To help your child transition into our program, please complete the following information.

Date: _____ Person completing form: _____

Child's Name: _____ Birth date: _____ Age: _____

***Sleeping schedule:**

Morning wake-up: _____ Evening bedtime: _____

Daily naps: _____

Please describe your child's routine for going to sleep (security items, rocking, singing etc :)

_____

_____

***Eating Habits/Feeding Schedule:**

Is your child breast fed? _____ Is your child drinking formula? _____

Is your child drinking from a bottle? _____ Is your child drinking from a cup? _____

Please note: Infants are not permitted to have bottles/cups while in a crib.

If breastfed, how often does your child nurse? _____

If drinking formula, how often does your child take a bottle and approximately how many ounces each feeding? _____

If drinking formula, do you use tap or bottled water to prepare the bottle? _____

How often does your child burp during feedings? _____

How often does your child spit up? _____

Is your child on baby food or table food? _____

How often do you feed your child solid food? _____

If not, at what age do you plan on introducing solid foods? _____

Please note: All baby food and formula must be unopened and in the original container. YHS staff CANNOT serve solid foods to any child less than 6 months of age, unless recommended in writing by the child's physician and parent.

Please complete the chart on page three to indicate which solid foods your child is eating.

*Does your child have any food allergies? _____

WEST VIRGINIA DEPARTMENT OF EDUCATION

OFFICE OF CHILD NUTRITION

PARENT INFANT MEAL NOTIFICATION

To: Parents and Guardians of infants under one year of age

From: Name of Child Care Center Home Ties Child care

Subject: Infant Meals

All children enrolled in this center, including infants, are eligible for meal through the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Child care centers who participate in this program are reimbursed my USDA to help with the cost of serving nutritious meals that meet CACFP guidelines to all enrolled children. To fully meet CACFP requirements, this center is required to provide formula and other required infant foods to enrolled infants.

You have a right to the benefits described in this letter. If you choose not to take part in the CACFP you may supply your own breast milk and/or formula and foods for your infant. You have the right to CACFP benefits in the future.

You may choose to bring your own iron-fortified infant formula or breast milk and other infant foods that meet the CACFP Infant Meal Pattern requirements. A copy of the CACFP Infant Meal Pattern is printed on the back of this letter. Please note that the center will also introduce semi-solid foods to your infant according to the decisions made by you and your infant's doctor.

PLEASE CHECK YOUR PREFERENCES:

Formula or Breast Milk (check one)

_____ I want the center to provide formula for my infant (This center offers Parent Choice - Milk Based

_____ I will provide _____ formula for my infant.
Note: I understand that I will need to submit a Special Dietary Needs form if my infant requires special foods or formula.

_____ I will provide breast milk for my infant.

Solid Food: (check one)

_____ I want the center to provide solid food for my infant when he/she is developmentally ready.

_____ I will provide my own choice of infant cereal and/or other foods instead of accepting the iron-fortified infant cereal and/or other foods provided by this center.

Infant's Name: _____ **Birth Date:** _____

This child care facility has not requested or required me to provide infant formula or food for my baby. I understand that I have the choice of having my baby participate in the CACFP.

Parent/Guardian Signature: _____ **Date:** _____

Child Care Signature: _____ **Date:** _____

This center is an equal opportunity provider and employer.

Infant Nutrition Information

Child's Name: _____ Birth Date: _____

Formula		
Breast milk		
Tap Water		
Nursery Water		
Rice		
Oatmeal		
Mixed Grain		
Carrots		
Peas		
Squash		
Green Beans		
Sweet Potatoes		
Sweet Corn Casserole		
Country Garden Veggies		
Bananas		
Pears		
Applesauce		
Apples/Bananas		
Apples/Pears/Bananas		
Peaches		
Pears/Raspberries		
Apricots/Pears/Apples		
Apples/Mango/Kiwi		
Mango		
Bananas/Strawberries		

Form MUST be signed and dated each time new foods are introduced

HOME TIES CHILD CARE PROGRAM

WALKER SCHEDULE (12 months –23 months)

To help your child transition into our program, please complete the following information.

Date: _____ Person completing form: _____

Child's Name: _____ Birth date: _____ Age: _____

***Sleeping schedule:**

Morning wake-up: _____ Evening bedtime: _____

Daily naps: _____

Please describe your child's routine for going to sleep (security items, rocking, singing etc.)

_____

_____

***Eating Habits/Feeding Schedule:**

Is your child drinking whole milk? _____ Is your child drinking juice? _____

Please list other liquids your child drinks. _____

Is your child drinking from a bottle? _____ Is your child drinking from a cup? _____

Please note: Children are not permitted to hold a bottle or sippy cup while walking or crawling.

*Does your child have any food allergies? _____

*Please describe your child's daily eating habits. _____

_____

Please note: According to our nutrition program guidelines, whole milk is served to all children 12 months of age until 24 months of age.

A copy of the monthly lunch menu is available for review if needed.

***Diapering Procedures:**

What brand of diapers does your child wear? _____

What brand of wipes does your child use? _____

Do you use diaper crème? _____ If yes, what brand and how often? _____

_____

Please note: State licensing regulations require staff to check/change your child's diaper every two hours.

***Individual needs:**

* Please describe your child's general temperament/personality: _____

_____

*What upsets or frightens your child? _____

*What does your child find soothing or comforting? _____

*How does your child react to strangers? _____

*How does your child handle separation from you and what works best to comfort him/her?

_____

*What toys and activities make him/her happy? _____

*Please list any materials or products your child experiences a negative skin reaction to.

_____

*Please use this space for any additional information you would like to share: _____

_____

_____

_____

I understand this form must be updated regularly as the child's individual needs change.

_____ _____

Parent's Signature Date

_____ _____

Primary Care Giver Signature Date

HOME TIES CHILD CARE CENTER
MEDICATION ADMINISTRATION

Medication will be administered by the Staff of Home Ties Child Care Center ONLY when this form is completed and signed by the child's licensed health care provider and parent or guardian.

The parent/guardian MUST administer the initial dose of ALL medications, not child care staff.

Over the counter, non-prescription medications must follow the same procedure as prescription medications.

HEALTH CARE PROVIDER
Please provide the following information

Child's first and last name:_____

Medical Condition being treated:_____

Medication:_____

Dosage:_____ Frequency/time:_____ Route:_____

Duration of treatment: (use dates) From:_____ To:_____

Comments or Specific Instruction:_____

_____

_____ _____
Health Care Provider Signature Date

Health Care Providers Name:_____
(Please Print)

Address / Phone:_____

_____

_____ _____
Parent/Guardian Signature Date