

# Concord Neighborhood Center Youth Program Handbook



**Concord**  
Neighborhood Center



Caring for Families Since 1875

**Concord Neighborhood Center**  
1310 South Meridian St. | Indianapolis, IN 46225  
317.637.4376 (phone) | 317.637.4380 (fax)  
[www.concordindy.org](http://www.concordindy.org)

May 30, 2019

Dear Concord Parent,

Welcome to our child, youth development, and teen programs. We are thrilled that you have chosen to enroll your children in our programs and we look forward to working alongside you to help your family grow.

We approach what we do a lot like a quote from Magic Johnson: "All kids need is a little help, a little hope and somebody who believes in them." If you have questions, suggestions, or concerns during your time at Concord, please let us know. We want our programs to offer lots of fun, active play, and learning opportunities and positive relationships with the child and you, the parent or guardian. Engaging parents derive best outcomes.

- Read through this document, Children and Youth Manual, 2019, so you and your family understand our policies, procedures and expectations.
- Introduce yourself to Concord's staff.
- During the school year, leave your children in our programs so they can benefit from the structured activity or until 5:30p.m. This allows your child to complete their projects and activities and to avoid disrupting the other children in the activity. During summer and school breaks, structured activities are from 9p.m. to 4:00p.m. Supervised care is from 6a.m. to 6p.m. to accommodate working parents. We encourage parents to keep the children no longer than ten hours.
- Know how to check-in, check-out, and make weekly payments; the "sign-out table" is where you'll find program calendars, information about special field trips, and community events.
- During the school year, attend monthly *Family Nights*, for dinner, presentations, fun and where you can connect with other families, workshops, resources and Concord.
- 

Again, thanks so much for trusting Concord with your young people. It's going to be a great year!

Lynn Rogers  
Director of Child and Youth Programs  
lrogers@concordindy.org  
317-637-4376 ext.2129

Paula Hayes  
Family Registration & Nutrition Programs Mgr  
prichter@concordindy.org  
317-637-4376 ext.2130

## **EXPECTATIONS**

### **CHILDREN CAN EXPECT:**

1. To have a safe, supportive and consistent environment.
2. To receive respectful treatment.
3. To receive nurturing, teaching and caring from the staff.
4. To have discipline that is fair.
5. To have fun using the facilities, equipment and resources.

### **PARENTS CAN EXPECT:**

1. Their children are cared for in a safe and supportive environment.
2. To visit and participate in programs.
3. To be informed of program activities and trips.
4. To be informed of the children's behavior.

### **CONCORD CAN EXPECT ALL CHILDREN:**

1. To be responsible for their actions.
2. To respect and follow all program rules and direction from staff and volunteers.
3. To be willing to participate, have fun, learn new things and get along with others.
4. To take care of their personal belongings and items.
5. To take care of toys, materials and property.

### **CONCORD CAN EXPECT PARENTS TO:**

1. Pay program fees on time.
2. Drop off and pick up children on time.
3. Follow health policy regarding sick and/or contagious children.
4. Work with staff to remedy any behavior issues regarding the child.
5. Help make the children's program experience enjoyable by:
  - a. Providing an adequate breakfast
  - b. Labeling clothing, towels, book bags, etc.
  - c. Providing swim gear or proper clothing, etc. for trips.
  - d. If able, providing money or snacks for some field trips.
  - e. Talk with children about their program experiences.

## **DISCIPLINARY AND DISMISSAL PROCEDURE**

The Concord Youth Program's focus is to provide a nurturing and caring environment where children can have fun, learn and grow. From time to time, the positive environment we try to offer can be hindered by conflict or distractions. Any participants who are disruptive or exhibit inappropriate social behavior put themselves at-risk for punishment and/or suspension. Concord has zero tolerance for behavior which impacts all of the children participating because such behavior denies all of the children the opportunity to learn and have fun.

We have imposed a "three-strike discipline" system for participants.

## STEPS FOR BEHAVIOR IMPROVEMENT

1. Participants will receive an oral and a written reprimand for behavior(s) that is disruptive to the group, causes bodily harm, is verbally abusive or is a threat to the safety and well-being of staff, other children or damaging to the facility, programming space or equipment.
2. Parents will be provided verbal reports initially.
3. Written reprimands will be provided to the parents when unwanted behavior persists.
4. Patterns of unwanted behavior will require a parent conference. The conference will be facilitated by the Youth Program Director or agency administration, Executive Director or Deputy Director. The conference will be evaluated as successful when the child, parents, and staff all agree to an acceptable agreement of behavior standards. The conference serves as a warning sign for the child and the parent for possible suspension should the behavior not improve.
4. Subsequent acts of unwanted behavior may result in a suspension. Suspension of a child/youth will be reviewed by administrators. The length of the suspension is determined by the infraction. Suspension may include absence from the agency, exclusion of certain activities, separation from the group and will jeopardize transportation (to and from school and/or field trips).
5. If your child's behavior continues to be disruptive or harmful to themselves or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

Written reprimands will be placed in the receipt bin at the sign in/out table. It is the responsibility of the parent/guardian to get write ups and initiate (in the contact with Youth Program Director for clarification. It is the parent's responsibility to contact Youth Program Director, failure to do so, could result in child's removal from care.

Please discuss this disciplinary procedure with your children and make sure they understand that certain disruptive behaviors can cause them to miss out on program activities.

Please note as a reminder:

Participants who partake in fighting back as a means of defending themselves will also be subject to all disciplinary procedures. Although we understand that this is one means of defending oneself, we do not encourage or condone such behavior. To help lessen the disappointment that a child feels when suffering unpleasant consequences, please make sure that your child understands this policy and can talk to staff regarding the situation.

## **BEFORE AND AFTER CARE PROCEDURES**

### **BEFORE CARE**

Before hours are 6:00am-8:30am

All participants must be signed in by a parent, guardian or other authorized person using the attendance book on the back table. Parents not following this procedure are at risk of losing service.

We do not serve breakfast, but your child may bring and eat breakfast on the stage.

### **AFTER CARE**

After care hours are 3:00pm-6:00pm during school year.

DURING SUMMER BREAK, after care hours are 4:00-6:00 pm.

If a parent will be late picking-up a participant, please call 637-4376 ex.2129 to report the late pick-up. Although we are notified, a late fee will still be applied.

DURING SUMMER BREAK, after one late pick-up of a participant, families will potentially lose the ability to leave children in the 4:00pm-6:00pm after care. Participants will then have to be picked-up at 4:00pm.

All participants must be signed out by a parent, guardian or other authorized person using the attendance book on the back table.

DURING SUMMER BREAK, families may not leave their children at program longer than 10 hours per day. All participants left more than 10 hours, will be charged an additional \$15.00 per week. Families who need extended childcare must see: Lynn Rogers, Director Of Children and Youth.

CONCORD NEIGHBORHOOD CENTER YOUTH PROGRAMS

## LATE PICK-UP GUIDELINES

All participants in Youth Development Programs must be picked-up by 6:00pm.

Families will be charged the following late fees:

\$10.00 late fee for the first 15 minutes (6:01-6:15) per child

\$15.00 late fee for the next 15 minutes (6:16-6:30) per child

\$25.00 late fee for the next 15 minutes (6:31-6:45) per child

\$1.00 late fee for every minute after 6:45 per child

For any child left after 6:45, a phone call will be placed to an authorized adult for pick-up. **If** no adult is contacted and the child remains at Concord, child protective authorities will be contacted.

The clock on the Concord stage will be the official time clock, which will be used by the attending Concord staff person to determine the lateness of pick-up.

The incurred late fee must be paid in full before the child can return to Concord.

This late fee cannot be added to your Program fees.

Concord regrets having to implement such measures, but deem it necessary to ensure continued quality programming.

## CONCORD NEIGHBORHOOD YOUTH PROGRAMS

### HELPFUL HINTS OUT OF SCHOOL BREAKS

Make sure staff is aware of any disabilities, allergies or behavioral issues that can affect participants' socialization or behavior at program.

Arrive on time to drop off and pick up your child.

To ensure quality programming participants need to arrive between 8:30-9:00am. The next drop off time is 12 noon. **If** dropping off at noon, participants must have had lunch. **If** possible, please let staff know in advance if not arriving until noon.

Sign your child in and out (the sign in book is located on the back table).

Feed your child an adequate breakfast.

Please dress child in appropriate and comfortable shoes and clothing. Shoes worn by children must be able to stay securely on foot. Dresses must have shorts underneath. Inappropriate halters, shorts, t-shirts and flip flops are not allowed.

Cell phones, hand held games and other electronic devices are not allowed during programming hours. If these types of items are brought to Concord and are lost, stolen or damaged, Concord Staff will not be responsible for the recovery, repair or storage of these item .

Only bring clearly labeled personal items to program if required by your counselor (clothing, towels, backpacks, toys, etc.). Concord will not be responsible for lost or stolen property.

Medications should be administered at home unless dosage is required during program. In this case a medication form must be completed and filed with the Youth Development Director.

Put sunscreen on everyday and provide extra on swim days. Concord Staff cannot be responsible for supplying or applying lotions for all participants.

Get to know the Counselors.

Make sure Concord has emergency numbers where you can be reached.

Only bring your child to program when they are in good health and feeling well. Remember a child cannot have a fever, throwing-up or diarrhea for 24 hours before returning to camp.

## CONCORD NEIGHBORHOOD CENTER YOUTH PROGRAMS

### HEALTH & HYGIENE INFORMATION

#### MEDICINES:

- All parents must complete a Concord Medicine form to provide permission and instructions for Concord personnel to dispense medicines. This is needed for both prescription and non-prescription over the counter drugs and medicines. Without this form, Concord personnel may not distribute medicines.
- All medicines must have a visible label attached to them with the following information: the participant's name, date, ailment for which medicine is being given and a parents name and phone number.
- All medicines must come in a small clear zip loc baggie.

Medicine forms may be obtained in the gym office.

#### SICK PARTICIPANTS:

Please refrain from sending participants that are feverish, vomiting or have diarrhea to program that day. Concord does not have the facilities or correct personnel to attend to these participants. Participants brought to Program in these conditions are a health threat for both fellow participants and staff. Parents will be contacted and must come and get any participant brought to Concord exhibiting any of these symptoms. Please leave participants at home for at least 24 hours to recover.

#### HEAD LICE:

To thwart off the hard to get rid of head lice, Concord will be taking a hard line policy on this matter. Any participant infected with head lice will be removed from his/her group, and parents contacted to come and get from program. Participants can not return until they are rid of head lice.

#### Contagious Afflictions:

Participants that may have any contagious ailments such as: rashes, flu, pink eye, chicken pox, etc... cannot attend program. These ailments are a health hazard to all and due to the nature of program activities, from sitting together, playing together, etc., could easily infect many others.

If any participant becomes infected with any communicable and contagious ailments, please contact Concord immediately.

Play it smart. If any doubt or questions about any ailments your child or children may have, please find alternative care for them, do not send them to program for their sake and ours.

## CONCORD NEIGHBORHOOD CENTER YOUTH PROGRAMS

Parent signature forms you filled out and signed are the following:

Registration Card

Center Expectations: The Fine 9

Discipline Policy

Medical Release Form

Media Release

Rock Wall

Transportation Policy (to & from school and field trips)

BMI/Blood Pressure Screening (optional)

Opt-In/Opt-Out Form (family tracking form)

If information or situations have changed, it is your responsibility to update those forms with registration staff. Please either email or put it in writing so that staff can update your family file.

# Concord Neighborhood Center

## Participant Registration Form

Date of Enrollment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PROGRAM				
<b>Children: Age 3-12</b> <input type="checkbox"/> Childcare <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Full Day <input type="checkbox"/> Day Camp <input type="checkbox"/> Sports <input type="checkbox"/> Special Class <input type="checkbox"/> Alt. Suspension	<b>Youth: Age 13-18</b> <input type="checkbox"/> NTF <input type="checkbox"/> Teens <input type="checkbox"/> Sports <input type="checkbox"/> Volunteer <input type="checkbox"/> Alt. Suspension <input type="checkbox"/> Class Project <input type="radio"/> Community Service <input type="radio"/> Special Class	<b>Adults: Age 19-60</b> <input type="checkbox"/> GED / HSE <input type="checkbox"/> Recreation <input type="checkbox"/> Sports <input type="checkbox"/> Group <input type="checkbox"/> Special Class <input type="checkbox"/> Intern <input type="radio"/> Court Ordered <input type="radio"/> Neighborhood <input type="radio"/> Volunteer	<b>Adults: Age 61+</b> <input type="checkbox"/> Senior Daily <input type="checkbox"/> Dynki <input type="checkbox"/> Food Pantry <input type="checkbox"/> Home Repairs <input type="checkbox"/> Blues Club <input type="checkbox"/> Social <input type="checkbox"/> Volunteer <input type="checkbox"/> Project	<b>Ancillary</b> <input type="checkbox"/> Community Engagement <input type="checkbox"/> Nutrition <input type="checkbox"/> Transportation To: _____ From: _____

PARTICIPANT				
Age: ____	DOB ____ / ____ / ____	Last: _____	First: _____	Middle Initial: _____
Address: _____		City: _____	State: _____	Zip: _____
Phone: Home _____ Cell _____		Race / Ethnicity: _____		Sex: _____
E-mail: _____		Is it okay if we message you on Facebook? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is your Facebook name (if different from above)? _____		
School: _____		Grade: _____	Projected Graduation Year: _____	
Highest Grade Completed: _____		<input type="checkbox"/> Single Parent (Female) <input type="checkbox"/> Single Parent (Male) <input type="checkbox"/> Two Parents <input type="checkbox"/> Other		
Employer: _____		Work Phone # _____	Gross Income: \$ _____ / month	
Preferred Hospital: _____		Medical Condition(s): _____		
Household: # of Children _____ # of Adults _____		<input type="checkbox"/> Opt In <input type="checkbox"/> Opt Out <input type="checkbox"/> BMI		

CONTACTS		
Emergency Contact: _____	Address: _____	Phone: _____
Mother's Name: _____	Employer: _____	SS# _____
Address: _____	Phone: _____	Phone: _____
Father's Name: _____	Employer: _____	SS# _____
Address: _____	Phone: _____	Phone: _____

AUTHORIZED TO PICK UP CHILD		
Name: _____	Phone: _____	Phone: _____
Name: _____	Phone: _____	Phone: _____
Name: _____	Phone: _____	Phone: _____

## CONCORD NEIGHBORHOOD CENTER YOUTH PROGRAMS

Child(ren)'s Name(s), \_\_\_\_\_

### Center Expectations (The Fine 9):

**\*\*Please read our expectations of the children in our care and initial the bottom.**

1. Be Respectful
2. Be Honest
3. Be a Problem Solver
4. Include Everyone
5. Make Good Choices
6. Safety First
7. Inside Manners
8. Try New Things
9. Have Fun

#### Bus Conduct:

Go to the back of the vehicle. Fill back to front.  
Let the row in front of you out first.  
Seat belts buckled. Stay in your seat and face the front.

#### Playground Safety

Stay in designated areas. Do not go across the street.  
If your ball goes out into the street or parking lot, let a counselor get the ball.

#### Academic Time

Do your own work. If someone else asks for the answer, help them figure it out, don't give them the answer.  
Be respectful to your counselor and pay attention.  
We work before we play. All work must be done and checked by a counselor before you can play.

#### Group Area Conduct

You are responsible for your own belongings when you are at the center. All belongings go into your bag or backpack and stay there unless instructed otherwise.  
You and your group are responsible for maintaining your area's cleanliness. If you use or take out any materials, please clean them up and put them away before leaving or moving onto another activity.

#### Children Can Expect:

1. To have a safe, supportive and consistent environment.
2. To receive respectful treatment.
3. To receive nurturing, teaching and caring from the staff.
4. To have discipline that is fair.
5. To have fun using the facilities, equipment and resources.

#### Parents Can Expect:

1. Their child/ren are cared for in a safe and supportive environment.
2. To visit and participate in program activities.
3. To be informed of program activities and trips.
4. To be informed of the children's behavior.

Parent Initial \_\_\_\_\_

## CONCORD NEIGHBORHOOD CENTER YOUTH PROGRAMS

### Discipline Policy

The Concord Youth Programs main focuses are to provide a nurturing and caring environment where children can have fun, learn and grow. We know the positive environment we try to office can be hindered by conflict or distractions and that disciplinary action must necessarily be administered.

It is very important that a child's development is nurtured through caring, patience and understanding. We expect this of staff members, but we need the children in our programs to be cooperative. Disruptive or harmful behavior will not be permitted. This is defined as hitting, kicking, spitting, hostile verbal responses and other behaviors which will hurt another child or staff. We reserve the right to address such behavior as necessary.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out area for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child/ren's Name(s) \_\_\_\_\_ --'Age(s) \_\_\_\_\_

Additional techniques to be used with my child/ren

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

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

## Medical Release Form

## RELEASE OF LIABILITY TO DISPENSE MEDICATION

\_\_\_\_\_ (Parent Initial) I hereby request that the medication(s) listed below be administered to my child,  
 \_\_\_\_\_ (child's name) during their attendance at Concord Center, and I agree to hold harmless Concord Center and its employees and agents from and against any injury (including death) to my child(ren) which may occur from the administration of such medication.

	Medication #1	Medication #2
Name of Medication		
Dosage		
Time to Dispense		
Date to Begin Medication		
Date to End Medication		

All medications must be in original container with child(ren)'s name clearly printed on it, in a ziploc bag.

Please list medications (include medication for headaches that you give your permission for us to dispense) in addition to those listed above your child takes:

- Medication \_\_\_\_\_ Dosage. \_\_\_\_\_  
 Reason for Medication \_\_\_\_\_  
 Side Effects \_\_\_\_\_
- Medication \_\_\_\_\_  
 Reason for Medication. \_\_\_\_\_  
 Side Effects \_\_\_\_\_

\*\*List student allergies, including food allergies.

## MEDICAL AUTHORIZATION

In the event my child \_\_\_\_\_ is injured, I authorize the Center Director or an authorized representative to secure first aid for my child or take the child to the hospital with the understanding that any financial responsibility is the obligation of the parents and not of Concord Center. I hereby waive any right of action against the Concord Center or the staff or the agency for recovery of damages, in case my child is injured in a program or in route to or from a camp event.

Signature of Parent\Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Concord

Neighborhood Center



Caring for Families Since 1875

1310 S. Meridian Street  
Indianapolis IN 46225-1577  
Phone: 317-637-4376  
Fax: 317-637-4380  
[www.concordindy.org](http://www.concordindy.org)

## Photography, Video & Media Release

I the undersigned do hereby consent and agree that the Concord Neighborhood Center, its employees, or agents have the right to take photographs, videotape, or digital recording of me and/or my child/ren and to use these in any and all media, for the purpose of the center's educational and marketing promotions and program assessment. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Concord Neighborhood Center, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Concord Neighborhood Center is not responsible for any expense or liability incurred as a result of my participation, including medical expenses due to any sickness or injury incurred as a result.

I consent and authorize Concord Neighborhood Center to use and reproduce photographs/videos/media releases taken of me and/or my child/ren and to circulate them for: Concord Neighborhood Center, United Way of Central Indiana or other Funders. While not an exhaustive list this might include Newspapers, Digital news, TV, local newspapers, Facebook, YouTube, Documentation, Instagram and other legitimate news feeds. The singular purpose is to provide valuable news, a better understanding for all stakeholders and to promote the services for the mission of the agency. For example, Concord needs to document their grant-funded activities to funders.

Child(ren)'s Name(s) \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date



United Way  
of Central Indiana

# Concord Neighborhood Center Opt-in/Opt-out Form

Who is collecting information about you?

The Concord Neighborhood Center and its partner agencies will be collecting information.

What information is collected?

The Concord Neighborhood Center collects information you provide to us. This means any personal information about you, including, your age, sex, ethnicity, your income, your household (e.g. number of kids), as well as information about your housing, health, and the programs you are enrolled in via the Concord Neighborhood Center.

Why is the information collected and how will it be used?

With your consent, the Concord Neighborhood Center collects this information so that we can use it to create better educational, social, recreational, and health programs in the community. The information gathered here will be used by the Concord Neighborhood Center, and shared with other agencies to provide special services for the community. This information is essential to address the needs and interests of neighborhood residents. Ultimately, sharing your information will benefit YOU.

What are my choices?

You have two choices that you can freely select:

☐ You ALLOW the Concord Neighborhood Center to collect and share information about you.

☐ You DO NOT ALLOW (or no longer allow) the Concord Neighborhood Center to collect and share information about you.

Last Name: _____	First Name: _____	Middle Initial: _____
Date of Birth: _____	Home Phone: (     ) _____ - _____	
Work Phone: (     ) _____	Cell Phone: (     ) _____	
Address: _____		

The names of any individuals you are consenting on behalf of (e.g. your children):

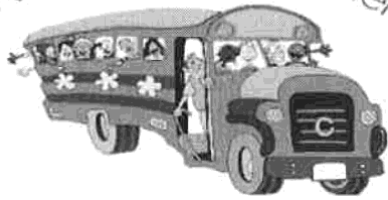
	Last Name	First Name	Middle Initial	Age	Relationship	Date of Birth
1						
2						
3						
4						

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Concord

Neighborhood Center



Caring for Families Since 1875

1310 S. Meridian Street  
Indianapolis IN 46225-1577  
Phone: 317-637-4376  
Fax: 317-637-4380  
www.concordindy.org

Dear Parents or Guardians,

During our summer camp program, your child has the opportunity to participate in new climbing wall unit we have installed at Concord.

We are using this traverse climbing wall to host many exciting activities. At its highest point, the wall measures eight/ten feet and is about 40 feet long. Participants climb horizontally (traverse) across the wall and their feet should never be higher than three/three-and-a half feet off the ground. Your child will be informed of safety rules and will climb under the careful supervision of trained adult or teen supervisors.

Indoor rock climbing is one of the fastest growing activities today. It simultaneously develops coordination, strength, flexibility and cardiovascular fitness. Additionally, important life skill like problem-solving, goal-setting, perseverance, inner confidence and patience will be learned using this wall.

In order for your child to participate in our climbing wall unit, Concord must have a signed permission slip. Should you have any questions regarding this exciting educational opportunity, please contact me.

Sincerely,

Lynn Rogers  
Director Child and Youth Services.

---

## Permission to Participate

\_\_\_\_\_, \_\_\_\_\_ has my permission to participate in the climbing wall program and activities. I understand that this activity involves some risk of injury and I will stress the importance of following the class safety rules when we discuss this activity at home.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

# 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 childcare homes and centers across the country. Providers are reimbursed for serving nutritious meals that 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- NOT OFFERED	LUNCH OR SUPPER	SNACKS (two of the five groups)
Milk Fruit or vegetable Grain (may be substituted with a meat or meat alternate up to 3 times per week)	Milk Meat or meat alternate Grain Vegetable Fruit (may be substituted with a 2nd vegetable)	Milk Meat or meat alternate Grain Vegetable Fruit

## 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, outside-school-hours programs, and some for-profit centers.
- Family Child Care Homes: Licensed or approved private homes.
- At-Risk After School Meal Programs: Centers in low-income areas provide free snacks and suppers to school-age children and youth.
- Emergency Shelters: Programs providing meals 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
- Youth through 18 in after school care programs in needy areas.

## Contact

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

Sponsoring Organization/Center

Concord Neighborhood Center  
1310 South Meridian Street  
Indianapolis, IN 46225

Indiana Department of Education

CACFP Staff  
School & Community Nutrition  
115 West Washington Street  
South Tower, Suite 600  
Indianapolis, IN 46204  
800-537-1142 or 317-232-0850

Effective 10/1/2017

This institution is an equal opportunity provider.

