Objectives
The YMCA of Greater Richmond Youth Development programs welcome you and your child! We desire to make this a happy and safe experience. The Y is the largest nonprofit child care provider with a history of stability built on the core values of CARING, HONESTY, RESPECT, and RESPONSIBILITY.

The YMCA’s Youth Development programs seek to help each child.

* Develop an appreciation for himself/herself, family, school, community, country, and other cultures.
* Develop knowledge, interests, and skill in his/her school through homework support and outdoor-related activities.
* Develop and improve personal skills such as neatness, originality, patience, and dependability.
* Develop and improve social skills: acceptance of others, cooperation, and responsibility.
* Develop healthy living and safety practices.
* Have FUN!

Admission
The YMCA recognizes and celebrates the growing diversity of our community. At the YMCA, everyone belongs.

The YMCA of Greater Richmond Youth Development programs serve preschool, elementary and middle school-aged children and does not discriminate on the basis of race, color, religion, sex, or national or ethnic origin in administration of its personnel and admissions policies.

The YMCA will address physically challenged and special needs children on a per request basis with the hope that we can serve all children who come to us. The YMCA considers the needs of each participant to promote success and provide a positive experience. Disclosure of special needs will not bar participation. Let us know when you register if your child is developmentally, emotionally, or physically challenged or requires another type of assistance. All activities are open to all individuals who meet the following essential Eligibility Requirements by themselves with or without a reasonable accommodation:

❖ Display appropriate behavior at all times. To assure the maximum enjoyment of the program by all participants, please review the following guidelines with your child. Participants will:
  o Exhibit individual and group behavior that models our Core Values of Caring, Honesty, Respect, and Responsibility and that doesn’t disrupt the flow of teaching and learning
  o Stay with the group
  o Be pleasant to others and refrain from using foul language
  o Refrain from putting themselves and others in danger
  o Use equipment, supplies, and facilities as instructed
  o Have the ability to follow verbal and/or visual direction.
  o Always wear shoes and clothes that conform with the Parent Handbook.
❖ Is able to manage all personal hygiene.
❖ Is able to ambulate on own or with a mechanical device in varied terrains, including, sloped and uneven ground.
❖ Is able to perform gross motor functions and fine motor functions with reasonable guidance.
❖ Additional Requirements for Camps with Outdoor Activities
  o Is able to withstand exposure to the outdoors for extended periods of time.
  o Is able to get in and out of a kayak and/or canoe.
  o Is able to maintain a balanced, upright position when seated in a kayak, canoe, and/or bicycle.
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- Is willing to wear all safety equipment correctly such as, but not limited to; protective helmets and life jacket.
- Other requirements may apply for unique features at some of our camps, like challenge courses.

Enrollment
The enrollment application for Youth Development programs are performed online at www.ymcarichmond.org and must be re-done for each new program season. In accordance with Department of Social Services requirements, the following information must include the relevant information, i.e. none or n/a are not acceptable. Failure to provide this information may delay your child’s attendance in the program:
- Child’s full name, full address and phone, gender, school, grade, age of birth and other schools/programs currently attending
- ONE, at a minimum, custodial guardian to include guardian’s full address and at least one phone number.
- TWO, at a minimum, emergency contact LOCAL ADULTS to include the emergency contact’s full address and at least one phone number.

The Youth Development site your child will be attending must also have a copy of the following prior to attendance in the program:
- Commonwealth of Virginia’s physical form,
- Child’s proof of identity.
- Allergy Action Plan form, if applicable,
- Medical Authorization form, if applicable, and
- Over-the-Counter Skin Products Authorization form (camp only).

See attached forms for guidance. These forms can be emailed to ydadminteam@ymcarichmond.org.

The Commonwealth of Virginia’s physical forms must be signed by your physician. Regulations by the State Board of Health for the immunization of children requires documentation of all age appropriate immunizations prior to each child’s admission to a licensed child care center.

Proof of child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placement agency, record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child’s birth record was previously presented, or an adoption/foster care placement agreement. If the guardian fails to provide needed documentation within seven days of initial attendance, the YMCA is required to notify the local law enforcement agency.

In accordance with Department of Social Service standards, if a guardian lists a FOOD allergy on the Youth Development application, the YMCA is required to have a completed Allergy Action Plan for the child prior to the child’s attendance in the program. The Allergy Action Plan includes the physicians plan of action in the event of suspected and confirmed allergic reactions.

The YMCA cannot accept your child into Youth Development Programs without this aforementioned documentation. Copies of all required documents can be emailed to ydadminteam@ymcarichmond.org.
It is also the responsibility of the guardian(s) to keep proper registration information and current phone numbers in the child’s permanent record. Services may be withheld if this information is not updated in a timely manner.

**Medication**

If a child requires medication while at the program, the following must be completed. In accordance with the Department of Social Services standards, the YMCA cannot accept medication without these requirements met.

- A Medication Authorization form must be completed by the parent/guardian for medications being taken over a period of time no greater than 10 days. The medication, including over-the-counter, must be prescribed by a doctor.
- A Medication Authorization form must be completed by the parent/guardian AND the prescribing physician for long-term medications for such things as asthma, ADHD, epi-pen, etc.
- Medicines must be in original containers, with the child’s name on it.

All medication will be kept in a locked box. We are not required by law to administer medication and only do so as a service to the guardian. (Whenever possible, for Before and After-School Youth Development programs, please ask the school nurse to administer medicine needed before the close of the school day.) Only those Youth Development staff who are certified “Medication Administrators” may dispense medications. Please consult the on-site supervisor prior to leaving medication at the site in order to ensure all Department of Social Services paperwork requirements are met.

The Y cannot accept your child into Youth Enrichment Programs of Camp without this aforementioned documentation. Copies of all required documents can be emailed to ydadminteam@ymcarichmond.org.

**Over-the-Counter Skin Products**

For Camp Youth Development programs, the YMCA provides to camp participants sunscreen and insect repellant. In accordance with the Department of Social Services standards, during enrollment, the YMCA obtains guardian permission for the YMCA’s chosen sunscreen and insect repellant products.

If the guardian desires to purchase sunscreen and/or insect repellant for his/her child, the Department of Social Services requires that:

- YMCA staff collect an Over-the-Counter Skin Products Authorization form with information about the sunscreen and/or insect repellant selected by the guardian.
- The sunscreen and/or insect repellant must be in the original containers labeled with your child’s name.

Copies of all required documents can be emailed to ydadminteam@ymcarichmond.org.

Children under nine years of age may not administer their own sunscreen, according to Department of Social Service standards. YMCA staff will administer sunscreen, i.e., at the minimum, the staff person is in charge of taking the bottle of sunscreen and placing an appropriate amount of lotion in the child’s hand who in turn can apply his/her own lotion.

The YMCA of Greater Richmond strongly recommends that children in camp programs use insect repellant, as they are likely to come into contact with biting and stinging insects like bees, mosquitoes, and ticks.
addition, the use of sunscreen is also essential, as outdoor play, often in the sun, is intrinsic to camp programs.

Pick-Up
Your children may be picked-up by authorized persons only, as stated in the enrollment application. Other arrangements may be made in writing to inform the YMCA of an additional authorized person.

❖ Staff will question those persons with whom they are unfamiliar and check authorization before releasing a child.
❖ Identification will be requested of anyone that we do not know. Authorized persons must have a valid driver’s license or identification card from the DMV.
❖ In addition, the Y requires a copy of any legal documentation that restricts another guardian’s access to your child. We will restrict access as required by the legal documentation only.
❖ Authorized persons must sign the child out of the YMCA program.

If a parent/guardian who has been denied such access to a child attempts to enter the Y program, or otherwise access the child actively participating in the Y program, the Y will contact local law enforcement. Without legal documentation, the Y cannot restrict access.

Should an authorized person arrive to pick-up your child and appear to be under the influence of drugs or alcohol, the Y staff members will take necessary measures to ensure the safety of the child, including contacting the police. Please do not put staff in a position where they have to make this judgment call.

Late Pick-Up
If your child is not picked-up by the end of his/her program, a late fee of $1 per minute, per child will be drafted at the YMCA’s earliest convenience. This fee is used to pay the staff who remain with your child.

❖ If you know you are going to be late, call us. We do understand that things come up and traffic can be challenging even in the best of times. We tend to worry about your safety just as much as your child does. Please be considerate.
❖ If we have not heard from you by 15 minutes after closing time and we cannot reach you by phone, emergency contacts will be called.
❖ If a child has not been picked-up one (1) hour after closing, Child Protective Services will be called.

The YMCA of Greater Richmond has found that it is necessary to have an excessive late pick-up policy, which could result in you being asked to remove your child from our program. Many of our staff go to school or have other positions within the YMCA which requires them to be on time for those duties. Removal from the program is up to the discretion of YMCA leadership.

Drop Off
Upon arrival for the Before-School Youth Development programs or Camp (including bus stops to and from programming) the guardian or authorized person must:

❖ Accompany his/her child into the program. A YMCA staff member must be present when you drop your child off for Youth Development programs (including bus stops to and from programming); do not leave your child if a YMCA staff member is not present. We cannot be held responsible for your child if we are uncertain of his/her presence.
❖ Sign the child into the YMCA program.
Payments
The Youth Development program fees are as follows. Automatic Draft is the required method of payment.
❖ A Registration Fee is due upon enrollment. This fee is non-refundable and non-transferable.
❖ For Youth Development programs starting less than one week out, one week’s fee is due for each child. This fee is non-refundable and non-transferable.
❖ In addition, for Camp sessions starting more than one week out, a $10 deposit is due for each session upon enrollment. This fee is non-refundable and non-transferable.
❖ The fixed weekly payment is due each Monday thereafter prior to the week services are rendered, whether an enrolled child is in attendance or not. Drafts are continuous and will occur every Monday.

Before-and After-School Youth Development program payments are based on a 180-day school calendar and divided equally into weekly payments. Few of the operating costs of the facility are eliminated when a child is absent; we are prepared for each child, each day, whether the child attends or not. Because of the aforementioned, there will not be any refunds, pro-rated fees, vacations, nor free weeks for days absent, including Winter and Spring Break.

Additional fees may be assessed for late pick-up of participants, returned drafts and when schools are closed for inclement weather or emergency reasons.
❖ Late Payment fees: A $15 late fee may be charged for payments made after the Monday the payment was due. If payment is not made by Friday prior to the start of the next week, you may risk losing your child’s space in the program.
❖ Late Pick-up fee: A late fee of $1.00 per minute, per child, will be charged for any child not picked-up by the scheduled end of day. The balance will be drafted at the YMCA’s earliest convenience.
❖ Returned Draft fees: Should your bank or credit card issuer for any reason not honor your draft, a $30 return payment fee will be assessed on your account in addition to the program payment due. This is also in addition to any service fee your bank may charge. Your account will be automatically re-debited on the next day for payment of a draft not honored.
❖ Unexpected Full Day fee: If schools close unexpectedly for weather or other emergencies, the YMCA will hold a full day of care at the branch, if possible. If you choose to bring your child to the YMCA branch for care, the additional fee of $15 per day will be drafted from your account that is on file, in addition to the normal rate.

The aforementioned automatic draft and additional fee structure will remain in effect until all payments have been made for the duration of the program, or for the time the child is enrolled.
❖ Services will be terminated if outstanding balances (including additional fees assessed for returned drafts, late pick up, etc.) remain unresolved after the Friday following the payment due date.
❖ To terminate or change your draft, 14 days written notice must be provided via email to yadminteam@ymcarichmond.org.
❖ If the participant becomes a YMCA of Greater Richmond member (as compared to a YMCA Program Participant only), the guardian(s) must notify the Youth Development Administrative team to have the Youth Development program rate and draft adjusted accordingly within two weeks.

Questions regarding your draft should be addressed with the Youth Development Administrative Team as soon as possible at 804-729-4825 or at yadminteam@ymcarichmond.org. Any error must be identified no later than 60 days from the posted bank or credit card statement date. The YMCA is not responsible for errors occurring later than 90 days from the date of the initial error.
If you choose to pay via a personal checking account, please note that the YMCA of Greater Richmond converts check payments to a one-time electronic funds transfer. Electronic check conversion is a process by which your check is used as a source of information for the check number, your account number and the routing number identifying your financial institution. The information is then used to make a one-time electronic payment from your account; funds may be withdrawn from your account as soon as the day after we receive your check. The check itself is not a method of payment. If you don’t want your check to be used for electronic check conversion, you will need to provide another form of payment (e.g. debit or credit card).

Financial Assistance
The YMCA of Greater Richmond wants to provide services for everyone and does not want to turn anyone away due to his/her inability to pay for programs. Through the generosity of the YMCA of Greater Richmond’s annual giving campaign we are able to offer a limited number of financial assistance spaces.
❖ In order to apply for financial assistance, the guardian must complete an evaluation process proving household income through documents including, but not limited to, pay stubs and your most recent year’s 1040.
❖ Once the Y determines the discounted amount you are able to pay, the weekly fee must be paid on a timely basis or the assistance may be cancelled.
For additional information please contact the Y Engagement and Solutions (YES) Center at 804-729-4825 or ydadminteam@ymcarichmond.org.

Hours of Operation
Please visit www.ymcarichmond.org for the regularly scheduled hours of Youth Development programs.

For Child Care when schools are closed, you will receive communication from your program as to whether or not the program will be open during closure. For more details, please contact the Y Engagement and Solutions (YES) Center at 804-729-4825 or ydadminteam@ymcarichmond.org.

Daily Schedule
Before and After-School Youth Development programs have a consistent daily schedule for all children in the program. This schedule includes a healthy snack, homework time, physical activity and the opportunity for enrichment programming for every child. Parents will be emailed a copy of the daily schedule every month with the monthly newsletter. Hard copies will also be available at the sign-out table for parents to see.

Holidays
All Before-and-After School Youth Development programs sites will be closed Thanksgiving Day and the day after Thanksgiving, Christmas Eve, Christmas Day, New Year’s Eve, New Year’s day, Memorial Day, Labor Day and July 4. There will be no reduction in program fees during the weeks which these holidays occur. Care on scheduled early release days and full days is included in the weekly fee. Please see the school calendar for a list of those dates. An additional fee will be charged for any unplanned closure of schools due to inclement weather or emergency reasons. (See Payments.)

Inclement Weather
The Y will remind guardians in person and/or via e-mail about inclement weather procedures prior to an inclement weather event, if possible. The Y’s general inclement weather guidelines are as follows:
If your city/county’s public schools are closed due to weather….

❖ For YMCA-based programs, depending on the severity of the weather, full day care at the YMCA will be available, if the branch is open. Branch closures and delays during inclement weather are posted on ymcarichmond.org, Y Facebook, the Y’s app and, for events affecting all of Central VA, on the primary local TV stations.

❖ For school-based programs, depending on the severity of the weather, full day care at a YMCA will be available if the branch is open. Branch closures and delays during inclement weather are posted on ymcarichmond.org, Y Facebook, the Y’s app and, for events affecting all of Central VA, on the primary local TV stations.

If your city/county’s public schools dismiss early due to weather….

❖ For YMCA-based programs, depending on the severity of the weather, the program will operate from the time of school dismissal until close. Students will be transported to the YMCA, as long as the roads are safe.

❖ For school-based programs, the Y does not offer afternoon care. Children must be picked up or ride the bus home. The Y will give guardians as much notice as possible.

If your city/county’s public schools announce a delay to the start of your child’s school day due to weather….

❖ For YMCA-based programs that offer before school care, opening time will be based on when the branch opens, e.g. if the branch opens at normal time, our program will open at normal time. The YMCA will transport children to the school when the school opens.

❖ For school-based programs that offer before school care, the YMCA program will delay based on the school’s announced delay. For example, if the school announces a 2 hour delay, a Y school-based program that normally begins at 7 a.m. will begin at 9 a.m. (This only affects sites that consistently have before school care offered regularly.)

Detailed, county-by-county, inclement weather plans are available at ymcarichmond.org in Child Care, listed by county.

For camp programs that experience inclement weather, program operating hours will be based on the Y branch hours.

❖ If the Y branch opens after the normal opening time of the program due to weather, the program will also open when the Y branch opens.

❖ If the Y branch closes early, the Y will send out an announcement to guardians at least 2 hours prior to the early closing time to allow guardians to pick up his/her child prior to Y branch closure.

Staff

The YMCA’s Youth development staff hold each child’s safety and well-being at heart. YMCA staff have been selected based on their educational background, experience, and commitment to working with children. Pre-employment drug testing is required for all new staff and random drug testing is also conducted on a regular basis. Criminal background checks and TB tests are performed for all staff as well. Continual training is provided throughout the duration of employment including, but not limited to, CPR, First Aid and Daily Health Observation. We maintain a direct staff to child ratio that meets or exceeds Department of Social Service standards.

In addition, staff members strictly adhere to the YMCA code of conduct. Staff members will act in a Caring, Honest, Respectful, and Responsible manner, portraying a positive role model for youth. Staff members will
respond to guardian(s), children, and each other with respect and consideration and treat all children equally regardless of sex, race, religion, disability, color, national origin, or any other characteristic protected by federal, state, or local law.

If you have reason to believe that a YMCA staff member is not abiding by the Y’s core values, please contact the Y Engagement and Solutions (YES) Center at 804-729-4825 or yadmin@ymcarichmond.org. The Y Engagement and Solutions (YES) Center will put you into contact with the appropriate YMCA leadership.

Appropriate Dress
Children should wear comfortable and appropriate clothing for indoor and outdoor activities. Especially for Camp, we strongly recommend that you send your child in serviceable clothes, not “party” best. We do not reimburse for clothing rips, stains or normal wear and tear.

Closed-toes shoes must be worn at all times. Open-toed shoes or Heelies are not allowed, as they can be a safety hazard to your child. If you send your child in open-toed sandals or in “flip-flops”, you may be called and asked to bring different shoes for your child. During the time it takes to bring your child’s appropriate shoes, he/she may not be allowed to participate in the activity happening at that time.

Personal Items
We have plenty of equipment and activities to keep your child busy. Please do not allow any toys, video games, iPods or cell phones to accompany your child. This eliminates fights, theft and/or lost items. The YMCA is not responsible for lost or stolen items.

For Student Success Centers (only) children are required to bring a laptop/personal computer in order to participate in virtual classes.

Nutrition
All food will meet the nutritional needs of children, as established by the U.S. Department of Agriculture. USDA guidelines for healthy menus can be found at www.cnpp.usda.gov.
❖ Menus will be posted monthly for parental/guardian notification.
❖ Food portions are appropriate for the age of the child. Children will not be permitted to use the vending machines during program hours.
❖ Children will be encouraged, but not forced, to try new foods.
❖ The Y serves food family style, meaning the child will serve themselves from common bowls with limited help from adults.

Guardian(s) may provide special food for their children on the basis of religious, medical or dietary reasons. A written letter must be submitted by the guardian identifying the reason for the special diet; guardian(s) must ensure the special food still complies with the USDA nutritional guidelines. Food must be delivered in airtight containers or the original container. We will not keep leftovers.

For Before-and–After School Youth Development programs, it is the guardian’s responsibility to provide his/her child with a lunch on a full day and on half days when the school does not provide lunch prior to dismissal. The YMCA guidelines for food items brought from home for all Youth Development programs are as follows:
❖ The lunch must be in a sealed container and clearly labeled with the child’s name and date.
❖ Do not include any items that need refrigeration or heating in a microwave, as these appliances are not available.
❖ The YMCA discourages sugary snacks or empty calories, so please do not allow your child to bring candy, gum or other junk food. (Even though we understand that they taste the best!)
❖ For the protection of all children, the Y does not allow children to share foods they bring from home.

With prior approval, guardian(s) may bring food or beverages for celebrations. The YMCA does not allow any sweetened beverages, fried foods, or any “junk” foods for parties or holiday events. If you want to bring food for a special celebration, we ask that it be healthy. We suggest food items such as raisins, popcorn, pretzels, vegetables and dip, or frozen yogurt.

Vehicle Conduct
When the YMCA transports children, the YMCA takes every precaution to ensure your child’s safety. Children must follow the below YMCA basic safety rules while being transported.
❖ No fighting, swearing or abusive behavior
❖ Must remain seated properly with seat belt on at all times.
❖ Cannot have any part of his/her body out of the vehicle.
❖ No eating or drinking in the vehicle.
❖ May not throw anything out the window.
❖ Must be respectful to and listen to the bus driver.
❖ The children will be expected to keep their hands to themselves. Rough-housing will not be tolerated at any time.

With the first infraction, a guardian will be notified and asked to discuss proper behavior with his/her child. With the second infraction, transportation services may be denied for a minimum of two days, and the guardian will be notified. With the third infraction, transportation services will be terminated.

YMCA drivers are instructed to: load and unload the children only when the vehicle is pulled up to a curb, the side of the road, or in a driveway; to not discipline and drive at the same time; and take precautions to never leave a child alone in a vehicle. If you have concerns about the safety of our drivers and/or buses, contact the Y Engagement and Solutions (YES) Center at 804-729-4825 or ydaminteam@ymcarichmond.org. The Youth Development Administrative Office will put you into contact with the appropriate YMCA leadership.

Field Trips
In order to reduce paperwork and waste, the Youth Development program registration authorizes the YMCA to take your child on all field trips, with notice. You have the right to refuse permission for your child to go on a particular field trip. Just let us know in a timely fashion, not that day!

Swimming/Boating Rules
Since your child may participate in Swim Lessons and/or free swim, it is of the utmost importance that you know and understand our Swimming and Boating Rules.
❖ All children must pass the swim test in order to participate in free swim.
❖ No running, pushing or dunking.
❖ No abusive language or rough play will be allowed.
❖ The lifeguard has the right to dismiss anyone who is careless or dangerous to others.
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❖ No diving in shallow water.
❖ No food or drinks in pool area.
❖ No unauthorized flotation devices.

Sick Child Procedures
The Health and Safety of your child is a matter of major importance to all of us. In order to protect the children in the program who are well, we have very stringent rules about sick children. These rules are in compliance with all Commonwealth of Virginia regulations.

Staff members will observe the health of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. We will notify you if your child shows symptoms of an illness. For the below common illness and injuries, the child must be removed from participation with other children and the child’s authorized person(s) are required to pick-up the child immediately. A late fee may be applied if your child is not picked-up immediately after notification of illness.
❖ Vomiting or diarrhea (Child can return to the program when symptom free for 72 hours.)
❖ Contagious illness evidenced by sniffles, reddened eyes, sore throat, constant cough, heavy nasal discharge, headache, etc. (Child can return to the program when symptom free for 72 hours.)
❖ Child’s temperature ≥ 100° (Child can return to the program when symptom free for 72 hours.)
❖ Allergic reaction
❖ Severe bleeding
❖ Possible sprain or break
❖ Head lice (Child can return once it has been treated. Must be checked by a staff member prior to the student returning.)
❖ Ring Worm (Must be treated and area must be covered; if it cannot be covered, we will need a doctor’s note for the student to return.)

The parent/guardian will inform the site within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Injuries
If your child has a serious injury that may require more than our First Aid skills allow, involves a bump to the head in any way, and/or meets the Department of Social Services’ definition of serious injury, we will make an immediate attempt to contact you. If we are unable to reach you or the person you have designated in case of such emergencies, we will call the child’s physician. If necessary, we will call an ambulance.

Please make every effort to keep the Y up to date on phone numbers, emergency numbers, and other pertinent information. This is of the utmost importance because the hospital will not treat your child without you being there.

Emergency Preparedness
The director and staff of each site are responsible for the safety of the children and have coordinated their facility emergency action plans with community public safety official and the landlord’s security and facilities (when applicable). The intent of this plan is to assist the Youth Director and staff in responding to emergency situations and provides a basis for the restoration of services. Parent(s)/guardian(s) are welcome to review this document at any site or branch location.
Child Abuse Prevention
Throughout its history, the Y has been a strong advocate for the child and children’s rights; as a result, mistreatment or neglect of children and the resulting severe effects are of primary concern to the YMCA.

To prevent the abuse of children in our care, the YMCA requires the following conduct and prohibitions:
❖ Staff and volunteers shall not abuse or neglect children. The following may be examples of abuse and neglect:
  o Physical abuse: strike, spank, shake, slap.
  o Verbal abuse: humiliate, degrade, threaten, yell.
  o Sexual abuse: inappropriate touch or verbal exchange.
  o Mental abuse: shaming, withholding love, cruelty.
  o Neglect: withholding food, water, basic care, etc.
❖ Staff and volunteers are prohibited to have contact with children with whom their only relationship is through YMCA programs at any time outside of the YMCA facilities or program(s). This includes babysitting.
❖ Staff and volunteers are prohibited from transporting children in their personal vehicles.
❖ Staff and volunteers shall never leave a child unsupervised.
❖ At no time during a YMCA program may staff or volunteers be alone with a single child where others cannot observe him/her. As staff and volunteers supervise children, they should space themselves in a way that other staff can see them.
  o Staff and volunteers should conduct or supervise the following private activities in pairs, if at all possible: putting on bathing suits, changing clothes, taking showers, etc.
  o When this is not feasible, staff and volunteers should be positioned so they are visible to others.
❖ Staff and volunteers will respect children’s rights to not be touched in ways that make them feel uncomfortable and their right to say “no”. Affectionate touch and the warm feelings it brings is an important factor in helping a child grow into a loving and peaceful adult.
  o The rule of thumb for staff is to not touch any areas that a bathing suit would cover, including swim trunks.
  o Appropriate touch includes side hugs, pats on the back and high fives.
❖ Staff and volunteers will make sure that suspicious or unknown individuals are not occupying the restroom before allowing children to use the facilities.
❖ Children in YMCA programs must treat each other with Caring, Honesty, Respect and Responsibility. Child-to-child prohibited behaviors include, but are not limited to:
  o Bullying and
  o Sexual behaviors to include inappropriate touching, exposing body parts, using sexualized language, making threats of sexual activity, engaging in sexual activity, and similar types of interactions.
❖ Staff and volunteers report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. The YMCA is mandated by state law to report suspicions of abuse.

If you observe violations of these procedures or any other red flags, the YMCA asks that you bring your concern to the Site Supervisor/Director. If you feel your concerns are not addressed appropriately, some additional reporting options are as follows:
❖ Contact the Y Engagement and Solutions (YES) Center at 804-729-4825 or ydadminteam@ymcarichmond.org.
❖ Call the YMCA Safety Line at 804.474.4345. (This is a voicemail; please leave a message and the Y will get back to you.)
❖ Email ethics@ymcarichmond.org

To prevent abuse of children in our communities, it is our job as a community organization to educate ourselves, our children and their parents and guardians about potential dangers in our community and to protect them from these dangers. At the Y, we ask our parents and guardians to be our partners in child abuse prevention. The Parent Education Guide seeks to equip you to be informed about child abuse and to protect your child from abuse. See attached Parent Education Guide.

Parent/Guardian Communication
We believe communication between guardians and the Youth Development programs is crucial in ensuring a positive, enjoyable experience for your child.
❖ The YMCA will provide written notices regarding changes in policy, scheduling, or special events. It is the responsibility of the guardian to provide the YMCA with the most up to date contact information, including email address, and check for any changes daily.
❖ In addition, for before and After-School Youth Development Programs, semi-annual, written or verbal communication on your child’s development will be provided to you twice each year.
❖ From the guardian(s), we ask that you let us know if your child will be absent from programs.

Children may not receive personal phone calls at the YMCA except in emergency situations.

Behavior Management
YMCA staff strive to provide a safe and fun environment for all program participants, while holding its staff as well as its participants to its Core Values: Caring, Honesty, Respect, and Responsibility. As a result, the YMCA will not allow children who continually display disruptive behavior to hinder the safety or enjoyment of others. When a child engages in unacceptable behavior that hinders the safety and enjoyment of others, the below consequences for these behaviors may occur:
❖ Participation in an activity will be denied for repeated poor behavior and the child will be directed to an alternate activity. The guardian(s) will be notified in writing about the poor behavior.
❖ For violations of our Code of Conduct which include, but is not limited to, the following, parents will be notified in writing, his/her child may be suspended temporarily from the program, and the YMCA may require a guardian conference:
   o Engaging in physical aggression as a means to resolve a conflict.
   o Bringing weapons of any kind on YMCA property or into YMCA off-site programs at any time.
   o Stealing or defacing property.
   o Refusing to follow basic safety rules.
   o Exhibiting disrespect for staff members or other children.
   o Displaying an inability to follow established guidelines.
   o Acting in an unsafe or unacceptable manner as determined by staff members.

To reinforce good behavior, staff members use positive techniques of guidance including redirection, positive reinforcement, and encouragement. Physical discipline will not be used nor will food be denied as a punishment. We ask for your support in encouraging appropriate behavior of your children.
PARENT HANDBOOK

Biting Procedures

Although it is developmentally appropriate for a toddler (16 – 30 mos.) to bite because of limited language and social skills, it is an inappropriate behavior in the Youth Development programs. The YMCA will take the following actions for biting incidents:

❖ If a child bites another child or adult and the skin is not broken:
  o When a child bites another child or adult, the guardian of the biter is to be notified immediately. When the guardian of the bitten child comes to pick-up their child, staff will inform them of the biting.
  o If the child that did the biting bites again during the same day, the guardian is notified that the child must be picked-up within ONE HOUR of notification. The biter may return the next day, but if on the next consecutive visit the child bites again, even if no skin is broken, the YMCA reserves the right to immediately suspend or terminate the child’s participation in the program.

❖ If a child bites another child or adult and the skin is broken:
  o Staff will remove the child from the program immediately and notify the guardian that the child MUST be picked-up within ONE HOUR after notification. If the person bitten was a child, that guardian is also notified immediately and YMCA staff will attend to the bite wound following proper First Aid procedures.
  o The biter may return the next day, but if on the next consecutive visit the child bites again, even if no skin is broken, the YMCA reserves the right to immediately suspend or terminate the child’s participation in the program.

Suspension

If a child continues to display poor behavior in accordance with Behavior Management and Biting Procedures:

❖ Suspension may result, at the discretion of the Youth Director.
❖ If the unacceptable behavior endangers another’s safety or the child’s safety, immediate suspension/termination may result.
❖ The guardian may be required to pick-up his/her child WITHIN ONE HOUR after notification, depending on the nature of the misbehavior.

Termination

The Y reserves the right to terminate Youth Development program services at any time. If your child has been terminated from any of our programs, she/he may not attend the same program at a different location. If your school age child is no longer enrolled in our program, your child’s school will be notified so that he/she can go home on the appropriate school bus.

Virginia Child Daycare Programs

The Commonwealth of Virginia helps assure parents that child day programs that assume responsibility for the supervision, protection, and well-being of a child for any part of a 24-hour day are safe. Title 63.1, Chapter 10 of the Code of Virginia gives the Department of Social Services authority to license these programs. While there are some legislative exemptions to licenser, licensed programs include child day centers, family day homes, child day center systems, and family day systems. The state may also voluntarily register family day homes not required to be licensed.

Standards for licensed child day centers address certain health precautions, adequate play space, and a ratio of children per- staff member, equipment, program, and record keeping. Criminal records checks and specific qualifications for staff and most volunteers working directly with children are also required. Standards
require the facility to meet applicable fire, health and building codes. Compliance with standards is determined by announced and unannounced visits to the program by licensing staff within the Department of Social Services. In addition, parents or other individuals may register a complaint about a program, which will be investigated if it violates a standard.

If you would like additional information about the licensing of child day programs or would like to register a complaint, please contact the Regional Office of Social Services closest to you:
Central Regional Office 1604 Santa Rosa Road Richmond, VA 23229–5008
804.662.9743
COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child’s entry into school.

Name of School: ____________________________________________________________________________________  Current Grade: ________________________________

Student’s Name: ______________________________________________________________________________________

Last  First  Middle

Student’s Date of Birth: _____/_____/_______  Sex: _______

State or Country of Birth: __________________________________________  Main Language Spoken: ______________

Student’s Address: ______________________________________________________  City: ____________________  State: _______________  Zip: _______________

Name of Parent or Legal Guardian 1:____________________________________  Phone: ______-______  Work or Cell: _____-_____

Name of Parent or Legal Guardian 2: _____________________________________  Phone: ______-______  Work or Cell: _____-______

Emergency Contact: ____________________________________________________  Phone: ______-______  Work or Cell: _____-______

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>Comments</th>
<th>Condition</th>
<th>Yes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies (food, insects, drugs, latex)</td>
<td></td>
<td>Diabetes</td>
<td>Allergies (seasonal)</td>
<td></td>
<td>Head injury, concussions</td>
</tr>
<tr>
<td>Asthma or breathing problems</td>
<td></td>
<td>Hearing problems or deafness</td>
<td>Attention-Deficit/Hyperactivity Disorder</td>
<td></td>
<td>Heart problems</td>
</tr>
<tr>
<td>Behavioral problems</td>
<td></td>
<td>Lead poisoning</td>
<td>Developmental problems</td>
<td></td>
<td>Muscle problems</td>
</tr>
<tr>
<td>Bladder problem</td>
<td></td>
<td>Seizures</td>
<td>Bleeding problem</td>
<td></td>
<td>Sickle Cell Disease (not trait)</td>
</tr>
<tr>
<td>Bowel problem</td>
<td></td>
<td>Speech problems</td>
<td>Cerebral Palsy</td>
<td></td>
<td>Spinal injury</td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td></td>
<td>Surgery</td>
<td>Dental problems</td>
<td></td>
<td>Vision problems</td>
</tr>
</tbody>
</table>

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): ________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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List all prescription, over-the-counter, and herbal medications your child takes regularly:

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I
To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

<table>
<thead>
<tr>
<th>IMMUNIZATION</th>
<th>RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Diphtheria, Tetanus, Pertussis (DTP, DTaP)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>*Tdap booster (6th grade entry)</td>
<td>1</td>
</tr>
<tr>
<td>*Poliomyelitis (IPV, OPV)</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>*Haemophilus influenzae Type b (Hib conjugate) *only for children &lt;60 months of age</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>*Pneumococcal (PCV conjugate) *only for children &lt;60 months of age</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR vaccine)</td>
<td>1 2</td>
</tr>
<tr>
<td>*Measles (Rubeola)</td>
<td>1 2 Serological Confirmation of Measles Immunity:</td>
</tr>
<tr>
<td>*Rubella</td>
<td>1 Serological Confirmation of Rubella Immunity:</td>
</tr>
<tr>
<td>*Mumps</td>
<td>1 2</td>
</tr>
<tr>
<td>*Hepatitis B Vaccine (HBV)</td>
<td>1 2 3</td>
</tr>
<tr>
<td>ques Merck adult formulation used</td>
<td></td>
</tr>
<tr>
<td>*Varicella Vaccine</td>
<td>1 2 Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:</td>
</tr>
<tr>
<td>Hepatitis A Vaccine</td>
<td>1 2</td>
</tr>
<tr>
<td>Meningococcal Vaccine</td>
<td>1</td>
</tr>
<tr>
<td>Human Papillomavirus Vaccine</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Other</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Other</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health’s Regulations for the Immunization of School Children (Reference Section III).

Signature of Medical Provider or Health Department Official: ___________________________ Date (Mo., Day, Yr.): __/__/____

MCH 213G reviewed 03/2014
Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

### MEDICAL EXEMPTION: As specified in the Code of Virginia § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student’s health. The vaccine(s) is (are) specifically contraindicated because (please specify):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

DTP/DTaP/Td[____]; DT/Td[____]; OPV/IPV[____]; Hib[____]; Pneum[____]; Measles[____]; Rubella[____]; Mumps[____]; HBV[____]; Varicella[____]

This contraindication is permanent: [____], or temporary [____] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |___|___|___|

Signature of Medical Provider or Health Department Official: ________________________________ Date (Mo., Day, Yr.): |___|___|___|

### RELIGIOUS EXEMPTION: The Code of Virginia allows a child an exemption from receiving immunizations required for school attendance if the student or the student’s parent/guardian submits an affidavit to the school’s admitting official stating that the administration of immunizing agents conflicts with the student’s religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent’s office or local department of social services. Ref. Code of Virginia § 22.1-271.2, C (i).

### CONDITIONAL ENROLLMENT: As specified in the Code of Virginia § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on __________________.

Signature of Medical Provider or Health Department Official: ________________________________ Date (Mo., Day, Yr.): |___|___|___|

**Section III Requirements**

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at [http://www.vdh.virginia.gov/epidemiology/immunization](http://www.vdh.virginia.gov/epidemiology/immunization)

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. Code of Virginia § 32.1-46(a)). (Requirements are subject to change.)

Certification of Immunization 03/2014

MCH 213G reviewed 03/2014
## COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

### Health Assessment

**Date of Assessment: ____/____/______**

- **Weight:** ______ lbs.  **Height:** ______ ft.  ______ in.
- **Body Mass Index (BMI):** ______
- **Age / gender appropriate history completed?**
- **Anticipatory guidance provided?**

### Physical Examination

#### Blood Lead

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Lead</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

#### Hct/Hgb

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hct/Hgb</td>
<td>______________________________________</td>
</tr>
</tbody>
</table>

### EPSDT Screens

- **Blood Lead:** ____________________________
- **Hct/Hgb:** ______________________________________

### Developmental Screen

**Assessed for:**

- Emotional/Social
- Problem Solving
- Language/Communication
- Fine Motor Skills
- Gross Motor Skills

**Assessment Method:** Within normal  Concern identified: Referred for Evaluation

### Hearing Screen

- **Screened at 20dB:** Indicate Pass (P) or Refer (R) in each box.

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>1000</td>
</tr>
<tr>
<td>L</td>
<td>2000</td>
</tr>
</tbody>
</table>

- **Screened by OAE (Otoacoustic Emissions):**

- **TST Reading:**

### Vision Screen

- **With Corrective Lenses (check if yes):**

<table>
<thead>
<tr>
<th>Stereopsis</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance</td>
<td>Both</td>
<td>R</td>
</tr>
<tr>
<td>20’</td>
<td>20’</td>
<td>20’</td>
</tr>
</tbody>
</table>

- **Pass:**

### Dental Screen

- **Problem Identified:**

### Summary of Findings

- **Well child: no conditions identified of concern to school program activities**
- **Conditions identified that are important to schooling or physical activity**

#### Allergy

- **food:** ____________________
- **insect:** ____________________
- **medicine:** ____________________
- **other:** ____________________

- **Type of allergic reaction:**

#### Individualized Health Care Plan needed

- **(e.g., asthma, diabetes, seizure disorder, severe allergy, etc)**
- **Restricted Activity Specify:**
- **Developmental Evaluation**
- **Has IEP**
- **Further evaluation needed for:**

#### Medication

- **Child takes medicine for specific health condition(s):**
- **Medication must be given and/or available at school:**
- **Special Diet Specify:**
- **Special Needs Specify:**

### Recommendations to (Pre) School, Child Care, or Early Intervention Personnel

- **Other Comments:**

### Health Care Professional’s Certification

- **Name:** ____________________
- **Signature:** ____________________
- **Date:** ____/____/______

- **Practice/Clinic Name:** ____________________
- **Address:** ____________________
- **Phone:** ____________________
- **Fax:** ____________________
- **Email:** ____________________
Allergy and Anaphylaxis Emergency Plan

Child’s name: __________________________________________ Date of plan: ____________________
Date of birth: __/__/____ Age _____ Weight: _________ kg

Child has allergy to __________________________________________

Child has asthma. □ Yes □ No (If yes, higher chance severe reaction)
Child has had anaphylaxis. □ Yes □ No
Child may carry medicine. □ Yes □ No
Child may give him/herself medicine. □ Yes □ No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER
Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

### For Severe Allergy and Anaphylaxis

#### What to look for
If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.
- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of “doom,” confusion, altered consciousness, or agitation

- SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): __________________. Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.

---

#### Give epinephrine!

#### What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
   - Ask for ambulance with epinephrine.
   - Tell rescue squad when epinephrine was given.
3. Stay with child and:
   - Call parents and child’s doctor.
   - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
   - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
   - Antihistamine
   - Inhaled/bronchodilator

### For Mild Allergic Reaction

#### What to look for
If child has had any mild symptoms, monitor child.

Symptoms may include:
- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

---

#### Monitor child

#### What to do
Stay with child and:
- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child’s doctor.
- If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See “For Severe Allergy and Anaphylaxis.”)

### Medicines/Doses

**Epinephrine**, intramuscular (list type): __________________________ Dose: □ 0.10 mg (7.5 kg to less than 13 kg)*
□ 0.15 mg (13 kg to less than 25 kg)
□ 0.30 mg (25 kg or more)

**Antihistamine**, by mouth (type and dose): __________________________ (*Use 0.15 mg, if 0.10 mg is not available)

Other (for example, inhaler/bronchodilator if child has asthma):

---

Parent/Guardian Authorization Signature __________ Date __________
Physician/HCP Authorization Signature __________ Date __________
Allergy and Anaphylaxis Emergency Plan

Child’s name: _______________________________ Date of plan: _______________________________

Additional Instructions:

Contacts

Call 911 / Rescue squad: ____________________________

Doctor: ___________________________________________ Phone: _____________________________

Parent/Guardian: _________________________________ Phone: _____________________________

Parent/Guardian: _________________________________ Phone: _____________________________

Other Emergency Contacts

Name/Relationship: ________________________________ Phone: _____________________________

Name/Relationship: ________________________________ Phone: _____________________________

© 2017 American Academy of Pediatrics, Updated 03/2019. All rights reserved. Your child's doctor will tell you to do what's best for your child.
This information should not take the place of talking with your child's doctor. Page 2 of 2.
Medication Authorization Form
For Prescription and Non-prescription Medications
VDSS Division of Licensing Programs Model Form

INSTRUCTIONS:
- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

**Section A: To be completed by parent/guardian**

Medication authorization for: ________________________________

(Child’s name)

______________________________________________________________________________________________

(has my permission to administer the following medication:

(Name of Child Care Provider)

Medication name: ________________________________

Dosage and times to be administered: ________________________________

Special instructions (if any): ________________________________

______________________________________________________________________________________________

This authorization is effective from: __________________________ until: ______________________

(Start date) (End date)

Parent’s or Guardian’s Signature: ________________________________ Date: ________________

**Section B: to be completed by child’s physician**

I, ________________________________ certify that it is medically necessary for the medication(s) listed

(Name of Physician)

below to be administered to: ________________________________ for a duration that exceeds 10 work days.

(Child’s name)

Medication(s): ________________________________

Dosage and Times to be administered: ________________________________

Special instructions (if any): ________________________________

______________________________________________________________________________________________

This authorization is effective from: __________________________ until: ______________________

(Start date) (End date)

Physician’s Signature: ________________________________ Date: ________________

Physicians Phone: ________________________________

032-05-0570-05-eng (06/12)
PREVENTING CHILD ABUSE
PARENT EDUCATION GUIDE

THE Y’S COMMITMENT

The YMCA OF GREATER RICHMOND serves more than 60,000 youth each year in youth development, aquatics, health and fitness, and various community outreach programs in the Richmond and surrounding communities.

The Y offers an environment where children learn values and positive behaviors that build strong building blocks to becoming successful adults. Our core values caring, honesty, respect and responsibility – are part of everything we do. At the Y, children develop a community of friends and have fun in a safe, nurturing environment.

The Y understands that children today are faced with situations that may affect their safety and well-being. It is our job as a community organization to educate ourselves, our children and their parents and guardians about potential dangers in our community and to protect them from these dangers. At the Y, we ask our parents and guardians to be our partners in child abuse prevention. This Parent Education Guide seeks to equip you to be informed about child abuse and to protect your child from abuse.

INFORMATION ABOUT CHILD ABUSE

Child abuse and neglect can endanger or impair a child’s physical or emotional health or development. We have the power to stop it and understanding the issue is the first step.

TYPES OF ABUSE (as defined by the Virginia Department of Social Services)

- **NEGLECT** Neglecting or refusing to provide adequate food, clothing, shelter, emotional nurturing, health care, or adequate supervision in relation to a child’s age and level of development; knowingly leaving a child alone with a caregiver that is not related by blood or marriage to the child, and who is a registered sex offender; or abandoning a child.

- **PHYSICAL** Causing or threatening to cause a non-accidental physical or mental injury or having a child present during the manufacture or attempted manufacture of a controlled substance or during the unlawful sale of such substance.

- **EMOTIONAL** A pattern of verbal assaults towards a child and/or a pattern of ignoring and indifferent behavior towards a child; or constant family conflict.

- **SEXUAL** Committing or allowing to be committed any illegal sexual act, including incest, rape, indecent exposure, prostitution, or allowing a child to be used in any sexually explicit visual material.

- **BULLYING** Unwanted, aggressive behavior of a peer towards another child that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time.
Parents have a fundamental right to raise their children, and the YMCA and the community presume that parents will act in their children’s best interests. When parents do not protect their children from harm and put them at risk of abuse or neglect, the YMCA and the community have a right and a responsibility to intervene to protect the health and welfare of children.

ABUSE WARNING SIGNS
Physical injuries and severe neglect are more readily detectable than the subtle, less visible injuries which result from emotional and sexual abuse and bullying. Most child abuse and neglect is not a one-time event, but more often occurs in a pattern over time. Abused children are often subject to more than one form of abuse.

Signs common to all forms of abuse
- Fear of parents, other adults, or other peers; fear of going to a certain place
- Withdrawal, depression, anxiety, phobias, sleep disorders/problems
- Emotional and behavior extremes, including acting out or aggression toward peers, pets, other animals
- Immaturity or delays in development
- Poor peer relationships
- Poor self-image and self-care, lack of confidence
- Sudden absenteeism, decline in school performance
- Self-destructive behavior or attitudes, including suicidal thoughts, substance abuse, running away, recklessness
- Unexplainable/unidentifiable illnesses

Signs of Neglect
- Hygiene problems and body odor as well as clothing that is the wrong size, in disrepair, dirty, or not right for the weather
- Often hungry, stockpiles food, seeks food, may even show signs of low body height and weight and even malnutrition
- Often tired, sleepy, listless
- Talks about caring for younger siblings, not having a caregiver at home.
- Untreated medical and dental problems, incomplete immunizations
- Truancy, frequently incomplete homework, frequent changes of school

Signs of Physical Abuse
- Visible and severe injuries on different surfaces of the body, unexplained or explained in a way that doesn’t make sense, after weekends, vacations, school absences, of a distinctive shape, occurring frequently, or are at different stages of healing.
- Wearing long sleeves out of season

Signs of Sexual Abuse
- Difficulty sitting or walking; bowel problems or bleeding; bruises, pain, swelling, itching of genital area; frequent urinary tract infections or yeast infections; and/or any sexually transmitted disease or related symptoms
- Refuses to talk about a secret he/she has with an adult.
- Develops special relationship with older friend that may include unexplained money, gifts, or privileges.
- Inappropriate/adult-like knowledge, drawings, or play about sexual behavior

The YMCA strives to protect our children from all forms of abuse. The YMCA of Greater Richmond and the YMCA of the USA with its partner organization, Praesidium, have worked to increase awareness of ways to recognize and prevent child sexual abuse.

How Sexual Offenders Behave
In addition to the warning signs our children may exhibit, sexual offenders have common characteristics. An offender may groom a child for abuse by pushing physical, emotional and behavioral boundaries. An offender may also groom persons in the community, working to build friendships and trust with a child and his/her parents. The warnings signs are:

- Excessive touching with physical contact games, backrubs, tickling or wrestling, even when a child resists;
- Inappropriate conversation, like talking about a child’s developing body, discussion of specific sexual acts or explicit sexual language, or even spending excessive time e-mailing, texting or calling children;
- Showing favoritism to a certain child with gifts/money, performing special favors to the child and/or family or doing things for the child that the parents may not be able to do, or taking a child to activities or on special outings
- Sexualized behavior, including engaging in sexually harassing behavior online or in person
- Pattern of rule breaking/thinking the rules do not apply to them like exposing kids to inappropriate activities (e.g. drugs) and allowing children to break parent rules (e.g. smoking, staying up late)

It is challenging to think of children and adolescents we know as capable of sexually abusing others. Children, particularly young children, may engage in inappropriate interactions without understanding the hurtful impact it has on others.

Offenders are:
- Family members: 30%
- Someone the child knows and trust: 60%
- Another juvenile: 40%
It is particularly important for parents and guardians to recognize the warning signs of any of the forms of abuse because children find it difficult or scary to tell an adult in words.

Why Children Do Not Tell
- Are not aware it is abuse.
- Afraid no one will believe them.
- Afraid that this news will hurt parents.
- Are protecting the offender that they care about.
- Hopes if they are “good enough”, the abuse will stop.
- Afraid to tell because of the offender’s threat.
- Are confused by the offender’s suggestions that they enjoyed the abuse and wanted it to happen (for Sexual Abuse).

Real prevalence of child abuse is not known because so many victims do not disclose or report their abuse:
- 73% of victims do not tell anyone for at least 1 year.
- 45% of victims do not tell anyone for 5 years.
- Some never tell.

CHILD ABUSE PREVENTION AT THE Y
The Y does not tolerate the mistreatment or abuse of children in its programs by an adult or the mistreatment or abuse of one child by another child, including any behavior that is classified under the definition of bullying. Staff, volunteers, and the children in our programs are expected to act in a caring, honest, respectful, and responsible manner. Staff and volunteers abide by a Child Code of Conduct, parts of which are listed below. For the full Code, please contact the YMCA at 804.474.4345.

Staff and Volunteer Expectations
- Never leave a child unsupervised.
- At no time during a Y program may a staff member or volunteer be alone with a single child where others cannot observe him/her.
- Conduct or supervise the following private activities in pairs: putting on bathing suits, changing clothes, taking showers, etc. When this is not feasible, be positioned so they are visible to others.
- Ensure that suspicious or unknown individuals are not occupying the restroom before allowing children to use the facilities and stand in the doorway while children are using the restroom.
- Respect children’s rights to not be touched in ways that make them feel uncomfortable and their right to say “no.” Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
- Refrain from intimate displays of affection towards others in the presence of children, parents, volunteers and staff.
- Profanity, inappropriate jokes, sharing intimate details of one's personal life, and all forms of harassment are prohibited.
- Shall not abuse children physically, emotionally, sexually nor neglect children. Any type of abuse or neglect will not be tolerated and will be cause for immediate dismissal.
- Use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in situations where it is necessary to protect the child or other children from harm.
- Observe the health of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments are addressed with the parent or child in a non-threatening way.
- Treat all reports of suspicious or inappropriate behavior with children or allegations of abuse very seriously. Y staff are mandated reporters and report any suspicions of abuse to Child Protective Services.
- Staff are prohibited from being alone with children outside of Y activities when their only relationship with the children or family is through the Y. This includes prohibitions against babysitting members of the Y who staff know through the Y.
- Not to transport children in their own personal vehicles except in cases of emergency and with the approval of administration.
- Communication between children and staff via social media, e-mail and phones must involve YMCA business and must not be personal (e.g. sharing emotional issues, seeking more than a client relationship, etc.) in nature. E-mail and social media communications must be on Y-supported, sponsored, or approved sites only. Y staff may not use their personal social media or e-mail accounts to contact children who they know through the Y.

Additional Y Abuse Prevention Procedures
- Thorough staff and volunteer screening and selection procedures
- Staff and volunteer training and re-training on abuse prevention
- Abuse prevention curriculum for children in youth development programs
**PROTECTING YOUR CHILD**

Parents as Y Partners

At the Y, we ask parents to be partners in child abuse prevention by:

- Reading this flier so you are equipped to recognize and address abuse,
- Stopping by our programs to observe and talk with staff,
- Talking to your child about his or her experiences in the YMCA programs (as well as school, sports and other activities),
- Trusting your instincts. Don’t wait to tell us if something seems “strange”. Speak up.

Open Communication

Open communication with your child on serious topics, like abuse, in an environment that encourages your child to share his or her views or concerns often means your child will be more likely to come to you for help and be equipped to respond appropriately to attempted abuse. Really listen. Here are some talking points:

- **Boundaries** Review rules about boundaries, both in the privacy of your home and outside the home, and how to know when someone is violating them. Instruct your child that they do have the right to say “NO”, even to a family member or friend; your child can choose who he or she wants to hug or kiss.
- **Intuition** Instruct your child to listen to their intuition. If it does not feel right, it probably isn’t!
- **Secrets** Explain the difference between Safe Secrets (will the surprise at the end make someone happy, secrets that bring good to you and others) v. Unsafe Secrets (secrets that make you feel bad or they hurt you or someone else). Instruct your child that, if someone tells you to keep a secret from you, you want to know.
- **How to Stop Abuse Before It Happens** Teach your child various phrases to tell the offender to stop, like: I’m not supposed to do that; That’s against my family rules; I can’t; My parents would be mad at me. Teach them to walk away.
- **Trusted Adults** If abuse were to occur, instruct your child who a trusted person to tell is: family, a Y staff member, friends, teachers, coaches. Help your child to understand that you want them to come to you if someone makes them feel bad or sad, and that you will believe and help them and that they will not get in trouble.

Internet Safety

Children and adolescents are naturally curious about sex. Adolescents questioning their sexuality are even more at risk, as they may go online with the intent of finding support and companionship. By acting as guides, predators can exploit this curiosity or vulnerability and gradually lure children into sexual activity. To prevent abuse via the internet:

- **Set limits before allowing your child to go online anywhere.**
- **Keep computers in a high traffic area of your home.**
- **View your child’s browsing history by pushing CTRL+SHIFT+H to see history or look for the History tab to Show All History.**
- **Set parental and safe search controls on all electronics.**
- **Review cell phone records for unknown numbers and late night calls/ texts.**
- **Become knowledgeable of which social networks, apps, instant messaging, e-mail, gaming and webcams your child is using and who your child communicates with via these portals.**

**What to Do if You Suspect Abuse or A Child Makes a Disclosure**

If your child discloses that someone hurt, scared, or made him or her feel uncomfortable, stay calm and listen. Your reaction has a powerful influence on your child! Do not react with anger and disbelief, as they may feel shame or guilt and shut down. Instead, believe your child and make sure your child knows you believe them, thank your child for telling you and praise their courage for speaking up. To report suspected child abuse:

- **If you have any questions or concerns about Y staff or volunteers, or another program participant, you can:**
  - Report concerns to Y staff.
  - Call the YMCA Safety Line 804.474.4345. (This is a voicemail. Please leave a message and the Y will get back to you.), or
  - Email ethics@ymcarichmond.org.

- **Community Resources:**
  - Virginia Child Protection Services (CPS) 1.800.522.7096
  - For reports of immediate danger, call local law enforcement at 911.
  - Sex Offender Registry: http://sex-offender.vsp.virginia.gov/sor/