

WELCOME TO CHILD WATCH



Policies & Procedures Parent Handbook

YMCA of Indiana County

The YMCA is a charitable organization dedicated to developing the full potential of every individual through programs that build healthy spirit, mind, and body for all.

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CONTACT INFORMATION

Child Watch Staff		childwatch@icymca.org
Director of Youth and Family	Barb Thornton	barbthornton@icymca.org
Youth and Family Coordinator	Jacob Wassil	summercampdir@icymca.org
Associate Executive Director	Kelsey Krynock	kelseykrynock@icymca.org
YMCA Welcome Center	724-463-9622	

GOALS

The primary goal of the YMCA's Child Watch is to provide a loving, safe, stimulating environment for your child during your work out. It is important that we work together as partners and in discussing your child's needs.

The YMCA of Indiana County reserves the right to make changes in the Child Watch environment without advance notice to parents as long as the change does not affect the health or safety of the children. There may be updates to this parent handbook occasionally and you will be given a separate addendum as the need arises. Communication is the key. Please feel free to discuss any concerns with us. Thank you for your interest in delivering the best possible care for your child.

ENROLLMENT PROCEDURES

The following is a list of rules and regulations governing our Child Watch area. Please read these procedures thoroughly as it contains many important policies that pertain to the care of your child. If you have any questions or need clarification, please ask prior to signing. The contents of this handbook and all forms are required for enrollment and are non-negotiable.

AGES SERVED

Childwatch serves ages 3 months to 11 years old.

NORMAL DAYS AND HOURS OF OPERATION

Monday – Saturday 9:00 a.m. – 12:00 p.m.

Monday – Thursday 5:00 – 8:00 p.m.

Check for availability when inclement weather is expected.

The following are observed holidays:

Check the Child Watch schedule for availability on holidays.

Thanksgiving

Christmas Eve Day

Christmas

New Years Eve Day

New Years

Good Friday

Easter

Memorial Day

July 4

Annual Facility Shutdown

Labor Day

REGISTRATION POLICY

- Child Watch Services are free to all YMCA of Indiana County members
- You can sign up at the Welcome Center and online through our website www.icymca.org
- **If possible, please sign up by 7 pm the day before for AM Child Watch service until capacity is reached.**
- **If possible, please sign up by 12 pm the day of for PM Child Watch service until capacity is reached.**
- It is very important that you sign up by 7pm the day before an AM shift and by 12pm the day of for a PM shift.
- A parent may only sign up his or her own children.
- You must pick up your child on time. If your class is running over you will need to leave to pick up your child(ren) or a Y staff member may come and get you.
- Parents still must register their child prior to entering the room. Drop-ins should not occur on a regular basis by the same family. Our policy is to register.
- If you need to cancel services we ask that you do so as soon as possible. You can **cancel by emailing childwatch@icymca.org**. Using the email address provides us with written cancellation- this will help to avoid no show fees.
- No show will result in a \$3.00 inconvenience fee that has to be paid before you use Child Watch again and you will need to provide a receipt to Child Watch staff for proof of payment. If an email has not been received the fee will be added to your account at the end of the shift that you did not show up for. Cancellations must be sent before the end of the time slot that you signed up for.
- Parents/Guardians must remain in the building or on the YMCA track while their child(ren) are with us.

DROP OFF AND PICK UP

- For the safety and security of the Child Watch participants, we DO NOT allow parents/guardians into the Child Watch Room. Parents must remain in the pick-up drop-off area (in front of the gate).
- Child Watch staff are the only ones permitted to open the gate.
- Children must be dropped off at Child Watch by an adult.
- At drop off both you and your child/ren will receive a wristband with matching numbers on it. When you pick your child up, staff will match the wristband to your child/ren's band.
- Children will only be released to the person who dropped them off unless advanced written notice has been given to the Child Watch staff on duty. (Authorized Drop-Off Pick-Up Form must be completed)
- The issued wristband must be returned when the child is picked up. If it is misplaced, a photo ID is required even if the staff know who you are.
- Individuals listed on the authorized pick up form will be able to pick up the child provided they show a photo i.d. and the wristband that the parent that dropped them off was issued.
- Cubbies are to be used for the children in Child Watch. Please do not put your coats, gym bags and other belonging in or on top the cubbies. Hang your coats in the hall or use a locker in the locker room due to limited space.
- If you come to the Child Watch area to pick up or drop of your child(ren) and the staff and children are outside playing, please ring the service bell to notify our staff. You must pick up your child(ren) at the end of their allotted time. Please do not open the gate under any circumstance!

PLAYROOM POLICIES

- Children are engaged in free play or in age appropriate activities.
- All mobile children must wear shoes or socks. Bare feet are not permitted in Child Watch.
- Children occasionally go outside for activities (weather permitting, and they have proper attire-closed toe and closed back shoes and jackets).
- If a child is not dressed appropriately, he or she may not be permitted to go on the climbing equipment.
- During the summer months, please apply sunscreen on your child before arriving.
- You are invited to check on your child at any given time but will not be permitted to enter the playroom area.
- If your child needs a bottle, please have the bottle premixed and prepared before you leave the child. Staff is not allowed to mix formula.
- All cups, bottles and snack containers must be marked with your child's full name.
- The YMCA does not provide snacks or drinks.
- Due to SEVERE ALLERGIES.....NO NUTS OR NUT PRODUCTS ARE ALLOWED IN CHILD WATCH!!!! Unfortunately, will not be able to serve this to your child while in the room if you send it.
- Repetitive unsafe behavior will be documented and handled on a case-by case basis. We will follow a three-strike rule. It may be necessary for a child to take a leave of absence from the Child Watch Room if the staff feel it is necessary for the health and safety of others using the program. If a child has been removed from Child Watch, the parent and child must speak with the Child Watch Coordinator or Director before returning.
- If your child has any special needs please inform the staff, coordinator, or director. We will make every effort to accommodate your family.
- The Child Watch staff reserve the right to refuse a child that appears ill. (This includes colored nasal drainage.)- See details below

PLAYROOM RULES

- Sharing is caring.
- Smile and have fun.
- You must pick up and put away what you play with.
- Absolutely no gunplay, fighting, wrestling or horseplay.
- Children are not permitted to bring personal toys or electronics to Child Watch

TOYS AND PERSONAL ARTICLES FROM HOME

- No toys or electronics should be brought from home. Small toys also create a hazard to our younger children.
- Child Watch is not responsible for lost, broken, or stolen objects that are brought from home that have to be left in the cubbies.
- Any blanket, pacifier or source of comfort is permitted. Please label belongings we are not responsible for lost items.

HOMEWORK

Children can bring their homework and work on it while they are in Child Watch. However, Child Watch staff cannot help them with it or sign off that they did it. The staff is there to watch all the children in attendance and focusing on homework takes their attention away from their job.

SAFETY TIPS

The Child Watch Department takes pride in having a warm, loving, and safe environment in which your child can explore, learn, and experience many different things. Some features that help insure your child's safety are:

- Toys are age appropriate and used in a safe manner
- Electrical outlets are covered
- Age appropriate supplies (crayons, pencils, childproof scissors, etc...) are provided and monitored during supervised activities.
- Cleaners and chemicals are out of reach
- A well stocked first aid kit is kept near and expiration dates observed
- Providers are CPR and First Aid certified
- Providers have Child Abuse Clearance, Criminal Background Check and FBI Finger Print Clearance

PROPER ATTIRE

Child's play can be messy work. Your child may be painting and participating in other messy activities. Occasionally, your child's clothes may get messy. Children must wear properly fitting top, bottom and shoes.

Children should bring a jacket and wear closed toed shoes to go outside when weather permits.

EMERGENCIES

In the event of an emergency with your child, you will be called. You will be responsible for all medical treatment necessary for your child's well being.

In the event of a building evacuation, we will take all children and evacuate the building to the pavilion.

ILLNESS AND SICK CARE

The health and well-being of all the children and staff here are of the utmost importance to the Child Watch staff. It is for the protection of the children and staff that we must insist on strict adherence to the Health Policy.

INFORMATION REGARDING A SICK CHILD

Even with all of our precaution's children do get sick. Due to our concerns for all the children enrolled in Child Watch and our staff, there are certain guidelines to be observed. In some cases, if your child needs to be seen by a doctor, you will be required to submit a signed report from your child's doctor before your child can return. This is to ensure that a child does not return when he or she may be in danger of exposing someone else to an illness.

Children with minor illness may attend at the discretion of the Child Watch Staff. It is important to realize that if a child is unable to participate in the normal routine or needs more care than we can provide without neglecting the other children, the child must stay home. There are also some illnesses that by law exclude the child from attending. Some of those illnesses are but not limited to:

- | | | |
|-----------------------------|-----------------------|---------------------|
| • Infectious conjunctivitis | • Infectious diarrhea | • Chicken pox |
| | • Impetigo | • Hepatitis A, B, C |

- Scarlet fever
- Lice
- Strep throat
- Scabies
- Ringworm

FEVER

There are certain times when a fever means a child should stay home. These include:

A child 3-24 months with a temperature of 101 degrees or higher

A child over 24 months with a temperature of 101 degrees or higher.

The parent will be contacted and asked to remove the child from Childwatch if he/she has a fever. In this event, **the child can not return until the temperature has been gone for 24 hours without medication.**

VOMITING OR UPSET STOMACH

If your child vomits while at Childwatch, you will be expected to come immediately to remove your child. The child **must stay home until 48 hours has passed with no vomiting episodes.**

DIARRHEA

When a child has single loose stool, he or she does not need to be at home, However, if a child has very runny stool that cannot be contained in a diaper, or the child cannot reach the toilet in time, the stool may contaminate the childcare setting. **They must stay home until 48 hours has passed with no episodes.**

RUNNY NOSE

Children with constant runny noses that are not caused by allergies spread germs. Please keep in mind how you would feel if another child's parent brought their child to care and exposed your healthy child. If your child has yellow or green snot you will be expected to take your child home.

They must stay home until 48 hours has passed without yellow or green snot.

Other symptoms that cause concern are:

- Gray or white stool
- Infected skin patches
- Difficult or rapid breathing
- Yellow discharge from the eye
- Severe itching
- Sore throat
- Severe coughing
- Yellowish skin or eyes
- Spots or rashes
- Dark urine
- Headache/stiff neck
- Unusual behavior
- Pink eye discharge -from the eye

PLEASE REMEMBER, IF YOU ARE KEEPING YOUR CHILD HOME SICK FROM SCHOOL THEY ARE NOT PERMITTED TO ATTEND CHILD WATCH.

SNACK

The Y does not provide snack. Please **mark all snack bags and cups with the child's name.**

NUT FREE

Child Watch is a nut free facility. Please refrain from sending your children with a snack that contains any kind of nuts or is processed in a facility with nuts.

BOTTLES

Infant formula is not provided by the Y.

If you are breast feeding:

- Please send more than enough breast milk for the time scheduled
- All breast milk should come in a tightly sealed bottle

Bottles must be pre-mixed in a spill proof zipped bag or bottle and pre-mixed.

Mark all bottles with child's name.

BATHROOM NEEDS

- Child Watch staff will change diapers of those children who are not potty trained.
- Child Watch will not provide diapers, pull ups or wipes, you must bring your own.
- Children who are no longer in diapers will have to wipe themselves. Staff can verbally help them but are not permitted to physically assist children who are potty trained.

DISCIPLINE

1st Redirect

2nd Time out-one minute per year of age

3rd Parent pick up & possible suspension from Child Watch

Incident reports will be filed for behavior issues

3 strike rule will apply

If a child receives 3 behavior incident reports he/she will not be permitted back in Child Watch for one week

If the behavior continues after suspension the child may be suspended longer or will not be permitted back in Child Watch

YMCA of Indiana County
EMERGENCY CONTACT PARENTAL CONSENT FORM

Child's Name: _____ Male ☐ Female ☐ Age: _____

Address: _____

Birthdate: ____/____/____ Weight: _____ Height: _____ Hair Color: _____

Eye Color: _____ Identifying Features: _____

PARENT/LEGAL GUARDIAN INFORMATION (*Whom to contact in case of emergency*)

(#1) Parent Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Driver's License #: _____

(#2) Parent Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Driver's License #: _____

EMERGENCY CONTACT (*Person to be contacted in the event a parent is not available*)

(#1) Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Relation to Child: _____

ALLERGY

TYPE OF ALLERGY _____

TRIGGERS THAT START ALLERGIC REACTION: _____

POSSIBLE ALLERGIC SIGNS: _____

KNOWN ALLERGIES OR HEALTH ISSUES:

Bee Stings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insect Bites	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes explain:	_____	
Penicillin	Yes <input type="checkbox"/>	No <input type="checkbox"/>		_____	
Aspirin	Yes <input type="checkbox"/>	No <input type="checkbox"/>		_____	
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>		_____	

Convulsions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bladder/Kidney Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fainting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes explain: _____		
Asthma/Wheezing	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Hearing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Ear Infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Rheumatic Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Recent Surgery:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes explain: _____		
Glasses/Contacts	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Hearing Aids	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Artificial Limbs	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Other Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, what: _____					
Does child receive any type of medication?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		

CONSENT ITEMS

(Parent/legal guardian initials required on EACH LINE below.)

- | | |
|--|------------------------------------|
| 1. Obtaining Emergency Medical Care: _____ | 5. Minor First Aid Care: _____ |
| 2. Special Events Participation: _____ | 6. Receipt of Parent Packet: _____ |
| 3. Administration of Medication: _____ | |
| 4. Inclusion of photos for promo: _____ | |

To the best of my knowledge, all of the information provided is true; and I have listed all warnings and restrictions. I believe my child is in good health and able to participate in all activities, unless otherwise specified. The YMCA has my permission to obtain proper medical treatment for my child in the event of an emergency. I hereby agree to indemnify and hold harmless the YMCA of Indiana County, its staff and volunteers from losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by the YMCA. I have read the Childwatch Policies and Procedures Parent Handbook. I understand that in order to use the services of Childwatch, I must pre-register my child(ren) every session by the indicated time deadline for each session. I understand that the only ways to cancel my child(ren) is to email childwatch@icymca.org, cancel online through the YMCA website or stop at the Welcome Center. I understand the content of this handbook may be changed at any time.

YMCA of INDIANA COUNTY WAIVER AGREEMENT PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND THE WAIVER OF CERTAIN LEGAL RIGHTS.

THE UNDERSIGNED PERSON hereby acknowledges intent to participate with the YMCA of Indiana County activities. The undersigned freely and unconditionally waives and releases the YMCA and any and all of its employees, representatives and agents and their successors and assigns (the "YMCA of Indiana County") from all liability and/or claims of the Undersigned, his personal representatives, and/or his estate for any and all loss or damage and/or claims of demands due to personal injury as result of my physical condition or resulting from my participation in any athletic activities, YMCA programs led by staff or volunteers, and the use of any equipment, exercise or other activities. The Undersigned further agrees to defend, indemnify and hold the YMCA harmless from and against any and all liabilities, demands, claims, damages, suits, judgments and decrees, and court awards including costs, expenses and attorneys' fees, on account of injuries to or death of any person or persons or damage to any property arising out of or related to the Volunteer's intentional or negligent acts, errors or omissions for the duration of the Undersigned's participation. I understand that the YMCA of Indiana County is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I HAVE CAREFULLY READ THE FOREGOING WAIVER, UNDERSTAND ITS CONTENTS, AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE PARTICIPATING WITH THE YMCA.

I certify that the information contained in this application is true and correct to the best of my knowledge. I have read the waiver agreement, understand its content, and acknowledge that I am responsible for any injuries encountered while participating, except for those caused by the negligence of the YMCA of Indiana County.

I understand that I and all the individuals in my membership unit can find all the membership policies and agreements, including the code of conduct, in the Member Handbook. I can request a printed copy of this handbook at any time at the Welcome Center. I understand that by signing this form I will adhere to all policies set in the above listed forms.

Parent/Legal Guardian Signature: _____ Date: _____

Authorized Drop-Off Pick-Up Form

Child Watch YMCA of Indiana County

AUTHORIZED PICK UP PERSONS: The child will only be released to the people listed below.

A PHOTO ID IS REQUIRED and the wrist band issued to the parent or person who dropped off the child must be provided in order for the child to be released.

Child's Full Name: _____

(1) Parent's Full Name: _____

(2) Parent's Full Name: _____

I give permission for my child to participate in Child Watch at the YMCA of Indiana County. I also give permission for the following people to act in my behalf in a medical emergency. I hereby give said people the right to seek medical treatment for my child, drop off and or pick up my child from Child Watch.

Parent/Guardian Signature: _____ Printed Name: _____

As a listed authorized person, I take full responsibility for _____
(Child's Name)

I will act on behalf of his/her parent/legal guardian in case of an emergency and I will Follow all Child Watch Policies and Procedures.

(1)Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone _____ Driver's License # _____

Signature of Person Listed Above: _____

(2)Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone _____ Driver's License # _____

Signature of Person Listed Above: _____

(3)Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone _____ Driver's License # _____

Signature of Person Listed Above: _____