



January 2021

Dear Camp Koda Parent,

Thank you for choosing the Brandywine Y for your child's preschool camp experience. Please complete and return the enclosed registration forms as soon as possible. Registration is accepted on a first come first serve basis.

HOW TO REGISTER:

1. Register online on our website at www.ymcade.org
2. Fill out and return the Camp Koda packet which includes the fact sheet, getting to know you form, swim form, health appraisal form and parent checklist sheet, photo, video & audio release. Children will not be able to start camp until all required forms, **including the health form**, are on file.
3. Payments are set up on bank draft using your debit or credit card accounts. Statement billing is not an option.
4. Camp Koda packets need to be returned to the Member Services Desk of the Y. Registration begins February 1st.
5. Applications are available for financial assistance on our website at www.ymcade.org

The camp staff will contact you by email a few days before the start of camp. This is a great opportunity for staff to introduce themselves, find out more about your child and answer any last minute questions.

In order to provide our camp program to as many members as possible, we would appreciate you letting us know if your plans change and your child will not be attending Camp Koda. If you have questions about the Camp Koda program, please do not hesitate to call me, 478-8591, or e-mail, boconnor@ymcade.org, We look forward to seeing you this summer!

Sincerely,

Bridget O'Connor
Preschool & Family Director



Brandywine YMCA Camp Koda 2021

Camp Koda

A summer camp program for children ages 3 through 5 years held at the Brandywine YMCA, Campers participate in arts and crafts, games, stories, music and fun activities that are age appropriate and centered on a theme. Campers participate in swim time and need to bring a swim suit and towel. Camp Koda is a great opportunity for your child to make new friends and try new things while having summer fun in a safe and caring environment.

SUNSHINE BUNCH

1/2 Day Camp 3 days a week (M.W.F)

AGES: 3 and 4 year olds (must be 3 by June 1st)

TIME: 9 a.m. - 12 noon

**A.M. extended care available 7 - 9 a.m.

**Lunch Bunch available 12 noon - 1 p.m.

FEES:

Full Member: \$100/Community \$165

KINDER KAPERS

Half Day Camp 5 days a week

AGES: 3, 4, 5 year olds (must be 3 by June 1st)

TIME: 9 a.m. - 12 noon

FEES:

Full Member: \$128/Community \$205

**A.M. extended care available 7 - 9 a.m.

**Lunch Bunch available 12 noon - 1 p.m.

LITTLE EXPLORERS

Full day Camp 5 days a week

AGES: 4, and 5 years old

TIME: 9 a.m. - 4 p.m.

FEES:

Full Member: \$250/Community \$315

**EXTENDED DAY OPTIONS

AM care: 7 - 9 a.m. or **PM care** 4 - 6 p.m.

AGES: 3, 4, 5, years

Full Member \$25/week

Community \$50/Week

****Lunch Bunch:** 12 noon - 1 p.m.

Koda campers only

AGES: 3, 4, 5 years

FEE: \$5 day

Lunch Bunch Card: \$25 for 6 lunches

Available at the Member Service Desk

AM & PM Care: 7 - 9 a.m.; 4 - 6 p.m.

AGES: 4, 5 years

Snack will be provided during after care

Full Member \$45/week

Community \$90/Week

WEEKLY THEMES

Week 1- June 14-18 Dinosaur Discovery

Week 2- June 21-25 Outer Space;

Week 3- June 28 - July 2 Under the Sea
Water Days

Week 4- July 5-9 Down on the Farm

Week 5- July 12-16 Construction Crew

Week 6- July 19 -23 Super Heroes

Week 7- July 26- 30 Color Wars

Week 8- Aug 2 - 6 Earth-Our Only One

Week 9- Aug 9-13 Animal Planet

Week 10-Aug 16 -20 Disney Days

Week 11-Aug 23-27 Back to School

**CAMP KODA
FACT SHEET**

Please complete this sheet and return to the YMCA regarding your child's participation in the Camp Koda program for the 2021 summer.

Child's name: _____ Date of Birth: _____

Address, City, State, Zip: _____

Home Phone: _____ Child's Age as of June 1, 2021 _____

Home e-mail: _____

Mother

Father

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Business phone: _____

Business phone: _____

Business e-mail: _____

Business e-mail: _____

Membership: Full Community Staff

Deposits: Full Day \$40 Half day \$20

Deposits are due at the time of registration and are not refundable but transferable to another camp in 2021.

| Camp | Week 1 6/14-18 | Week 2 6/21-25 | Week 3 6/28-7/2 | Week 4 7/5-9 | Week 5 7/12-16 | Week 6 7/19-23 | Week 7 7/26-30 | Week 8 8/2-8/6 | Week 9 8/9-13 | Week 10 8/16-20 | Week 11 8/23-27 |
|------------------|-------------------|-------------------|--------------------|-----------------|-------------------|-------------------|-------------------|-------------------|------------------|--------------------|--------------------|
| Sunshine Bunch | | | | | | | | | | | |
| Kinder Kapers | | | | | | | | | | | |
| Little Explorers | | | | | | | | | | | |
| AM Care | | | | | | | | | | | |
| PM Care | | | | | | | | | | | |
| Deposits | | | | | | | | | | | |

Emergency Contacts other than parents:

Emergency Contact #1: _____

Phone: _____

Emergency Contact #2: _____

Phone: _____

Physician: _____

Phone: _____

Medical Problems/Allergies: _____

Medications: _____

Health Insurance Company: _____ Policy Number: _____

PLEASE LIST ADULTS WHO ARE AUTHORIZED TO PICK UP THIS CHILD. PARENTS SHOULD LIST THEMSELVES ON THE LIST.

| | | | |
|------|-----------------------|---------|---------|
| Name | Relationship to child | Phone 1 | Phone 2 |
| Name | Relationship to child | Phone 1 | Phone 2 |
| Name | Relationship to child | Phone 1 | Phone 2 |
| Name | Relationship to child | Phone 1 | Phone 2 |

PLEASE LIST ANY ADULTS, THAT ARE NOT AUTHORIZED TO PICK UP THIS CHILD

| | | | |
|------|-----------------------|---------|---------|
| Name | Relationship to child | Phone 1 | Phone 2 |
| Name | Relationship to child | Phone 1 | Phone 2 |

Treatment/ Emergency care/Transportation – I hereby give permission to the emergency care physician and/or YMCA director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA supervisor to secure and administer treatment, including hospitalization, for the person named above.

Signature

Photo/video release – I give permission for my child to be photographed and/or interviewed for promotional purposes.

Signature

Screen Time Usage – I give permission for my child to use computers and view interactive age-appropriate and educational videos. Screen time will be less than 30 minutes.

Signature

Receipt of Parent Handbook – I acknowledge that I have received, read and understand the Parent Handbook.

Signature

Parents Right to Know Notice

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

| | | |
|--|----|--|
| Ellen Linen, Adm. Support Specialist I | OR | Dawn Clarke, Adm. Support Specialist I |
| Office of Child Care Licensing | | Office of Child Care Licensing |
| 3411 Silverside Road | | 821 Silver Lake Blvd, Suite 102 |
| Concord Plaza, Hagley Building | | Dover, DE 19904 |
| Wilmington, DE 19810 | | 302-739-5487 |
| 302-892-5800 | | |

I acknowledge that I received the notice of a Parents right to Know as part of the application packet of materials from the YMCA of Delaware, Brandywine Branch.

Parent Signature: _____

Date: _____

**Camp Koda
2021
Getting to Know You**

In order for us to get to know your child a little better, please fill out and return with your child's registration forms.

Child's nickname: _____

Parents/guardian name: _____

Who lives in your house? _____

Do you or other guardians serve in the military? _____ If yes, do you serve in the guard, reserve, or active duty? _____

Does your child have any special needs? __IFSP __IEP or __504 (please attach copy)

What language(s) do you speak with your child? _____

Do you require information to be translated? _____

What holidays do you celebrate? _____

How would you describe your child? _____

Does your child have any special needs? _____

Does your child have any fears? If so, what are they? _____

What are your child's favorite activities? _____

What are your child's least favorite activities? _____

What do you hope for your child to accomplish over the summer?

Is there anything else you would like to share about you, your child, or your family?

Do you have any special talents that you would be willing to share with the class?

**CAMP KODA
SWIM FORM**

Child's Name _____

Parent/ Guardian _____

Your child may swim if:

1. Age 3 by June 1, 2021 and enrolled in the 3 year program
2. May swim with swim-diapers if not trained.
3. Sign and return this form

Parent's Signature

Parent Checklist

Please initial after each item below and return to the Brandywine YMCA:

1. Requests to change your child's schedule must be made in writing to the camp director at boconnor@ymcade.org no later than one week prior to start of camp. _____
2. A physical within the last 12 months that includes lead screening and updated immunizations signed by a doctor and parent must be on file before your child starts camp. All children born after March 1, 1995 must be lead tested. _____
3. I have received and read the Camp Koda 2021 parent handbook. _____

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING**

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Allergies (food, medicine, bee sting etc.) | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Fainting | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Behavior Problem |
| | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Asthma |

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

| | | | | |
|-------------------|--------------|-------------------|----------------------|----------------------|
| _____ Scalp, Skin | _____ Heart | _____ Vision | _____ Ear, Nose | _____ Lungs |
| _____ Hearing | _____ Throat | _____ Abdomen | _____ Blood Pressure | _____ Eyes |
| _____ Genitalia | _____ Teeth | _____ Extremities | _____ Neck, Glands | _____ Nervous System |
| _____ Height | _____ Weight | | | |

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

| | | | | |
|---------------------------------|--------------------------------------|--------------------------------------|---------------------------------|---------------------------------|
| DTP/Hib 1 / / | DTP/Hib 2 / / | DTP/Hib 3 / / | DTP/ Hib 4 / / | DTaP/Hib 4 / / |
| DTP/DTaP 1 / DT / / | DTP/DTaP 2 / DT / / | DTP/DTaP 3 / DT / / | DTP/DTaP 4 / DT / / | DTP/DTaP 5 / DT / / |
| Td 1 / / | Td 2 / / | Td 3 / / | | |
| OPV/IPV 1 / / | OPV/IPV 2 / / | OPV/IPV 3 / / | OPV/IPV 4 / / | TB Screening 12 mo / / |
| MMR 1 / / | MMR 2 / / | HepB 1 / / | HepB 2 / / | HepB 3 / / |
| Hib 1 / / | Hib 2 / / | Hib 3 / / | Hib 4 / / | Hep B/Hib 1 / / |
| Hep B/Hib 2 / / | Hep B/Hib 3 / / | Varicella 1 / / | Varicella 2 / / | Influenza 1 / / |
| Influenza 2 / / | Pneumococcal Polysaccharide 1 / / | Pneumococcal Polysaccharide 2 / / | Pneumococcal Conjugate 1 / / | Pneumococcal Conjugate 2 / / |
| Pneumococcal Conjugate 3 / / | Pneumococcal Conjugate 4 / / | Hep A 1 / / | Hep A 2 / / | Lyme Vax 1 / / |
| Lyme Vax 2 / / | Lyme Vax 3 / / | Other: / / | Lead Screening 12 mo / / | |

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____

PARENT COPY – for future use

CAMP KODA CHANGE FORM (ONE PER CAMPER)

A change form is necessary for each child attending camp. Changes in your child's camp schedule must be made at least one week in advance and will depend on availability of openings. Confirmations are not sent. Unless notified, all changes have been completed.

Camper's Name: _____

Deposits are not refundable but ARE transferable to another camp in 2021 only.

Please make the following change to my child's camp schedule.

Cancel camp week: 1 2 3 4 5 6 7 8 9 10 11

Canceling AM Care only ____ Canceling PM Care only ____

Do you have a deposit to transfer? __yes __no

.....

Camper's Name: _____

Add: Session # 1 2 3 4 5 6 7 8 9 10 11

Name of Camp adding _____

Adding AM Care ____

Adding PM Care ____

If you are not transferring a deposit and are adding an extra week, please include a
\$40 - full day camp \$20 -half day camp Check ____ Cash ____

Credit Card # _____ Exp. date _____

Signature _____ Date _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Brandywine YMCA Camp Koda



PARENT HANDBOOK 2021

WELCOME

Thank you for choosing the Brandywine YMCA's Camp Koda program. We look forward to being a part of your child's growth and development and working with your family. We hope you find this booklet informative and encourage you to refer to it for information about our camp program.

YMCA OF DELAWARE MISSION STATEMENT

The YMCA of Delaware is an association of people of all ages, ethnic groups, and religious affiliations that strive to cultivate the human potential, self-esteem and dignity of all people. Our organization exists to develop and practice the Christian principles of love, caring, inclusiveness, justice and peace and to enrich the emotional, physical and social life of all individuals, families and our community.

COMMUNITY PARTNERSHIPS:

At the Y we strive to provide the highest quality of care. As part of this commitment we work with other community agencies to supplement and enhance our programs

- **Delaware Stars:** Delaware Stars for Early Success is a Quality Rating and Improvement System (QRIS), which is a method used to assess, improve and communicate the level of quality in early care and education and school-age settings. It establishes quality standards for programs and provides technical assistance and limited financial support to programs involved in Stars as they engage in quality improvement efforts. Delaware Stars is designed as a voluntary system that expects programs to work on improving quality by moving up the Star Levels.

STATE LICENSING REQUIREMENTS

We believe that licensing and rigid enforcement of standards are in the best interest of all children. Our program complies with applicable licensing regulations and standards according to the State of Delaware and the YMCA. These standards relate to our facility, staff and safety procedures.

DIVERSITY:

Our program values each child and family and we welcome you, your involvement and your contributions. In an effort to reach out to all families, to include them and work with them to insure our program meets their unique needs we hope:

- Families will communicate, share goals and express their individual or cultural preferences throughout the year. Because every child is entrusted to us by their families, every effort will be made to accommodate their wishes for their child.

NON-DISCRIMINATION POLICY

It is the policy of the YMCA of Delaware to never discriminate against anyone based on race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity, or expression, religion, creed, disability, veteran's status, or any other category protected by state and/or federal laws.

INCLUSION IN THE CLASSROOM:

Our program provides for all children, including those with identified disabilities and special learning and development. Modifications are made when possible, in the environment and staffing patterns in order to include children with special needs. Staff is aware of the identified/diagnosed special needs of individual children and trained to follow through on specific intervention plans. Therapy is developed appropriately and incorporated within camp activities as much as possible. Family members are involved in development and use of individual Family Service Plans or Individual Education Plans. Staff addresses the priorities and concerns of families of children with special needs.

CAMP KODA PHILOSOPHY

Camp Koda is a great opportunity for your child to make new friends and try new things while having summer fun in a safe and caring environment. We promote learning in arts and crafts, games, stories, music and fun activities that are age appropriate and centered on a theme. Camp Koda will provide campers with the opportunity to learn, laugh and leap for joy.

DUAL LANGUAGE LEARNERS

Our camp program strives to respect diversity by welcoming families with different languages and cultures. Parents and guardians who are not English speaking are welcome to make arrangements to bring someone who can translate their primary language.

INTERACTION WITH TODDLERS

Staff interacts with toddlers at their eye level by sitting on the floor providing the following opportunities throughout the day:

- A. Offering frequent face to face interactions with the toddlers
- B. Having conversations with toddlers during play, feeding, and routine care
- C. Reading and looking at books with toddlers individually and in small groups
- D. Encouraging children to play with one another with adult help
- E. Providing materials and encouragement for pretend play alone and with other children and adults
- F. Providing varied materials, sights, sounds, and other experiences for toddlers to explore with all their senses
- G. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, and develop fine and large motor skills
- H. Responding to toddlers' words and actions with interest and encouragement
- I. Giving names to objects and experiences in the toddlers' environment
- J. Supporting toddlers' development of independence and mastery of feeding, dressing, and other skills.

INTERACTION WITH PRESCHOOLERS

Staff interacts with children 3 - 5 at their eye level by sitting on the floor with the toddlers, providing the following opportunities throughout the day:

- A. Offering frequent face to face interactions with children
- B. Having conversations with children during play, meals & routine care
- C. Reading and looking at books with children individually & in groups
- D. Using rhymes, songs, and other ways to help children connect sounds and letters and develop other literacy skills
- E. Helping children develop mathematical and scientific concepts through play, projects, and investigations of classroom environment.

- F. Supporting the development of social competence through play and cooperative work with other children
- G. Providing materials and encouragement for more extended and complex pretend play alone and with other children and staff
- H. Providing varied materials, sights, sounds, and other experiences for children to investigate and talk about
- I. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, write, and refine fine and large motor skills
- J. Responding to children's words & actions with interest and encouragement.
- K. Giving names to objects & experiences in the children's environment
- L. Supporting children's development of independence and mastery of skills

POSITIVE GUIDANCE

1. Staff will look for every opportunity to redirect non-productive behavior into more positive behavior.
2. Staff may remove a camper from a group to allow him/her an opportunity to calm down and then rejoin the group.

The director and counselors will make every effort to work with a camper's parent(s) in finding ways to resolve behavior issues. After every effort has been made, the parents will be called. It will be the parent's responsibility to pick-up their campers within **one hour** of notification.

A camper who repeatedly misbehaves or whose behavior may result in putting him/herself or others at risk of injury may result in suspension or dismissal from the program.

****Staff shall model positive behavior management techniques and respectful communication interactions when relating to other staff and parents.**

DRESS

Each day we include some type of physical activity in our program. Comfortable clothing, sneakers or rubber-soled shoes are necessary to safely participate.

Please no sandals. Mark all clothing with your camper's name. Camper's should bring a backpack to help carry their personal belongings and school projects easier. Please keep a clean change of clothes in your camper's back pack in case of accidents.

MUSIC

Music is a part of our program every day. Campers will learn the important role music plays in our lives and explore the many ways music is created. Dance, movement and art created to music are also components of music.

GROSS MOTOR TIME

These activities allow campers to practice and refine large motor skills through a number of fun and interesting games and activities.

SWIMMING

Campers will have swim time daily; parents need to supply a swim suit, towel, and swim diapers for untrained children.

ALLERGIES – PLEASE NO PEANUTS

In order to provide a safe and healthy environment for all our children, we only serve peanut-free products in our preschool programs. We do provide a list of approved peanut-free foods. Please use the specific brands listed and pack only peanut-free

lunches and snacks for your child. If your child comes to school with food that is not peanut-free, a substitute snack will be provided. If you would like more information about the seriousness of this allergy, please see the preschool & family director.

SNACKS

A daily snack is provided for each class by the YMCA. Please let your teacher know if your child has allergies to any food groups. If sending in special snacks for birthdays or special events, please do not send snacks not on the peanut free approved snack lists.

SCREEN TIME POLICY:

Children over 2yrs of age, screen time is limited to less than 30 minutes per day. Screen time includes television, movies, computers and other digital devices.

KODA TUITION

| | <u>Full Member</u> | <u>Community</u> |
|---|--------------------|------------------|
| Sunshine Bunch, (MWF) | \$100 | \$165 |
| Kinder Kapers (M-F) | \$140 | \$205 |
| Little Explorers, 4, 5 yrs, M-F, 9-4 p.m. | \$250 | \$315 |
| AM Care (3, 4, 5 yrs) | \$25/week | \$50/week |
| PM Care, (4, 5 yrs), 4-6 p.m. | \$25/week | \$50/week |
| AM & PM, (4, 5 yrs), 7-9 am;4-6 p.m. | \$50/week | \$100/week |

All families will be set up on bank draft using your debit or credit card accounts. Payments can be deducted two weeks prior to the start of each camp session. If payment has not been received by the start of each registered week, your camp week will be cancelled. If there is a financial difficulty that prevents you from making payment, please contact the preschool director.

The YMCA Open Door policy is available for families who qualify for scholarship and apply in advance. Applications are available online at www.ymcade.org

DEPOSITS

Deposits are non-refundable but are transferable to another camp week in 2019. Full day: \$40 Half day: \$20

ADDING OR CANCELING WEEKS

Use the camp change form provided in your parent packet or at the Member Service desk of the YMCA. A form is needed for each camper you are canceling.

LUNCH BUNCH – Monday-Friday, 12 to 1 pm; \$5/day; \$25 - 6 lunches

The Lunch Bunch program is offered to our campers who want to stay and socialize with their friends while eating lunch. Lunch Bunch coupon books can be purchased at the Member Service Desk of the Brandywine YMCA. Our staff cannot heat food for your child. Again, please do not pack any peanut butter products in your camper's lunch.

PHYSICALS

An annual physical **signed by a doctor** must be received before the start of camp. We require that all children have their basic immunization shots and lead screening before entering the program.

BABYSITTING BY EMPLOYEES

Employees are often asked to provide child care (baby-sitting) and other services on their own time to YMCA members and their families. The YMCA of Delaware does

NOT permit employees to babysit or any other services to members. These policies are designed to protect children and staff from child abuse and/or false allegations.

DROP OFF AND PICK UP POLICY

Parents/guardians must sign in their camper at the beginning of the day and sign them out at the end of the day. This is a mandatory safety precaution procedure. An adult **MUST** accompany all children to the area where camp is being held and place the child under direct supervision of YMCA staff.

At registration, parents/guardians must designate a list of persons authorized to pick up their camper. All other persons must have written consent. Identification will be requested of all unfamiliar people picking up the campers. In an emergency, verbal consent along with a faxed copy of written consent will be accepted. To ensure permission is being granted from you and no one else, a call back system will be utilized. The staff member will call you back at the telephone number given at the time of registration to verify consent was given by the parent or guardian.

Please do not send a minor to pick up your camper. Campers will not be released to any person that is not at least 18 years old.

ILLNESS OR ACCIDENT AT CAMP

The safety of your camper is our number one priority. Should an injury occur at camp, parents will be notified either personally or in writing as to the nature of the injury, where, when, and how it occurred, and the first aid administered. When a camper becomes ill or has an accident at camp, the child will be brought to the office and the parents contacted. If a parent cannot be reached at the home, work, or cell phone numbers, we will contact the responsible adults as designated on the emergency pick up list. Campers are expected to be picked up in a timely fashion from camp. In the event of an emergency, 9-1-1 will be activated, the family physician may be consulted, and the parents will be notified.

Please keep the YMCA up-to-date on changes to telephone numbers, emergency numbers and other pertinent information.

HEALTH AND ILLNESS ATTENDANCE POLICY

If a camper becomes ill, the parent/guardian will be notified to come and pick up their camper immediately. The camper will be supervised in an area away from other campers and kept comfortable until the parent arrives. When a parent/guardian cannot be reached, the emergency contact person(s) will be called. Campers who exhibit symptoms of illness specified below will not be admitted or remain at camp unless written documentation from a health care provider stating the camper has been diagnosed and poses no serious health risk to themselves or other campers. The symptoms for possible exclusion include, but may not be limited to, the following:

- Temperature equivalent to 101 degrees or greater accompanied by behavior changes or other signs or symptoms of illness until medical evaluation indicates inclusion in the program.
- Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, inexplicable irritability, persistent crying, difficult breathing, wheezing or other unusual signs) until medical evaluation allows for inclusion.
- Uncontrolled diarrhea. Blood in stools that is not explainable by dietary change, medication or hard stools.
- Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until the vomiting resolves or until a health care provider determines the cause of the vomiting is not contagious and the child is not in danger of dehydration.

- Persistent abdominal pain or intermittent pain associated with fever or other signs/symptoms.
- Mouth sores with drooling unless a health care provider determines that the condition is noninfectious.
- Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge) until 24 hours after antibiotic treatment has been initiated.
- Scabies- until 24 hours after treatment has been initiated.
- Pediculosis- (head lice) until 24 hours after treatment has been initiated and until a health care provider confirms the administration of the treatment.
- Tuberculosis- until a health care provider states that the child is on appropriate therapy and can attend the program.
- Impetigo- until 24 hours after treatment has been initiated.
- Strep throat or other streptococcal infection- until 24 hours after initial antibiotic treatment and cessation of fever.
- Varicella-Zoster (Chicken Pox): until all sores have dried and crusted.
- Shingles- if sores cannot be covered by clothing or dressing until the sores have crusted and are dry.
- Measles until 5 days after the onset of rash.
- Mumps- until 9 days after onset of parotid gland swelling.
- Rubella- until 6 days after the onset of rash.
- Pertussis- until 5 days after antibiotic treatment.
- Hepatitis- A virus until one week after onset of illness, jaundice or as directed by the health department when passive immunoprophylaxis has been administered to appropriate children & staff.
- Unspecified illness- if it limits the child's comfortable participation in activities or if it results in a need for greater care than can be provided without compromising the health and safety to the child or other children.

NOTIFICATION OF POSSIBLE COMMUNICABLE ILLNESS

If your camper develops symptoms of a possible communicable disease, (reddened eyes, sore throat, headache, rash, abdominal pain, fever) please notify the child care director. If your camper has been diagnosed with a communicable illness, please inform the director. Handouts on the symptoms will then be distributed to parents in the program. We try very hard to minimize and control the spread of diseases with the following measures:

- *Disinfecting toys daily; cleaning eating surfaces after every child;*
- *Disinfecting changing area after every child; Washing hands after every diaper change, use of the toilet, nose wiping and before handling food; isolating a sick child from others until parent arrives*

COMMUNICABLE DISEASE

Campers with a reportable communicable disease will not be readmitted into the program until written documentation from the camper's health care provider states that the he/she has been evaluated and presents no risk to the camper or to others AND the illness has been reported to the Division of Public Health and we have been advised that the camper presents no health risk to others. If there is a conflict in the opinions of the health care provider and the Division of Public Health regarding the exclusion of the camper, the YMCA will follow the instructions of the Division of Public Health.

DISPENSING MEDICATION

All medications are dispensed by certified staff and recorded on the medication form.

All prescription medicines must be in your camper's name with a current prescription label stating the dosage, times, and type of medication. Certain non-prescription medication (Tylenol, Triaminic, etc.) will be given when they are in their original container, contain an expiration date that is not expired, **AND is accompanied by a physician's note listing days, times, and amounts of dosage.**

A parent permission form must be filled out indicating the name of the camper, date of birth, allergies, doctor's name and phone number, pharmacy phone number, name of medication, time when given, route of administering, expiration date, start date, end date, and reason for medication. For maintenance medications, such as asthma or allergies, this form must be completed each month. This form and **all medication must be left in the childcare office.** For the safety of all campers, please do not leave any medication in the camper's cubby or bags.

REPORTING CHILD ABUSE

We are required by law to report any suspect incidents of possible child abuse or neglect. In some cases, we are directed by the state's child protective agency not to notify the parents of the report. Please understand that we are legally obligated to comply with these guidelines.

SUSPENSION

The participant is not permitted to attend the program for a time which will be determined by the Child Care Director. Examples of violations: repeated written notices, running away, fighting, bullying, threatening, or theft.

DISMISSAL FROM THE PROGRAM

While we work hard to ensure that each child in our program is successful, we reserve the right to remove any child at any time when we believe that removal is in the best interest of the child and/or the program. Our first priority is to provide quality care and education for all children enrolled in our programs but on rare occasions there may be a need to remove a child from enrollment. Some of the reasons for involuntary dismissal might include:

Failure to adapt - Most children adapt to a new program within a few weeks. If a child fails to adapt to our program, even though an effort has been made by parents and the staff to integrate him/her into the program, the child may be removed so that his or her parents can find alternate care for their child.

Aggressive/disruptive behavior - If a child is aggressive, or hurtful to others or if a child's behavior is disruptive to the good order of the classroom or group, we will make every attempt to work with the child in respecting others and managing their behavior appropriately. If these behaviors continue the child may be removed at the discretion of the Director. Abusive/disruptive behavior by parents - We reserve the right to remove any child whose parent behaves in a manner that is destructive, disruptive, abusive, or malicious through their statements or actions toward the staff, their own child or other parents/children in the center.

Irreconcilable differences - Every parent has expectations regarding the care and education of their child. If it occurs that we are unable to meet a parent's expectations, we reserve the right to remove the child in order to allow the parents to find an environment that better meets their needs. Failure to pay tuition - We may immediately remove any child from enrollment whose tuition is not paid per facility policies.

Failure to maintain required paperwork - Parents are responsible for ensuring that the information in their child's file is complete and accurate at all times. This includes accurate phone numbers as well as ensuring your child has a current

physical on file. Failure to keep us informed of changes or failure to submit required paperwork will result in your child's dismissal from the program.

Excessive late pick-ups - We understand that late pick-ups can occur; however, if there becomes a pattern of excessive late pick-ups a child may be removed from the program to allow the parents the opportunity to find an environment that better meets their needs.

Please note: When participation in the YMCA of Delaware's program is dismissed the participant is not permitted to return for the duration of the program's year.

PARENTS RIGHT TO KNOW

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

Ellen Linen, Adm. Support Specialist I
Office of Child Care Licensing
3411 Silverside Rd
Concord Plaza, Hagley Building
Wilmington, DE 19810
(302) 892-5800

or

Dawn Clarke, Adm. Support Specialist I
Office of Child Care Licensing
821 Silver Lake Boulevard, Suite 102
Dover, DE 19904
(302) 739-5487