Dear Summer Daze Families:

Welcome to The YMCA Summer Daze Program! To ensure the best possible experience for you and your family, we ask that you adhere to the following guidelines:

Please initial that you understand and agree:

1. _____ that my child will need a labeled bag lunch every day. If your child’s lunch needs to be kept cool, you must send it in a thermal bag with an ice pack. There will NOT be a refrigerator available.

2. _____ that my child will need a water bottle labeled with his/her name brought to our program every day.

3. _____ that upon arrival each day, I must sign my child in to the program. Upon dismissal, I must sign him/her out.

4. _____ Please be sure to indicate time of arrival and departure on the sign in/sign out sheet. Please be prepared to show your photo ID to our Summer Daze staff when you come to pick up your child.

5. _____ all sunscreen should be applied at home before my child arrives at the Summer Daze Program. My child may bring sunscreen to the program, but he/she must be able to apply it on his/her own.

6. _____ my child must wear closed-toe/closed-back shoes to camp. He/she will not be permitted to take his/her shoes office water activities in the playground, so please send in a pair of water shoes, as well.

7. _____ my child may NOT bring cameras, cell phones, or any toys/games/electronic devices from home. If you need to get in touch with your child during the day, you may do so by calling our main office at 732-566-9266. The YMCA is not responsible for any items lost or stolen. If your child comes to Summer Daze with any items from home, they will be taken, held in the main office and returned to you upon pick up.

8. _____ that my child will be participating in water games and activities throughout the day. Your child will need to wear a bathing suit under their clothing or bring a bathing suit to change into. Also, please send in a labeled towel, water shoes, and an extra set of clothing in a labeled backpack for your child.

9. _____ if your child requires medication during the day, please be sure to fill out and sign the permission slip in our main office. All medication must be given directly to a staff member. No medicine of any kind should be left in a child’s lunchbox or backpack. If it is a prescription medicine, the bottle must have your child’s name and the correct dosage clearly labeled on it. If possible, it is requested that the first dose of any medicine be given at home to observe for adverse side effects.

We are looking forward to a great summer with you and your child(ren)! If you have any questions or concerns, please do not hesitate to contact our office at 732 566-9266.

Sincerely,
Stacey Lastella
Vice President I Children’s Achievement Branch
Dear Summer Daze Families:

Summer Daze Campers will have the opportunity to participate in special trips and/or on-site events (weather permitting). These special experiences will help to reinforce our weekly themes, character values, and are a fun way to learn new things. Our special trip days are to be announced.

We will be departing at approximately 10:00am and returning at approximately 2:00 pm. Transportation will be provided by the YMCA minibus. Please fill out the form below and return with your completed packet.

Thank you so much for your cooperation. If you have any questions, please let us know. We look forward to an exciting summer with your child(ren).

Sincerely
Stacey Lastella
Vice President
Children’s Achievement Branch

My Child _________________________________________________ has permission to be transported by YMCA Bus to and from the destinations listed above.

Parent/Guardian Signature: __________________________________________________________

Date:_____________________________________

Emergency Contact Information:

Parent/Guardian Name: ____________________________________________________________

Cell Phone: ___________________________________

Alternate Contact Person: ________________________________________________________

Cell Phone: ___________________________________
Instructions for Completing the Care Plan for Children with Special Health Needs (CH-15)

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child’s care cannot be fit on the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child’s care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

Specific Instructions:

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled “Special Care Plan Attached.”
4. Complete the Care Plan for Children with Special Health Needs
   - Complete the demographic information.
   - The Primary Health Care Provider is the medical home where the child’s complete health records are maintained.
   - Specialty providers and their contact information should be included if the specialists play a major role in the child’s health care such as adjusting medication doses.
   - Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
   - Allergies – Include medication allergies and other significant environmental allergies.
   - Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
   - Describe any Needed Accommodations to particular activities.
     o Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
     o Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
     o Outdoor Activities/Field Trips - List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
   - Special Equipment/ Medical Supplies
     o List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
   - Emergency Care
     o Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
     o Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
   - Special Staff Training
     o Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.
CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

<table>
<thead>
<tr>
<th>Child's Full Name</th>
<th>Telephone No.</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Parent/Guardian's Name</th>
<th>Telephone No.</th>
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<table>
<thead>
<tr>
<th>Primary Health Care Provider</th>
<th>Telephone No.</th>
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<table>
<thead>
<tr>
<th>Specialty Provider</th>
<th>Telephone No.</th>
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<th>Specialty Provider</th>
<th>Telephone No.</th>
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<table>
<thead>
<tr>
<th>Diagnosis(es)</th>
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<tbody>
<tr>
<td></td>
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</table>

Allergies

<table>
<thead>
<tr>
<th>ROUTINE CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication To Be Given at Child Care</td>
</tr>
<tr>
<td>--------------------------------------</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

List medications given at home:

<table>
<thead>
<tr>
<th>NEEDED ACCOMMODATION(S)</th>
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</thead>
<tbody>
<tr>
<td>Describe any needed accommodation(s) the child needs in daily activities and why:</td>
</tr>
<tr>
<td>Diet or Feeding:</td>
</tr>
<tr>
<td>Classroom Activities:</td>
</tr>
<tr>
<td>Naptime/Sleeping:</td>
</tr>
<tr>
<td>Toilet:</td>
</tr>
<tr>
<td>Outdoor or Field Trips:</td>
</tr>
<tr>
<td>Transportation:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
<tr>
<td>Additional comments:</td>
</tr>
</tbody>
</table>
CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

Continued

### SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. 
2. 
3. 

### EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:


CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:


TAKE THESE MEASURES while waiting for parents or medical help to arrive:


### SUGGESTED SPECIAL TRAINING FOR STAFF


Health Care Provider Signature  Date

### PARENT NOTES (OPTIONAL)

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature  Date

Important: In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.
Illness Policy

Children will not be allowed to attend if they have a heavily running nose, heavy mucous discharge, heavy cough, pink eye symptoms, vomiting, diarrhea, etc. Children should be fever-free for 24 hours following illness before re-entering school. Please use your best judgment for the benefit of all the children. We will call for a pick-up if a child develops symptoms during the “Summer Daze” program. Be sure we have a current emergency number.

Here is a list of diseases for which a child will not be re-admitted to the school unless accompanied by a statement from the child’s licensed physician, stating that the child poses no serious health risk to himself or other children.

**EXCLUDABLE COMMUNICABLE DISEASES**

**RESPIRATORY ILLNESS**
- Chicken Pox
- German Measles*
- Hemophilus Influenza*
- Lethargy
- Measles*
- Meningococcus*
- Mumps*
- Strep Throat
- Tuberculosis*
- Whooping Cough*

**GASTRO-INTESTINAL ILLNESS**
- Giardia Lamblia*
- Hepatitis A*
- Salmonella*
- Shigella*
- Campylobacter*
- Escherichia coli*

**CONTACT ILLNESS**
- Impetigo
- Lice
- Scabies

* Reportable diseases, as required by N.J.A.C. 10:122-7.10 (a)

Each parent whose child may have been exposed shall receive written notice of the outbreak.

**MEDICATION**

We will administer medication to our students if the following criteria are followed:

1. Administered only after receipt of written approval from the child’s parent.
2. Medication must be prescribed in the name of and specifically for the child.
3. Medication must be in original container, which has been labeled with child’s name, the name of medication, the date it was prescribed or updated and directions for its administration.
INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52), every licensed childcare center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member’s signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you’re in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf or obtain a copy by sending a check or money order for $5 made payable to the “Treasurer, State of New Jersey”, and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child’s departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center’s copy of the OOL’s Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL’s Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at https://data.nj.gov/childcare_explorer.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.
Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children’s use. Please talk to us if you have any questions about the center’s space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children’s products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at https://www.cpsc.gov/Recalls. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.
Summer Daze Enrichment Program  
Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of The Community YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in the Y-KIDS Program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE The Community YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releases”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with The Community YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARIALLY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name of Child

Camp Location

Parent/Guardian Signature

Date
Y-KIDS Photo/Video/Interview/Website Consent

I certify that I am the parent or legal guardian of
_______________________________________________________________ (Name of Child)
whose date of birth is ______________________________. (mm/dd/yy)

I understand that this program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases, they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote our camp program and/or the YMCA.

I give permission for my child to be photographed or otherwise recorded during camp events and activities. (Please check if you give permission). □ Photo/Video/Interview □ Website Consent

SIGNATURE OF PARENT OR GUARDIAN DATE

I DO NOT give permission for my child to be photographed or otherwise recorded during afterschool events and activities. As a result, my child may not be able to participate in these events and activities. (Please check if you DO NOT give permission). □ Photo/Video/Interview □ Website Consent

Y-KIDS Technology, Communications & Social Media Policy

The YMCA Children’s Achievement Branch utilizes email and social media (Facebook: YMCA Child Achievement) for the purpose of communicating with families; i.e. sharing special projects, important announcements, upcoming events and providing information on emergency delays and closures. Please be advised The YMCA prohibits parents from posting photos or videos of any child in YMCA care, other than their own. We ask that you please respect other families’ privacy and use discretion when utilizing social media. Furthermore, YMCA staff are prohibited from communicating via social media with presently enrolled families.

Additionally, in order to maintain open lines of communication, your child’s Y-KIDS Program has been issued a cell phone for the purpose of staff communication with the YMCA main office regarding absences, illness and/or accidents that occur during program hours.

Students are prohibited from bringing any cell phones, video games or toys to the Y-KIDS Program. Students must follow all the rules of their school during the Y-KIDS Program. If a student possesses any of the above described items, they must be kept in their backpack and turned off during program hours. The YMCA reserves the right to confiscate such items, including cell phones, should an attempt be made to either receive or send text, voice, audio, picture or video messages during program hours. Use of camera feature of any cell phone, digital camera or other similar device is strictly forbidden.

I have read, reviewed and understand the YMCA Technology, Communications & Social Media Policy.

SIGNATURE OF PARENT OR GUARDIAN Child’s Name
Discipline Policy

1. A child shall not be deprived of food or water, isolated, subjected to corporal punishment, or required to participate in abusive or excessive physical exercise as a means of punishment by staff.

2. The following describes the way we handle behavior deemed inappropriate to the “Summer Daze” Summer Enrichment Program:

   a. Our staff members are responsible for the behavior of the children at this program. Should a problem arise, the staff members will be the ones to handle it. Their methods will include patience, understanding and kindness.

   b. The staff members will try to redirect and interest the child in another activity (i.e. if the child is running around and being disruptive, have him/her sit quietly at a different table, work on a puzzle, collage, or draw.)

   c. If the child does not respond to the above methods and continues to be disruptive, the child will be asked to be seated on a special “thinking chair” or at a “special table” where the child will be able to see what is happening at the program but will not be able to participate until he/she has regained his/her self-control.

   d. As a last resort, and only if the child is so disruptive that the normal daily activities cannot proceed, the parent/guardian may be called and asked to come and remove the child from the program. The staff members will then contact the School Age Director regarding the behavioral issues. The child may be suspended from the program at this point. The School Age Director, staff members and the parent/guardian will have a conference to exchange ideas on how to modify the child’s behavior in order for the child to continue.

   e. If, after returning to the Summer Daze Program, the child continues to be disruptive and all methods of discipline have been exhausted, the child may be removed from the program permanently.

YMCA EXPULSION POLICY

Unfortunately, there are sometimes reasons we must expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from the program:

IMMEDIATE CAUSES FOR EXPULSION

• The child is at risk of causing serious injury to other children or himself/herself.
• Parent threatens physical or intimidating actions toward staff members.
• Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD’S EXPULSION

• Failure to pay/habitual lateness in payments
• Failure to complete required forms including the child’s immunization records.
• Failure to renew & replace expired medication/epi-pens.
• Habitual tardiness when picking up your child.
• Verbal abuse to staff
• Verbal abuse to children enrolled within the program

CHILD’S ACTIONS FOR EXPULSIONS
• Failure of child to adjust after a reasonable amount of time.
• Uncontrollable tantrums/angry outbursts.
• Ongoing physical or verbal abuse to staff or other children.
• Excessive biting.

SCHEDULE OF EXPULSION
• If after the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in
writing about the child’s or parent’s behavior warranting an expulsion. An expulsion action is meant to be a period
of time so that the parent/guardian may work on the child’s behavior or to come to an agreement with the
program.
• The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral
changes required for the child or parent to return to the program.
• The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate
childcare (approximately one to two weeks’ notice depending on risk to other children’s welfare or safety).
• Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the program.

A CHILD WILL NOT BE EXPELLED
If a parent(s):
• Made a complaint to the Office of Licensing regarding a center’s alleged violations of licensing requirements.
• Reported abuse or neglect occurring at the program.
• Questioned the program regarding policies and procedures.
• Without giving the parent sufficient time to make other childcare arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION
• Staff will try to redirect child from negative behavior.
• Staff will reassess classroom environment, appropriate of activites, supervision.
• Staff will always use positive methods and language while disciplining children.
• Staff will praise appropriate behaviors.
• Child will be given verbal warnings.
• Child will be given time to regain control.
• Child’s disruptive behavior will be documented and maintained in confidentiality.
• Parent/guardian will be notified verbally.
• Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
• The Director, program staff and parent/guardian will have a conference(s) to discuss how to promote positive
behaviors.
• The parent will be given literature or other resources regarding methods of improving behavior.
• Recommendation of evaluation by professional consultation on premises.
• Recommendation of evaluation by local school district child study team.

I have read, reviewed and understand the YMCA Expulsion Policy.

Parent Signature ___________________________ Child’s Name ___________________________ Date ___________________________