



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Child Development Center Parent Packet Policies + Procedures 2020

## **YMCA of Pueblo**

3200 East Spaulding Avenue  
Pueblo, CO 81008  
710-654-5151  
[puebloymca.org](http://puebloymca.org)

Dear Parents,

Welcome to the YMCA of Pueblo Child Development Center! We are honored you chose us to care for your family. Please read the following pages carefully. Important information about our policies and procedures are enclosed.

We look forward to serving you and your family. The YMCA of Pueblo strives to provide a safe, affordable, convenient, and quality program that will meet your family's needs.

The YMCA programming teaches our four core values:

- Caring
- Honesty
- Respect
- Responsibility

These values guide how our staff interacts with you and your child, how we communicate with each other as staff, and how we expect the children of our program to treat each other and their Y Leaders. We hope that you are pleased with the programs we offer and have created for your child.

If you have additional questions, please contact us at 719-543-5151 extension 263.

Sincerely,  
YMCA Staff



# About our Program

## Hours of Operation

The YMCA Child Development Program opens at 7 a.m. and is open until 6 p.m.

## Ages of Children that We Serve

YMCA of Pueblo accepts children between the ages of 3 years and 12 years of age. Under Colorado State Regulations we are not allowed to take any child under the age of 3 or over the age of 12. A child that will be turning thirteen will be no longer eligible for childcare after their thirteenth birthday.

## Children with Access and Functional Needs

We aim to promote an inclusive environment where all youth, whatever their needs, can learn and develop in a happy, caring, and educational environment. We strive to include everyone, but take into account the safety and well being of all participants when determining the participation of any single child.

Decisions are made on a per case basis. When it is mutually determined by the YMCA Staff that a child needs professional assistance beyond the capabilities of the staff in areas of social, emotional, cognitive, language, and/or motor development growth, the parent(s) will be informed that our program does not have the adequate resources to care for their child. We always strive to include everyone, but take into account the safety and well being of all campers when determining the participation of any single person. Decisions are made on a per case basis.

## Reporting Child Abuse

YMCA of Pueblo programs are State licensed. The YMCA of Pueblo Child Development staff are mandated to report any suspicion of child abuse/neglect to Social Services. The license indicates that the program has met the required standards for the operation of a childcare facility. If you have not done so, please ask to see the license. If you believe that your child has been abused, you should seek immediate assistance from your county Department of Social Services. Colorado law requires that childcare providers report all known or suspected cases of child abuse or neglect.

Please contact The Department of Human Services Office of Early Childhood if you suspect abuse at 303-866-5958.

# Complete Before Care Begins

- Identification and Emergency Information
- Payment Agreement
- Personal History Information
- Waivers
- Insurance Information

## Immunizations

The State of Colorado requires a certificate of vaccination signed by the physician for every child. Vaccines will be due the day the child begins. Failure to follow this policy will result in a delay for your child starting the YMCA program, and your spot will not be reserved and placement will be given to a child on the wait-list. Immunization exemptions forms are also available.

## Physicals

Per state regulation the parent is required to provide 30 days after enrollment a physical for the child. If after 30 days you have not provided the physical your child will no longer be able to attend and placement in the program will not be guaranteed.

## Billing information

### Registration

All programs require a registration fee that is to be paid at registration. If the payment is not collected then your child's spot may not be saved. Colorado Child Care licensing rules require all parents/guardians to submit a copy of children's immunizations the day the child is scheduled to start. It also required that parents provide a physical within 30 days of registration. The child's physician must sign any medication authorizations before approval to attend the program. All medical needs/plans must be approved by the contracted Nurse Consultant and the YMCA site Director prior to attendance. If you do not have the proper paperwork, your child will not be able to start.

### Rates

Please visit [puebloymca.org](http://puebloymca.org) for a list of all of our programs pricing.

All monthly rates will be due on the first of each month. If you are late on a payment, you risk your child/children's position in the program.

#### Scholarships

The YMCA offers a scholarship program that may help to subsidize part of your fees for qualifying individuals. Please see the office for details and to pick up an application.

## **Changes to Account**

Fees will be based on the days and sessions for which you have registered your child. You will be responsible for fees for ALL days, sessions, and activities for which your child is registered unless parents fill out a Change Form at least seven (7) days before payment is pulled.

## **Late Payment + Returned Payment**

Payments received ten (10) days after the balance due date, without prior conversation with our Business Coordinator, will be charged \$20 per child, per session. Once the late fee has been established, only credit cards or cash will be accepted. Also, if payment is not received in full, according to the dates listed, the child will be removed from the session. If you have a payment that is returned there will be an automatic fee of \$20.00 that will be added. It is the parents responsibility to make the payment before the late charge take effect.

## **Refunds**

Cancellations must be received at least seven (7) days before your account is drafted. After a session begins, no transfers, credits, or refunds will be issued. No refund is given to a student who chooses to attend late, leave early, or those who are sent home for behavioral problems or illness.

## **CCCAP**

It is the responsibility of the authorized parent or guardian to approve your child's attendance in and out DAILY to ensure the reimbursement to the YMCA for the care they have provided. Failure to access ATS daily/weekly basis will result in being charged as a private pay parent or disenrollment of you child. All parents fee payments will be received on the second of the month. Late charges for returned payment fee will be applied if either occur.

## **Termination Policy**

If a child does not attend for ten (10) consecutive days without notice the child will be disenrolled from the program. If the child is on CCCAP, then the caseworker will be notified.

## **Absences**

Parents please call the YMCA 719-543-5151 Ext 265 by 10 a.m. to inform us of a child's absence. Absences are not refundable.

## **Information Changes**

Any changes in phone numbers, addresses, pick up authorizations, or custody decisions must be done in written form, then turned into the Welcome Desk of the Child Development Center.

# Daily Policies + Procedures

## Attendance

The staff takes attendance daily and counts the children every 30 minutes regularly. Sign-out sheets are verified after each session to ensure that every child has been picked up. If a child has not been signed out and is not in the room, the staff will call the home to ensure that they were picked up correctly. Names from the attendance sheets are often used to group the children for activities and lineup, etc. It is a State requirement that parents sign child in and out.

## Sign In + Sign Out

Your child will be released only to those adults listed on your authorization form. For your child's safety, a valid ID will be required when picking up your child. If you have someone that you need added to the pickup list, please let the teacher and front desk know. Please make sure your child's file has copies of any court documents regarding custody agreement when you enroll.

## Late Pick Up

The YMCA opens at 7:00 a.m. and closes at 6:30 p.m. If you have a late pick up there will be a charge of \$1.00 per min per child. Starting at 6:35 p.m. we will start calling parents/emergency contacts. If thirty minute has passed and we can not get a hold of anyone we will then have to call local authorities/ social services to come pick up your child.

## Visitor Policy

All visitors are required to sign in to the Visitor Log Book, and staff will ask to see an official I.D. When the Visitor Log Book is signed, the individual must indicate the date of their visit, time of arrival, time of departure, the purpose of their stay, and their signature. A visitor is defined as an individual on official business who enters the site and is not a staff member or parent (or documented representative of the parent) of a participant. Visitors will be limited to representatives of the Fire Department, Health Department, the Police department, the Department of Human Services, and Guests of the YMCA of Pueblo.

## Parent Involvement

Parent support is critical to the success of the program. The YMCA of Pueblo recognizes and values parents in our programs. Daily communication with staff is essential. Parents or guardians are always welcome to visit. However, the observing parent or guardian must be listed on the child's authorization card to have access to the program area.

## **Babysitting**

YMCA staff and volunteers are not allowed to babysit or transport children at any time outside of the YMCA program. Therefore we ask that you refrain from requesting staff to babysit your child.

## **Meals + Snacks**

Please provide your child with a water bottle, an appropriate lunch and two healthy snacks. We promote healthy living so any candy will be returned home unopened. Some of our programs will provide lunch; please ask about these opportunities. We only allow cold style lunches. No microwaves available. The YMCA is a nut free zone.

## **Personal Belongings**

The YMCA of Pueblo intends to have the children be responsible for their belongings as much as possible. We feel that this is an important life skill. We are not responsible for any lost or stolen items. Please make sure all your child's personal belongings are labeled for easy identification.

## **Rest Time**

If your child is joining us for nap please make sure that you supply them with a crib sheet and a blanket. Stuffed animals or "lovies" are allowed. Nap attire will stay on site unless soiled. They will be sent home the last day your child will attend for that week.

## **Electronics + Toys Policy**

Electronics are not allowed. ALL toys or electronics will be confiscated and held in the Director's Office and will only be returned to parents. This includes cell phones, tablets, iPods, DS, toys from home, and all other electronic devices. This allows your children to get the most out of the program.

## **Movie Policy**

Movies will be shown occasionally during the program. The movie will be offered to children as an option and will be a G rating (or PG rating with written parent approval). No PG-13 or R rated movies will be shown in school-age programs. Movies and screen time will not exceed 2.5 hours per week.

## **Daily Outside Time**

Children are required to have an hour of gross motor play a day. If weather is not appropriate for outside play then alternative play will be provided.

## Sunscreen

Each family must provide sunscreen for their child. All bottles must be labeled with the child's name. Staff will supervise the application of sunscreen. If your child burns easily, send an extra shirt to wear while outdoors/swimming. We strive to prevent sunburn, and we appreciate your efforts in bringing the child prepared.

## Swimming

Swimming is a part of the curriculum and weekly schedule. We ask that if you/your child does not want to partake in swimming they will need to be dropped off after their class has arrived back from swimming. We will not have staff available for children who do not want to participate. The YMCA of Pueblo has implemented a Swim Band Policy:

Children under 48" will be issued a green, yellow, or red swim band. This policy requires that all staff be present in the water with the children.

**Red Band:** Indicates the child has not taken or has not passed the swim test.

A red band indicates to lifeguards that a child is a non-swimmer who is under 48 inches in height and that the guardian is responsible for the non-swimmer. Children with a red band are required to be within touch reach of a guardian 16 years or older; with a limit of 2 red banded children per guardian at one time.

**Yellow Band:** Indicates the child can only be in shallow water.

A yellow band allows swimmers to use shallow water areas and small slides designated for swimmers who are not yet ready for deeper water and more challenging slides.

**Green Band:** Indicates the child has passed the swim test.

A green band indicates to lifeguards that a child has passed the swim test and is considered a swimmer. Any child listed in our records as a green band may be asked to re-test should a lifeguard deem it necessary. With a green band, a child will be able to swim in any area of the pool that is available for recreational swim.

## Transportation

When going on field trips, the procedures are as follows :

- Attendance will be checked before leaving the site.
- Children are assigned to different groups. An adult is designated for each group.
- Children are counted, and attendance will be taken on the bus upon departure from the site and the field trip sites.
- Children are counted upon arrival at the field trip site and counted several times during the excursion.
- Attendance is taken before boarding the buses to return to the site.

Should a child become separated from the group and determined to be missing, the following procedures will be implemented:

1. A staff member shall search the immediate area until the child is found and returned to the group.
2. If the Child has not been found within 5 minutes, the Child development Directors will



be notified.

3. The Child Development Director will contact the parents, proper authorities and the YMCA CEO if the child is not located within one hour.
4. The site leads will handle all the necessary documentation.

# Disciplinary Policies + Procedures

## Disciplinary Policy

The YMCA strives to maintain a positive approach to managing behavior at all times. The overall safety of all participants is our highest priority. Process in cases of inappropriate behavior, the following will be employed:

1. **Redirection:** Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. A verbal warning will be given at the onset of inappropriate behavior.
2. **Removal from the Specific Activity :** When a warning has been issued and behavior has not changed, removing the child from the activity for a personal time out is necessary.
3. **Behavior Reports:** When staff are not successful in correcting behavior, or the behavior is of a serious nature, a behavior write-up will occur. The write-up will be discussed with the child and parent, and requires a parent/guardian signature. If a child receives three write-ups, a parent conference will be required.

If the severity of the behavior reports continue this may result in immediate suspension or removal from the program using the following guideline:

- **First report:** Parent notified by Director and behavior report will be given.
- **Second report:** Parent will be called to pick up there child and suspension from one (1) to five (5) business days. (refunds will NOT be given for time missed)
- **Third report:** The action taken at this point is at the discretion of the Directors after appropriate consultation with the parent .

## Serious Behavior Issues

When a child has a serious discipline problem, the parent may be called by staff and asked to pick up the child. They may be suspended from the program for a period of one (1) to five (5) days or may be removed from the program entirely. No child will be allowed to continue in the program who becomes a safety hazard to him/herself or others. In addition to behavior management procedures outlined above, parents must be aware that a child may be released from the program, without refund, for the following misconduct:

1. Leaving the YMCA premises without permission, or going into unauthorized areas
2. Using foul language, being rude or discourteous to staff and other children
3. Defacing property
4. Physical Violence (fighting, biting, putting hands on another child, threatening)

5. Bringing or using any illegal substances and weapons
6. Any demonstration of sexual contact/words
7. Any behavior that jeopardizes the safety of staff or participants
8. Stealing

## **Injuries + Illness Procedures**

### **Injuries**

Minor cuts/abrasions will be taken care of by the staff. They will wash the area with soap and water and apply a band-aid. Staff will also attend to other minor injuries such as sprains and strains. All team members are First Aid and CPR Certified. Parents will be provided with a copy of the report for their personal file.

If your child is seriously injured, the Child Development Associate and team will take any steps that may be necessary to obtain emergency medical treatment. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian or those listed under emergency contacts;
2. If we are unable to reach you, we may call 911 Emergency Medical System or an ambulance service.
3. Take the child to the emergency room in the company of a staff member.
4. State Regulation requires that a report of injury will need to be sent to the state no more than 24 hour after an injury if medical care is needed.

### **Communicable Diseases**

In the event the children may have been exposed to an infectious disease, the sign in/out sheet will post a sign. Information regarding the illness and treatment will be obtained from the Health Department.

### **Allergies**

For our staff to better serve your child, it is imperative that parents inform staff of any allergies that their child may have or had for example food, medication, environmental or other substances. The YMCA is a nut free zone. Please be mindful of what you pack in your child's lunch/snacks.

### **Insurance**

Participants in YMCA programs are NOT covered by any accident or medical insurance policy by the YMCA of Pueblo. When participants are enrolled in the YMCA programs, parents must release YMCA of Pueblo officers, agents, or employees from all liability, demand or claims of

loss, damage or injury resulting from participation in YMCA activities, and must give consent for emergency treatment if deemed necessary by YMCA staff. Forms are enclosed in this packet.

## Medication

All medication must be brought to the site in the original container/box and given to a staff member. Medication left in backpacks is strictly prohibited. We must receive permission in writing and from a physician in order to administer ANY medication, including those over the counter.

Permission must include in detail:

- Name of medication
- Name of the child receiving the medication
- Exact amount of medication to be given
- Specific time medication is to be given (“as needed” is not acceptable)
- The correct route for dispensing medication (by mouth, nasal spray, injection, etc.)
- All paperwork (health care plan, any additional information from physician)

Trained and designated staff will administer the medication according to the directions and log the procedure and time in a bound book. The medication will be kept in a locked cabinet not accessible to children.

## Illness

According to state licensing requirements and for the protection of all children, parents will be asked to pick up children exhibiting the following symptoms: In some cases, a doctor’s note of release is required.

- Elevated temperature (over 100 degree Fahrenheit)
- Diarrhea or vomiting
- Undiagnosed rash
- Discharge from eyes, ears, nose or other sores.
- Diagnosed with a contagious illness such as strep throat, chicken pox, pink eye
- Lice
- Child appears lethargic and unable to participate in the days activities.

If child displays any of the symptoms above they will be sent home and will need to be symptom free for 24 hours before returning to our care.

Thank you joining the YMCA of Pueblo family!  
Youth Development | Healthy Living | Social Responsibility

# Identification + Emergency Information

ChildName: \_\_\_\_\_ EnrollmentDate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian:

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Contacts:

Physician's

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dentist's

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contacts + Pick Up Authorization

Please list anyone allowed to pick up besides Guardians listed above. Identification by valid Photo I.D. will be required at pick up.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

# Payment Agreement

All child care payments will be collected using a credit card draft or Electronic Fund Transfer using your banking account. This service is will only continue while my child is enrolled at the YMCA of Pueblo Child Development Center.

Please initial next to the following statements below.

\_\_\_\_\_ I understand that payment is due on the first of every month.

\_\_\_\_\_ I understand that if I wish to discontinue care; I must fill out a Child Development Cancellation/Change form (7) seven days prior to the date I want to discontinue care. If I don't, I understand that I may not be refunded schedule charges

\_\_\_\_\_ I understand it is my responsibility to notify the Child Development Center (7) seven days prior of any changes of address, bank account information, or credit card information/expiration date.

\_\_\_\_\_ I understand the per-program registration fee is a one –time yearly fee. It is non-refundable.

\_\_\_\_\_ I understand a \$20 fee is applied to every returned transaction. The YMCA of Pueblo reserves the right to collect those fees before continuing any services or allowing further registrations for any programs. Electronic Funds Transfer (EFT) or Credit Card Authorization

\_\_\_\_\_ I authorize my bank to pre-authorized EFT or Credit Card charges, against my account for (child care service) payments indicated below. When the bank honors the EFT or Credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any pre-authorized EFT or Credit Card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment, plus a service charge (including all service charges from my institution, the YMCA of Pueblo and any third party collections institute.) It is further understood that if such payment is not honored by the bank or Credit Card Institution, then the YMCA at its discretion, may submit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly payment:

Bank Name \_\_\_\_\_

Name shown on account \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I choose to utilize the Credit Card Payment option for monthly payment:

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ VIN \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I \_\_\_\_\_ acknowledge the Payment Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Personal History Information

Child's Name: \_\_\_\_\_

Nickname/s: \_\_\_\_\_

Mom \_\_\_\_\_

Dad \_\_\_\_\_

Guardian \_\_\_\_\_

Family Dynamic \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any custody Arrangements Please include paperwork.

\_\_\_\_\_

\_\_\_\_\_

Siblings of child:

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Has your child attended any Y Programs before? Yes / No

If yes, which programs \_\_\_\_\_

What activities does your child enjoy?

\_\_\_\_\_

What are your child's main interests and hobbies?

\_\_\_\_\_

Does your child have any allergies or health issues that we should be aware of?

\_\_\_\_\_

Has your child had any specific unfavorable experiences in this type of program?

\_\_\_\_\_

What word best describes your child's interaction with peers?

\_\_\_\_\_

What do you wish your child to gain by attending this program?

\_\_\_\_\_

Does your child wear an orthopedic appliance, glasses, or contacts?

\_\_\_\_\_

Please list any activities that you do NOT want your child to participate in:

\_\_\_\_\_

# Waivers

Please read carefully and initial.

## LIABILITY WAIVER

\_\_\_\_\_ The attached Health History is correct so far as I know and the person herein described has permission to engage in all activities including field trips and photos for promotional purposes. I agree to follow the rules, guidelines, procedures, and policies described in the Parent Packet. The Undersigned hereby agree to hold harmless and indemnify the YMCA of Pueblo and/ or any of its employees and/ or volunteers from and against any claims, demands, liability, costs of suit, damages, loss and/ or judgments in connection with any use of the YMCA properties.

## TRANSPORTATION AUTHORIZATION

\_\_\_\_\_ I hereby give permission to the YMCA of Pueblo to transport my child on the YMCA provided Transportation.

## PHOTO/VIDEO RELEASE

\_\_\_\_\_ I hereby give permission to the YMCA of Pueblo to use without limitation or obligation: photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting Y programs.

## SUNSCREEN PERMISSION

\_\_\_\_\_ I hereby give permission for sunscreen to be applied to my child by him/herself. In the event that my child forgot sunscreen, my child has permission to apply sunscreen that is provided by the YMCA.

## EMERGENCY AUTHORIZATION

\_\_\_\_\_ I hereby give permission to the allow medical personnel selected by the YMCA staff to order x-rays, routine tests and treatment for my child. In the event that I can not be reached in an emergency, I hereby give permission to transport, to hospitalize, secure proper treatment for and to order injection and/ or anesthesia and/ or surgery for my child. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

## SWIMMING WAIVER

\_\_\_\_\_ I hereby give permission for my child to participate in swimming at the YMCA.

## CLIMBING WAIVER

\_\_\_\_\_ I hereby acknowledge the inherent extreme risks in rock climbing, including climbing on artificial surfaces. I realize that those risks include, but are not limited to: falls from or contact with the walls or equipment, bad decision making, inattention of belayers or actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, and accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the facilities and/or the sport of climbing and I agree that said list is in no way limits the extent or reach of this release.

I VOLUNTARILY ASSUME ALL RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE DANGERS AND RISKS INVOLVED.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Insurance Information

Child's Legal Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

School \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Name or Policy Holder \_\_\_\_\_ Relationship to child \_\_\_\_\_

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