

YOUTH TENNIS ACADEMY SUMMER PROGRAM:

PARENT HANDBOOK

PHILOSOPHY OF EDUCATION

Children are the heart of our program. We believe that children need, expect and deserve to be guided in ways that will help their world be safe, interesting, stimulating, inviting and friendly. We believe that each child is a unique individual and is capable of learning at his/her own pace. Our goal is to improve all aspects of your child's body awareness and encourage a strong self-image by maximizing success for each student and therefore minimizing failure.

Your child's safety is our foremost concern. We maintain a safe and secure environment for all children who participate in our program.

Our ultimate goal is to improve all aspects of your child's growth: physical, social, emotional and cognitive. We provide a learning atmosphere that is warm, patient, positive and motivating. Our staff is prepared to meet the individual needs of your child by role modeling appropriate behavior, observing with care, and responding quickly with respect and affection.

It is our belief that the successful education of a child relies more on the process of learning than the end result product. Youth Tennis Academy provides a strong focus and concern for the child's feelings of self-worth as a person. Peer interaction, development of self-respect and self-control, development of friendships based on mutual caring and respect as well as development of self-awareness as a valued member of the group are some of our ultimate goals for each child's social growth.

We strive to work cooperatively to meet diverse family needs and to be supportive of families. We emphasize mutual trust, open communication, and encourage parental involvement in our center.

The combination of our professional staff and positive learning environment will provide fun and excitement for your child!

MISSION STATEMENT

The mission of the Youth Tennis Academy is to provide quality learning experience through tennis lessons and a variety of sport activities to all children and to keep it affordable for their families.

For Staff, the YTA maintains:

1. Memberships to various associations to provide them with current trainings.
2. We encourage the “team” approach to training and coaching.
3. Staff meetings are held weekly.
4. We maintain good working conditions in regards to hours and child/staff ratios.
5. We offer good salaries to foster long-term staff.

We are dedicated to serve as a resource for the children’s families in Bedford and the surrounding communities. We offer assistance and information to all in need.

BEHAVIOR MANAGEMENT PLAN FOR STUDENTS

The discipline procedures for students at the Youth Tennis Academy shall be directed so as to maximize the growth and development of all children and to also protect the group and individuals within it.

Procedures to be carried out in cases of physical harm such as hitting, kicking and biting are as follows:

1. First procedure to behavior management would be a verbal warning.
2. Second procedure would be verbal follow-up with warning that parent will be notified if child is unable/unwilling to follow directions.
3. Third procedure – phone call to parent/guardian or a meeting with a parent/guardian.
4. Fourth procedure – removal from summer program for the day.
5. Removal for an entire week.

See Termination Policy

No Student shall be subject to:

1. Corporal punishment, including spanking;
2. Cruel or severe punishment, humiliation, or verbal abuse;
3. Denial of food or shelter as a form of punishment;
4. Punishment for soiling, wetting or not using the toilet.

**DESIGNATION OF RESPONSIBILITIES IN CASE OF ABSENCE OF
DIRECTOR**

I, Andrey Spichkin, hereby appoint Mr. Dmitriy Spichkin in case of my absence from the Youth Tennis Academy facility.

YTA SUMMER PROGRAM BASIC RULES

1. Stay with and listen to your coach/counselor at all times.
2. Stay with your selected group.
3. Clean up after yourself.
4. Candy may not be eaten or gum chewed unless your counselor approves it.
5. Keep your hands to yourself.
6. Stay off all equipment unless instructed otherwise.
7. Bad language will not be tolerated.
8. If something doesn't belong to you, don't touch it.
9. When swimming, follow all pool rules and obey staff on duty.
10. You are responsible for your own actions, so treat everyone the way you would like to be treated.

TERMINATION/SUSPENSION POLICY

When the health, welfare and safety of the other children are at risk, the Youth Tennis Academy reserves the right to terminate services immediately.

Children at YTA will be terminated due to ongoing or severe inappropriate behavior.

Whenever possible, the following steps will be taken by the YTA staff:

1. Informal verbal warning;
2. Written warning to the parent;
3. Written warning and suspension for a day until a conference is held with the parent and director;
4. Termination.

PLAN FOR LOST SWIMMERS FOR BEACH TRIPS

A person in charge is appointed for every trip: Director; Coach or Senior Counselor.

Head count is taken before going into and coming out of pool of water by the assigned program counselor. All children swim with a buddy – no one goes into water alone.

Before going into the water a swim test is taken by everyone regardless of age.

A lifeguard assigns a lifejacket or not. A lifeguard determination must be respected and followed. A lifeguard designates a swimming area for a swimmer based on the results of swim test: shallow or deep water. A swimmer must stay in the designated area at all times.

Program counselors are responsible for their own group of children if a proper ratio is needed; they do not depend on the lifeguards to watch children in water. Ratio 6-1.

If child doesn't come out of water, program official responsible notifies other responsible adults, lifeguard, emergency medical staff of their location and goes back into water to look for lost swimmer.

Counselors supervise children and do a head count at all times.

If a search for a lost swimmer is underway and to maintain safety for all the children, they would be directed back to the transport bus.

If child is found, lifeguard or counselor administers First Aid/CPR if needed, and follows emergency procedures according to Policy. Program counselor would stay with child if transported to hospital by ambulance or other means.

Missing Swimmer Procedure In Details

- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas. Using a communication system, ask the student to report to the main lifeguard area, since the student may have left the area.
- Contact emergency personnel, such as the local fire department, police or search and rescue squad. Notify the dispatcher that you have a possible lost swimmer. Delays in contacting emergency numbers (911, if available) must be avoided. It is better to cancel an emergency call once the swimmer is safe than to delay a call that might save the swimmer.
- Adult counselors may help search shallow areas; trained lifeguards should search deeper areas. Other staff should check bathrooms, showers, locker rooms, missing student's cabin or tent and other program areas.
- A common practice is to move all students to one central location to do an accurate head count or roll call.
- Lifeguards must continue to search the entire waterfront
- The search must continue until all students are accounted for.

- The person in charge of the search should have a list of staff conducting searches in assigned areas. Account for the staff to avoid the need for a double rescue. Staff conducting the search (including lifeguards) should use the buddy system.
- The person in charge of the rescue should interview the person who reported the missing swimmer; information about the swimmer's last known location, etc. is used to direct the search.
- All lifeguards search the swimming area, starting where the missing student was last seen. Make sure to look under docks, piers, rafts, and other potentially dangerous locations.
- At waterfront facilities such as state parks, staff may have to check other playgrounds, sites, and wooded areas. Searching Shallow-Water Areas
- To search shallow-water areas with pool water clarity, adult volunteers or nonlife guarding staff members should link arms or hold hands and form a line in the water.
- One lifeguard should serve as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- The shortest person should be in the shallowest water, and the tallest person should be in water that is no more than chest deep.
- The whole line slowly moves across the area together. Start where the lost student was last seen. One lifeguard should be assigned to oversee this part of the search.
- As the search line moves forward, the searchers gently sweep their feet across the bottom with each step.
- **The searchers must not go deeper than chest-deep water.** Only trained lifeguards should search deeper areas. Searching Deep Water Areas Use the American Red Cross "deep water line search" to search for lost swimmers in water that is greater than chest deep. It is outlined below:
- Several lifeguards, wearing masks and fins, form a straight line, no more than an arm's length from each other. One lifeguard serves as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- On command from the lead lifeguard, all searchers do the same surface dive (either feet first or headfirst) to the bottom and swim forward a set number of strokes (usually three).
- If the water is murky, the searchers search the bottom by sweeping their hands back and forth in front of them, making sure to cover the entire area.
- Return to the surface as straight up as possible. At the surface, the line backs up, the lead lifeguard checks to make sure all searchers are accounted for, the line reforms, and on command from the lead lifeguard, dives again.
- Repeat this procedure until the entire swimming and diving area has been searched in one direction. Make sure not to miss any areas on the bottom when you dive and resurface.
- The searchers then repeat the pattern at a 90-degree angle to the first search pattern.
- If the missing swimmer is not found in the swimming and diving areas, expand the search to nearby areas. Consider the effects of any currents.

- Continue to search until the missing person is found or until emergency personnel arrive.

PLANS FOR SUSPECTED CHILD ABUSE OR NEGLECT

All Staff of Youth Tennis Academy working with children are mandated reporters. A staff member should suspect abuse or neglect if a child displays some of the behaviors or symptoms listed below:

1. Continued unexplained crying.
2. Frightened behavior with personal contact, i.e. patting of hand.
3. Changes in bathroom routine, i.e. constant wetting or soiling
4. Physical changes; bruises, marks or severe uncleanness.
5. Child verbalizes concern.

A staff member should immediately inform coworkers of the concern or suspect and a second teacher investigates concern. The child's behavior or condition is documented by the Staff member and is dated and brought to the attention of the Director.

The Director will talk with the child and will ask the parent for explanation of concerned area. (430.093 B3). The Director will notify BOH and D.S.S. and a 51A will be filed within 48 hours of notice of injury if there is one.

The alleged staff member will be restricted from contacting the child and/or placed on the administrative leave until the end of investigation.

The handling of the suspected abuse or neglect will be encompassed within the time frame of one week.

DEPARTMENT OF SOCIAL SERVICES: 1-800-540-4799 OR "DEBBIE" AT 508-234-000/1100

AFTER HOURS HOTLINE: 1-800-792-5200

PROCEDURE FOR MILDLY ILL STUDENTS

Definition: A mildly ill student is the one who doesn't feel good for some reason but doesn't show a distress behavior or symptoms.

1. Rest in designated area which can be a chair or a bench on the indoor or outdoor courts. Program counselor notifies Director. Director calls parent if necessary to determine a possible cause of illness. If no parent available a reasonable timeframe will be given to a student to get feel better. If there is no improvement or condition worsen contact EMS by calling 911.
2. If necessary, a student will be moved to an isolated designated area: the office by the gym dressing rooms inside the building.
3. Parents and Staff determine if child is able to continue with program day. Director can insist on picking up a student if that feels like a safe approach.
4. Document time of illness and symptoms.

ILLNESS EXCLUSION PLAN:
COMMUNICABLE DISEASE REPORTING/PARENT EDUCATION
(For Serious Illness and Contagious Disease)

Parents will keep their children home if they exhibit any of the following symptoms below, any of the following will be released.

Notify parent or emergency person by phone in case of:

- a. fever
 - b. rash
 - c. diarrhea
 - d. vomit
 - e. communicable disease: scabies, head lice, strep throat, pink eye
-
1. If no one can be reached, a student will be isolated in the designated infirmary which is the office by the gym and staff member needs to be with child at all times until EMS arrives.
 1. Permission needed, written or verbal from doctor saying child can return to program.
 2. Child cannot be a health risk to the rest of the children.
 3. Notify parents of communicable disease if it pertains to their child's group.

Program Director will consult with HCC first and notify BOH in a timely manner if the diagnosis is confirmed by HCC. In case of Emergency Illness situation call 911.

Emergency Illness Situations

A condition of a child will be considered an emergency if:

- There is a nonstop bleeding internal or external
- Unconsciousness
- Seizure
- Symptoms of a stroke or heart attack
- Severe burns
- Heat stroke or heat related illness
- Severe Hypothermia
- Lightning or an electric shock
- Obvious concussion which was observed
- Severe shortness of breath; Asthma
- Severe allergy symptoms

Program Director will consult with HCC first and notify BOH in a timely manner if the diagnosis is confirmed by HCC. In case of Emergency Illness situation call 911.

Copy of Communicable Disease Reporting is available for parents upon request.

PROCEDURES FOR INJURIES

Minor and Severe

1. First Aid to the children is administered by Program Director certified in First Aid.
2. If bleeding, wear gloves.
3. “Accident or Injury” report filled out and a copy/photocopy needs to be signed by parent. One copy goes in child’s file; one copy goes to parent.
4. Authorized staff member fills out “Injury Log” in the Medical Book for minor injuries which is a notebook with pages numerated.
4. If serious injury – broken bones, nonstop bleeding, etc. and if child needs to go to the hospital, the Injury Report must be filed with DPH within 7 days.
5. The standard injury report form is applicable and kept on site at all times.

Injuries:

Must be addressed according to the nature and severeness of an injury:

- All injuries must be treated as per First Aid guidelines
- Cuts and bleeds are band aided. If blood doesn’t stop call 911
- Rolled ankles and such are ice-treated and put to rest
- Broken bones and dislocated joints are temporarily fixed in place by soft tissue/towel until EMS arrives
- Heat strokes and such are treated with cold water and ice in a shady location until EMS arrives
- Burns are treated with a room temperature water and bandaged with gaze
- Concussion cases are treated the way to ensure the maximum immobility of an injured one and a quite rest conditions

The designated Infirmary is the office by the Gym inside the building.

The Program Director will:

- a. Call 911
- b. Administer First Aid
- c. Attempt to call parent
- d. Accompany child to hospital
- e. Stay with child until parent arrives

- f. Under any circumstances the staff will stay in the most safe area with children until emergency personnel arrives

While on field/beach trips:

- Field trip coach must bring First Aid kit to all trips.
- Carry authorized forms for hospitalization.
- Follow procedures above in case of an injury.

*Please note: All lunches must be packed by parent in insulated lunch bag w/ice pack.

FIRST AID EQUIPMENT

First Aid Kit is located by the Pool and Gym area.

Supplemental American Red Cross Approved First Aid Kit is located at the indoor courts by the fire exit #3. *See Fire Escape Plan*. Additional First Aid Kit A & B located on the courts by the stairs entrance.

- First Aid is administered by Program Health Supervisor
- First Aid Kit is maintained by CINTAS and Program Health Supervisor
- Contents of the First Aid Kit are fully stocked by CINTAS in Agreement with The Hotel
- Injury Prevention; Treatment and Management are done in accordance with the American Red Cross First Aid requirements.
- Procedures are preserved for reporting serious injury, in-patient hospitalization, death of a student or staff person to the Department of Public Health.
- Procedures are preserved for informing parents when first aid is administered to their children, including time frame and documentation in the Medical Book.
- Plan for infection control and monitoring is described in the Illness Exclusion Plan.
- The blood spills if any will be cleaned by a detergent while using gloves.

DISASTER PLAN

Mother Nature Based

The staff will be advised of the procedures of the plan.

If advised by authorities to evacuate an area, do so immediately.

Occupants/students will be alarmed to evacuate or retreat to shelter via voice commands.

The students and staff will wait in the safest area of the building for the emergency personnel to arrive to get transported from the program to emergency facilities, including, but not limited to, emergency shelters.

Tornado or Extremely High Winds

- Go to a basement (if available) or to interior rooms and halls on the lowest floor. Stay away from glass enclosed places or areas with wide-span roofs, such as an auditorium or lodge. Crouch down against the floor and cover the back of your head and neck with your hands.
- If no suitable structure is nearby, lie flat in the nearest ditch or depression and use your hands to cover your head.

Lightning

When inside:

- Avoid using the telephone (except for emergencies) or other electrical appliances.
- Do not take a bath or shower.

When outside:

- Go to safe shelter immediately.
- If you feel your hair standing on end, squat down with your head between your knees. Do not lie flat.
- Avoid isolated trees or other tall objects, bodies of water, sheds, or fences.

**POLICY FOR CHILDREN WHO FAIL TO ARRIVE AT SUMMER PROGRAM,
BUT ARE REGISTERED**

A student arriving to the program must check in with a parent/guardian. Staff member checkbox all arrivals and present the list to Director at 9am.

At daily orientation with students at 9am Director makes a head count and match all the names on the Student Chart by calling the names of students one by one.

If there is a student still absent he/she will be given a 60 min grace period.

If there is no show of a student, Director will contact parent/guardian or other contact name provided on student's application form and will take a written note of that.

A reason for a student being significantly late or absent must be established by the end of day to determine a cause of that to avoid a situation then a really sick student will show up in program next day. *See Illness Exclusion Plan.*

POLICY FOR UNREGISTERED CHILDREN ARRIVING AT SUMMER PROGRAM

Immediately check with child's parents if on site. If no parent on site, find out which student child arrived with if possible.

If a person is not recognized a phone number is obtained from a child and a parent is called back in immediately.

Contact Director and obtain contact information and call parents/guardian to determine the cause and decide with a parent what the next action to take is.

If a student would like to be admitted Director makes sure there is a program registration form and medical form on file as a condition for admittance. If papers are in order Director put a student name on the Program Chart.

If any papers are missing the child will remain under counselor supervision until a parent arrives with the papers needed.

If that was a mistake on a parent side a parent will pick up a student asap.
Director will take a written note of discharging a student to a parent.

LOST STUDENT PLAN

Counselor reports the missing student to the main office in person or via cell phone, including the following information:

- Student's name and age
- Last place student was seen
- What student was wearing
- Any other pertinent information

Lifeguards clear pool area if applicable.

During a lost student search, one person must be in charge of the entire search to avoid confusion and wasted time. This should be the most senior-trained person, such as a head counselor or program operator appointed by Director.

- Report the missing student to the main office, including the following information:
 - Student's name and age
 - Last place the student was seen
 - What the student was wearing
 - Other information that could be helpful
- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas.
- Conduct a search of bathrooms, showers, locker rooms, missing student's cabin or tent and other program areas.
- A common practice is to move all students to one central location to do an accurate head count or roll call.
- Program staff should search assigned areas to ensure the program and surrounding areas are searched.
- If the student was last seen near water, lifeguards must search the entire waterfront.
- Check records to determine if the student was picked up early by parents or made other special arrangements. If not, contact the parents/guardian to determine if the child was picked up without notifying the program office.
- Notify emergency personnel at 911 if the student is not found immediately or if the student found requires emergency medical intervention. The search must continue until all students are accounted for.

A parent is notified immediately at that time.

FIRE and EMERGENCY EVAC PROCEDURE

Director provides a training fire/evacuation drill every Monday morning between 9-10am, documents time; number of students and staff and effectiveness of drill.

The staff will be assigned a specific area of indoor or outdoor courts.

Staff will stay with students at all times during any kind of fire alarm or emergency.

All means of egress are identified in the fire escape plan and consist of three exits at indoor courts and a gate at outdoor courts. The Fire Escape Plan is posted on the fire exit doors and The Bulletin Board.

Staff will notify students of a fire alarm or emergency by a voice command and will lead them out of the building. The most senior staff on site is in charge. If he/she is absent/disabled next person in a chain of command takes charge.

Staff will call 911 or Fire Department at (781) 275 72 62 when authorized.
The Fire Department phone number is posted on The Bulletin Board at the indoor courts.

If a fire alarm sounds and fire sensors are illuminated Director or Senior Staff leads children out of the building to an adjacent parking lot (designated meeting area) through one of three indoor courts exits which seems most safe to a parking lot.
Outdoor courts players use a gate and follow to a parking lot meeting area.

Director calls 911 if there is an obvious sign of fire: smoke and/or flame or in case evacuation is needed.

Head count is conducted immediately.

If any person is missing Program Staff check around the building for stragglers if it seems safe. No one goes back into the building unless permitted by Fire Department crew.

Fire and Emergency Evac Drill Training Schedule posted on the YTA Bulletin Board at indoor courts along with The Fire/Emergency Evac Escape Plan

Designated meeting area is an adjacent parking lot next to a volleyball court. This area is far enough away from buildings so as not to interfere with fire department operations. At the designated area, assigned staff should conduct a head count. Students must remain in designated areas until the fire drill/alarm has ended.

Instructions for Director or Senior Staff:

- Notify anyone in the immediate area of danger
- Close doors to confine fire/smoke, but do not lock them
- Activate or request that someone else activate the fire alarm if that hasn't.

- Evacuate the building, assist students and other staff under your direction

Call the fire department (911 or other emergency number) and give them the following information:

- Building name and address
 - Detailed location
 - Location of fire in the building
 - Known information about the fire/smoke
 - Call back telephone number
 - Do not hang up until the emergency services operator does so.
 - Use a fire drill checklist to assist you in the process and to document that fire drills have been performed.
-
- Call parents asap after everyone is safe and accounted for.

POLICY FOR USE OF SUNSCREEN AND LIP BALM

Parents are asked to apply sunscreen and/or lip balm before child comes to program.
A sunscreen is an item on the student's list. Coach/counselor does not apply.

If child is 6 years or older, parents are asked to show how its done and practice with their child.

Counselor will remind children to apply sunscreen.

Wipes/tissue will be provided for cleaning hands after application.

Counselors encourage use of hats/visors and sunglasses.

TRAFFIC CONTROL PLAN

Students will be dropped off and picked up as listed below:

Please proceed to the outdoor courts deck area with chairs and umbrellas located in the front of the indoor courts building.

All kids will be dropped off and picked up at this area (in case of rain inside the gym area).

Please check information board located at indoor courts as it may change according to weather and activities scheduled.

A counselor will greet all students.

Ample parking is provided at the front of the outdoor courts.

**PLAN FOR DELIVERING;
DESTROYING AND/OR RETURNING MEDICATIONS**

If a student is on medication, that medication will be administered only by Program Director or a designee certified in First Aid.

A parent gives permission in writing for delivering a medication.

A medication must be approved by Health Care Consultant.
A standard form is applicable and kept on site.

A medication will be returned to a parent or guardian upon request at conclusion of the student enrollment, by the Health Care Supervisor. If there is no such request a medication will be destroyed in a recycling manner.

The health supervisor or a licensed health care professional may accept delivery of prescription medications from a parent/guardian in writing.

STORAGE AND ADMINISTRATION OF MEDICATIONS

Program will maintain the following storage and administration of medications policy:

- obtain written permission from the parent/guardian to administer medication to a student;
- provide for secure storage of refrigerated and unrefrigerated medication;
- provide a health care consultant: a physician, nurse practitioner or physician assistant with pediatric training licensed to practice in the Commonwealth of Massachusetts;
- provide a health supervisor: at minimum, an individual, at least 18 years of age, specially trained in first aid (at least current American Red Cross Standard First Aid certification or its equivalent) and CPR.

Meds are administered by Andrey Spichkin or in his absence by Dmitriy Spichkin who are First Aid Certified.

Epi pen is administered in case of severe asthma or else. A phone call to a parent who consented to the use of Epi while signing up for program as well to HCC might be made to make sure the symptoms warrant the use of Epi.

Parent provide Epi(s) prescribed by child physician to the Program Director first day of Program at the Monday morning check in.

Student can carry and administer Epi to him/herself if parent is Ok with that and a child is capable to do that. Program Director must be notified by a parent.

Program Director is trained by HCC to give Epi according to the DPH standards and document the training to provide annual updates.

If a student has diabetes Program Director notifies HCC and gets instructions. Parent notifies Program Director and approves his/her child to take medication under Program Director supervision. Student can manage blood sugar and insulin intake upon a guardian approval. Same rules apply for hypo/hyperglycemia medications.

Sharp disposal is done in a safe manner in the Sharp Box Container approved by BOH immediately after usage to avoid contact with skin.

The Sharp Container is stored on the premises in the secure location.

All medical disposal by approved method is recorded in the Medical Book log and maintained for 3 years.

Program Director is trained by HCC in regards to storage and administration of medications.

HEAT RELATED ILLNESS PREVENTION AND TREATMENT

Many summer recreational programs for children involve strenuous exercise and outdoor activities performed during the extreme heat and humidity. As a result, many people including young and healthy children, can be at risk of heat related illness.

The prevention of heat related illness is always the primary goal.

However, knowing how to identify and successfully treat heat related illness is equally important. Unrecognized or untreated heat related illness can result in adverse health conditions including in extreme cases death.

Please refer to the U. S. Centers for Disease Control and Prevention (CDC) guidance document entitled “Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety”. The document describes in detail preventative measures for avoiding heat related illness, as well as warning signs and associated treatment recommendations based on the severity and type of heat related illness.

We would appreciate your sharing a copy of this brochure with families and other clinics or programs involving outdoor activities in your town.

If possible, please post a copy of the brochure on any bulletin boards or other locations where the information may be readily accessed by the general public including the library or town hall.

You can download copies of the information including a PDF version formatted for print from the CDC website at http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp.

A “Beat The Heat” Chart is posted on The YTA Bulletin Board.

DAILY ITEM LIST FOR FULL-DAY STUDENTS

1. Each day students should bring the following with them (please have marked with child's name)

- A morning and/or afternoon snack with drinks
- A lunch in an insulated bag with an ice pack and drink
- Extra insulated water bottle if desired
- NOTE: we prefer that children not bring juice boxes as they cannot be closed and saved for a later drink. A reclosable plastic container would be more appropriate. Glass bottles must not be brought to summer program!

2. Students should dress appropriately according to the day's weather. Please have your student bring the following each day, in a backpack, marked with child's name. Waterproof sunscreen should be applied before arrival.

- Flip flops and sneakers
- A racquet
- Bathing suit and towel for full day students
- Floaties and/or swim goggles
- Elastics for long hair
- Hat, visor or sunglasses
- Extra sunscreen
- Additional suggestions: quiet time activities, i.e. books, cards, small games.

PLEASE DO NOT BRING: radios, CD players, electronic games.

3. If you choose to send money for ice cream or snacks, please put your child's money in a zipper pouch or wallet with his/her name on it. Please instruct your child in the safekeeping of his/her money. YTA will not be responsible for lost money but will reinforce safekeeping habits.

4. Please be sure that your emergency numbers are on the registration form. If you will be at a different number for a particular day, please leave that number with the office.

5. Please indicate if your child is a non-swimmer or has a fear of water.

DAILY ITEM LIST FOR HALF -DAY STUDENTS

1. Each day students should bring the following with them (please have marked with child's name)

- A morning and/or afternoon snack with drinks
- Extra insulated water bottle if desired
- NOTE: we prefer that children not bring juice boxes as they cannot be closed and saved for a later drink. A re-closable plastic container would be more appropriate. Glass bottles must not be brought to the program!

3. Students should dress appropriately according to the day's weather. Please have your student bring the following each day, in a backpack, marked with child's name. Waterproof sunscreen should be applied before arrival.

- Flip flops and sneakers
- A racquet
- Elastics for long hair
- Hat, visor or sunglasses
- Extra sunscreen
- Additional suggestions: quiet time activities, i.e. books, cards, small games.

PLEASE DO NOT BRING: radios, CD players, electronic games, cell- phones

3. If you choose to send money for ice cream or snacks, please put your child's money in a zipper pouch or wallet with his/her name on it. Please instruct your child in the safekeeping of his/her money. YTA will not be responsible for lost money but will reinforce safekeeping habits.

4. Please be sure that your emergency numbers are on the registration card. If you will be at a different number for a particular day, please leave that number with the office.

PARENTAL LETTER OF AGREEMENT

I, _____, have read and understood all policies presented to me by the Youth Tennis Academy in regard to my child/children's participation in YTA's Summer Program guided by MDPH.

Signed _____

Date _____

BACKGROUND CHECK POLICY

All coaches are required to perform CORI and SORI background check to work in Summer Program. All counselors 18+ are required the same.

No staffer is allowed to work in Summer Program before CORI and SORI are fully completed.

The copies of background check are acquired from the state authorities and kept on file and available upon request.

No out of state applicants are admitted.

STAFF ORIENTATION AND TRAINING

All staffers go through orientation one week prior Summer Program commences.

The coaches are informed about changes if any and given heads up about the Summer Program scope.

The orientation includes but not limited to:

- Fire Drill Procedure
- First Aid
- Behavioral Management and Reporting
- Emergency Situations
- Injuries Treatment
- Student Illnesses
- Child Abuse and Neglect
- Lost Student Plan
- Disaster Plan
- Policy for Sunscreen, Lip balm, Insect Repellant
- Sign In – Sign Out Policy

All staffers sign The Orientation Acknowledgement Sheet which is kept on file.

THE ORIENTATION ACKNOWLEDGEMENT SHEET

Name

Signature

Date

STATEMENT OF COMPLIANCE TO COOPERATE WITH
INVESTIGATION

I, Andrey Spichkin, will comply with DSS investigation in case
of child abuse and neglect during YTA Summer Program.

Signed

Date

COUNSELORS REQUIREMENTS

- YTA Tennis Summer Program counselor is required to be 18 years old. A 16+ (15+ years old as CIT's) junior counselors are admitted who have a tennis background of at least intermediate level.
- He/she must be a current or former student of YTA

Counselor is required:

- to have an experience working with 10 & Under students
- to have a basic knowledge of running a warm-up; checking students in and out
- to know common tennis drills and games; basic tennis technique
- to have great communication skills with kids
- to supervise kids during tennis practices and breaks
- to address their issues such as water supply; sunscreen/lip balm/insect repellant
- to report anything related to a mood; happiness; harassment or suspected child abuse and neglect
- to greet parents and explain the basic rules of Summer Program if necessary
- to accompany little kids to a bathroom and comfort them

MEDICAL WASTE

Medical waste if any will be disposed in a recycling manner at the designated recycling bins at The Double Tree Hotel in Bedford.

Sharp needles will be disposed in the BOH approved Sharp Box Container which will be secured from outside access and located on the premises.

MAINTENANCE OF RECORDS

YTA maintains the copies of staff and student records for 3 years.

The Summer Program Registration Form with a waiver and Medical Form with Immunization Record signed by physician are kept on file.

The requirements are posted on the website and included in YTA Summer Program Plan and Policies (Parents Handbook) available on the website as well.

PHYSICAL EXAM AND CERTIFICATION OF IMMUNIZATION

All students are required to submit standard for the state schooling system physical or medical form signed by primary care physician.

All allergies, medications, medical conditions such as disabilities, etc. must be stated on the form and signed by a parent and physician.

If medical issue arise a form is forwarded to Health Care Consultant for further review and recommendations.

Persons with TB are restricted and subject to HCC review and approval.

If student's parents restrict immunization from religious standpoint a written statement from legal guardian is required and subject to HCC approval.

Immunization contra: will need a written statement from child physician.

All exclusions/exemptions are made by HCC.

INJURY REPORT POLICY

The procedures for injuries are described in PROCEDURES FOR INJURIES chapter of YTA Summer Program Plan and Policies.

In case of serious injury a report will be filed with DPH within 7 days of the accident.

The standard state DPH injury report form will be used and will be mailed to:

Mass Dep of Public Health
Bureau Of Environmental Health
Community Sanitation Program
250 Washington Street – 7th Floor
Boston, MA 02108-4619
(617)624 5757
Celestine.payne@state.ma.us

HEALTH CARE POLICY

Basic Health Care Policy guidelines are described in the Procedure for Mildly Ill Students and The Illness Exclusions chapters of YTA Summer Program Plan and Policies.

At the check in all students are checked visually for any signs or sickness or fatigue. Parents verbalize any concerns and if there are concerns parents are notified that the child will take it easy and a call might be made for a child pick up if necessary and if Program Director feels like this is a safe approach. Students are monitored on a daily basis for any sign of illness. It's reported to Program Director if any.

Infection control is based on Communicable Disease Reporting and include universal precautions such as cough ethics, washing hands before meal and after using a bathroom, applying band aid if bleeding (staffer wearing gloves), clean up procedures.

Medication storage is based on Storage and Administration of Medication.

Insect repellant is encouraged, applied by the student not staffer. Tick check inspection is performed if necessary.

Allergy symptoms must be on the medical form. Common awareness is promoted during breaks. The staffers are informed and notified about the procedure during a training.

Copy of Health Care Policy is available on the website or given to a parent upon request.

Parents are informed below about Meningococcal Disease.

TREATMENT OF STUDENTS WITH DISABILITIES

Medication Administration and the Americans with Disabilities Act Compliance with the Americans with Disability Act (ADA) require that all children be given equal access to recreational programs. Therefore, a recreational summer program that refuses admission of a student based on a student's need to take medication, has a no medications policy, or refuses to accommodate a disabled student requiring medication administration may be in violation of the ADA. For more information regarding ADA compliance, please contact the United States Department of Justice at 1-800-514-0301 (voice) or 1-800-514-0383 (TDD) or visit their website at www.usdoj.gov.

YTA does not discriminate against persons with disabilities. However, a parent must make sure that tennis activities are suitable for a child and must be approved by his/her physician as well. Approval is signed by parent and physician on medical form.

Program Director makes sure a person is treated fairly and observes a child behavior making sure its safe to him/herself and others. If any issues arises Program Director consults with HCC and contact a parent asap.

No Wheelchair tennis is provided at the premises due to safety reasons and hard courts construction constraints.

TOBACCO; ALCOHOL AND MARIJUANA USE

No tobacco in any form/nicotine delivery devices are allowed in Summer Program.

No alcohol or marijuana are allowed in Summer Program during operating hours.

PERSONAL WEAPONS POLICY

No personal weapons, bows, knives, other sharp objects are allowed for students.

For staffers it's allowed with Program Director permission.

If allowed, needs to be locked and used with supervision.

GENERAL PROGRAM REQUIREMENTS

All students are signed in and out by a coach or counselor at The Sign In – Sign Out Sheet.

If parent is late Program Director will stay with a child until parent arrives. A parent must call in to notify Program Director for how long he/she is going to be late. If that's more than 15 minutes a parent will be charged based on a \$25/hour rate.

All general program requirements are posted on the program information page on the website;

- in the YTA SUMMER PROGRAM PLAN AND POLICIES posted on the website;
- in the Summer Program Brochure posted on the website.

By signing Summer Program Registration Form a parent/guardian acknowledges that he/she read, understood and agreed with YTA Summer Program Plan and Policies.

In addition a printed copy of YTA Summer Program Plan and Policies is located in the folder on the Bulletin Board at the indoor courts.

MINIMUM DAILY FOOD REQUIREMENTS

YTA meets the Dietary Guidelines for Americans by providing food from [Ninety Nine](#) restaurant in Billerica.

Meals in Summer Program are provided in two ways: home meal or ordered meal. A lunch is served at the designated area at 1pm. Students who chose lunch included option order from a menu. Parents are obliged to familiarize themselves with the menu and advice a child what to buy for lunch. A lunch order will be taken by a counselor at 11.15am during first break and delivered at 1pm. A student can choose no lunch option and simply bring some money to order food.

If a student doesn't have money YTA will always credit a student and order food for him/her and will tell a parent how much that was later.

Parents concerned with special diet, allergies, diabetes, etc. must provide home meal or instruct Program Director in writing what food a child cannot order. Program Director will make sure a parent requirement can be met. If its not possible a parent provides home meal. Home meals will be stored in the fridge if necessary.

Therapeutic diet students must bring a home meal. Another option is to give a list of what to order day by day out of the menu.

Staffers will help persons with disabilities to have food.
No meal will be denied unless to medical direction.
No student will be forced to eat against their will.
A balanced diet will be encouraged.

Meningococcal Disease Information for Parents

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are program attendees at increased risk for meningococcal disease?

Children attending day or residential summer programs are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at summer programs.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.

FIRE ESCAPE PLAN CHART

