FIRST EDITION

PRINCIPLES OF YMCA *Child Care*

YMCA OF THE USA

A "What If"
A Vision for the Future of Our Kids

You and I have an opportunity and a responsibility to form a collaboration that will make a real difference in the lives of thousands of children here in Baltimore. We are lucky there is already an array of programs that are good, but they don't really reach the majority of our kids. What if we committed ourselves to bring these programs to every child--kindergarten through eighth grade--in the Baltimore City school system by the year 2000 with a new initiative called *"The City of Baltimore Agenda for Kids."* The program would be a partnership between already existing agencies that have a proven track record of success and the focus would be on prevention and intervention versus rehabilitation. It would operate during "latch key care time," 3:00-6:00 p.m., the most dangerous time for kids in terms of youth crime and violence.* The partnership could consist of the following agencies:

- **YMCA of Central Maryland** - The YMCA's focus would be implementing its character development program of respect, responsibility, caring and honesty into this initiative with a goal of developing stronger citizenship over the long term. This initiative gives kids the tools to make better choices when they are faced with negative influences. In addition, the YMCA Black Achievers Mentoring Program, a program which helps youth to set and attain high educational and career goals while developing a social network with peers and adults, would be offered to all African-American kids. This is a nationally recognized program designed by the YMCA of the USA.

- **Junior Achievement** - Start with kids at a younger age on job readiness, with an effort to change the mentality to one that says work is okay, work is important and to demonstrate how education relates to success in the workplace.

- **Sylvan Learning Systems** - Bring in their superior supplemental education component to really help kids learn better at a younger age. A strong education is critical for long-term success.

- **PAL** - Incorporate the Police Athletics League's recreation programs and their site security expertise as well as their programs for building police relationships on an individual basis. Creating a situation where children view police officers as positive people would be very helpful long-term.

- **BUILD**- Work with The Baltimore Urban Initiatives for Leadership Development's after school program, called Child First. Also really communicate with the African-American churches and the ministers to gain their support for the partnership, they know and understand their neighborhoods.

- **Safe and Sound Campaign** - Their presence is very important because of its "grass roots" approach and research on high risk kids to ensure that children grow up safe and healthy. Safe and Sound could be the lead organization pulling this entire effort together with funds from the Robert Wood Johnson Foundation if the grant is awarded to Baltimore.

- **Baltimore City Public Schools** - The school system will be a key player for facilities' use and some staffing. Their effort could really compliment the partnership and assist kids long-term in the public school system, particularly now with the changes being planned and the new school board.

Extended care should also continue with a coordinated effort to involve other agencies in wrap-around programs that provide care for children in the evenings, on weekends and during the summer. City recreation centers should be part of this effort as well as existing day camps, residence camps, and many other outstanding facilities and programs. I believe this kind of partnership or something similar could really begin to impact the future of kids and give hope where there is hopelessness.

Respectfully,

Lee Jensen
President/CEO of the YMCA of Central Maryland

c:\...\lee\summit.pre\vision.stm

* Source: U.S. Dept. Of Justice.

FIRST EDITION

PRINCIPLES OF YMCA *Child Care*

YMCA OF THE USA

ISBN: 0-88011-551-3

Item #: Y5305

Published for the YMCA of the USA by Human Kinetics Publishers, Inc.

The YMCA of the USA does not operate any child care programs.

Chapters 1, 2, and 3 rely heavily on text originally appearing in *Principles of YMCA Health and Fitness*, 1995, Champaign, IL: Human Kinetics.

Photo Credits:

Part I, p. 1.1, and p. 7.1 photos © Mary Langenfeld
p. 2.1, 4.1, 5.1, Part III, and p. 8.1 photos © David Barnes
p. 3.1, Part II, and p. 6.1 photos © Terry Wild Studio
p. 9.1 photo © Connie Springer

Cover Designer: Jack Davis

Printed in the United States of America 10 9 8 7 6 5 4 3 2 1

Copies of this book may be purchased from the YMCA Program Store, P.O. Box 5076, Champaign, IL 61825-5076, 800-747-0089.

CONTENTS

PREFACE

This handbook is for the YMCA of the USA's Principles of YMCA Child Care certification course, a basic-level program to help YMCA staff and volunteers understand and interpret YMCA child care programs and leadership. This handbook is designed to accomplish the following:

- Explain the mission and philosophy of the YMCA
- Provide information on all YMCA certification courses in child care
- Describe the organizational leadership system for child care
- Offer safety and quality guidelines for programs
- Discuss basic YMCA child care concepts, principles, trends, and goals
- Identify important resources

This book is divided into three parts. The initial four chapters, Part I, present an overview of the YMCA of the USA, YMCA program philosophy and history, YMCA child care leadership training, and YMCA child care certification courses. Chapters 5 and 6, the second part of the book, cover basic principles of YMCA child care, trends, and goals. And chapters 7 through 9, the final part, include program guidelines, recommendations from the YMCA of the USA Medical Advisory Committee, and technical assistance papers related to current issues and trends. A list of resource publications and organizations completes the book.

These three parts comprise the essential details needed by child care staff new to the YMCA, even though they may have had considerable child care experience in another setting. The following YMCA offices can provide more information:

For YMCA of the USA certification information:

YMCA of the USA
101 N. Wacker Dr.
Chicago, IL 60606
800-USA-YMCA
Program Services Division

For YMCA program resource materials:

YMCA Program Store
P.O. Box 5076
Champaign, IL 61825-5076
800-747-0089

For information on YMCA training in your area, contact a YMCA of the USA Field Office:

YMCA of the USA
East Field Office
866 First Ave.
King of Prussia, PA 19406
610-337-3116
800-962-2336

YMCA of the USA
South Field Office
100 Edgewood Ave. NE, Ste. 1230
Atlanta, GA 30303
404-521-0352
800-359-9622

YMCA of the USA
Mid-America Field Office
800 LaSalle Ave., Ste. 1880
Minneapolis, MN 55402
612-371-9622

YMCA of the USA
West Field Office
1650 S. Amphlett Blvd., Ste. 314
San Mateo, CA 94402
415-574-2003
800-877-9622

ACKNOWLEDGMENTS

The YMCA of the USA would like to acknowledge the contributions of the following individuals for their assistance in the development of this book and their contributions to the development of quality staff and programming for YMCA child care. Ken Vogt of the YMCA of the USA, Program Services, provided staff leadership for the project. Tom Massey and Lynne Vaughan of the YMCA of the USA, Program Development, coordinated the project.

The following YMCA staff provided information and guidance for this book and have made substantial contributions to the advancement of the quality of child care in the YMCA.

Rita Boatman	Fargo-Moorhead YMCA, Fargo, ND
John Brooks	Public Policy Office, YMCA of the USA, Washington, DC
Verna Clark	Richmond District YMCA, San Francisco, CA
Suzanne Johnson, PhD	Conover YMCA, Conover, NC
Sue Luck	Greater Burlington YMCA, Burlington, VT
Ray Mueller	National School Age Child Care Alliance, Washington, DC
Lisa Nadziejka	Research and Planning, YMCA of the USA, Chicago, IL
Lowell Overby	Community Resources, YMCA of the USA, Chicago, IL
Becky Spencer	Toledo YMCA, Toledo, OH
Barbara Taylor	Program Services, YMCA of the USA, Chicago, IL
Lynne Vaughan	Dir. Program Services, YMCA of the USA, Chicago, IL
Mary Zoller	Prog. Training Coord., YMCA of the USA, Kenner, LA

PART I

THE YMCA OF THE USA AND CHILD CARE PROGRAM TRAINING

CHAPTER 1

An Overview of the YMCA of the USA

The following four reprints provide an overview of the YMCA of the USA, describing the organization, its purpose, and its direction.

AT A GLANCE . . .

This document introduces the international organization known as the Young Men's Christian Association and provides historical and general organizational information.

THE YMCA MOVEMENT—LEADERSHIP, SERVICES, AND ORGANIZATION

This document provides information on the relationship between the 2,139 local YMCAs and the YMCA of the USA and the services the YMCA of the USA offers to all member associations and branches.

YMCA CHARACTERISTICS AND YMCA GOALS

The general principles, beliefs, and goals of the organization are described in this document.

OUR VISION, OUR VALUES, OUR PRIORITIES

This document summarizes the corporate strategic plan of the organization, also known as the national agenda. It describes the work priorities of the national office in support of the local associations.

Original copies of these documents are available at no charge from the YMCA of the USA, Association Development Division, 800-872-9622.

AT A GLANCE . . .

Introduction

The YMCA is the largest nonprofit community service organization in America. It is at the heart of community life in neighborhoods and towns across the nation. It works to meet the health and social service needs of 13.8 million men, women, and children.

Ys help people develop values and behavior that are consistent with Christian principles. Ys are for people of all faiths, races, abilities, ages, and incomes. No one is turned away for inability to pay. The YMCA's strength is in the people it brings together.

In the average Y, a volunteer board sets policy for its executive, who manages the operation with full-time and part-time staff and volunteer leaders. Ys meet local community needs through organized activities called programs. In its own way, every Y nurtures the healthy development of children and teens; strengthens families; and makes its community a healthier, safer, and better place to live.

Best known for community-based health and fitness programs, the Y teaches kids to swim, organizes youth basketball games, offers exercise classes for people with disabilities, and leads adult aerobics. Ys also offer hundreds of other programs, including day camp for kids, child care (the Y is the largest not-for-profit provider in the U.S.), teen clubs, environmental programs, substance abuse prevention, family nights, job training, international exchange, and many more.

1994 Statistics

A total of 942 member YMCAs (also called corporate Ys) operated 1,195 branches, units, and camps. These 2,137 Ys were run by 65,693 volunteer policymakers serving on Y boards and committees, plus 393,987 volunteer program leaders and uncounted other volunteers, all of whom worked with 10,444 paid professional staff members. These volunteers and staff members worked not only out of YMCA buildings and resident camps but also out of rented quarters, parks, and playgrounds. Some Ys have no building at all.

Combined, YMCAs had a total operating budget of $1.9 billion. It came from these sources: 36 percent fees people paid to take part in Y programs, 32 percent membership dues, 12 percent charitable contributions, 8 percent fees paid for resident camping and for staying in Y rooms and other living quarters, 7 percent government contracts, and 5 percent miscellaneous.

During the year Ys also received contributions, not included in operating income, for capital improvements and debt reduction. Of 886 member Ys reporting, 381 had capital gifts totaling $137 million. If this sum is included in total contributed income for 1994, the portion of YMCAs' income that is contributed rises from 12 percent to 18 percent.

Organization

Each YMCA is a charitable nonprofit, qualifying under Section 501(c)(3) of the U.S. Tax Code. Each is independent. YMCAs are required by the national constitution to pay annual dues, to refrain from discrimination, and to support the YMCA mission. All other decisions are local choices, including programs offered, staffing, and style of operation. The national office, called the YMCA of the USA, is headquartered in Chicago, with Field Offices in California, Pennsylvania, Georgia, Ohio,

Indiana, Minnesota, and Texas. It is staffed by 211 employees. Its purpose is to serve member associations.

International

YMCAs are at work in 130 countries around the world. Ys have reopened in China, Russia, Poland, the Czech Republic, Slovakia, Hungary, Bulgaria, Ethiopia, Zaire, and Liberia and are emerging in Armenia, Estonia, and Latvia. More than 325 local U.S. Ys maintain relationships with Ys in other countries. Like other national YMCA movements, the YMCA of the USA is a member of the World Alliance of YMCAs, headquartered in Geneva, Switzerland.

History

The YMCA was founded in London, England, in 1844 by George Williams and a dozen or so friends who lived and worked as clerks in a drapery—a forerunner of dry-goods and department stores. Their goal was to save fellow live-in clerks from the wicked life on the London streets. The first members were evangelical Protestants who prayed and studied the Bible as an alternative to vice. The Y has always been nonsectarian and today accepts those of all faiths at all levels of the organization, despite its unchanging name, the Young Men's Christian Association.

The first U.S. YMCA started in Boston in 1851, the work of Thomas Sullivan, a retired sea captain who was a lay missionary. Ys spread fast and soon were serving boys and older men as well as young men. Although 5,145 women worked in YMCA military canteens in World War I, it wasn't until after World War II that women and girls were admitted to full membership and participation in the U.S. YMCAs. Today half of all YMCA constituents and staff members are women. Also, half of the Y's constituents are 18 or under.

YMCA Mission

To put Christian principles into practice through programs that build healthy body, mind, and spirit for all.

THE YMCA MOVEMENT—LEADERSHIP, SERVICES, AND ORGANIZATION

YMCAs are found in cities and towns in all 50 states. They serve their communities by meeting the health and social service needs of families and individuals. Ys work to help people develop values and behavior that are consistent with Christian principles. People of all faiths, races, abilities, and incomes are welcome at the Y. No one is turned away for inability to pay.

In the average Y, a volunteer board sets policy for its executive, who manages the operation with full-time and part-time staff and volunteer leaders. Ys meet community needs through organized activities called programs. These programs usually take place in a building, but many operate instead from rented quarters, donated space, storefronts, parks, and playgrounds.

The 2,137 YMCA units meet community needs across the country. Of those units, 1,195 are branches of 942 other YMCAs that are formal members of the national movement. The 942 member or corporate Ys, as they are called, can be as extensive as New York City, with more than 20 branches, or as uncomplicated as a single Y in a town like Visalia, California. These member Ys are divided geographically into 63 volunteer-run Clusters, where staff members and volunteers get together for consultation, mutual help, and training. Each Cluster elects two members to the Field Committee in its section of the country. The four Field Committees, in turn, elect 30 members of the 50-person National Board of YMCAs. The other 20 include the immediate past chair of the National Board and 19 persons nominated and elected by the Board. (See figure 1.1.)

The National Board selects a national executive director who runs the YMCA of the USA, as the National Office is commonly known, from a centrally located headquarters in Chicago. The YMCA of the USA exists solely to serve its member associations. It offers assistance with all aspects of running a Y, including programming, management, training, insurance, and many other services. It also leads the movement by directing those national and international activities that are too large for any one association or that clearly need a uniform approach across the movement.

The YMCA of the USA staffs the four Field Offices and 18 Management Resource Centers (MRCs), which work with the Clusters and provide direct help to Ys that request it. Most problems can be taken first to the Field Offices or MRCs. Field Offices operate extensive training programs that offer certification and retraining in a wide variety of skills.

The entire system invites creativity and change through its autonomous member YMCAs, its decentralization, and its lack of regional boundaries. Over its long history, the YMCA has been renewed again and again by the actions of its member associations, their program innovations, and their common-sense approach.

YMCAs in the U.S. are part of a worldwide movement, the World Alliance of YMCAs. It is a nonbinding organization of independent YMCA movements from more than 100 countries with headquarters in Geneva.

What follows is a list of major departments and divisions of the YMCA of the USA and the services they offer to all member associations and branches. (See figure 1.2.)

Accounting and Finance

The Accounting and Finance department processes the collection of member percentage support and directs general financial management. It prepares the annual budget

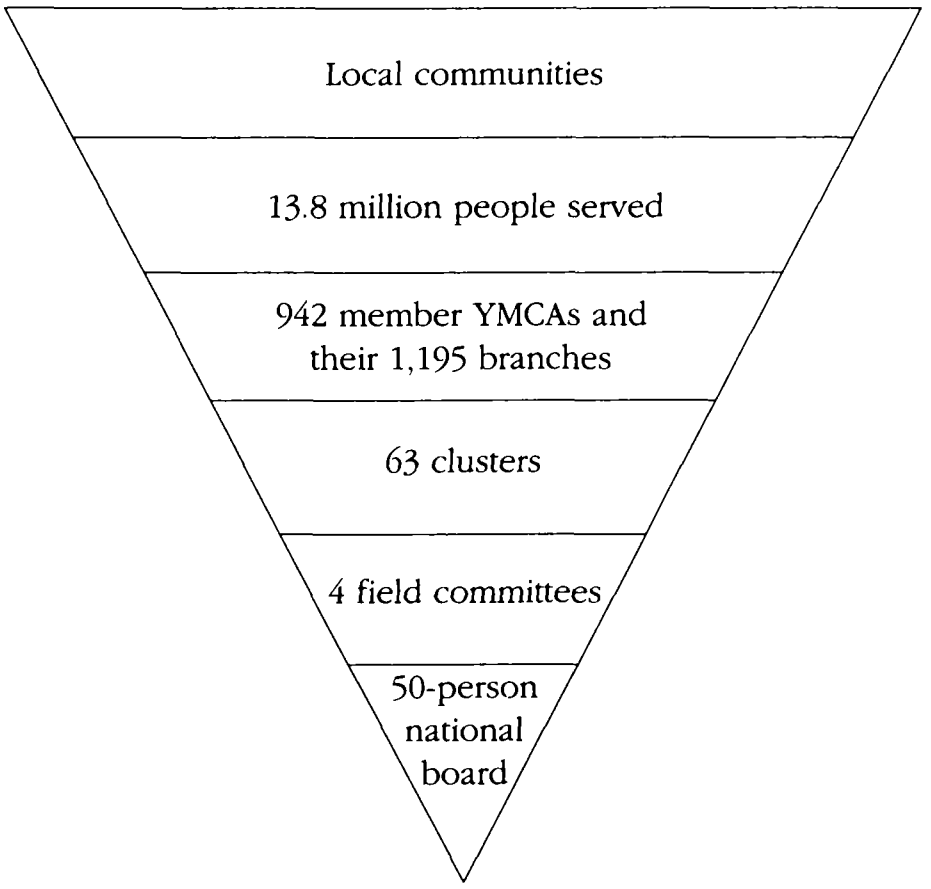


Figure 1.1 Structure of the U.S. YMCA movement

and monitors national endowment investments. It directs the annual audit, prepares reports for tax authorities, and counsels member associations on financial matters. The director of this department oversees Computer Resources, Information Technology, and Office Services.

Association Development and Communications

The Association Development and Communications department provides YMCAs with management and communications advice, training, and resources to promote growth in membership, program participation, and contributed income. It offers training and counsel in member service and membership pricing and promotion. Products include *Discovery YMCA* magazine, *Executive Notes, Association Development Memo,* loan folders with exemplary communications materials, and a photo file. The department creates advertising and produces audiovisual resources for local use. It handles national media relations, publicity, and national promotions.

BFS: Architectural Consulting and Interior Design

BFS is the YMCA's service for renovations and new construction. Its staff of architects and interior designers works with associations to help produce buildings that meet program needs, that are within construction budgets, and that can be maintained affordably. Other services include site development and land planning. BFS charges fees but saves associations money on construction and interior design.

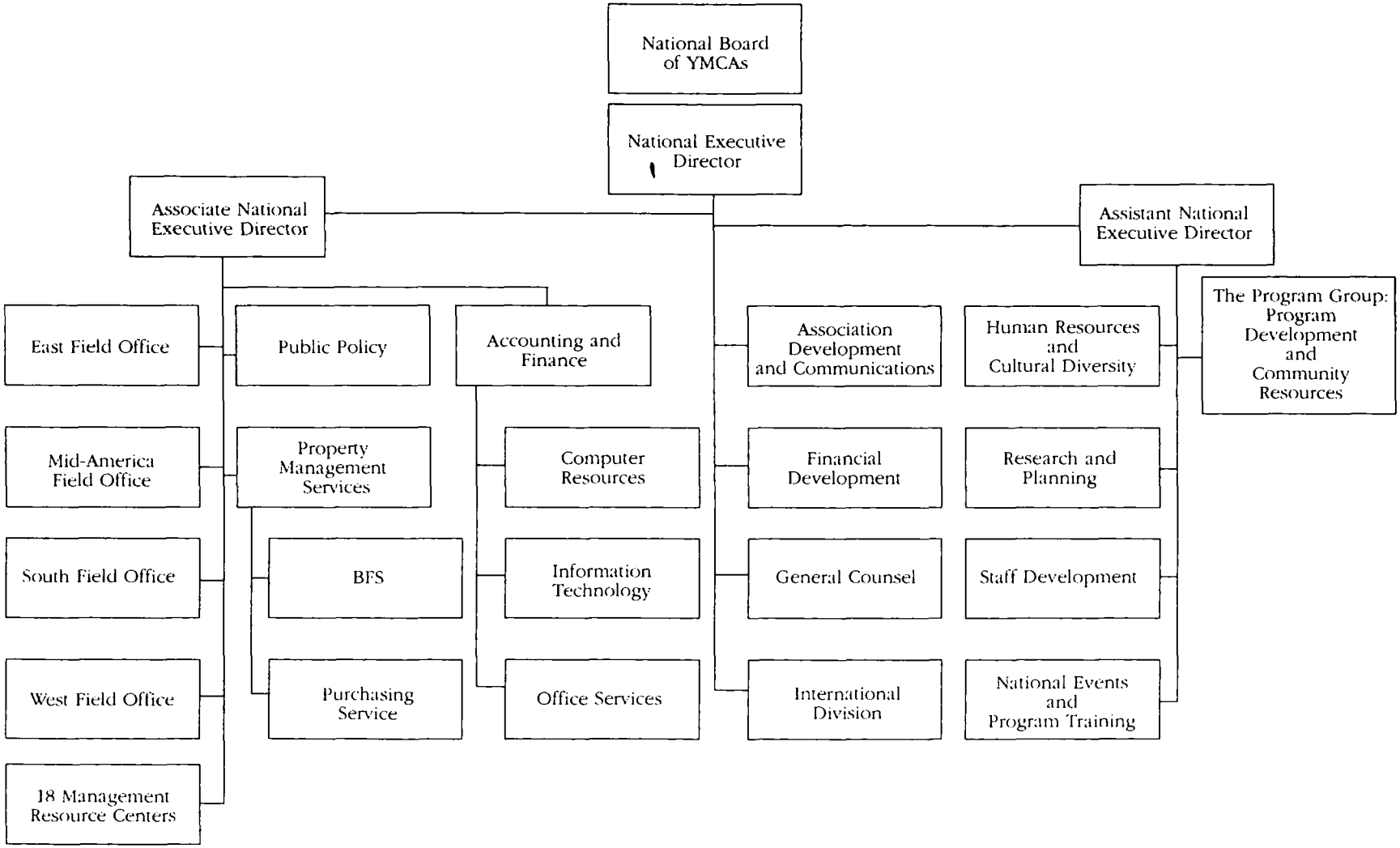


Figure 1.2 Departments and divisions of the YMCA of the USA

Computer Resources

Computer Resources helps member associations use computer technology. The YMCA has its own software—Y-Ware, Y-Access, and a fund-raising campaign module. These software products, for both single-user and multiuser environments, include people tracking, bank drafting, program management, general ledger, accounts payable, receipting, access control, and campaign management. The department also provides training and technical assistance to users of these products.

Field Services

The YMCA of the USA delivers many of its services through four Field Offices. It also supports 18 Management Resource Centers at Ys in big cities; these MRCs serve smaller associations nearby.

Every Field is divided into groups of neighboring Ys, called Clusters, of which there are 63. Every YMCA belongs to a Cluster and relates to one of the Field Offices. Each Cluster is assigned a national staff member, MRC director, or consultant to assist it. The purpose of this kind of organization is to share good ideas nationwide and to have the best talents available working on problems. The Field Offices and Clusters are the National Office's streamlined delivery system and two-way channel of communication.

The associate national executive director oversees the Field Offices, as well as the Accounting and Finance, Property Management Services, and Public Policy departments. This director also serves as liaison to the MRCs, the Urban Group, the World Urban Network, the Cluster system, and the National Board's Committee on Membership Standards, which certifies Ys.

Financial Development

The Financial Development department provides YMCAs with resources, data, training, and consultation to help them increase their contributed income through capital and sustaining campaigns. It directs the YMCA of the USA endowment process, cultivates and solicits contributions from foundations and corporations, and serves as advisor to the national YMCA World Service and United Way campaigns and to North America YMCA Development Officers (NAYDO) and Armed Services YMCA of the USA fund-raising.

General Counsel

General Counsel is the office of the top lawyer for the national organization. This office protects the YMCA tax status, name, and logos; counsels volunteer leaders and management on legal matters; and provides consultation to member YMCAs.

Human Resources and Cultural Diversity

Operating in all areas of personnel policy, the Human Resources and Cultural Diversity department provides consultation and technical assistance to member associations. It handles all personnel services for the national staff, coordinates college recruitment and internship programs, and sponsors regional and national personnel conferences. It also publishes the semimonthly *Y National Vacancy List* and the annual *YMCA Directory*. Human Resources supports the national career candidate program and activities to increase the female and minority presence in middle- and upper-level YMCA positions throughout the movement. The department consults with Ys and provides them with technical assistance for managing a culturally diverse staff and working with a culturally diverse board.

Information Technology

The Information Technology department manages computer software and hardware at the Y's national headquarters and its Field Offices. It is responsible for design, documentation, maintenance, and training for all software systems. It procures, installs, and maintains all computer-related equipment at the YMCA of the USA.

International Division

The International Division helps local YMCAs to integrate international education and activities into their existing programs and to begin or strengthen partnerships and linkages with other Ys around the world. It coordinates the international work of the U.S. movement, which includes raising and distributing funds for emergency and development assistance and planning major training and exchange visits, such as the Young Ambassadors and Statesmanship programs. The division also provides leadership in intermovement relations, and it acts as liaison for the U.S. YMCA to the World Alliance of YMCAs and to area alliances.

National Services

Staffed by the assistant national executive director, National Services oversees the Program Group (Community Resources and Program Development), Human Resources and Cultural Diversity, National Events and Program Training, Research and Planning, and Staff Development departments.

Office Services

The Office Services department manages in-house printing, the mailroom, office and computer supply purchases, equipment purchases, and association records retention. It is responsible for corporate insurance and risk management, and it provides general administrative support.

The Program Group

—Program Development

The Program Development department develops and supports local YMCA program activities. It creates manuals and materials for sale from the Program Store. It also directs the network that trains and certifies instructors in major program areas. It tracks trends, discovers models and innovations, provides quality guidelines, identifies key issues, and conducts national program events. In partnership with local and national volunteers and staff members, the Program Development department develops new programs in response to changing social needs and trends. It publishes a quarterly newsletter called *Program Notes.*

—Community Resources

Acting on the principle that people are resources for strengthening their communities, the Community Resources department helps YMCAs work in low-income communities in cities, suburbs, and small towns. It finds ways to improve and expand programs for children, families, and adults. It also develops strategies for collaborating with other organizations and institutions in the nonprofit, private, and public sectors.

Property Management Services

The Property Management Services department helps Ys manage buildings and equipment. It draws upon a national network of YMCA property managers and publishes *Property Management News* quarterly. It oversees BFS and the YMCA

Purchasing Service and manages the maintenance of the National Office. It also acts as liaison with OSHA and the EPA.

Public Policy

The Public Policy department helps local Ys talk to local, state, and federal governments about issues related to the Y's mission. It organizes Ys to preserve their tax exemption. It offers training, consultation, and resources on all aspects of government relations. It also monitors federal legislation that affects the YMCA and publishes findings in two newsletters, *Capital Briefs* and *Tax Newsletter.*

Purchasing Service

The YMCA Purchasing Service establishes national contracts with preferred vendors to provide YMCAs with equipment and supplies at reduced prices. These contracts help Ys get the most for their money in high-quality products and services because the Ys can deal with vendors through catalog sales and direct mail. In addition, this department leads workshops and Cluster training and provides on-site assistance to meet a Y's purchasing needs. It also licenses use of the YMCA name and logo.

Research and Planning

The Research and Planning department distributes information important to YMCAs in their planning, research, and evaluation of themselves. This information includes internal studies of YMCA operations and analyses of social trends that may affect YMCAs. This department also develops workshops, guidelines, and fact sheets to help YMCAs conduct planning, evaluation, and surveys—a member satisfaction survey, for example. It handles the association records and produces the quarterly *Research and Planning Report* and the annual *YMCA Statistical Summary.*

Staff Development

The Staff Development department is responsible for managing training programs for staff members and volunteers from local YMCAs. It provides programs for new employee orientation, a career development program for YMCA professionals, and training for new executive directors and senior managers in association leadership. Its focus is on stimulating an interest in and commitment to lifelong personal and professional growth, in support of the organization's goals.

A Short Glossary

— General Assembly of YMCAs

Every four or five years the movement holds a General Assembly; all Ys are invited to send volunteers and staff members. It is strictly for information exchange, education, and inspiration, with no formal business agenda. The first General Assembly was held in Boston in 1988, the second in Southern California in 1992. Each attracted more than 4,000 people.

—National Assembly of YMCAs

Every two years a National Assembly takes place, bringing together all members of the Field Committees. It considers such issues as YMCA of the USA operations, percentage support, and constitutional amendments. It meets in March of odd-numbered years and precedes the National Board Meeting.

—National Board of YMCAs

This volunteer, 50-member National Board of Directors meets twice a year as the policy-making body for the National Council of YMCAs. It also chooses the movement's national executive director.

—National Council of YMCAs

The National Council of Young Men's Christian Associations of the United States of America, also known as the YMCA of the USA, is a confederation of independent member YMCAs. Ultimate control over the U.S. movement lies with these member Ys, which have delegated their authority to the National Board.

YMCA of the USA National Office

YMCA of the USA
101 N. Wacker Dr.
Chicago, IL 60606
800-USA-YMCA
Fax: 312-977-9063

YMCA of the USA Field Offices

Mid-America Field Office
800 LaSalle Ave., Ste. 1880
Minneapolis, MN 55402
612-371-9622
Fax: 612-371-1831

East Field Office
866 First Ave.
King of Prussia, PA 19406
610-337-3116
Fax: 610-337-0891

Columbus Office
37 W. Broad St., Ste. 600
Columbus, OH 43215
614-224-2225
Fax: 614-224-5611

South Field Office
100 Edgewood Ave. NE, Ste. 1230
Atlanta, GA 30303
404-521-0352
Fax: 404-681-3533

Dallas Office
4851 LBJ Freeway, Ste. 626
Dallas, TX 75244
214-386-9622
Fax: 214-386-5428

West Field Office
1650 S. Amphlett Blvd., Ste. 314
San Mateo, CA 94402
415-574-2003
Fax: 415-574-1211

Indianapolis Office
5680 Caito Dr., Ste. 191
Indianapolis, IN 46226
317-562-1235
Fax: 317-562-1236

Portland Office
620 SW Fifth Ave., Ste. 410
Portland, OR 97204
503-223-9622
Fax: 503-223-1247

YMCA CHARACTERISTICS

Community

The YMCA believes we all need a place to belong—a place where we genuinely care about one another; where we pull together for a common cause; where we treat each other with loving kindness, open communication, and support; where we share in decisions. A community. The YMCA nurtures children, supports families, and strengthens society. It's a force for hope.

Volunteers

Volunteering is a demonstration of caring for others. You'll find it at the heart of the YMCA. The Y offers people a chance to get involved in community life by running programs, making policies, raising money, and solving neighborhood problems. By giving their time to others, volunteers also give themselves a chance to learn, grow, and have fun.

YMCA GOALS

Self-Esteem

The YMCA builds self-esteem and nurtures personal growth. Without these qualities, you can't treat yourself or others with respect. In tough situations and times of trouble, self-esteem helps you to make the right choices and to act out of strength instead of weakness. Appreciating your own worth can make the difference between dependency and self-reliance, failure and success.

Values

Our character shows in our behavior, how we practice our values. Forgiveness, hard work, sportsmanship, perseverance, compassion, respect, responsibility, generosity, honesty—the YMCA develops these values. It builds a moral and ethical foundation for life, with love as the cornerstone.

Family

The family is society's primary unit for raising children, taking care of elders, and maintaining values. The YMCA supports people of all kinds in their efforts to be responsible parents who are concerned with the physical, emotional, and spiritual health of their children. The YMCA supplies a safe, wholesome environment in which parents and children can learn to communicate, cooperate, and care about each other.

Health

Understanding our bodies and using them well is essential to good physical and mental health. Such awareness promotes lifestyles that help us resist illness, addictions, and disease. Through community-based exercise, sports, and education programs, the YMCA promotes good health for people of all ages, all abilities, and all incomes. And good health lets us enjoy the best of life.

Cultural Diversity

Diversity is a source of strength. Every person has an inherent worth and has something to contribute to the larger community. Treating one another with respect and appreciating differences fights prejudice and builds cooperation. The YMCA fosters an environment where diversity is celebrated and where members, volunteers, and staff members can reach their fullest potential.

World

Whether in Nashville or Nairobi, the YMCA helps people build the strong values and self-reliance that improve lives and communities. Ys are at work in more than 100 countries. Each YMCA is unique, yet all share the same goal—peace through understanding and building one world, one YMCA family.

Leadership

Learning the give and take necessary to work for the common good is a key part of living in a democracy. That's why the YMCA forms groups, clubs, boards, model governments, and committees. It gives members practice in making decisions, creating strategies, and establishing rules together. In the process, leadership is developed, self-confidence grows, and a sense of belonging is born.

Environment

The YMCA reveres God's world and takes action to care for it. The Y offers environmental education because it believes that if we learn the facts, respect for nature will follow. With appreciation comes responsibility. And with responsibility will come protection of our planet's precious resources.

YMCA Mission

To put Christian principles into practice through programs that build healthy body, mind, and spirit for all.

OUR VISION, OUR VALUES, OUR PRIORITIES

Our Vision

Our vision is to be the country's leader in prevention and development programs for children and families and a leader in community development, bringing community resources to bear on social issues and problems. We are an association of members, based on Christian principles, that nurtures the healthy development of children, encourages positive behavior in teens, and strengthens families.

Our Values

Our aspirations for every YMCA are that it be

- driven by its mission, which is periodically reviewed;
- dedicated to influencing the generations by practicing values that represent the principles we hold in highest regard;
- governed by committed, well-trained, caring volunteers who represent the community;
- run by well-trained, competent, caring staff members who represent the community;
- operated so that all are treated with dignity and respect;
- a place where there is a sense of belonging and everyone can succeed;
- inclusive in its membership, embracing all abilities, ages, incomes, and racial and ethnic groups;
- fiscally sound and broadly supported through contributions and fees;
- a place where the safety and well-being of all children and adults is maintained at the highest possible level;
- assertive in responding to community needs and collaborating with other community groups for the common good;
- life-changing in offering experiences that nurture personal growth; and
- expert in providing programs and services that meet the health and social service needs of children and families.

The vision becomes a reality when community leaders lend their support, when membership grows, and when all involved are helped to reach their fullest potential.

Our Priorities

In its work with local YMCAs, the YMCA of the USA will emphasize the following goals:

- Providing legendary service in all our dealings with YMCAs
- Providing services to YMCAs that will help them strengthen their work with families in all stages of life

  Encouraging long-term involvement in the YMCA's values-driven programs for young people ages 4 to 21

Strengthening programs for parents and programs in child care, youth fitness, sports, and camping

Emphasizing leadership development programs for teenagers

Integrating substance abuse prevention and violence prevention into all youth programs

Integrating environmental education into programs and showing active concern for the environment

- Encouraging YMCAs to focus on total wellness through health and fitness programs for people of all ages and abilities, including people with disabilities
- Encouraging YMCAs to offer new opportunities for older adults, particularly through intergenerational programs, health and fitness, volunteer service, and social interaction
- Providing training, consultation, and resources to help double the number of program and fund-raising volunteers nationwide, drawing on national and community leaders who will be involved in the YMCA in significant ways
- Helping YMCAs give leadership in low-income communities through collaboration with others to assure that all youth have wholesome, values-oriented opportunities to grow to responsible adulthood
- Encouraging YMCAs to increase the portion of their operating income that is contributed by 20 percent by the year 2000
- Implementing a career-long training program for all YMCA staff and increasing greatly the number of training opportunities for nonexempt staff
- Implementing a nationwide program of recruitment and staff development to assure a pool of competent and committed leaders for the future, with a particular emphasis on women and minorities
- Developing new international program models, encouraging partnerships between YMCAs in the U.S. and those in other countries, helping new Ys develop worldwide, and encouraging YMCAs to develop international programs
- Developing national promotions, advertising, media relations, and communications tools that will broaden public understanding of the YMCA's mission, purpose, and value and will motivate people to join the YMCA and support its efforts
- Leading public policy efforts at the federal level on issues related to the YMCA's programs and purpose and strengthening local and state public policy efforts
- Helping YMCAs to be good stewards of their assets, assure high-quality maintenance of properties, and practice the best in management procedures
- Helping local YMCAs to achieve the highest possible levels of child and adult safety and security through aggressive, comprehensive risk management programs

CHAPTER 2

YMCA Program Philosophy and History

For more than 150 years, the YMCA has perpetuated its mission through its programs, and programs serving the needs of youth and families have been a key part of this effort. Child care is a vital need for an increasing number of families today. This chapter explains the YMCA mission, program areas, program objectives, and pinnacle programs and describes how child care has been incorporated into and advanced by the YMCA.

YMCA MISSION

The mission of the YMCA of the USA is to put Christian principles into practice through programs that build a healthy body, mind, and spirit for all.

YMCA PROGRAM AREAS

Child care is one of nine YMCA program areas:

Active Older Adults	Child Care	Health and Fitness
Aquatics	Youth and Community Development	Sports
Camping	Family	Teen Leadership

The YMCA of the USA supports these program areas by providing program guidelines, certification training, and resources to local YMCA staff. The YMCA of the USA does not operate or manage any child care programs or facilities.

YMCA PROGRAM OBJECTIVES AND PROGRAM STRATEGIES FOR THE '90s

As many organizations offer programs in the areas listed above, the question is often asked, "What is different about YMCA programs?" It is true that in child care, as well as in other program areas, the YMCA has a longer history and larger program volume than many other organizations and often has higher quality guidelines for programming and more extensive training and resources. However, these are not the primary differences between YMCA programs and those offered by other organizations.

Many organizations offer programs as an end in themselves, but the YMCA uses programs as a vehicle to deliver its unique mission. It is not the programs themselves

that develop people to their fullest potential; it is the activities within the programs that make the difference for Y members and participants.

The goal of YMCA child care programs, as in all YMCA programs, is to help people grow spiritually, mentally, and physically. To accomplish this goal, all YMCA programs address seven specific objectives, which are listed below. Through planned activities, YMCA programs seek to help people. Specific goals for the 1990s are designated with an asterisk (*).

GROW PERSONALLY—Build self-esteem and self-reliance.

***Develop self-esteem.** People who are involved in YMCA programs gain a greater sense of their own worth. They learn to treat themselves and others with respect. High self-esteem helps people of all ages to build strong, healthy relationships and overcome obstacles in life so that they can reach their full potential.

CLARIFY VALUES—Develop moral and ethical behavior based on Christian principles.

***Develop character.** The YMCA has been helping people develop values for 150 years. Founded originally to bring men to God through Christ, it has evolved into an inclusive organization that helps people of all faiths develop values and behavior that are consistent with Judeo-Christian principles. The YMCA believes the four values of honesty, caring, respect, and responsibility are essential for character development. Emphasis is on building a core set of values shared by the world's major religions and by people from all walks of life.

IMPROVE PERSONAL AND FAMILY RELATIONSHIPS—Learn to care, communicate, and cooperate with family and friends.

***Support families.** In the '90s, YMCAs are embracing families of all kinds and are more flexible in responding to their needs. Not only do Ys strengthen families through their own programs, but YMCA staff are increasingly being trained to help families in need or in crisis to find other community supports that can help. YMCAs will plan programs and events with today's busy, sometimes frantic, families in mind. Families will also get involved in helping plan and run Y family programs. The idea is to program with families, not just for them.

APPRECIATE DIVERSITY—Respect people of different ages, abilities, incomes, races, religions, cultures, and beliefs.

***Reflect the diversity of the community.** The country's diversity can be seen in terms of religion, race, ethnicity, age, income, abilities, and lifestyle. In the '90s, YMCAs must assess their membership to see whether it reflects the diversity of their communities. Diversity is a source of strength. The YMCA will foster an environment where everyone is treated with respect and is able to contribute to the larger community. Diversity should be celebrated, not merely tolerated.

BECOME BETTER LEADERS AND SUPPORTERS—Learn the give and take necessary to work toward the common good.

***Promote leadership development through volunteerism.** The YMCA is driven by volunteer leadership, and the '90s have brought a renewed emphasis on providing meaningful volunteer opportunities for all kinds of people, especially youth and families. In the '90s, people will be encouraged to move from

program participation to deeper levels of involvement, including volunteer leadership. Volunteer leadership will enrich their lives, their YMCAs, and their communities.

DEVELOP SPECIFIC SKILLS—Acquire new knowledge and ways to grow in body, mind, and spirit.

***Build life skills.** YMCA programs help people succeed in their daily lives through programs that build self-reliance, practical skills, and good values. Such programs include employment programs for teens and programs that support activities of daily living for seniors.

HAVE FUN—Enjoy life!

Fun and humor are essential qualities of all programs and contribute to people feeling good about themselves and the YMCA.

In addition to the objectives above, programs for the '90s should also meet the following goals:

***Respond to demographic trends and social issues.** YMCAs will be called upon to reach out and do more to help make their communities better places in which to live, work, and grow up. The vision is that the YMCA will be the country's leader in prevention and development programs for children and families and a leader in community development, bringing community resources to bear on social problems.

***Develop cross-cutting programs.** The days of narrowly defined programs in the Y are gone. Programs in the '90s must take advantage of the expertise of the staff in all program areas and combine that expertise into cross-cutting programs. One program area may be the focus, but many others will be incorporated in some way.

***Collaborate internally and externally.** Collaboration is the word for the '90s. From diverse staff groups meeting together to the YMCA working with other community organizations, the question must always be "How can we or our YMCA bring our resources to the table to make this program or initiative a success?" Staff at all levels need to learn the skills required for successful collaborative efforts, including planning, commitment, and implementation.

YMCA PINNACLE PROGRAMS

Many organizations offer child care programs, but YMCAs offer high-quality programs that incorporate all the YMCA program objectives. And YMCAs can choose to provide their members and participants with programs that address additional issues like the following:

Community development
Environmental awareness
Group leadership
Programming for special populations
Program strategies for the '90s
Substance abuse prevention
Volunteer development
Youth development

Such programs are called pinnacle programs, and including these issues in YMCA child care programs makes them more accessible and more relevant to the community (see "Expanding Programs to Support Families and Meet Community Needs" in chapter 9 of this book). The YMCA Program Store offers resources to assist staff and volunteers in implementing initiatives to address pinnacle program issues.

To summarize, here are the differences among child care programs, YMCA child care programs, and YMCA pinnacle programs:

Programs	These programs can be offered by any agency, organization, or home care provider. Child care is offered in a variety of locations and by many different people.
YMCA programs	These programs integrate the YMCA mission and YMCA program objectives into program activities, which makes the programs a conduit for the unique YMCA mission of developing the body, mind, and spirit. YMCA programs also operate under quality guidelines and the direction of certified staff.
YMCA pinnacle programs	These YMCA programs address additional issues to better meet the needs of members, participants, and the community.

Figure 2.1 illustrates these differences.

YMCA CHILD CARE PROGRAMS

The following programs have resources and certification training available from the YMCA of the USA:

- YMCA Infant/Toddler Child Care
- YMCA Preschool-Age Child Care
- YMCA School-Age Child Care

Chapter 3 provides details on certification training for each of these programs, and the last page of this book lists additional resources for these programs. For training information, refer to the training course catalog available from the YMCA of the USA Certifications Office, 800-USA-YMCA.

YMCA CHILD CARE HISTORY

Although child care has not been around as long as some other Y programs, such as camping and health and fitness, it has a longer Y history than most people realize. Preschool programs at Ys date back to World War II when millions of women (typified by Rosie the Riveter) entered the work force and contributed to the war effort. Many of these preschools survived after the war and evolved into enrichment programs, usually part-day programs that typically offered small group activities, motor skills development, arts and crafts, and reading activities. Even today, more YMCAs offer part-day than full-day preschools.

School-age child care has also been around at Ys for many years. Children often played in youth game rooms or drop-in facilities day after day, but Ys didn't consider this service child care in the sense that it is thought of today. Children would

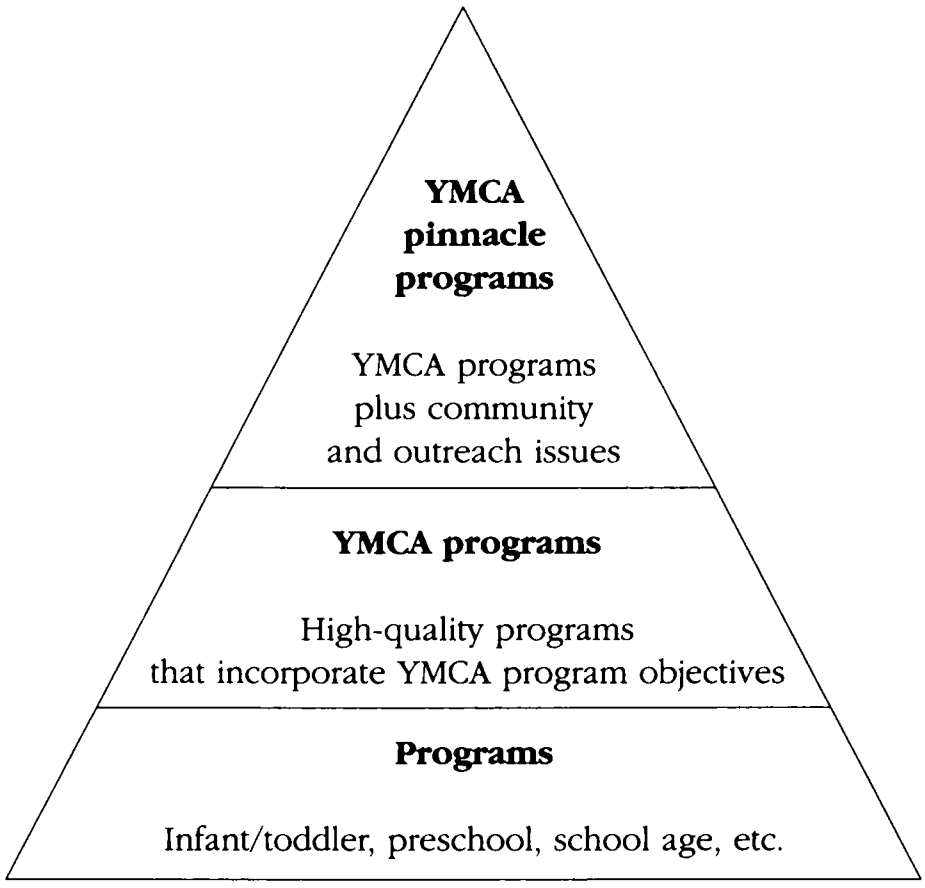


Figure 2.1 The three types of programs

congregate in these game rooms after school and play until it was time for their organized gym class, aquatics class, or club meeting. As the children participated in these youth programs, they benefited from interactions with caring adults, developed a positive attitude towards exercise, enjoyed the opportunity to develop leadership skills, and learned about fairness and team spirit.

Typically, these children packed two lunches as they went off to school in the morning—one lunch was eaten at noon and the other was an after-school snack or evening meal. The children wore strings around their necks with the keys to their houses, becoming known as latchkey children. A more standard school-age child care program evolved at Ys during the late 1960s and early 1970s. As an example, the YMCA after-school program was established at the Houston Y in 1974. There may have been earlier school-age child care programs at other Ys—it is difficult to pin down an exact start date for a program that was so evolutionary in nature.

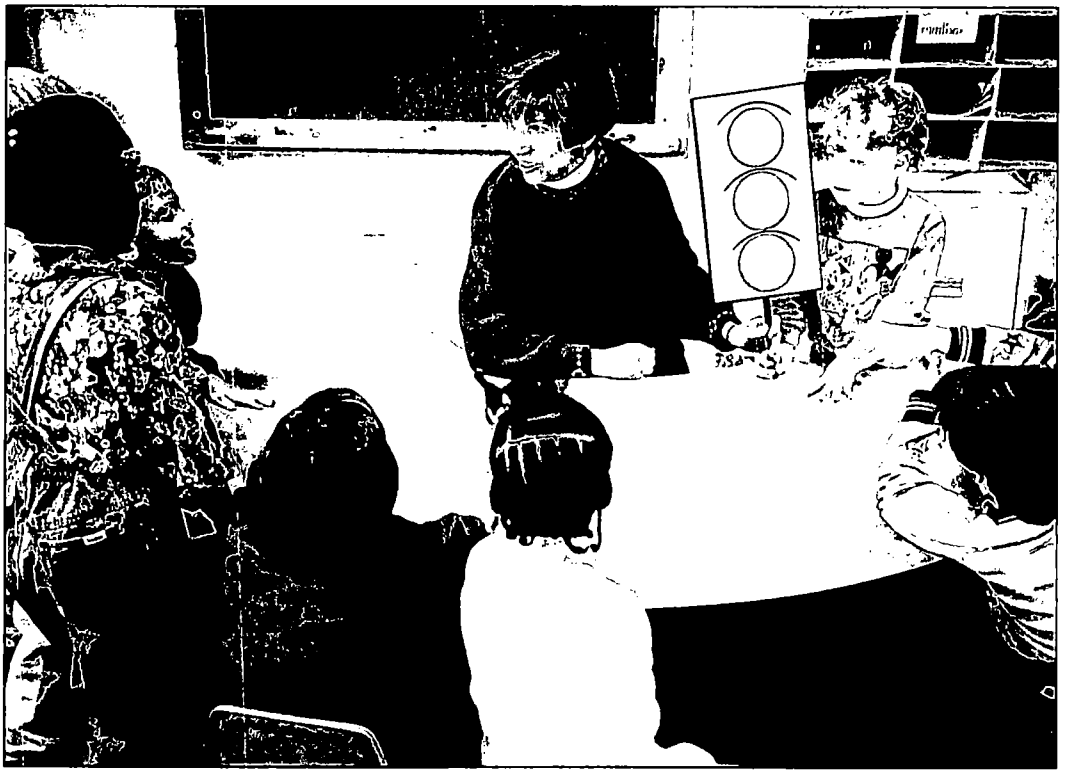
In the YMCA Statistical Summary for 1993, 62 percent of Ys reported offering school-age child care five days a week, 31 percent offered full-day preschool child care, 44 percent offered part-day preschool programs, and 12 percent offered full-day infant care. Responding to the need for guidelines in running different types of child care programs, the YMCA published a series of operational manuals, beginning in 1982 with *YMCA School Age Child Care, Volume I*; followed in 1987 by *YMCA Preschool Age Child Care*; in 1990 by *YMCA Infant/Toddler Child Care*; in 1992 by *YMCA School Age Child Care, Volume II*; and in 1995 by *YMCA Preschool Age Child Care, Second Edition*.

Today, child care is one of the Y's largest programs, serving over 330,000 children daily in full-day infant care, full- and part-day preschool, and before- and after-school programs. These programs are housed at over 8,000 sites across the United States and are staffed by over 4,800 full- and part-time staff. The U.S. Department of Education estimates that licensed after-school child care providers have the capacity to serve 2.4 million children, so more than 1 child in 10 in school-age child care is in a YMCA program. According to the YMCA of the USA 1993 Statistical Summary, child care revenue is 17 percent of all YMCA revenue ($296.4 million), and over 100 corporate Ys derive 30 percent or more of their revenue from child care.

The need for child care is likely to increase in the near future. According to 1990 U.S. Census figures, 60 percent of mothers with children under the age of six are in the work force, and mothers of small children continue to enter (or remain) in the work force in growing numbers. Also according to the 1990 U.S. Census, 20 million children age 5 to 14 have working mothers. During the last 30 years, the number of families in which both parents work has doubled, from 28 percent in 1960 to 54 percent in 1990.

CHAPTER 3

YMCA Child Care Leadership Training



The primary factor in conducting successful child care programs is the strength of the leadership. The YMCA traditionally has been a respected leader in child care programs, due largely to the qualifications, experience, knowledge, and training of its staff.

The leadership training and certification program for YMCA child care programs has evolved to keep pace with this changing and dynamic field. The YMCA of the USA's approach to training is to teach specific skills, leadership qualities, and technical information to prepare staff and volunteers to work with children and families. This training, however, is not intended to provide complete preparation or to be the only training participants experience. Local YMCA supervisory staff should supplement national training courses with on-the-job training and educational experiences, including supervisory guidance, technical workshops and seminars, attendance at conferences and professional training courses, and networking with other organizations and practitioners.

This chapter describes the current YMCA of the USA child care training curriculum; it explains the levels of certification and how training is conducted.

LEVELS OF LEADERSHIP CERTIFICATION

Five levels of leadership certification are available through the YMCA: basic, instructor, director, trainer, and faculty.

1. **Basic.** This level is for individuals interested in working in local YMCA child care programs with children and families. Courses at this level are also prerequisites for those wishing to be certified at the director, trainer, or faculty level. This training is conducted at the Cluster level and at Program Schools. There are three basic courses:
   - Principles of YMCA Child Care
   - Working with Children Up to Age 5
   - Working with 5- to 9-Year-Olds
2. **Instructor.** This level is for individuals who teach members and participants at local YMCAs. There are no child care courses at this level—see director level.
3. **Director.** This level certifies participants to administer programs at their YMCAs and to train staff and volunteers from their own YMCAs. This training is conducted at the Cluster level and at Program Schools. There are three director courses:

- Infant-Toddler/Preschool Child Care Director
- School-Age Child Care Director
- Administration of Child Care Programs

4. **Trainer.** This level is for individuals interested in training and certifying staff members and volunteers from any Y in a specific basic-, instructor-, or director-level course. Only Program Schools can conduct trainer-level courses. There are three trainer courses:
   - Infant-Toddler/Preschool Child Care Trainer
   - School-Age Child Care Trainer
   - Administration of Child Care Trainer
5. **Faculty.** The top YMCA trainers in the United States are certified as faculty members, certifying them to teach the trainer courses. The faculty level is offered only at the invitation of the YMCA of the USA. Faculty members are trained and certified at a Program Training Academy or by working with another faculty member at a Program School.

CONDUCTING TRAINING

All YMCA of the USA program certification training is delivered by YMCA staff members across the country who are certified as trainer or faculty and volunteer their time to conduct the training workshops. The YMCA of the USA Program Services Division is responsible for overseeing the entire national training network. That network is composed of the following people at the National, Field (regional), and Cluster (local) levels:

- **National Program Associate.** This person is a paid YMCA of the USA staff member who is responsible for a specific program area (such as child care).
- **Field Program Consultant.** This person is a paid YMCA of the USA consultant for all program areas who works in a specific geographic region of the country or Field (East, South, Mid-America, or West).
- **Field Program Coordinator.** This person is a local YMCA staff member who volunteers to coordinate a specific program area (e.g., child care) in his or her Field. The Field Program Consultant, in consultation with the National Program Associate, appoints this person.
- **Cluster Program Coordinator.** This person is a local YMCA staff member who volunteers to coordinate a specific program area (e.g., child care) in a small geographic area, or Cluster, within a Field. The Field Program Coordinator appoints this person.
- **Program Faculty or Program Trainer.** This person is a local YMCA staff member who is certified at the faculty or trainer level and volunteers to teach the YMCA of the USA certification courses.

TRAINING EVENTS

YMCA certification courses are offered in two different ways:

1. **Cluster Training Events.** Sanctioned by the YMCA of the USA Field Program Coordinator and conducted by certified trainers, these workshops can be hosted by any YMCA.
2. **Program Schools.** The YMCA of the USA sanctions 23 Program Schools annually in various cities around the country. Each of these Program Schools has a number of certification courses available. A list of Program Schools is available from the YMCA of the USA.

At the conclusion of all certification events, the trainers complete the certification form, listing all participants who have successfully completed all of the training requirements. The form and certification fee of $6 per person are sent to the YMCA of the USA National Office in Chicago for processing, and certification cards are sent to all who successfully completed the course.

In collaboration with Springfield College in Springfield, MA, academic credit toward a bachelor's degree is available for some YMCA training experiences. Six semester hours of credit are available for Infant-Toddler/Preschool Director (including prerequisites) and Administration of Child Care Programs and for School-Age Director (including prerequisites) and Administration of Child Care Programs. Call 800-USA-YMCA for more information or to request a college credit registration packet.

In addition to certification courses, the YMCA of the USA recommends the following training opportunities for child care staff:

1. **National YMCA Child Care Conference.** Every two years, the YMCA of the USA conducts a National Child Care Conference. The conference features general sessions, workshops, practicums, tours, and other educational opportunities.
2. **National Association for the Education of Young Children (NAEYC).** The YMCA of the USA encourages membership in NAEYC, participation in their annual conference and in local training experiences, and accreditation of YMCA child care programs by the National Academy of Early Childhood Programs.
3. **National School Age Child Care Alliance (NSACCA).** The YMCA of the USA encourages membership in NSACCA and participation in their annual conference.

CHAPTER 4

YMCA Child Care Certification Courses

This chapter lists all currently available YMCA child care certification courses. Each course description includes the following information:

- Title and identification number
- Number of hours of instruction
- Textbooks required, with item numbers (For text prices, see list at the end of this book or the YMCA Program Store Catalog.)
- Brief description of course content
- Prerequisites
- Items participants should bring to class

For more information on courses, contact the YMCA of the USA Program Associate responsible for child care by calling 800-USA-YMCA.

Principles of YMCA Child Care—CC802B

Hours: 4

Textbook: *Principles of YMCA Child Care* (5305)

Description: This course is an introduction and basic orientation to YMCA goals, objectives, and the unique components of YMCA child care programs. It includes YMCA program philosophy and history, an overview of YMCA child care certification courses, YMCA child care facts and principles, YMCA of the USA child care guidelines and quality check, YMCA of the USA Medical Advisory Committee recommendations, and technical assistance papers. It is designed for all YMCA child care staff, including staff who have considerable child care experience in another setting, but are new to the YMCA.

Infant-Toddler/Preschool Child Care Director—CC840D

Hours: 16

Textbooks: *YMCA Infant/Toddler Child Care* (5057); *YMCA Preschool Age Child Care, Second Edition* (5273)

Description: This course covers the unique aspects of YMCA child care for children up to age five, including curriculum, space design, interpersonal relations, health and safety, and program guidelines. It also includes training designs that can be used with teachers at the local YMCA.

Prerequisites:
- Working with Children Up to Age 5 certification
- Principles of YMCA Child Care certification

Bring: Proof of prerequisite certifications

Springfield College Credit: Six semester hours (only if you have been certified in Working with Children Up to Age 5 and Administration of Child Care Programs).

Infant-Toddler/Preschool Child Care Trainer—CC860T

Hours: 29

Textbooks: *YMCA Infant/Toddler Child Care* (5057); *YMCA Preschool Age Child Care, Second Edition* (5273)

Description: This course trains participants to certify staff members or volunteers in Principles of YMCA Child Care, Working with Children Up to Age 5, and Infant-Toddler/Preschool Child Care Director.

Prerequisites:
- Two years of experience training adults and working with YMCA child care programs that involve children under age five
- Principles of YMCA Child Care certification
- Working with Children Up to Age 5 certification
- Infant-Toddler/Preschool Child Care Director certification
- Program Trainer Orientation
- Complete program trainer candidate application

Bring: Proof of prerequisite certifications

School-Age Child Care Director—CC841D

Hours: 16

Textbooks: *YMCA School Age Child Care, Volume I* (4468); *YMCA School Age Child Care, Volume II* (5134)

Description: This course covers the unique aspects of YMCA child care for elementary school-age children, including curriculum, space design, interpersonal relations, health and safety, and program guidelines. It also includes training designs that can be used with leaders at the local YMCA.

Prerequisites:
- Working with 5- to 9-Year-Olds certification
- Principles of YMCA Child Care certification

Recommended: Working with 10- to 14-Year-Olds certification

Bring: Proof of prerequisite certifications

Springfield College Credit: Six semester hours (only if you have also been certified in Working with 5- to 9-Year-Olds and Administration of Child Care Programs).

School-Age Child Care Trainer—CC861T

Hours: 29

Textbooks: *YMCA School Age Child Care, Volume I* (4468); *YMCA School Age Child Care, Volume II* (5134)

Description: This course trains participants to certify staff members or volunteers in the Principles of YMCA Child Care, Working with 5- to 9-Year-Olds, and School-Age Child Care Director.

Prerequisites:

- Two years of experience training adults and working with YMCA school-age child care programs
- Principles of YMCA Child Care certification
- Working with 5- to 9-Year-Olds certification
- School-Age Child Care Director certification
- Program Trainer Orientation
- Complete program trainer candidate application

Bring: Proof of prerequisite certifications

Administration of Child Care Programs—CC842D

Hours: 16

Textbooks: Depending on your area of program emphasis, **either** *YMCA Infant/Toddler Child Care* (5057); *YMCA Preschool Age Child Care, Second Edition* (5273); **or** *YMCA School Age Child Care, Volume I* (4468); *YMCA School Age Child Care, Volume II* (5134)

Description: This course focuses on the administrative aspects of child care programs, including financial development and control, staffing, safety, risk management, promotion, and parent involvement. It also includes training designs that can be used with other staff members at the local YMCA.

Prerequisites:

- Principles of YMCA Child Care certification
- A minimum of one year of experience as a child care teacher or group leader **or** Working with Children Up to Age 5 and Infant-Toddler/Preschool Director certifications **or** Working with 5- to 9-Year-Olds and School-Age Child Care Director certifications.

Bring: Proof of prerequisite certifications

Administration of Child Care Trainer—CC862T

Hours: 21

Textbooks: Depending on your area of program emphasis, **either** *YMCA Infant/Toddler Child Care* (5057); *YMCA Preschool Age Child Care, Second Edition* (5273); **or** *YMCA School Age Child Care, Volume I* (4468); *YMCA School Age Child Care, Volume II* (5134)

Description: This course trains participants to certify staff members or volunteers in Administration of Child Care programs.

Prerequisites:

- Two years of experience training adults and working with YMCA child care programs
- Principles of YMCA Child Care certification
- Administration of Child Care certification
- Program Trainer Orientation
- Complete program trainer candidate application

Bring: Proof of prerequisite certifications

YMCA OF THE USA CHILD CARE CERTIFICATION COURSES SUMMARY CHART

Level	Certification type	Courses
Basic (B)	Work with Y members and participants	• Principles of YMCA Child Care • Working with Children Up to Age 5 • Working with 5- to 9-Year-Olds
Instructor (I)	Teach Y members and participants	There are no child care courses at this level. See director level.
Director (D)	Administer a program and train staff members and volunteers from your own YMCA	• Infant-Toddler/Preschool Child Care Director • School-Age Child Care Director • Administration of Child Care Programs
Trainer (T)	Train and certify staff members and volunteers from any Y in a specific basic-, instructor-, or director-level course	• Infant-Toddler/Preschool Child Care Trainer • School-Age Child Care Trainer • Administration of Child Care Trainer
Faculty (F)*	Train and certify staff members and volunteers from any Y in a specific trainer-level course	• Infant-Toddler/Preschool Child Care Faculty • School-Age Child Care Faculty • Administration of Child Care Faculty

*Faculty courses and certification are by invitation only.

PART II

CHILD CARE PROGRAM PRINCIPLES

CHAPTER 5

YMCA Child Care Philosophy

This chapter discusses the general principles and philosophy of YMCA child care. These basic principles apply to all YMCA child care programs, and YMCA staff need a basic understanding and a working knowledge of these components to effectively fulfill their role in providing a comprehensive YMCA child care program.

YMCA child care is built on the concepts of family, child, community, and accessibility.

Family. YMCA child care is family-centered care, which means that parents must be included in the child care process. The YMCA should never try to become a substitute parent or take over the responsibilities of the parent.

The goal of YMCA child care is to support and assist the parent, to strengthen parent-child relationships, and to increase the importance of the family unit. This concept is central to YMCA philosophy, which is what makes YMCA child care different from programs that may look similar.

Child. Children today face tremendous obstacles to their successful development. Many of them spend a significant amount of their childhood in YMCA child care programs. Fortunately, these programs provide caring role models and age-appropriate experiences that nurture children's growth, encourage positive behavior, and help them develop a strong sense of right and wrong. Child care, more so than almost any other program, offers great potential for the achievement of the YMCA mission and objectives in the lives of the children and families served.

Community. The YMCA is not new to the role of advocate for America's children and families. The family, the school, and the neighborhood have always played a central role in the design and delivery of YMCA programs. Each YMCA assesses the needs of its community and responds with programs to meet those needs, helping to make the community a healthier, safer, better place to live. Each YMCA designs and delivers its child care programs according to the specific needs of families in the neighborhoods it serves.

Accessibility. The YMCA believes that safety and care is a birthright of all children and that it is the responsibility of parents to provide their children with full-time care from birth through adolescence. It is the responsibility of people of conscience to help provide the resources so that all parents can ensure their children are well cared for. More than ever before, children, parents, and families need help in carrying out this responsibility. Quality child care must be available to all who need it, not just to those who can afford it. Many YMCAs have a policy that no one should be denied access to YMCA child care programs because of an inability to pay full fees.

THE THREE-WAY RELATIONSHIP

YMCA child care programs are centered on the three-way relationship that exists among children, parents, and program leaders. YMCA programs strive to support and to assist the parent, to strengthen parent-child relationships, and to increase the importance of families. These concepts are basic to the YMCA's philosophy and mission. Because of the significant amount of time children spend in the program, YMCA child care offers great opportunities to influence their growth and development and to accomplish the YMCA's mission.

Parents are a key to the child care program's success. They and other family members are an important part of YMCA child care leadership, and they should be welcomed anytime, with no appointment required. YMCA child care programs can involve parents by doing the following:

- Encouraging children to share their joys, fears, accomplishments, and setbacks with their parents at the end of each program day
- Offering support systems for parents, including referral networks, direct family services, parent training, and co-ops
- Planning activities that involve the whole family
- Asking parents to volunteer for advisory councils, committees, evaluation teams, fund-raising events, family nights, and positions as teacher assistants

The third part of the three-way relationship, the leadership staff, is also crucial to a successful program. The YMCA strives to hire qualified and certified staff with high levels of competency and proven ability. Credentialed directors oversee YMCA preschool programs; and every effort is made to obtain staff who have had experience working with elementary age youth to oversee school-age programs. Teachers and other program leaders meet, and often exceed, state licensing requirements.

A YMCA's goal is to hire a diverse staff. It is important that children have the opportunity to interact with adult caregivers of both sexes and from many age groups, who have diverse cultural and racial backgrounds. Quality child care programs encourage and reward ongoing staff education, emphasize professionalism, and offer salaries and benefits that reduce turnover.

INDICATORS OF QUALITY

YMCA of the USA child care guidelines for quality programs are in chapter 7 of this book along with a process for program evaluation called quality check. The following is a condensed list of 10 key quality indicators.

Quality is the following:

- Making sure staff members are qualified and certified
- Emphasizing low child-to-staff ratios, small group size, and frequent interactions between caregivers and children
- Creating a staff salary and benefit plan that cuts turnover, rewards education, and emphasizes professionalism
- Developing programs and personnel to ensure the safe, healthy growth and development of children

- Involving and serving parents and families in significant ways that build upon their strengths
- Making sure materials, equipment, and facilities are age-appropriate and developmentally stimulating
- Using a curriculum that supports child-centered and child-directed activities
- Stressing positive reinforcement of children—no name calling or put-downs
- Involving children in planning programs and setting rules
- Valuing diversity of children and families

THE QUALITY CHALLENGE

Child growth and development professionals are increasingly concerned about the level of care many children are receiving today. An estimated several million children, ages 5 to 12, come home from school to an empty house or apartment or to one where they have to take care of younger brothers and sisters. These latchkey kids constitute one of the fastest growing segments of the school-age population.

The quality of child care provided in centers and family day-care settings varies widely from center to center and across the United States. Licensing standards, economics, and staffing seem to be the major contributors to the differences. As of yet, no national standards exist for day care. Each state acts independently in establishing the licensing standards they feel necessary. These standards vary widely. For example, the child-to-caregiver ratio for one-year-olds in Idaho is 12 to 1. In Massachusetts, it's 3 to 1. Monitoring of licensing standards in many states is erratic at best. The standards issue is compounded by the fact that many programs, especially home day care and programs operated by school districts and churches, frequently are not required to be licensed and operate outside of any regulatory system.

Economics and staffing are closely linked because expenses related to staff can be as much as 80 percent of a child care program budget. Children in child care programs that charge higher fees are likely to receive better quality care. Staff turnover in these programs tends to be lower, which provides some stability of care. Also, the higher-priced programs are able to provide a better curriculum supported by materials and equipment that enrich the child's experience. Students of public policy worry about the possible emergence of a two-tiered system of child care, one for the haves and another for the have-nots. Equal availability of quality child care to all who need it, regardless of ability to pay, is a major challenge facing parents, business, government, and the private sector. See chapter 6 for a list of some of the child care trends that can be expected in the next few years.

CHAPTER 6

Child Care Trends and Goals

One of the YMCA's strengths is that over the years the organization has been able to respond to societal trends, modify existing programs, and develop new programs accordingly. This chapter introduces a number of trends related to child care. A brief discussion of the implications, opportunities, and strategies posed for the YMCA follows each trend. A list of YMCA child care goals ends the chapter.

TRENDS

1. **For-profit organizations and schools are increasingly interested in child care.** This trend could create problems for YMCA school-based programs. Recently, a number of situations where for-profit providers have approached school districts with attractive financial incentives to take over YMCA-operated programs have occurred. In some cases, schools have indicated a desire to operate their own program—probably driven by the need to find additional dollars. Since, in most states, schools do not have to be licensed to run child care and often don't know how to work with children in their leisure hours, such moves could result in poorer quality programs and an extension of the school day for the children involved. See the technical assistance paper entitled "Operation of School-Age Child Care Programs by Schools" in chapter 9 of this book.
2. **More and more school districts are operating all year.** This trend certainly will mean changing the way YMCA child care programs are operated. Year-round school operations will mean that the standard summer and holiday vacation periods will no longer exist. This situation could create a unique opportunity for YMCAs, however. The YMCA is uniquely qualified to run year-round programs for children—most Ys are already doing it with day and resident camps, sports leagues, and holiday programs. Ys will have to look at scheduling in a different way and offer programs throughout the year that have traditionally taken place during the summer. There are few, if any, organizations as qualified to meet this need as the YMCA.
3. **Licensing standards are being raised, and monitoring is tighter.** This trend may stall, given the federal government's new financial policies and tendency to pass greater responsibilities to the states. However, the YMCA should support standards and monitoring that will improve and ensure quality programs for children and families. The YMCA, because of its experience and volume of child care programs, should be involved at the federal and state level in any discussions related to licensing and monitoring.

4. **Corporations are looking for programs for dependents of employees.** Corporations are more aware of employee family needs, but they are looking to others to provide the services. This situation provides an opportunity for YMCAs who are interested in operating infant/toddler and preschool programs at or near the sites of major employers. Even though most employers do not want to be involved in the operation of such programs, frequently they are willing to provide some financial support or in-kind donations to get the program underway. Some will also provide subsidies or vouchers for participating employees.
5. **The need for child care is likely to increase in the future.** Figures from the YMCA Research and Planning Division indicate that YMCA child care increased by 14 percent in 1994. Child care is growing at a pace to double every five or six years. At this pace, it will be bigger than membership in 10 years. In 1994, 235 YMCAs offered full-day infant care (11.9 percent); 597 offered full-day preschool (30.2 percent); 846 offered part-day preschool (42.7 percent); and 1,199 offered school-age child care five days a week (60.6 percent). Seventy-three Ys offered corporate child care (3.7 percent); 17 offered respite care (.9 percent); and 5 offered sick child care (.3 percent).
6. **Child care income is a growing factor in YMCA budgets.** In 1994, income from YMCA child care fees was $296.4 million nationwide. This number is 17 percent of all YMCA revenue (19 percent at Ys with child care). A growing number of Ys are reporting that they derive 30 percent or more of their revenue from their child care programs. This fact makes quality child care a survival issue for many Ys. No program is without risk, including child care. Executives need to be giving major attention to the quality issues of their child care programs—staffing, safety, standards, supervision, and so on. Refer to the technical assistance paper entitled "Compensation of Child Care Staff and the Relation to Quality" in chapter 9 of this book.
7. **The need for financial assistance is increasing.** According to the 1995 Yearbook of the Children's Defense Fund, the child poverty rate was higher in 1993 than in any year since 1964—15.7 million U.S. children were poor. Young families with children have suffered an economic freefall over the past two decades. Half of the nation's six million young families lived on less than $18,420 in 1992. The minimum wage has not kept pace with inflation. Full-time, year-round minimum wage earners now fall well below the annual poverty line for a family of three. Low-income families on average spend more that 20 percent of their income on child care (compared with less than five percent among families in the highest income bracket). Families with incomes below the poverty line spend as much as 27 percent of their income on child care. A stated policy that makes the YMCA unique is that no one should be denied access to YMCA child care programs because of an inability to pay full fees. This policy will become increasingly difficult to fulfill.
8. **Responding to changing community and family needs is a key to the future.** As government becomes less able to meet the needs of children and families and school districts struggle with finances and reform, the YMCA has the opportunity to do some very significant work. Children and families will be looking to the Y for more than recreation and ways to fill their leisure time. Child care is an ideal vehicle upon which to build programs that support families and provide services to meet the growing needs of children and their parents. The YMCA needs to collaborate with other organizations that focus

on the needs of communities, families, and children. Creativity and advocacy will be key factors in meeting these needs. See the technical assistance paper entitled "Expanding Programs to Support Families and Meet Community Needs" in chapter 9 of this book.

9. **Programs for older youth are growing in popularity.** Parents are concerned about the unsupervised time of their 10- to 14-year-old children. In many cases, the kids are convincing their parents they are ready to stay home alone and drop out of child care programs right at the time they need the programs the most. Parent's concerns are reflected in the sizable growth of teen day camping and the interest in the club approach some Ys have taken in working with this age group. The challenge is to find ways of working with children in this age group that will keep them interested in the YMCA through these crucial years. For starters, don't call the program child care.
10. **There is a growing need for care at nontraditional times.** With flextime, job sharing, the return of second and third shifts, and the increased number of parents working more than one job, flexibly scheduled child care is in demand. Several Ys are offering evening care and others have adjusted their schedules to make it more convenient for parents that need extended hours of care. A number of Ys offer weekend sleepovers at times throughout the year, allowing parents respites from their parenting responsibilities. The challenge will be to figure out how to staff and price these programs so that families can afford them. The Y must not take the attitude that this is the parents' problem. As stated in number 8, responding to changing community and family needs is a key to the future and totally consistent with the Y's mission.

YMCA CHILD CARE GOALS

The YMCA's child care programs strive to support and strengthen families by doing the following:

1. Improving communication among family members
2. Increasing family members' abilities to work and to play together
3. Helping families share their values with each other
4. Increasing families' sense of community with other families
5. Helping families improve their economic stability

The YMCA's child care programs help children develop to their fullest potential by doing the following:

1. Helping children to develop a healthy self-esteem
2. Allowing children to learn through discovery and play
3. Offering developmentally appropriate activities that help children develop physically, emotionally, intellectually, socially, and spiritually
4. Providing space, equipment, and, most importantly, teachers and leaders that aid in children's development
5. Allowing each child to develop a warm relationship with at least one adult
6. Involving children in some aspects of planning their own activities

7. Believing in the value of all children and helping children appreciate the diversity and uniqueness of their peers
8. Helping children in their community to develop their social and living skills
9. Encouraging expression of feelings, whether sad, joyful, or otherwise, and responding to those feelings
10. Encouraging children and families to become involved in other YMCA programs, such as swimming, parent-child programs, music, art, and movement education.

The YMCA also expects staff members and program leaders to benefit as much as participants from the programs in which they are involved, believing that caregivers are less effective in fostering growth in children and families if they are not themselves open to self-improvement. This is especially true in infant/toddler programs because the caregivers' attention to the children and the interaction between them are paramount to the entire program. Unlike programs for older children, in which learning materials, equipment, and curriculum play an important part in development, infant/toddler programs rely on the caregiver as the focus of the children's experience. It is important for staff who care for infants to be educated and experienced in understanding children's needs and growth patterns so they can set up responsive environments and present appropriate opportunities that encourage positive growth and development.

PART III

YMCA OF THE USA CHILD CARE PROGRAM GUIDELINES AND RECOMMENDATIONS

CHAPTER 7

Quality Check and Program Guidelines

Conducting quality programs that meet both professional standards and local needs is an ongoing task for the YMCA Child Care Program Director. The guidelines in this section will help local YMCA staff, key volunteer decision makers, and program participants determine the quality of their child care programs. Used as a tool for self-assessment, the guidelines can point out both areas that need improvement and areas of excellence. Meant to be used in conjunction with YMCA of the USA child care program manuals, the guidelines have been compiled with input from local YMCA child care staff and resources from the National Association for the Education of Young Children (NAEYC). The School-Age Child Care Project at Wellesley College served as a consultant in the review, revision, and development process.

It is important to differentiate between guidelines and standards. **Guidelines** are recommendations from the YMCA of the USA to be considered by local Ys. **Standards** are rules governing any particular program that can only be set by the local association. In developing standards, each local YMCA can customize these guidelines to conform to its methods of operation and to the needs and legal requirements of its communities. Input from every level of your organization—staff, volunteers, and members—is crucial to developing your own standards; quality should be everyone's concern.

When developing your standards, keep in mind that there may be local or state licensing regulations that must legally be met. *All YMCA programs must meet the current standards of their city, county, and state.* Because regulations vary from place to place, each Child Care Director is responsible for knowing and abiding by the requirements in her or his locale. But Child Care Directors also need to be aware that state and local standards may only be minimum requirements for operation, not fully addressing the quality of the program desired by participants and the YMCA. The goal of the YMCA should be to offer programs of the highest possible quality.

QUALITY CHECK

Developing standards for the YMCA child care programs is only a starting point. Once that is done, the YMCA will need to create a process to regularly assess programs using the standard benchmarks. Following is a recommended seven-step approach, which utilizes an outside validation team:

1. The Association CEO or Branch Executive explains the assessment process to staff and volunteers.

2. The Child Care Director, with the help of other staff, conducts a review of all programs using the standards and addresses areas needing improvement.
3. A validation team is recruited from the community. This team may include parents of program participants, experts in child care from local colleges or universities, directors of other child care programs, Y board members, and staff from other YMCAs.
4. An orientation is conducted for the validation team to review the association's child care program standards.
5. The validation team conducts a review of each program.
6. The validation team reports its findings to the YMCA Board of Directors through the appropriate channels and process.
7. If the Board is satisfied with the report, the final step is for the Chairman of the Board or other Chief Volunteer Officer and the Executive or Chief Executive Officer to present a quality check certificate to the director of each of the programs included in the evaluation. Copies of the certificate are available from the YMCA Program Store, P.O. Box 5076, Champaign, IL 61825-5076, 800-747-0089.

In addition to the validation process outlined in the previous steps, the YMCA of the USA strongly recommends that YMCA child care programs apply for accreditation through the National Academy of Early Childhood Programs, a division of the NAEYC, 1509 16th Street NW, Washington, DC 20036, 800-424-2460.

YMCA OF THE USA CHILD CARE GUIDELINES

This section includes the guidelines for the following YMCA child care programs:

- YMCA Infant/Toddler Child Care
- YMCA Preschool-Age Child Care
- YMCA School-Age Child Care

Note. Copies of these guidelines will also be found in the appropriate YMCA of the USA program manuals. See the list of resources at the end of this book.

YMCA INFANT/TODDLER CHILD CARE PROGRAM GUIDELINES

These guidelines are designed to assist local YMCA staff, key volunteer decision makers, and parents of child care program participants when measuring the quality of their child care growth and development programs. **Guidelines** are recommendations from the YMCA of the USA to be considered by local Ys. **Standards** are rules governing any particular program that can only be set by the local YMCA. This guidelines evaluation format is designed as a self-assessment tool to identify those areas that work well and those that need improvement.

This evaluation tool is designed to be used in conjunction with the *YMCA Infant/Toddler Child Care* manual (1990) developed by the YMCA of the USA. These guidelines replace those appearing in the original edition of the manual. The National Association for the Education of Young Children's (NAEYC) *Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs* (1991) was used as a resource in the review and development of these guidelines. The School-Age Child Care Project at Wellesley College served as a consultant in the review, revision, and development process.

The YMCA of the USA strongly recommends that YMCA child care programs apply for accreditation through the National Academy of Early Childhood Programs, a division of the NAEYC. For information on accreditation, contact NAEYC, 1509 16th Street NW, Washington, DC 20036, 800-424-2460.

Local and state licensing regulations address the minimum standards required by law for the operation of child care programs. All YMCA programs must meet the standards of the state in which they are operated. Licensing regulations vary among different states. It is important to keep in mind that state standards are minimum requirements and may not address the quality of care desired by parents and the YMCA. The goal of caregivers, program supervisors, and key policy makers should always be the highest quality care possible for children and their families.

Adapted, by permission, from the National Association for the Education of Young Children, 1984, *Accreditation criteria and procedures of the National Academy of Early Childhood Programs* (Washington, DC: Author), 8-37.

	YES/NO	COMMENTS
INTERACTIONS BETWEEN STAFF AND CHILDREN		
1. Staff interact frequently with children, especially during diapering and feeding.		
2. Staff are available and responsive to children.		
3. Staff speak with children in a friendly, positive, and courteous manner.		
4. Staff treat children of all races, religions, and cultures with equal respect and consideration.		
5. Staff encourage developmentally appropriate independence in children.		
6. Staff use positive techniques of guidance.		
7. The sound of the environment is primarily marked by a controlled noise level and pleasant sounds from positive staff and happy children.		
8. Staff assist children to be comfortable.		
9. Staff foster cooperation and other social behaviors among children.		
10. Staff expectations of children's social behavior are developmentally appropriate.		
11. Staff encourage children to verbalize feelings and ideas.		
CURRICULUM		
12. Curriculum is planned to reflect the program's philosophy and goals.		
13. Staff plan realistic curriculum goals for children.		

	YES/NO	COMMENTS
14. Modifications are made in the environment for children with special needs.		
15. The daily schedule is planned to provide a balance of activities.		
16. Developmentally appropriate materials and equipment that project heterogeneous racial, sexual, and age attributes are selected and used.		
17. Staff continually provide learning opportunities for infants and toddlers in response to cues coming from the child.		
18. Infants and toddlers are permitted to move about freely, exploring and initiating activities.		
19. Staff provide a variety of developmentally appropriate activities and materials.		
20. Staff conduct smooth and unregimented transitions between activities.		
21. Staff are flexible enough to change planned or routine activities according to needs.		
22. Routine tasks are incorporated into the program as a means of furthering the children's learning.		
23. Staff plan with parents ways to make using the toilet, feeding, and developing other independent skills a positive experience for children.		
STAFF-PARENT INTERACTION 24. Information about the program is given to new and prospective families.		
25. A process has been developed for orienting children and parents to the program.		

(continued)

	YES/NO	COMMENTS
26. Staff and parents regularly communicate regarding home and program child rearing practices.		
27. Parents are welcome visitors in the program at all times.		
28. A verbal and/or written system is established for sharing day-to-day happenings that may affect children.		
29. Parent conferences are held at least once a year and at other times as needed.		
30. Parents are informed about the program through regular newsletters and the like.		
STAFF QUALIFICATIONS AND DEVELOPMENT 31. The program is staffed by individuals who are 18 years of age or older, who have been trained in early childhood education/child development, and who demonstrate the appropriate personal characteristics for working with children.		
32. The chief administrator of the program has training and/or experience in business administration.		
33. New staff are adequately oriented.		
34. Regular training opportunities are provided for all staff.		
35. Accurate, current records are kept of staff qualifications.		
ADMINISTRATION 36. At least annually, the director and staff conduct an assessment to identify strengths and weaknesses of the program and to specify program goals for the year.		

	YES/NO	COMMENTS
37. The program has written policies and procedures for operation.		
38. The program has written personnel policies.		
39. Benefits for full-time staff include medical insurance, sick leave, vacation time, and an opportunity to enroll in a retirement plan.		
40. Records are kept on the program and related operations.		
41. Where the program is governed by a board of directors, the program has written policies defining roles and responsibilities of board members and staff.		
42. Fiscal records are kept with evidence of long-range budgeting and sound financial planning.		
43. Accident protection and liability insurance coverage is maintained for children and adults.		
44. The director (or other appropriate person) is familiar with and makes appropriate use of community resources.		
45. Staff and administrators communicate frequently.		
46. Staff members are provided space and time away from children during the day.		
STAFFING 47. The number of children in a group is limited to facilitate adult-child interaction and constructive activity among children. The YMCA of the USA recommends the following: • Birth to 1 year—6 • 1 to 2 years—8 • 2 to 2-1/2 years—10		

(continued)

	YES/NO	COMMENTS
48. Sufficient staff with primary responsibility for children are available to provide frequent personal contact, meaningful learning activities, supervision, and to offer immediate care as needed. Staff patterns should provide for both adult supervision of children at all times and the availability of an additional adult to assume responsibility if one adult takes a break or must respond to an emergency. The YMCA of the USA recommends the following ratios of staff to children: • Birth to 1 year—1:3 • 1 to 2 years—1:4 • 2 to 2-1/2 years—1:5		
49. Each staff member has primary responsibility for and develops a deeper attachment to an identified group of children.		
PHYSICAL ENVIRONMENT 50. Indoor and outdoor environments are safe, clean, attractive, and spacious.		
51. Activity areas are defined clearly by spatial arrangement.		
52. Space for toddler and preschool children is arranged to facilitate a variety of small group and/or individual activities.		
53. Age-appropriate equipment of sufficient quantity, variety, and durability is readily accessible to children.		
54. Individual spaces for children to hang their clothing and store their personal belongings are provided.		
55. Private areas are available indoors and outdoors for children to have solitude.		
56. The environment includes soft elements, such as rugs, cushions, or rocking chairs.		

	YES/NO	COMMENTS
57. Sound-absorbing materials are used to cut down on excessive noise.		
58. The outdoor area includes a variety of surfaces, sun and shade, and a variety of outdoor play equipment. It is protected from access to streets and other dangers.		
HEALTH AND SAFETY 59. The program is in compliance with the legal requirements (licensed or accredited by the appropriate local and state agencies) for protection of the health and safety of children in group settings.		
60. Each adult is free of physical and psychological conditions that might adversely affect children's health.		
61. A written health record is maintained for each child.		
62. The program has a written policy specifying limitations on attendance of sick children.		
63. Provisions are made for safe arrival and departure of all children that also allow for parent-staff interactions.		
64. If transportation is provided for children by the program, vehicles are equipped with age-appropriate restraint devices.		
65. Children are under adult supervision at all times and always supervised by enough staff to evacuate them safely.		
66. Staff is alert to the health of each child.		
67. Suspected incidents of child abuse and/or neglect by parents, staff, or others are reported to appropriate local agencies.		

(continued)

	YES/NO	COMMENTS
68. At least one staff member who has certification in emergency first aid treatment and cardiopulmonary resuscitation (CPR) is always available.		
69. Adequate first aid supplies are readily available, and a plan exists for dealing with medical emergencies.		
70. Children are dressed appropriately for outdoor activities. Extra clothing is kept on hand for each child.		
71. The facility is cleaned daily to disinfect bathroom fixtures and remove trash.		
72. Infants' equipment is washed and disinfected at least twice a week.		
73. Toys that are mouthed are washed daily.		
74. Soiled diapers are disposed of or held for laundry in closed containers inaccessible to the children.		
75. The cover of the changing table is either disinfected or disposed of after each change of a soiled diaper.		
76. Staff wash their hands with soap and water before feeding and after diapering or assisting children with using the toilet or wiping their noses.		
77. The building and all equipment are maintained in a safe, clean condition and in good repair.		
78. Individual bedding is washed once a week and used by only one child between washings.		
79. Individual cribs, cots, or mats are washed if soiled.		

	YES/NO	COMMENTS
80. Sides of infants' cribs are in a locked position when occupied.		
81. Toilets, drinking water, and hand washing facilities are easily accessible to children. Soap and disposable towels are provided.		
82. All rooms are well lighted and ventilated.		
83. Cushioning materials are used under climbers, slides, or swings. All equipment is securely anchored.		
84. All chemicals and potentially dangerous products are stored in original, labeled containers in locked cabinets inaccessible to children.		
85. The facility has a documented emergency and disaster plan. Staff and parents are aware of the plan, and evacuation procedures are practiced monthly with the children.		
86. Staff are familiar with emergency procedures, such as operation of fire extinguishers and procedures for severe storm warnings.		
NUTRITION AND FOOD SERVICE 87. Meals and snacks are planned to meet the children's nutritional requirements.		
88. Menu information is provided to parents. Feeding times and food consumption information are provided to parents of infants and toddlers at the end of each day.		
89. Mealtimes promote good nutrition habits. Toddlers and preschoolers are encouraged to serve and feed themselves.		
90. At least one adult sits with children during meals.		

(continued)

	YES/NO	COMMENTS
91. Infants are held in an inclined position while bottle-feeding.		
92. Food brought from home is stored appropriately until consumed.		
93. Food prepared on the premises is done so in compliance with legal requirements for nutrition and food service.		
EVALUATION 94. The director (or other appropriate person) evaluates all staff at least annually.		
95. At least annually, parents, staff, and other professionals are involved in evaluating the program's effectiveness in meeting the needs of children and parents.		
96. Individual descriptions of children's development are written and compiled as a basis for planning appropriate learning activities, as a means of facilitating optimal development of each child, and as records for use in communications with parents.		

YMCA PRESCHOOL-AGE CHILD CARE PROGRAM GUIDELINES

These guidelines are designed to assist local YMCA staff, key volunteer decision makers, and parents of child care program participants when measuring the quality of their child care growth and development programs. **Guidelines** are recommendations from the YMCA of the USA to be considered by local Ys. **Standards** are rules governing any particular program that are set by the local YMCA. This guidelines evaluation format is designed as a self-assessment tool to identify those areas that work well and those that need improvement.

This evaluation tool is designed to be used in conjunction with the *YMCA Preschool Age Child Care* manual (1995) developed by the YMCA of the USA for YMCA child care growth and development programs. This manual is a revised version of the guidelines that appeared in the earlier edition of the *YMCA Child Care Quality Check* (1987). The National Association for the Education of Young Children's (NAEYC) *Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs* (1991) was used as a resource in the review and development of these guidelines. The School-Age Child Care Project at Wellesley College served as a consultant in the review, revision, and development process.

The YMCA of the USA strongly recommends that YMCA child care programs apply for accreditation through the National Academy of Early Childhood Programs, a division of the NAEYC. You can find information on accreditation in this manual and by contacting the NAEYC, 1509 16th Street NW, Washington, DC 20036, 800-424-2460.

Local and state licensing regulations address the minimum standards required by law for the operation of child care programs. All YMCA programs must meet the standards of the state in which they are operated. Licensing regulations vary among different states. It is important to keep in mind that state standards are minimum requirements and may not address the quality of care desired by parents and the YMCA. The goal of caregivers, program supervisors, and key policy makers should always be the highest quality care possible for children and their families.

Adapted, by permission, from the National Association for the Education of Young Children, 1984, *Accreditation criteria and procedures of the National Academy of Early Childhood Programs* (Washington, DC: Author), 8-37.

	YES/NO	COMMENTS
PHILOSOPHY AND GOALS 1. A written program philosophy and program goals exist for the following topics: • Supporting and strengthening families • Developing children to their fullest potential • Providing an environment of safety, support, and care • Providing opportunities for children to learn through socialization, exploration, choice, and creative play		
2. Written philosophy and goals of the YMCA and of the program are shared with the following groups: • Staff • Parents • Children • Committees and boards • Appropriate community agencies		
ADMINISTRATION 3. Printed information describing, at a minimum, the program philosophy, curriculum, approach to discipline, operating hours, fees, illness policies, holidays, refund information, termination of enrollment, and opportunities for parental involvement is available and distributed to all new and prospective families.		
4. A process has been developed for orienting children and parents to the center and is implemented each time a new child joins the program.		
5. The program has written personnel policies including job descriptions, a compensation structure with increments based on performance and additional professional development, resignation and termination processes, explanation of benefits, and grievance procedures.		

	YES/NO	COMMENTS
6. Hiring, employment, and, if necessary, termination is based solely on the staff member's or volunteer's competence and qualifications to perform his or her designated duties, and not on the basis of sex, race, national origin, religious beliefs, age, marital status, disability, or sexual orientation.		
7. Administrative procedures are in place for ensuring compliance with all applicable local, state, and federal laws and mandates, including but not limited to: equal employment and promotion policies, payment of FICA or other retirement benefits for staff, payment of unemployment insurance and worker's compensation, the keeping of records or documents required by agencies regulating child care, and fulfilling any and all requirements pertaining to the proper reporting of child abuse or neglect.		
8. The pay and benefits for directors and staff of child care programs are within the same range as that of directors and staff of other programs operating under the same YMCA management.		
9. Fiscal records are kept with evidence of long-range budgeting and sound financial planning.		
10. Accident protection and liability insurance coverage is maintained for children and adults, and a procedure is clearly established for the handling and reporting of all accidents and emergencies.		
11. The program director (or other appropriate person) is familiar with and makes appropriate use of community resources.		
12. Executive staff and/or child care administrators visit program sites regularly to assess the programs' quality and safety; some of the visits are unannounced.		

(continued)

	YES/NO	COMMENTS
13. An appropriate person on the site is designated to assume authority and to take action in an emergency, in the event of the director's absence.		
14. Staff and program administrators plan and consult together frequently about the program, children, and families. Regular staff meetings are held for staff to plan for implementing goals, plan for individual children, and to discuss program and working conditions. Staff are paid for time spent planning the program.		
LEADERSHIP STAFF AND VOLUNTEERS 15. The number of children in a group is limited to facilitate both adult-child interaction and constructive activity among the children. Recommended group sizes are as follows: • Birth to 1 year—6 • 1 to 2 years—8 • 2 to 2-1/2 years—10 • 2-1/2 to 3 years—12 • 3 years—16 • 4 years—18 • 5 years—20		
16. Sufficient staff with primary responsibility for children are available to provide frequent personal contact, meaningful learning activities, supervision, and offer immediate care as needed. Staff patterns should provide for both adult supervision of children at all times and the availability of an additional adult to assume responsibility if one adult takes a break or must respond to an emergency. Recommended staff-to-child ratios are as follows: • Birth to 1 year—1:3 • 1 to 2 years—1:4 • 2 to 2-1/2 years—1:5 • 2-1/2 to 3 years—1:6 • 3 years—1:8 • 4 years—1:9 • 5 years—1:10		

	YES/NO	COMMENTS
17. Each staff member has primary responsibility for, and develops a deeper attachment to, an identified group of children. There is specific accountability for each child by one staff member.		
18. A majority of the child's day is spent in activities utilizing recommended staff-child ratios and group size while minimizing the number of transitions or regroupings children experience.		
19. The program is staffed by individuals who are 18 years of age or older, who have been trained in early childhood education/child development, and who have demonstrated the appropriate personal characteristics for working with children (see items 20, 21, and 22). Volunteers should be 16 years of age or older, receive orientation, and work only under the supervision of qualified staff members.		
20. The program is directed by an early childhood specialist, 21 years of age or older, with a minimum of a baccalaureate degree in early childhood education/child development (ECE/CD), with at least three years of experience teaching young children, and with at least one course in program administration.		
21. The program employs early childhood teachers who have a minimum of a Child Development Associate (CDA) credential or an AA degree in early childhood education/child development and a minimum of one year of teaching experience.		
22. The program employs early childhood teacher assistants who have a minimum of a high school diploma and participate in continuing professional development programs.		

(continued)

	YES/NO	COMMENTS
23. New staff and volunteer candidates are observed working directly with children as a part of the employment interview process.		
24. References and criminal history are checked on all candidates, for paid or volunteer positions; a code of conduct and the organization's mandate to report all suspected cases of child abuse are communicated to all candidates during the initial interview process.		
25. All new staff are hired on a three-month probationary status—permanent employment is conditional on satisfactory performance and the return of all references and history checks.		
26. New staff are adequately oriented about the goals and philosophy of the program, emergency health and safety procedures (including procedures for prevention and reporting of child abuse), special needs of individual children assigned to the staff member's care, guidance and classroom management techniques, the program's planned daily activities, and staff code of conduct.		
27. The program provides regular training opportunities for staff to improve skills when working with children and families, including attendance at workshops and conferences, visits to other programs, access to resource materials, in-service sessions, or enrollment in college-level courses.		
28. Accurate and current records are kept of staff qualifications, including transcripts, certificates, or other documentation of continuing in-service education.		
29. Staff members are provided space and time away from children during the day.		

	YES/NO	COMMENTS
PROGRAM CONTENT AND PROGRAMMING WITH CHILDREN 30. Staff are responsive, respectful, and actively involved with children.		
31. Staff speak with children in a friendly, positive, and courteous manner.		
32. Staff treat children of all races, abilities, religions, family backgrounds, and cultures with equal respect and consideration; they offer the same kind of attention and opportunity to both boys and girls.		
33. Staff encourage developmentally appropriate independence in children, assisting children in learning to do things for themselves rather than doing things for them.		
34. In managing children's behavior, staff avoid responses that frighten or humiliate children. Instead, they use positive guidance techniques, such as redirection, positive reinforcement, and logical or natural consequences. Clear rules are developed and discussed regularly with children. Corporal punishment and withholding of necessities are never used.		
35. Staff and parents communicate regarding home and center child rearing practices, and a verbal and/or written system is established for sharing day-to-day happenings that may affect children.		
36. Parents are welcome visitors to the program at all times.		
37. The auditory environment is not dominated by loud music or adult voices, but by the pleasant sounds of children's voices while they play, talk, and work.		

(continued)

	YES/NO	COMMENTS
38. Staff model cooperation, solving problems through discussion, and other positive behaviors; they also praise and encourage these behaviors in children.		
39. The rules that staff make and enforce regarding children's social behavior are age-appropriate.		
40. Curriculum is planned to reflect the program's philosophy and goals.		
41. Modifications are made, as needed, in the schedule, environment, or activities to assure the fullest possible participation by children with special needs.		
42. The daily schedule is planned to provide a balance of activities between structured and free-choice, quiet and active, group-centered and individual; the schedule gives special attention to the needs of individual children.		
43. Developmentally appropriate materials and equipment are selected and used.		
44. Many aspects of the curriculum—games, puzzles, books, music, and activity corners—are developed or modified in response to specific questions or interests expressed by children.		
45. Transitions between activities are smooth and unregimented.		
46. The curriculum plan is viewed as an important guide, but staff are able to alter it when the mood of the children, a change in weather, an event in the local community, or other factors call for flexibility and/or spontaneity.		

	YES/NO	COMMENTS
47. The daily curriculum incorporates children as helpers in routine tasks and responsibilities, such as preparing for snacks and meals or taking care of equipment and facilities.		
48. The curriculum makes maximum feasible use of facilities and other existing programs offered by the YMCA, such as swim instruction, movement education, dance and music lessons, and health and nutrition training.		
49. The curriculum incorporates access to other community facilities and programs, such as libraries, museums, parks, and art centers.		
50. The use of media, such as television, films, and videotapes, is limited to developmentally appropriate programming that is consistent with the program's philosophy and goals for the children. Material selected for use has been previewed by adults prior to use, and the staff discusses what is viewed with children to develop critical-viewing skills.		
FACILITIES AND EQUIPMENT 51. The indoor and outdoor environments are safe, clean, attractive, and spacious with a minimum of 35 square feet of usable playroom floor space indoors per child, and a minimum of 75 square feet of play space outdoors per child.		
52. Space is arranged so that children can work individually, together in small groups, or in a large group in clearly defined spatial arrangements; include space for block building, sociodramatic play, art, music, science, math, manipulatives, sand/water play, woodworking, sewing, cooking, and quiet reading.		

(continued)

	YES/NO	COMMENTS
53. Age-appropriate materials and equipment of sufficient quantity, variety, and durability are readily accessible and arranged on low, open shelves to promote independent use by children. Materials are rotated to maintain children's interest.		
54. Individual spaces for children to hang their clothing and store their personal belongings are provided.		
55. Private areas are available indoors and outdoors for children to have solitude while still in view of adults.		
56. The environment includes soft elements, such as rugs, cushions, and rocking chairs.		
57. Sound-absorbing materials are used to cut down on excessive noise.		
58. Outdoor areas include a variety of surfaces, such as soil, sand, grass, hills, flat sections, and hard areas for wheel toys. The outdoor area also includes shade, open space, digging space, and a variety of equipment for riding, climbing, balancing, and individual play. The area is protected by fences or natural barriers from access to streets or other dangers.		
HEALTH AND SAFETY 59. The program has valid certification that it is in compliance with all legal requirements to protect the health and safety of children in group settings, such as sanitation, water quality, and fire protection.		
60. The program is licensed or accredited by the appropriate local and state agencies.		
61. Staff are in good physical and psychological health.		

	YES/NO	COMMENTS
62. A current, written health record is maintained for each child, including results of a complete health evaluation, record of immunizations, emergency contact information, and other pertinent health history.		
63. Written policies pertaining to the enrollment of children and the employment of staff who have AIDS or AIDS-related illnesses have been developed.		
64. The program has a written policy specifying limitations on attendance of sick children and staff, including those with communicable diseases. Provision is made for the notification of parents, the comfort of ill children, and the protection of well children.		
65. The program has and follows a written plan that includes training for staff concerning cautions against, exposure to, and handling of blood-borne pathogens.		
66. A written policy concerning the release of children only to adults who are authorized to pick them up has been developed and made available to parents and staff. Current information about which adults are authorized for each enrolled child is readily accessible to all staff, and a consistent sign-out procedure is in place and followed for releasing all children.		
67. If transportation is provided for children by the program, vehicles are equipped with age-appropriate restraint devices. Certification is available that indicates vehicles are appropriately licensed, inspected, and maintained.		
68. Children are under adult supervision at all times. Parents and other volunteers accompany children and staff on field trips to ensure adequate supervision.		

(continued)

	YES/NO	COMMENTS
69. Staff are alert to the health of each child. Children are observed as they enter the program each day, and any unusual problems or signs of illness or injury are reported to supervisory staff.		
70. Suspected incidents of child abuse and/or neglect by parents, staff, or others are reported to the appropriate local agencies in accordance with state and local statutes and regulations.		
71. At least one staff member who is certified in infant/child CPR and first aid is always present.		
72. A plan exists for dealing with medical emergencies. The plan includes a source of emergency medical care that has been previously informed of your intention to use it, written parental consent for emergency treatment, and arrangements for transportation.		
73. Adequate first aid supplies are readily available at the program site and in transportation vehicles.		
74. Children are dressed appropriately for outdoor activities, and a change of clothing is available.		
75. The facility is cleaned daily to disinfect bathroom fixtures and remove trash.		
76. Staff wash their hands with soap and water after assisting children with using the toilet, wiping their noses, or handling animals, and the staff put on rubber gloves before attending to accidents involving blood or bodily fluids.		

	YES/NO	COMMENTS
77. The building and all equipment are maintained in a safe, clean condition and in good repair. Glass and trash are removed from children's play areas, and outdoor sandboxes are covered when not in use.		
78. Individual bedding is washed once a week and used by only one child between washings.		
79. Toilets, drinking water, and hand washing facilities are easily accessible to children. Soap and disposable towels are provided, and children are directed to wash their hands after using the toilet, and before and after eating meals. The water-play table is cleaned and sanitized daily with a bleach solution.		
80. All rooms are well lighted and ventilated, screens are placed on all windows that open, and electrical outlets are covered with protective caps.		
81. Cushioning materials, such as mats, wood chips, or sand, are used under climbers and swings; all equipment is securely anchored.		
82. All chemicals and potentially dangerous products, such as medicines or cleaning supplies, are stored in original, labeled containers in locked cabinets that are inaccessible to children.		
83. Medication is administered to children only when a written order has been submitted by a parent. The medication is consistently administered by a designated staff member, and the medication is stored in a locked container.		
84. All staff are familiar with primary and secondary evacuation routes and practice evacuation procedures with children once a month. Written emergency procedures are posted in conspicuous places.		

(continued)

	YES/NO	COMMENTS
85. Staff are familiar with emergency procedures, such as the operation of fire extinguishers and procedures for severe storm warnings. Smoke detectors and fire extinguishers are provided and periodically checked. Emergency telephone numbers are posted by phones.		
86. Meals and/or snacks are planned to meet the children's nutritional requirements, as recommended by the Child Care Food Program of the U.S. Department of Agriculture.		
87. Menu information is provided to parents, and parents are asked about any dietary restrictions that their children have to follow; information about such restrictions is readily available to staff.		
88. Mealtimes promote good nutrition habits. Children are encouraged to serve and feed themselves as well as to assist with cleaning. Chairs, tables, and eating utensils are suitable for the size and development levels of the children; at least one adult sits with children during meals.		
89. Foods indicative of the children's cultural backgrounds are served periodically.		
90. If the program does not provide food, parents are educated regarding well-balanced meals that may be brought from home. Food brought from home is stored appropriately until served.		
91. If food is prepared on the premises, the program is in compliance with legal requirements for nutrition and food service.		
92. Children are protected from sunburn by limiting their exposure to the sun, by frequently applying nonallergenic sunscreen, and by using appropriate clothing, such as hats, long-sleeve shirts, and pants.		

	YES/NO	COMMENTS
93. There is a written policy concerning the program's response to the Americans with Disabilities Act and the inclusion of children and staff who are disabled.		
EVALUATION 94. The director (or other appropriate person) evaluates all staff at the end of the three-month probationary period and at least annually thereafter; the evaluator privately discusses his or her findings with each staff member. The evaluation includes classroom observation. Staff are informed of evaluation criteria in advance. Staff have an opportunity to evaluate their own performance. A plan for staff training is generated from the evaluation process.		
95. At least annually, parents, staff, and other professionals are involved in evaluating the program's effectiveness to meet the needs of children and parents. The annual program evaluation examines the adequacy of staff compensation and benefits and rates of staff turnover; a plan is developed to increase salaries and benefits to ensure recruitment and retention of qualified staff and continuity of relationships.		
96. Individual descriptions of children's development and learning are written when the child enters the program, and the child's progress is updated every six months. This information is used for planning appropriate learning activities, as a means of facilitating each child's optimal development, and as records for use in communications with parents. These reports are shared with parents.		

YMCA SCHOOL-AGE CHILD CARE PROGRAM GUIDELINES

These guidelines are designed to assist local YMCA staff, key volunteer decision makers, and parents of child care program participants when measuring the quality of their child care growth and development programs. **Guidelines** are recommendations from the YMCA of the USA to be considered by local Ys. **Standards** are rules governing any particular program that are set by the local YMCA. This guidelines evaluation format is designed as a self-assessment tool to identify those areas that work well and those that need improvement.

This evaluation tool is designed to be used in conjunction with the *YMCA School Age Child Care, Volume II* manual (1992) developed by the YMCA of the USA. These guidelines replace those appearing in *YMCA School Age Child Care, Volume I* (1982) and *YMCA Child Care Quality Check. Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs* (1991) was used as a resource in the review and development of these guidelines. The School-Age Child Care Project at Wellesley College served as a consultant in the review, revision, and development process.

The YMCA of the USA strongly recommends that YMCA child care programs apply for accreditation through the National Academy of Early Childhood Programs, a division of the NAEYC. For information on accreditation, contact NAEYC, 1509 16th Street NW, Washington, DC 20036, 800-424-2460.

Local and state licensing regulations address the minimum standards required by law for the operation of child care programs. All YMCA programs must meet the standards of the state in which they are operated. Licensing regulations vary among different states. It is important to keep in mind that state standards are minimum requirements and may not address the quality of care desired by parents and the YMCA. The goal of caregivers, program supervisors, and key policy makers should always be the highest quality care possible for children and their families.

Adapted, by permission, from the National Association for the Education of Young Children, 1984, *Accreditation criteria and procedures of the National Academy of Early Childhood Programs* (Washington, DC: Author), 8-37.

	YES/NO	COMMENTS
PHILOSOPHY AND GOALS 1. There is a written program philosophy and program goals related to the following topics: • Supporting and strengthening families • Developing children to their fullest potential • Providing an environment of safety, support, and care • Complementing or balancing the child's school program, rather than extending it for additional hours		
2. Written philosophy and goals of the YMCA and your program are shared with the following groups: • Staff • Parents • Children • Committees and boards • Appropriate community agencies (e.g., schools, United Way, government)		
ADMINISTRATION 3. A quantitative program plan has been developed and shared that includes the following categories of information: • Enrollment • Number of sites • Finances • Staffing • Fees • Transportation		
4. The local board has authorized a standing committee to be responsible for child care programs. The committee's functions and responsibilities are clearly stated in writing.		
5. An organizational chart makes clear to whom each employee reports, and job descriptions make clear where various responsibilities fall.		

(continued)

	YES/NO	COMMENTS
6. All administrative policies, procedures, and practices are in accordance with the following types of state and local regulations: • Licensing bureau • Fire and building codes • Health department • Zoning		
7. The annual budget has been developed and approved, and guidelines are being followed.		
8. The director of the program is regarded as a YMCA Professional Director and is on the YMCA official roster of employed officers.		
9. All staff are covered by the association's personnel policy.		
10. All staff have on file signed contracts or letters of agreement regarding employment, covering such items as the following: • A position description • Hours of work • Dismissal and grievance policy • Performance appraisal • Salary review and policy • Vacations and sick leave explanation • Tardiness and absences policy • Family benefits description • Health insurance explanation and explanations of other benefits and conditions		
11. The program, children enrolled, and staff hired are covered by the various and specific association's insurance programs.		
12. A comprehensive and practical record-keeping system is established for information such as the following: • Attendance • Payment of fees • Special information on children (health, diet, etc.) • Emergency medical releases • Signed forms listing people authorized by parents to pick up child		

	YES/NO	COMMENTS
13. There is a policy stating the availability and fee structure for YMCA employees' use of child care programs.		
14. The program has a written enrollment and admission policy that is given to parents. It includes the following information: • Fee structure and payment policy agreement form • Program information packet that includes goals, description of program activities and operation, hours of operation, staff-to-child ratio, notes concerning parent involvement, and descriptions of other YMCA programs and services • Attendance and illness policy • Enrollment form • Health information and form • Medical emergency policy and release form • Nondiscrimination clause and policy • Transportation release (where applicable) • Pick up and sign out policy and release authorization (who besides a parent is authorized to pick up a child) • Parent options for involvement • YMCA's communication plan to parents, including methods used to determine parent expectations and satisfaction • Policy statement on enrollment of children with special needs, disabilities, chronic illnesses, or medically fragile conditions • Policy statement on management of children's behavior, including approach to discipline, grounds for which a child's enrollment may be terminated, and steps to be taken before termination		
15. Mechanisms have been developed to communicate with the principals, teachers, and other staff of local schools whose students utilize the school-age child care program to accomplish the following:		

(continued)

	YES/NO	COMMENTS
• Recruit new enrollees • Solve problems regarding student transportation • Develop and maintain a positive image in the eyes of the school community • Work cooperatively on issues of common concern (behavior management, children with special needs, homework, field trips, early dismissal days, etc.)		
16. A parent advisory council is organized, and a meeting format and goals are established.		
17. A plan including specific methods and activities is developed and implemented in order to achieve the goal of supporting and strengthening families.		
LEADERSHIP—STAFF AND VOLUNTEERS 18. Employed and volunteer staff reflect the attitudes, image, and values consistent with YMCA program goals and philosophy.		
19. All employed staff have met the following requirements: • Been appropriately screened for work with children (reference check and security check with police and courts) • Completed all health examinations and tests • Have training or experience in child development, recreation, or a related field • Signed a statement (in the personnel file) that they have read, understood, and agree to all matters and materials related to their employment and job function		
20. Training in first aid and CPR is provided on a regular basis, and all employees have completed this training by the end of their 12th month on the job.		

	YES/NO	COMMENTS
21. Regular training opportunities are provided for staff and volunteers to improve skills in working with children and families. Staff are expected to attend training sessions and are compensated for their time if training is conducted outside of regular working hours. Training can include attendance at workshops and seminars, visits to other programs, access to resource materials, in-service sessions, or enrollment in college-level or technical school courses. Training addresses the following areas: • Health and safety • Child growth and development • Planning learning activities • Guidance and discipline techniques • Linkages with community services • Communication and relations with families • Detection of child abuse		
22. Even if the program is exempt from regulations under the local or state child care licensing agency, staff meet all local and state regulations regarding qualifications and experience necessary to be child care employees.		
23. Senior staff who work independent of supervision or who are responsible for the supervision of others are at least 18 years old and have a high school (or equivalency) diploma. Junior staff are at least 17 years old and work directly under the supervision of more experienced and qualified staff. They are not allowed to take responsibility for a group of children on their own.		
24. Site directors are at least 21 years old and have a high school (or equivalency) diploma with a minimum of three years related professional experience, or a CDA credential or association degree in leisure and recreation, education, or related field with a minimum of one year of related professional experience, or a four-year degree in a relevant field.		

(continued)

	YES/NO	COMMENTS
25. Specialized staff, such as bus and van drivers and food handlers, meet and follow appropriate qualifications and regulations.		
26. The YMCA has provided each employed staff member and volunteer with the following, in writing: • A comprehensive orientation • A job description • A statement of YMCA and child care purposes, goals, and philosophy • The personnel policy • The salary administration plan • Specific policies and procedures related to the program, such as those regarding health and safety, emergencies, transportation, and child abuse • The program description and fee structure • A YMCA staff organization chart with names • A plan for ongoing supervision, goal setting, performance review, and training		
27. The YMCA director who is in charge of the child care program has completed YMCA of the USA child care certification training or will have completed such training within one year of employment.		
28. A training needs assessment has been conducted for all staff and volunteers, and a plan for continued education and development has been implemented.		
29. Staff of both sexes and of all ages, races, and cultural backgrounds are actively recruited and hired, both as volunteers and paid employees. In serving large numbers of children of minority cultures and ethnic groups, extra measures have been taken to ensure that staff composition reflects the community served.		

	YES/NO	COMMENTS
30. All staff are paid for at least some hours outside the times they are working with children for such things as staff meetings, setup, contact with schools and other agencies, preservice, and development activities.		
PROGRAM CONTENT AND PROGRAMMING WITH CHILDREN 31. YMCA of the USA child care manuals and other resource materials are regularly consulted as part of the short- and long-range planning process.		
32. Programming with school-age children involves a variety of activities to match children's needs, including but not limited to the following: • Free time • Quiet time • Projects • Study, education, or tutoring • Field trips • Nutritious snacks • Physical activity • Small group activity • Special events • Valuing and self-concept activities • Time for special interests		
33. An effort is made to create space that is quiet and comfortable for homework and study; however, the impetus to use school-age child care time for such purposes must come from the child or from an understanding the child has reached with his or her parents and not from punitive measures taken by YMCA staff.		
34. A daily or weekly lesson plan is used that takes into consideration the development needs and different ages of children.		
35. There is specific accountability for each child by one staff member.		

(continued)

	YES/NO	COMMENTS
36. The ratio of staff to children will in all cases meet or exceed local state licensing requirements. The YMCA of the USA recommends the following: • 5 to 6 years—1:10 • 7 to 10 years—1:12 • 11 to 12 years—1:14		
37. Children appear to know the essential house rules of the program, to have an understanding of the reasons for the rules, and to have had some input into discussing or formulating the rules.		
38. Procedures for major discipline problems are published and made known to staff, parents, and children.		
39. Children and parents have an opportunity for regular input on program and activity choices.		
40. The following program components are in place: • A parent(s) orientation meeting • A program information packet for each parent • A system of ongoing and regular written communication to parents (newsletter, schedules, memos, etc.) • A system of ongoing and regular verbal communication with parents • A parent feedback and evaluation form that is sent to all parents twice a year • A way of sharing community resources, events, agencies, special assistance, and so on with parents (e.g., a bulletin board, brochures, parent mailboxes, notices in newsletter)		
41. Individual parent conferences with staff are held annually, with the understanding that either staff or a parent may seek additional conferences as necessary.		

	YES/NO	COMMENTS
42. A minimum of two activities are held with families during the school year.		
43. A newsletter, bulletin, or printed update is sent out to families at least every other month.		
44. Provisions are made for staff members to visit the schools attended by the participants in the school-age child care program so that they can be introduced to teachers and principals and create channels of communication, which can be used as needed when issues of common concern arise.		
FACILITIES AND EQUIPMENT 45. Even if the program is exempt from regulations applicable under the local or state child care licensing agency, each site (facility and grounds) meets all the following state and local regulations: • Licensing bureau • Fire and building codes • Health and sanitation • Zoning		
46. Each site provides furniture, space, and equipment for free play, rest, privacy, and a range of indoor and outdoor program activities appropriate to the ages of the children and the size of the groups.		
47. Each program has office space with a desk, phone, and files on each child and staff. Where shared space is used, there is access to a telephone for emergency use, and records on children and staff are kept in a portable file.		
48. The site environment is a neat, clean, homelike atmosphere that is pleasing to parents and children. Where shared space is used, there is an attempt to make the space as appealing as possible.		

(continued)

	YES/NO	COMMENTS
49. Restroom facilities are adequate and accessible.		
50. If using a site owned by someone other than the YMCA, there is a clear written agreement or contract with the owner or host.		
51. Ventilation, lighting, and room temperature are kept at a comfortable level.		
52. Drinking water is easily accessible.		
53. Equipment and supplies are of sufficient quality, quantity, and variety appropriate to the ages of the children and the size of the groups.		
54. There is a record on file showing that facilities and equipment are inspected weekly to assure the safety and health of children and staff.		
55. If the school-age child care program takes place in the same facility with the preschool program, there is either a wholly separate area for school-agers, or there is space specifically scheduled and identified for activities reflecting the particular interests and pursuits of school-agers.		
HEALTH AND SAFETY 56. All state and local health and safety codes are followed, including the following: • Fire • Sanitation • Vehicle • Building • Food handling		
57. First aid kits are easily accessible and kept in stock both on site and in transportation vehicles.		

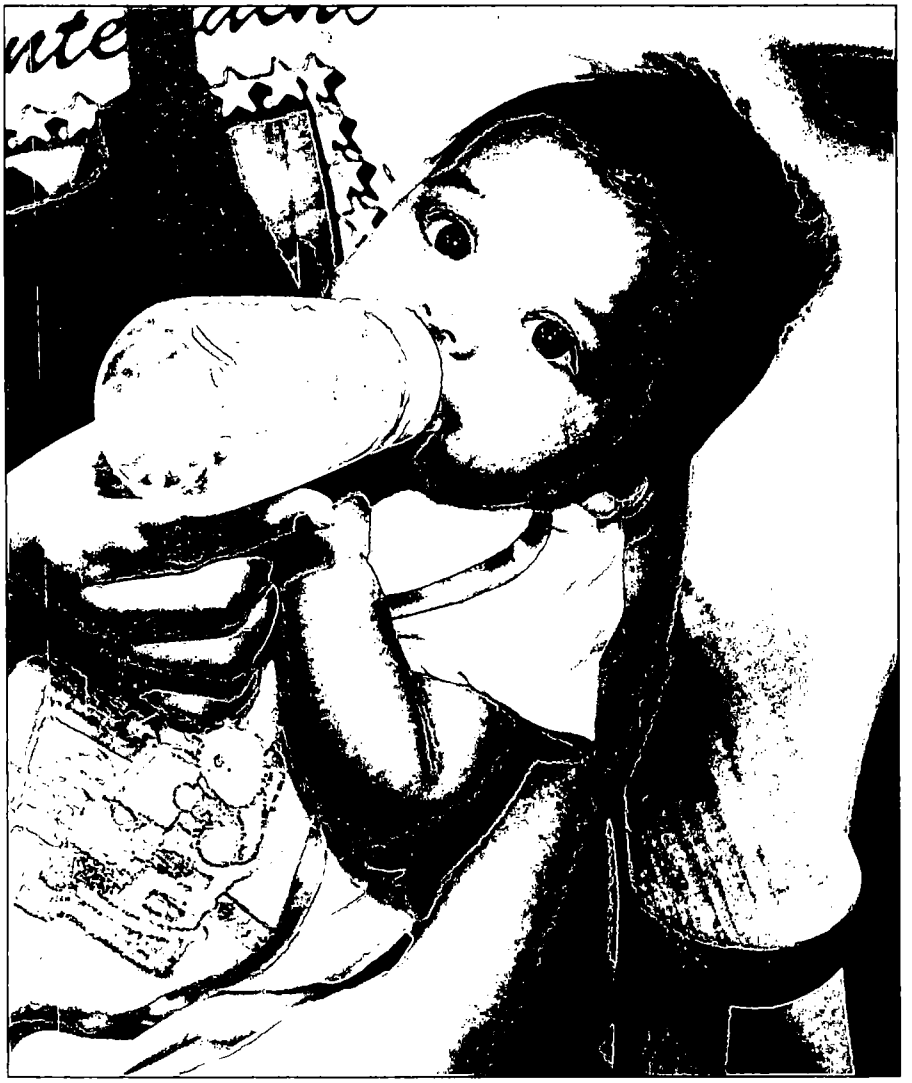
	YES/NO	COMMENTS
58. Staff are fully trained on all health, safety, emergency, and disaster procedures, which are in writing and posted in several locations in the facility.		
59. Children's emergency medical release authorizations and information on who is authorized to pick up each child are readily accessible to all staff.		
60. There is a procedure for informing parents promptly of the exact circumstances whenever a child has an injury, and written records of all injuries and the treatments given are maintained.		
61. All staff, including volunteers, have been appropriately informed of the procedures to be followed in the event they suspect abuse or neglect of an enrolled child, whether the abuse occurred within the program or outside the program.		
62. There is a written YMCA policy related to the transportation of children, and child care staff are aware of this policy and follow it.		
63. A sign-out procedure to assure that only authorized persons pick up each child is utilized.		
64. Fire extinguishers are located in both facilities and vehicles and are inspected regularly to meet code.		
EVALUATION 65. Staff try to meet and talk with as many parents as possible when they pick up their children, sharing something about what happened that day and sending parents and children home with a positive attitude.		

(continued)

	YES/NO	COMMENTS
66. Twice a year, program evaluation forms are sent to parents, and there is evidence that feedback received from parents has been incorporated in planning and modifying various aspects of the program.		
67. A complete evaluation of the entire program is authorized annually by the local board of directors and carried out by staff and volunteers utilizing these standards and following the procedures suggested in the *YMCA Child Care Quality Check.*		

CHAPTER 8

YMCA of the USA Medical Advisory Committee Recommendations



This section contains recommendations of the national YMCA of the USA Medical Advisory Committee regarding child care issues. The YMCA of the USA publishes a booklet containing all of the recommendations of the Medical Advisory Committee with all backup documentation. To get a free copy of this booklet, call the Program Services Division at 800-USA-YMCA.

Although not included in the Medical Advisory Committee's recommendations, the following is included in this section:

AIDS: OPERATING GUIDELINES FOR YMCAS

Operating guidelines for the prevention of AIDS have been approved by the Medical Advisory Committee of the National Board. These guidelines are based on scientific information that says people with AIDS, pre-AIDS illnesses, and those who test positive for the AIDS virus but are not sick do not pose a significant health risk to others in a YMCA setting. AIDS is transmitted by intimate sexual contact or by exposure to contaminated blood.

The U.S. Public Health Service states that there is no risk created by living in the same house with an infected person, eating food handled by an infected person, being coughed or sneezed upon by an infected person, casually kissing an infected person, or swimming in a pool with an infected person. No medical evidence exists that gives a reason to exclude infected members from gymnasiums, pools, locker rooms, showers, snack bars, or any other recreational areas. In addition, no evidence exists that the AIDS virus is transmitted through mouth-to-mouth resuscitation or through "buddy breathing" in scuba diving training.

Those guidelines are consistent with YMCA values that encourage youth and adults not to use drugs and encourage people not to have sexual relations unless they are in mature, caring, monogamous relationships. YMCA values further compel us to help and show compassion to those who have the disease and to those who don't share the same values.

Finally, *the guidelines should not be seen as a blanket policy, but rather should be applied on a case-by-case basis* by local YMCAs as new medical information becomes available. To help in this effort, YMCAs should seek the best medical advice available in the operation of programs and facilities by appointing a medical advisory committee. Members should know about the evolving body of information related to AIDS and support actions by YMCAs that are consistent with the best information available.

1. **Implement an AIDS education program for staff, volunteers, members, and the public.**

   Member associations should take a proactive stance regarding the education of staff, volunteers, members, and the public as to the nature of the AIDS disease, how it is contracted, and how it can be avoided.

   Educational efforts should emphasize that current medical knowledge indicates that YMCA staff, volunteers, and members infected with the AIDS virus do not pose a significant health risk to others involved in YMCA programs, activities, or facilities.

   Generally, AIDS education should include four key elements: (a) the facts on the AIDS virus and how it is transmitted; (b) how to protect oneself from the AIDS virus; (c) communicating information about AIDS to others; and (d) the local YMCA policies and procedures related to AIDS.

   Suggestions on organizing AIDS education programs are included in the education and communications strategies section of this information package. Key to this effort is a brochure, *AIDS and You*, which was developed by the Federal Centers for Disease Control for use by YMCAs. It has been reviewed and endorsed by the American Medical Association and by the YMCA of the USA Medical Advisory Committee. It is available free in any quantity from the YMCA of the USA Program Store. Additional resources for AIDS education are available from local and national organizations listed in the resources section of this information packet.

2. **Accept AIDS-infected individuals in YMCA programs, evaluating participation on a case-by-case basis.**

   Most children and adults diagnosed as having the AIDS virus should be admitted to full participation in YMCA programs without fear of infecting others through casual contact. The local YMCA should make decisions concerning participation on a case-by-case basis.

   Exceptions to this practice should be made in accordance with guidelines established by the Federal Centers for Disease Control. Refusal to permit any person with AIDS to join the YMCA or to participate in YMCA programs may violate laws protecting the handicapped and should only be undertaken with advice of legal counsel.

3. **Consider employees with AIDS as handicapped or disabled, without risk of infecting others through casual contact in the workplace.**

   The YMCA recognizes its obligation as an employer to provide an objectively safe environment for all employees and the public at large and an environment in which employees have no need to be concerned for their personal health and safety.

   The YMCA considers AIDS to be a handicapping or disabling condition. An individual who has been diagnosed with AIDS should be treated similarly to any other individual who is handicapped or disabled. Supervisors should make a concerted effort to educate themselves as to the facts about AIDS infection and assist in making this information available to all YMCA leadership, both staff and volunteer.

   YMCA employees with life-threatening illnesses, including AIDS, may wish to continue to work. As long as they are able to meet acceptable performance standards and medical evidence indicates that their condition is not a threat to themselves or others, employees should be assured of continued employment. Federal and state laws may also mandate, pursuant to the laws protecting handicapped or disabled individuals, that those individuals not be discriminated against on that basis and that, if it becomes necessary, some reasonable accommodations be made to enable qualified individuals to continue to work.

   Given current technology, and the recommendations of the Federal Centers for Disease Control, testing applicants or current employees for AIDS is not recommended. However, information on voluntary testing should be available to all employees. The YMCA may deny employment to any individual who cannot meet the bona fide qualifications of the job due to any physical or mental condition or who presents an immediate and real risk to the health or safety of others.

   The YMCA recognizes that an employee's health condition is normally personal and confidential. Personnel and medical files or information about employees are generally protected from public disclosure. Only those supervisors with a clear need to know should be informed of an employee's condition.

4. **Encourage practices that protect staff, volunteers, and members.**

   Because other infections in addition to AIDS can be present in blood or bodily fluids, YMCAs should adopt routine procedures for handling them, such as the following:

   — Hands should be washed well with soap and water after exposure to blood and body fluids.

- Razors and other implements that may become contaminated with blood should not be shared in locker rooms.
- Rubber gloves should be worn if available when first aid is given to anyone who is bleeding.
- Surfaces soiled by blood or body fluids should be promptly cleaned with disinfectants, such as diluted household bleach. Disposable towels or tissues should be used whenever possible.

January 1988
Reviewed, May 1991

AIDS: PARTICIPATION OF PRESCHOOL CHILDREN WITH AIDS IN YMCA DAY CARE

The decision as to whether a child known to have AIDS may attend day care should be made on an individual case-by-case basis, following the guidelines developed by the American Academy of Pediatrics (AAP).

The YMCA of the USA Medical Advisory Committee endorses this statement and urges its distribution to all YMCAs.

January 1988

Health Guidelines for the Attendance in Day-Care and Foster Care Settings of Children Infected with Human Immunodeficiency Virus*

Statement of the Problem

As of December 2, 1986, there have been 27,704 adult cases of acquired immunodeficiency syndrome (AIDS) reported in the United States; death has been reported in 56 percent of these cases. In addition, 394 (1.4 percent) cases of AIDS have been reported in children younger than 13 years of age, with 240 deaths; 347 (88 percent) are less than five years old.[1] Serologic testing has identified additional children in high-risk groups (e.g., hemophiliacs) who have test results that are positive for human immunodeficiency virus (HIV; formerly called human T-cell lymphotropic virus type III/lymphadenopathy-associated virus [HTLV-III/LAV]) antibody and do not have recurrent or opportunistic infections. Because some of these children are of preschool age, a policy on the placement of HIV-infected children in day-care and foster care settings is required.

Currently available data do not specifically address the risk of transmission of HIV in the day-care setting. Therefore, some recommendations presented in this paper are based on the unlikely, but hypothetical, possibility of transmission in this setting.

Day care is defined in this statement as care provided in a place other than the child's home in settings that include family day care, group day care, day-care centers, day nurseries, nursery schools, Head Start programs, and other preschool programs in which attendance is not mandated by state law. The AAP[2] guidelines for placement of HIV-infected children and adolescents in schools are applicable to children placed in legally required educational programs, including special education programs.

Several factors increase the transmission of communicable diseases in child day-care settings.[3,4] First, these children are in close physical contact with each other for extended periods of time. Second, young children exhibit hand- and object-mouthing behaviors that enhance the likelihood of their acquiring numerous infectious diseases. Third, toilet and handwashing facilities may be inadequate for optimal hygienic practices, and the children's use of available facilities is often less than ideal. In addition, children who attend day-care centers are at increased risk for acquiring some infections compared with children in family day-care settings where fewer children are present.

Background

These recommendations apply to all symptomatic and asymptomatic children known to be infected with HIV. Children with AIDS, as defined by the Centers for Disease Control for reporting purposes (see the appendix), and children with AIDS-related complex, who are defined as those having an illness due to infection with HIV but who do not meet the case definition, should be evaluated and a definitive diagnosis made. Clinical features of AIDS-related complex may include signs such as unexplained chronic lymphadenopathy, weight loss, fever, chronic diarrhea, anemia, thrombocytopenia, and recurrent bacterial infections.

Most infants and children with AIDS, as defined by the Centers for Disease Control, do not manifest opportunistic infection when first seen.[5] Clinical findings in 92 HIV-seropositive infants, in order of decreasing frequency, included chronic pulmonary lymphoid hyperplasia, recurrent bacterial infections and sepsis, persistent or recurrent oral thrush, chronic or recurrent diarrhea, lymphadenopathy at two or more sites, hepatosplenomegaly, failure to thrive, developmental delay, encephalopathy, intrauterine growth retardation, thrombocytopenia, salivary gland enlargement, opportunistic infections, Kaposi sarcoma, and B-cell lymphoma.[6] Of these 92 symptomatic HIV-infected children, 25 percent had opportunistic infection by three years of age.

It is important that a positive serologic test (enzyme-linked immunosorbent assay) for HIV be confirmed by additional, more specific tests, such as the Western blot or immunofluorescent antibody tests, to eliminate false-positive enzyme-linked immunosorbent assay results. Some infants who are seropositive by more specific tests also may not actually be infected because these tests may detect maternally acquired antibody for as long as 14 months; additional evaluation of these infants is required to establish the diagnosis. Individuals with confirmed seropositive findings have a high probability of being infected with HIV and, therefore, are potentially capable of transmitting the virus to others.

False-negative antibody test results have been noted in a few HIV-infected infants who were hypo-γ-globulinemic.[5] Viral isolation techniques, which are becoming more readily available in academic centers and state health departments, may be useful for establishing the diagnosis late in the course of the disease and in the hypo-γ-globulinemic patients.

Data from many studies strongly support the concepts that (1) HIV is not a highly infectious organism and (2) the route of transmission is through sexual, blood, or perinatal contacts. None of the reported cases of HIV infection in the United States is known to have been transmitted in school, day-care, or foster care settings. Serologic HIV testing has been performed on 251 household contacts of 94 patients with AIDS or AIDS-related complex.[7-11] Of the 251 contacts, 18 (8 percent) were seropositive; 13 of these 18 were children born to infected mothers, and five were adults with a high-risk factor (i.e., IV drug abusers or sexual contacts of HIV-seropositive persons). Seventy-one household contacts, who were exposed to 21 infected children less than five years of age, were studied for evidence of transmission; 16 of the contacts were five years old or younger, nine were 6 to 18 years old, and 46 were adults. None of these 71 contacts was found to be HIV-seropositive except for adults or children who also had a high-risk factor. In another study,[12] HIV transmission was not demonstrated among child contacts of HIV-infected adults, even when intimate household activities, such as the sharing of toothbrushes and taking baths together, were included. Consequently, the possibility of transmission is most likely to be extremely low or nonexistent in situations of casual contact and normal school behavior.

HIV infection in adult and adolescent cases, which constitute about 99 percent of the total, is transmitted primarily through sexual contact (homosexual and heterosexual) and by the illicit use of IV drugs. Infection from transfusion with HIV-contaminated blood or blood products accounts for a small percentage of cases. However, epidemiologic data seems to indicate that the incidence of transfusion-associated AIDS is about six times higher in exposed infants than in adults.[13,14] Approximately 75 percent of AIDS and AIDS-related complex cases in children are due to maternal and perinatal transmission, and 20 percent of cases are due to blood and blood product transmission. In approximately 5 percent of cases, the source of HIV is unexplained due to lack of information regarding the parents. Although HIV has been isolated from saliva, tears, and urine, its presence does not imply that these fluids are involved in the transmission of infection.[15] HIV has been isolated from the breast milk of infected women,[16] and postnatal transmission of the virus has been suggested in a child born to a mother reported to have acquired the infection from a postpartum blood transfusion.[17] Because the child was breastfed for six weeks, the authors suggested breastfeeding as the possible source of transmission.

In a previous statement,[2] this Committee agreed to provide any new information on transmission of HIV or other notable data. In that light, three recent cases of HIV infection are of interest. These three cases are the only known cases of nonsexual household transmission.

Case Reports

Case 1

A 44-year-old white woman with AIDS had no risk factors for HIV infection except that two years earlier she had cared for a 33-year-old man whose death had most likely been due to HIV infection.[18] This woman had prolonged and frequent skin contact with his bodily secretions. During this time, she also had several small cuts on her hands and chronic eczema, and she had not used the recommended precautions, such as wearing gloves.[19]

Case 2

An asymptomatic 32-year-old mother with antibody to HIV had no known risk factors for HIV infection except that she cared for her infant, who at three months of age received a transfusion of blood from a donor later found to be seropositive.[20] The infant had congenital intestinal abnormalities and had required numerous surgical procedures and blood transfusions; he was found to be HIV seropositive at 16 months of age and had not been tested previously. The mother was closely involved in his care during hospitalization and at home; this care required frequent contact with the child's blood and body fluids. She did not take recommended precautions, such as wearing gloves, and often did not wash her hands immediately after exposure. She was HIV seronegative at testing when the child was 13 and 16 months of age; she was found to be HIV seropositive when he was 20 months of age.

Case 3

An 11-year-old, apparently healthy, boy was the sibling of a 2-year-old HIV-infected child with AIDS-related complex. When the family was screened, this 11-year-old boy was found to be HIV seropositive.[5] However, factors including false-positive test results, sexual abuse, and IV drug abuse have not been definitely excluded in this case.

Recommendations

Information regarding the epidemiology, clinical manifestations, and management of HIV-infected children is evolving. The AAP will update and modify this statement as new information becomes available. The following guidelines are recommendations for day-care and foster care personnel, parents, and health care providers and supplement the Centers for Disease Control statement of August 30, 1985.[21] Involvement in child day care, unlike school attendance, is not a legal requirement; day-care providers may develop their own policies in conformity with federal, state, and local regulations regarding day care. Recommendations for management of the HIV-infected child are based on these considerations.

1. The decision as to whether a child known to have HIV infection may attend day care or may be placed in foster care should be made on an individual, case-by-case basis. This decision is best made by an expert panel of individuals, including the child's physician, that has the qualifications to evaluate (a) whether an infected child poses a potential risk to others and (b) whether the child will receive optimum care in the setting under consideration.

The following factors may be considered by the expert panel as reasons to exclude an infected child from day care: lack of control of body secretions (such as urine), presence of hand- and object-mouthing behaviors, biting, or an oozing skin lesion. Most normal children younger than three years of age and some older children exhibit these behaviors. Because some of these infected children are developmentally delayed, criteria for exclusion should be developmentally rather than chronologically determined. Children who do not exhibit these behaviors and who do not have oozing lesions are considered to be no more likely to transmit HIV than are HIV-infected school-age children in the school setting. Because the behavior of preschool-age children often changes, frequent observation of the affected child's behavior should be made.

2. The decision to exclude a child already enrolled in day care or foster care who is subsequently found to be infected with HIV should be based on whether the child is in control of body secretions (such as urine), exhibits hand- or object-mouthing behaviors, bites, or has oozing skin lesions. Decisions regarding notification and management of staff, parent(s), and child contacts in the day-care or foster care setting should be made on an individual basis by an expert panel of qualified individuals, as described in recommendation 1. If parents of the attendees are to be notified, they should be aware that transmission of HIV to other children under the conditions set forth is extremely unlikely and that the case-by-case decision is not based on documented transmission in day-care settings but on a hypothetical risk of transmission.

3. As the risk of HIV transmission in the day-care setting is only hypothetical at present, widespread screening of these children for the presence of HIV antibody is not warranted or recommended. In populations such as this with a low prevalence of HIV infection, it is likely that screening will reveal a greater number of false-positive results than it will identify infected individuals. Those with false-positive results will experience a great deal of unnecessary anxiety as well as the expenses of medical evaluation.

4. Diagnostic testing should be initiated by the physician for children who have *both* clinical and epidemiologic features suggestive of HIV infection. Diagnostic testing for HIV infection is not the responsibility of the day-care provider. For clinical

features, see "Background." Epidemiologic features are: (a) children who received multiple blood or blood product transfusions between 1978 and 1985, such as ill neonates, children who had cardiac surgery or who were severely traumatized or burned, children with hemophilia, and children with congenital hemoglobinopathies or other chronic anemias; (b) children or adolescents who were sexually abused or male homosexuals or bisexuals; (c) children and adolescents who are IV drug abusers; (d) infants born to mothers known to be HIV-infected or who are at increased risk of infection, such as IV drug abusers, prostitutes, Haitians, or Central Africans, and women who have had sexual relations with men who are IV drug abusers, Haitians, Central Africans, bisexuals, hemophiliacs, or are HIV-seropositive without clinical manifestations.

The use of special consent procedures for diagnosis of HIV infection is strongly discouraged. Physicians should interpret the results of diagnostic tests and ensure that counseling and other social and medical services are provided to HIV-infected children and their families because their psychologic, physical, medical, and financial needs are great.

5. Some children may be unknowingly infected with HIV or other infectious agents, such as hepatitis B virus; these agents may be present in blood or body fluids. Thus, responsible individuals in all day-care and foster care settings, regardless of whether children with HIV infection are known to be in attendance, should adopt routine procedures for handling blood and body fluids. All child care personnel and educators should be informed about these procedures. For example, soiled surfaces should be promptly cleaned with disinfectants, such as household bleach (a 1:10 to 1:100 dilution of bleach to water prepared daily). Disposable towels or tissues should be used whenever possible and properly discarded, and mops should be rinsed in the disinfectant. Cleaning personnel should avoid the risk of having their mucous membranes or any open skin lesions exposed to blood or body fluids, for example, by using disposable gloves.

6. Children who are infected with HIV may be immunodeficient. Immunosuppressed children are at increased risk for severe complications from infections with varicella, cytomegalovirus, *Mycobacterium tuberculosis,* herpes simplex virus, and measles virus. Children may have a greater risk of encountering these infectious agents in day care than at home. Thus, the risk to the immunosuppressed child of attending day care in an unrestricted setting is best assessed by a physician who is aware of the child's immune status. HIV-infected, unimmunized children exposed to measles or varicella should receive passive immunoprophylaxis (immune globulin or varicellazoster immune globulin, respectively) following significant exposure. Monthly prophylaxis of HIV-infected children with immune globulin is being evaluated in some centers.

7. There is limited data on the use of live virus vaccines (oral polio, measles, mumps, rubella, and BCG vaccines) in children who are known to be infected with HIV, with no reported complications as yet. Nevertheless, children who are symptomatic with HIV infection should not be given live virus vaccines. These children should receive diphtheria-tetanus-pertussis, inactivated influenza, *Haemophilus influenzae* type b, pneumococcal, and inactivated polio vaccines in accord with the Advisory Committee on Immunization Practices (ACIP) and AAP recommendations.

Some experts believe that asymptomatic HIV-seropositive children should not be given live virus vaccines. However, there have been no substantiated reports of

adverse outcomes associated with administration of live virus vaccines in these children as yet. Therefore, widespread screening to detect asymptomatic HIV-infected children prior to routine immunization is not recommended. Children without clinical or epidemiologic manifestations of HIV infection should be immunized in accordance with the ACIP and AAP recommendations for routine childhood immunization.

There have been no reported cases of polio vaccine-associated paralysis in families in which a member had AIDS. Nevertheless, household contacts of HIV-infected symptomatic and asymptomatic children may be immunosuppressed due to HIV. These children and their household contacts should not be given oral polio vaccine; oral polio vaccine virus spreads rapidly to contacts. Inactivated polio vaccine should be used.

8. Persons involved in the care and education of a preschool-age, HIV-infected child should be informed of the child's HIV infection status and should respect the child's and the family's right to privacy. Records discussing HIV status should be kept only if there is strict confidentiality. The number of personnel aware of the child's condition should be restricted to include only those needed to ensure proper care of the child and to detect situations in which the potential for transmission may change.

9. Asymptomatic adults infected with HIV may care for children in day-care settings provided that they do not have weeping skin lesions or other conditions that would allow contact with their body fluids. Immunosuppressed adults with AIDS, as defined by the Centers for Disease Control, may be more likely to acquire infectious agents and should consult with their own physicians regarding the safety of their continuing work. On the basis of available data (see "Background"), there is no reason to believe that HIV-infected adults will transmit HIV in the course of their normal day-care duties.

Committee on Infectious Diseases, 1985-1986

Philip A. Brunell, MD, Chairman

Robert S. Daum, MD

G. Scott Giebink, MD

Caroline Breese Hall, MD

Martha L. Lepow, MD

George H. McCracken, Jr., MD

Andre J. Nahmias, MD

Carol F. Phillips, MD

Stanley A. Plotkin, MD

Harry T. Wright, MD

Liaison Representatives

Alan R. Hinman, MD (Centers for Disease Control)

William S. Jordan, Jr., MD (National Institute of Allergy and Infectious Diseases)

Paul Parkman, MD (FDA)

David Scheifele, MD (Canadian Pediatric Society)

AAP Section Liaison

John A. Anderson, MD

Appendix: Provisional Case Definition for Acquired Immunodeficiency Syndrome (AIDS) Surveillance of Children[22, 23]

For the limited purposes of epidemiologic surveillance, the Centers for Disease Control defines a case of pediatric acquired immunodeficiency syndrome (AIDS) as a child who has had (1) a reliably diagnosed disease at least moderately indicative of underlying cellular immunodeficiency, and (2) no known cause of underlying cellular immunodeficiency or any other reduced resistance reported to be associated with that disease.

Diseases accepted as sufficiently indicative of underlying cellular immunodeficiency include the following: intestinal cryptosporidiosis causing diarrhea for more than one month, *Pneumocystis carinii* pneumonia, strongyloidiasis (pulmonary, CNS, or disseminated), toxoplasmosis (internal organs other than liver, spleen, or lymph nodes), candidiasis (causing esophagitis), cryptococcosis (CNS or disseminated beyond lungs or lymph nodes), disseminated atypical *Mycobacterium* infection (other than *M. tuberculosis* or *M. leprae*), cytomegalovirus infection (in internal organs other than liver, spleen, or lymph nodes), herpes simplex virus infection (pulmonary, intestinal, disseminated, or chronic mucocutaneous ulcers persisting longer than 1 month), progressive multifocal leukoencephalopathy, primary lymphoma of the brain, or Kaposi sarcoma.

In the absence of these opportunistic diseases required by the current case definition, any of the following diseases will be considered indicative of AIDS if the patient has a positive serologic or virologic test for HIV: (1) disseminated histoplasmosis (not confined to lungs or lymph nodes), (2) isosporiasis, causing chronic diarrhea (for more than one month), (3) bronchial or pulmonary candidiasis, (4) non-Hodgkin's lymphoma of high-grade pathologic type (diffuse, undifferentiated) and of B-cell or unknown immunologic phenotype, and (5) histologically confirmed diagnosis of chronic lymphoid interstitial pneumonitis in a child less that 13 years of age. Patients who have a lymphoreticular malignancy diagnosed more than three months after a diagnosis of an opportunistic disease used as a marker for AIDS will be included as AIDS cases.

To increase the specificity of the case definition, patients will be excluded as AIDS cases if they have a negative result on testing for serum antibody to HIV, have no other type of HIV test with a positive result, and do not have a low number of T-helper lymphocytes or a low ratio of T-helper to T-suppressor lymphocytes. In the absence of test results, patients satisfying all other criteria in the definition will continue to be included.

Specific conditions that must be excluded in a child are (1) congenital infections (e.g., toxoplasmosis or herpes simplex virus infection in the first month after birth or cytomegalovirus infection in the first six months after birth); (2) primary immunodeficiency diseases: severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome, ataxia-telangiectasia, graft v host disease, neutropenia, neutrophil function abnormality, a γ-globulinemia, or hypo-γ-globulinemia with raised IgM; (3) secondary immunodeficiency associated with immunosuppressive therapy, lymphoreticular malignancy, or starvation.

References

1. Centers for Disease Control: Update: Acquired immunodeficiency syndrome—United States. *MMWR* 1986; 35: 757-766.

2. American Academy of Pediatrics, Committee on School Health and Committee on Infectious Diseases: School attendance of children and adolescents with human T-lymphotropic virus III/lymphadenopathy-associated virus infection. *Pediatrics* 1986; 77: 430-432.
3. Crosson FJ, Black SB, Trumpp CE, et al: Infections in day-care centers. *Curr Prob Pediatr* 1986; 16: 129-184.
4. Haskins R, Kotch J: Day care and illness: Evidence, cost, and public policy. *Pediatrics* 1986; 77(suppl): 951-982.
5. Pahwa S, Kaplan M, Fikrig S, et al: Spectrum of human T-cell lymphotropic virus type III infection in children: Recognition of symptomatic and seronegative patients. *JAMA* 1986; 255: 2299-2305.
6. Rubinstein A: Pediatric AIDS. *Curr Prob Pediatr* 1986; 16: 365-409.
7. Redfield RR, Markham PD, Salahuddin SZ, et al: Frequent transmission of HTLV-III among spouses of patients with AIDS-related complex and AIDS. *JAMA* 1985; 253: 1571-1573.
8. Kaplan JE, Oleske JM, Getchell JP, et al: Evidence against transmission of human T-lymphotropic virus/lymphadenopathy-associated virus (HTLV-III/LAV) in families of children with the acquired immunodeficiency syndrome. *Pediatr Infect Dis* 1985; 4: 468-471.
9. Lawrence DN, Jason JM, Bouhasin JD, et al: HTLV-III/LAV antibody status of spouses and household contacts assisting in home infusion of hemophilia patients. *Blood* 1985; 66: 703-705.
10. Jason JM, McDougal JS, Dixon G, et al: HTLV-III/LAV antibody and immune status of household contacts and sexual partners of persons with hemophilia. *JAMA* 1986; 255: 212-215.
11. Jason JM, McDougal JS, Dixon GR, et al: HTLV-III/LAV antibodies in contacts of hemophiliacs, letter. *JAMA* 1986; 255: 3246.
12. Friedland GH, Saltzman BR, Rogers MF, et al: Lack of transmission of HTLV-III/LAV infection to household contacts of patients with AIDS or AIDS-related complex with oral candidiasis. *N Engl J Med* 1986; 314: 344-349.
13. Hardy AM, Allen JR, Morgan WM, et al: The incidence rate of acquired immunodeficiency syndrome in selected populations. *JAMA* 1985; 253: 215-220.
14. Lange JM, van den Berg H, Dooren LJ, et al: HTLV-III/LAV infection in nine children infected by a single plasma donor: Clinical outcome and recognition patterns of viral proteins. *J Infect Dis* 1986; 154: 171-174.
15. Rogers MF: AIDS in children: A review of the clinical, epidemiologic and public health aspects. *Pediatr Infect Dis* 1985; 4: 230-236.
16. Thiry L, Sprecher-Goldgerger S, Jonckheer T, et al: Isolation of AIDS virus from cell-free breast milk of three healthy virus carriers. *Lancet* 1985; 2: 891-892.
17. Ziegler JB, Cooper DA, Johnson RO, et al: Postnatal transmission of AIDS-associated retrovirus from mother to infant. *Lancet* 1985; 1: 896-898.
18. Grint P, McEvoy M: Two associated cases of the acquired immune deficiency syndrome (AIDS). *Communicable Dis Rep* 1985; 42: 4.
19. Centers for Disease Control: Recommendations for preventing transmission of infection with human T-lymphotropic virus type III/lymphadenopathy-associated virus in the workplace. *MMWR* 1985; 34: 680-695.

20. Centers for Disease Control: Apparent transmission of human T-lymphotropic virus type III/lymphadenopathy-associated virus from a child to a mother providing care. *MMWR* 1986; 35: 76-79.
21. Centers for Disease Control: Education and foster care of children infected with human T-lymphotropic virus type III/lymphadenopathy-associated virus. *MMWR* 1985; 34: 517-521.
22. Centers for Disease Control: Update on acquired immune deficiency syndrome (AIDS)—United States. *MMWR* 1982; 31: 507-514.
23. Centers for Disease Control: Revision of the case definition of acquired immunodeficiency syndrome for national reporting—United States. *MMWR* 1985; 34: 373-375.

CHILD ABUSE IDENTIFICATION AND PREVENTION RECOMMENDED GUIDELINES FOR YMCAs

Child abuse is damage to a child for which there is no reasonable explanation. Child abuse includes nonaccidental physical injury, neglect, sexual molestation, and emotional abuse. The increasing incidence of reported child abuse has become a critical national concern. The reported incidents of both physical and sexual abuse has doubled since 1980. It is a special concern of the YMCA because of the organization's role as an advocate for children and its responsibility for enhancing the personal growth and development of both children and adults in all YMCA programs.

Each YMCA is encouraged to develop a written policy that clearly defines management practices related to the prevention of child abuse. This policy should include approved practices for recruiting, training, and supervising staff; a code of conduct for staff relationships with children; reporting procedures for incidents when they do occur; and the responsibility to parents on this issue.

The following guidelines have been developed to stimulate thinking about the potential for child abuse in YMCA programs and the need to develop a YMCA policy related to this important issue. Common sense and good judgment should guide the development of required procedures. Good management policies and practices will vary based on local situations. Laws differ from state to state. YMCA administrators need to be aware of changing state and local requirements and monitor YMCA programs to ensure that they are in compliance.

Staff Recruitment, Training, and Supervision

1. Reference checks on all prospective employees and program volunteers will be conducted, documented, and filed prior to employment.
2. Fingerprinting and criminal record checks of adults who work in programs such as child care and camping, where authorized or required by state law, are included in the employment process.
3. Photographs will be taken of all staff and attached to the personnel record for identification at a later time if needed.
4. All new staff and volunteers must participate in an orientation program including written materials explaining YMCA policies, procedures, and regulations. They should be aware of legal requirements and by their signature acknowledge having received and read appropriate policies, standards, and codes of conduct.
5. Staff and volunteers working directly with children will be provided information regularly about the signs of possible child abuse. They should be educated about high-risk parents and high-risk families (for example, drug addicted, alcohol addicted, mentally ill, unemployed, teenage parents, and parents who were abused themselves as children). Staff training will include approved procedures for responding to the suspicion of abuse.
6. Administrative staff supervising programs involving the care of children will make unannounced visits to each program site to ensure that standards, policies, program quality, and performance of staff are being maintained. Written reports on these visits will be completed.

Staff Relationships With Children

7. In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program may a program leader be alone with a single child unobserved by other staff.
8. Young children will never be unsupervised in bathrooms, locker rooms, or showers.
9. Staff members and volunteers are not encouraged to relate to children in YMCA programs in non-YMCA activities, such as babysitting or weekend trips, without the knowledge of the responsible YMCA executive.
10. Adult YMCA staff and volunteers are not encouraged to socialize with program participants under the age of 18 outside of YMCA program activities.
11. YMCA staff and volunteers will not discipline children by use of physical punishment or by failing to provide the necessities of care, such as food and shelter.
12. YMCA staff or volunteers will not verbally or emotionally abuse or punish children.
13. Staff and volunteers providing direct care for very young children will be identified by a badge, name tag, or uniform that is familiar to the children with whom they work. Children will be instructed to avoid any person not so identified.
14. Staff and volunteers should be alert to the physical and emotional state of all children each time they report for a program and indicate, in writing, any signs of injury or suspected child abuse.

Responsibilities to Parents

15. When hiring staff, teachers, and leaders for YMCA child care and camping programs, administrators will invite parents to serve on interview committees.
16. Parents will be informed about their child's program participation and general health and the name of the program administrator.
17. Parents will be invited and encouraged to visit program sites at any time and need not ask permission to do so.
18. YMCA staff will under no circumstances release children to anyone other than the authorized parent(s), guardian(s), or to an individual authorized by parents in writing, including relatives of children. Sign-in and sign-out logs will be maintained on a daily basis and kept on file at the program site.
19. The YMCA will offer information and assistance to parents and children through workshops, counseling, and use of printed and audiovisual resources on child abuse. Resources will always be thoroughly reviewed prior to use.
20. Parenting skills group classes should be run by a staff person on a regular basis.
21. Have guest speakers such as pediatricians and child abuse prevention experts educate parents and staff as to appropriate discipline and handling of children.

Reporting Procedures

22. When there is suspicion of child abuse, the staff or volunteer to whom it has been reported will immediately inform the person designated in the policy.
23. The YMCA staff will be familiar with and follow the reporting procedure prescribed by the local law enforcement body within the required time period. One person should be assigned as a child abuse coordinator in order to monitor the reports, do in-service training, oversee child abuse prevention programs, and attend outside conferences.
24. The designated YMCA staff person receiving the initial report is responsible for confirming the facts reported and the condition of the child. This will be done immediately, on the same day the report is received.
25. A decision will be made by the responsible YMCA executive as to how the child's parent(s) or legal guardian(s) will be notified of the report. A report will always be discussed personally with parents by the responsible YMCA executive.
26. In the event the reported incident involves an employed Y staff person or program volunteer, the responsible YMCA executive should, without exception, suspend the person from all activities involving the supervision of children. Reassignment to administrative functions may be appropriate. Suspension of employed staff will be with pay until the person is cleared or allegations are proven.
27. Regardless of where or under what circumstances the alleged incident takes place, if an employed staff person is involved, it will be considered as job related and affecting job performance.
28. Reinstatement of a staff person or program volunteer will occur only after all allegations have been cleared to the satisfaction of the responsible YMCA executive and the investigating agency.
29. All staff and volunteers will be sensitive to the need for confidentiality in the handling of information in this area and will be instructed to discuss matters pertaining to abuse or suspected abuse only with the appropriate YMCA director.
30. Staff and volunteers may not contact children or parents involved in an alleged child abuse incident without the permission of the appropriate YMCA executive.

Signs and Symptoms of Possible Abuse and Neglect in Children*

Possible indicators of physical abuse

- ❒ Unexplained bruises or welts
- ❒ Unexplained burns
- ❒ Unexplained fractures

*From "The Management of Child Abuse and Neglect in Private Practice" by A.N. Eden and M.L. Klein, *Missing and Abused*, 1987; 3(1): 14. Copyright 1987 by Macmillan Healthcare Information.

- ❒ Unexplained cuts and scrapes
- ❒ Unexplained stomach injuries
- ❒ Unexplained visual or hearing defects
- ❒ Human bite marks
- ❒ Fear of adults
- ❒ Overly aggressive or withdrawn behavior
- ❒ Fear of parents
- ❒ Fear of going home
- ❒ School problems

Possible indicators of sexual abuse

- ❒ Difficulty walking or ❒ sitting
- ❒ Pain or itching around genitals
- ❒ Stomachaches
- ❒ Bedwetting
- ❒ Sleep problems
- ❒ Depression or withdrawn behavior
- ❒ Poor peer relationships
- ❒ Sudden onset of behavior problems
- ❒ Unusual knowledge of or interest in sex

Possible indicators of physical neglect

- ❒ Underfed or constantly hungry
- ❒ Constantly unclean
- ❒ Lack of supervision
- ❒ Unattended medical needs
- ❒ Growth rate below normal
- ❒ Begging or stealing food
- ❒ Constantly tired
- ❒ Poor school attendance
- ❒ Drug or alcohol problems

Possible indicators of emotional/psychological abuse

- ❒ Speech problems
- ❒ Slow physical growth
- ❒ Slow mental or emotional growth
- ❒ Habit of sucking, biting, or rocking
- ❒ Antisocial or destructive behavior
- ❒ Loss of appetite
- ❒ Long-term depression
- ❒ Sexual acting out
- ❒ Sleep problems
- ❒ Dramatic emotional swings
- ❒ Suicide attempts
- ❒ Learning difficulties

YMCAs are urged to share copies of their management policies related to child abuse with other YMCAs and the YMCA of the USA. A bibliography of printed and audiovisual educational resources for use with parents and children is available from the Program Services Division, YMCA of the USA, 101 N. Wacker Dr., Chicago, IL 60606.

June 1989

CPR AND FIRST AID TRAINING

CPR and first aid training and certification is necessary for many YMCA staff members and volunteers. We recognize that there are many agencies and organizations that offer training and certification in this important area. To assist YMCAs in obtaining the best possible training for their staff, the National Medical Advisory Committee recommends the following:

1. YMCAs should work with their local medical advisory committees to decide which staff members should receive CPR and first aid training and certification and the level of training needed.
2. Training received should be from a nationally recognized organization (i.e., National Safety Council, American Heart Association, or American Red Cross), and the participants in the program should receive certification based on a practical and written test of knowledge.*
3. Training in CPR should include pediatric and adult basic life support (BLS) and obstructed airway.

In keeping with these recommendations, for YMCA of the USA courses that require CPR and/or first aid certifications as a prerequisite, appropriate certifications from these organizations will be accepted:

American Heart Association (Health Care Provider course for BLS only)

American Red Cross

National Safety Council

*_Note._ American Heart Association (AHA) CPR course for the Healthcare Provider for BLS is acceptable as it still requires evaluation and testing of the participants. Basic levels of the AHA courses, however, do not include practical and cognitive evaluation or testing of the participants in the program and are not recommended.

May 8, 1995
Updates and replaces statement 24.1, Pediatric Life Support Program of the American Academy of Pediatrics and American Heart Association.

CYTOMEGALOVIRUS IN YMCA CHILD CARE CENTERS

Cytomegalovirus (CMV) is a herpes virus that is transmitted through bodily fluids. It is common among children and can be shed for months or years. The virus can be found in urine, saliva, tears, stools, blood, vaginal secretions, semen, and breast milk. Because contact with saliva and urine is common in child care settings, CMV is spread easily in child care programs. The concern about CMV is concentrated on its effects on the fetus when a woman has her first CMV infection early in pregnancy (similar to the concern about rubella virus).

Due to the concerns about children with CMV in YMCA child care programs and for child care staff members of childbearing age, the YMCA of the USA Medical Advisory Committee makes the following recommendations:

Children with CMV should be allowed to attend YMCA child care programs.

YMCAs should educate their staff about CMV and its potential effects on the fetus of women who have their first CMV infection during the early stages of pregnancy.

YMCAs should refer employees of childbearing age to their physicians for further education and testing.

YMCAs should train their staff in proper hygiene to help prevent the spread of CMV to themselves or others.

YMCAs should work with their local medical community, particularly pediatricians, and offer staff and parent education sessions on CMV.

Further, the Medical Advisory Committee recommends following the *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* of the American Public Health Association and the American Academy of Pediatrics. For more information about cytomegalovirus contact your local health department and/or your local medical advisory committee.

May 1993

Cytomegalovirus (CMV)*

Standards

Please note that if a staff member has no contact with the children, or with anything that the children come into contact with, these standards do not apply to the staff member.

Staff Education and Policies Concerning CMV

Caregivers shall be instructed in hygienic measures (e.g., handwashing and avoiding contact with urine, saliva, and nasal secretions) aimed at reducing acquisition of cytomegalovirus (CMV).

Facilities that employ women of childbearing age shall educate these workers about the increased probability of exposure to CMV in the child care setting and the potential for fetal damage when CMV is acquired during pregnancy.

*Reprinted, by permission, from the American Public Health Association and the American Academy of Pediatrics, 1992, *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, 224-227.

Risk Management and Disease Control of CMV

Female employees of childbearing age shall be referred to their personal health care providers or to the responsible health department for counseling as to the risk of CMV infection in their specific situation. This counseling may include testing for serum antibody to CMV to determine the employee's immunity against CMV infection.

Testing of children to detect CMV excretion, or exclusion of children known to be infected with CMV, shall not be recommended.

Rationale

Transmission of CMV appears to require direct contact with secretions containing the virus. Careful attention to hygiene has therefore been recommended in order to prevent infection in child care workers.[1] The effectiveness of hygiene (handwashing and avoiding contact with secretions) in an environment where CMV is very prevalent has not been measured, however.

CMV is the leading cause of congenital infection in the United States, with approximately one percent of live-born infants infected prenatally.[2] Fortunately, most infected fetuses escape resulting illnesses or disability, but 10 to 20 percent will have hearing loss, mental retardation, cerebral palsy, or vision disturbances. Maternal immunity does not prevent congenital CMV infection, and evidence indicates that initial acquisition of CMV during pregnancy (primary maternal infection) carries the greatest risk for resulting illness or disability of the fetus.[3]

Children enrolled in facilities are more likely to acquire CMV than are children cared for at home. There is also strong evidence that shows child-to-child transmission of CMV in the child care setting.[4-8] Rates of CMV excretion have varied among facilities and even between class groups within a facility. Children between one and three years of age have the highest rates of excretion; published studies report rates between 20 percent and over 80 percent in this age group. Studies in Birmingham have on several occasions revealed classes of 10 to 15 toddlers with excretion rates of 100 percent.[5] Children who acquire CMV from a maternal source or in a facility will continue to excrete the virus for years.[9] Thus, it is reasonable to conclude that child care staff are more likely to come into contact with CMV-excreting children than are individuals in any other known situation or occupation.

Epidemiologic and other data have shown that young children can transmit CMV to their parents and other caregivers. Epidemiologic data, as well as restriction endonuclease tracking of viral strains, have provided strong evidence for child-to-child transmission of CMV in the child care setting.[7,10-13] Epidemiologic data and a restriction enzyme study of CMV strains have shown that premature newborns who acquire CMV in the nursery can and often do transmit the virus to their parents.[14,15] Moreover, parents of children attending child care facilities have a higher rate of development of antibodies to CMV than parents of children kept at home.[16] Parental development of antibodies to CMV is clearly related to CMV excretion by the child.[16] A restriction endonuclease study of viral strains also has provided strong laboratory data supporting child-to-parent transmission.[7,16] With regard to child-to-staff transmission, two studies, each involving over 30 centers and about 500 adult staff, have revealed a high rate of development of antibodies to CMV among child care workers.[17,18] Studies in Birmingham have shown an annualized development of antibodies to CMV rate of 19.9 percent.[17] Adler reported an annualized development of antibodies to CMV rate of 14 percent in child care staff in Richmond.[18] As these examples show, there is substantial evidence that preschool children can transmit

CMV to classroom and household contacts and that child care staff are at increased risk of CMV infection.

The two most important identifiable sources of CMV infection in women of childbearing age appear to be young children and sexual contacts. Although there is no reason to believe that either one of these routes is more or less likely to lead to fetal infection when primary infection occurs during pregnancy, indirect evidence from analysis of DNA from CMV strains suggests that young children can be a source of maternal infection that is transmitted to the fetus.[19] Therefore, the exposure to CMV with increased rate of acquisition that occurs in child care staff will most likely lead to an increased rate of gestational CMV infection in staff without antibodies to CMV and an increased rate of congenital CMV infection in their offspring.

Data from several prospective studies of pregnant women have shown that the risk of fetal infection after primary maternal gestational CMV infection is around 40 percent.[2,20-22] About 10 percent of infected offspring are symptomatic at birth; about 90 percent of these develop resulting illness or disabilities. Of the 90 percent who are asymptomatic at birth, 10 to 20 percent develop disabilities. Thus, of every 100 primary CMV infections during pregnancy, 7 to 11 infants develop disabilities due to congenital CMV infections. These estimates address only the outcome of primary infection during pregnancy. Women who are immune prior to conception also can have children with congenital CMV infection.[2,23] Although recurrent maternal infections are thought to be due to reactivation of endogenous virus, there is limited data on the role of reinfection in congenital CMV. Regardless of source, congenital CMV infection occurs in 0.2 percent to 2 percent of offspring of women immune prior to conception; fortunately, these infections are not usually associated with fetal damage. The risk of resulting illness or disability in a baby with congenital CMV due to a maternal recurrence is impossible to estimate accurately; only a few cases have been reported in the world literature. Therefore, women who have antibodies to CMV can be reassured that their risk of having a baby damaged by congenital CMV infection is extremely low—too small to estimate. With current knowledge on the risk of CMV infection in child care staff and the potential consequences of gestational CMV infection, child care staff should be counseled regarding risks.

Comments

Serologic testing for CMV is available in nearly all communities in the United States. Kits for measuring immunoglobulin gamma G antibody to CMV are available from major biotechnical companies and seem to perform well enough when used by qualified laboratories. These tests are accepted for screening blood products, transfusion recipients, and organ donors and recipients. However, CMV testing is expensive and is likely to be misleading, as excretion status may change.

References

1. Prevalence of cytomegalovirus excretion from children in five day care centers—Alabama. *MMWR*. 1985; 34: 49-51.

2. Stagno S, Pass RF, Dworsky ME, Alford CA. Maternal cytomegalovirus infection and perinatal transmission. In: Knox GE, ed. *Clinical Obstetrics and Gynecology*. 1982; 25: 563-576.

3. Stagno S, Pass RF, Dworsky ME, et al. Congenital cytomegalovirus infection: The relative importance of primary and recurrent maternal infection. *N Engl J Med*. 1982; 306: 945-949.

4. Pass RF, August AM, Dworsky M, Reynolds, DW. Cytomegalovirus infection in a day care center. *N Engl J Med.* 1982; 307: 477-479.

5. Hutto C, Ricks RE, Pass RF. Prevalence of cytomegalovirus excretion from children in five day care centers. *JAMA.* 1985; 253: 1236-1240.

6. Hutto C, Ricks R, Garvie M, Pass RF. Epidemiology of cytomegalovirus infections in young children: Day care vs. home care. *Pediatr Infect Dis.* 1985; 4: 149-152.

7. Adler SP. The molecular epidemiology of cytomegalovirus transmission among children attending a day care center. *J Infect Dis.* 1985; 152: 760-769.

8. Pass RF, Hutto SC, Reynolds DW, et al. Increased frequency of cytomegalovirus infection in children in group day care. *Pediatrics.* 1984; 74: 121-126.

9. Pass RF, Hutto C. Group day care and cytomegaloviral infections of mothers and children. *Rev Infect Dis.* 1986; 8: 599-605.

10. Adler SP. Molecular epidemiology of cytomegalovirus: Evidence for viral transmission to parents from children infected at a day care center. *Pediatr Infect Dis.* 1986; 5: 315-318.

11. Grillner L, Strangert K. Restriction endonuclease analysis of cytomegalovirus DNA from strains isolated in day care centers. *Pediatr Infect Dis.* 1986; 5: 184-187.

12. Hutto C, Little EA, Ricks R, et al. Isolation of cytomegalovirus from toys and hands in a day care center. *J Infect Dis.* 1986; 154: 527-530.

13. Murph JR, Bale JF, Murray JC, et al. Cytomegalovirus transmission in a midwest day care center: Possible relationship to child care practices. *J Pediatr.* 1986; 109: 35-39.

14. Yeager AS. Transmission of cytomegalovirus to mothers by infected infants: Another reason to prevent transfusion-acquired infections. *Pediatr Infect Dis.* 1983; 2: 295-297.

15. Spector SA, Spector DH. Molecular epidemiology of cytomegalovirus infection in premature twin infants and their mother. *Pediatr Infect Dis.* 1982; 1: 403-409.

16. Pass RF, Hutto C, Ricks R, Cloud GA. Increased rate of cytomegalovirus infection among parents of children attending day care centers. *N Engl J Med.* 1986; 314: 1414-1418.

17. Pass RF, Hutto C, Cloud GA. Day care workers and cytomegalovirus infection. *Clin Res.* 1988; 36: 65A.

18. Adler SP. Risk of cytomegalovirus infection among women employed at day care centers. *Pediatr Res.* 1988; 23: 362A.

19. Stagno RF, Little EA, Stagno S, et al. Young children as a probable source of maternal and congenital cytomegalovirus infection. *N Engl J Med.* 1987; 316: 1366-1370.

20. Stagno S, Pass RF, Cloud GA, et al. Primary cytomegalovirus infection in pregnancy: Incidence, transmission to the fetus and clinical outcome in two populations of different economic backgrounds. *JAMA.* 1986; 256: 1904-1908.

21. Ahlfors K, Ivarson SA, Harris S, et al. Congenital cytomegalovirus infection and disease in Sweden and the relative importance of primary and secondary

maternal infections. Primary findings from a prospective study. *Scand J Inf Dis.* 1984; 16: 129-137.

22. Griffiths PD, Baboonian C. A prospective study of primary cytomegalovirus infection during pregnancy: Final report. *Br J Obstet Gynecol.* 1984; 91: 307-315.

23. Stagno S, Reynolds DW, Huang E-S, et al. Congenital cytomegalovirus infection. *N Engl J Med.* 1977; 296: 1254-1258.

EXPOSURE OF CHILDREN TO NATURAL SUNLIGHT IN YMCA PROGRAMS

According to the American Academy of Dermatology, severe sunburns in childhood may be related to the development many years later of the most dangerous kind of skin cancer, called melanoma. Overexposure to the sun's light rays may also cause cumulative, invisible damage to epidermal and dermal skin cells through the years. In addition, too much exposure can damage the lens of the eye, and recent medical research shows that the immune system can be damaged as well.

The YMCA of the USA Medical Advisory Committee endorses the sun protection guidelines of the American Academy of Dermatology and urges YMCAs to limit the exposure of children to sunlight in their outdoor programs, such as aquatics, youth sports, and camping.

November 1988

Sun Protection: Follow the ABCs for Fun in the Sun*

Almost everyone enjoys playing and working outdoors. The sun feels good and makes us feel happy. It would be sad, indeed, if we had to give up these pleasures. Happily, there is no need to do so if we protect ourselves by following the "ABCs for Fun in the Sun":

A = AWAY. Stay away from the sun in the middle of the day.

B = BLOCK. Use a #15 or higher sunblock.

C = COVER UP. Wear a T-shirt and a hat.

S = SPEAK OUT. Talk to your family and friends about sun protection.

Stay **AWAY** from midday sun and its intense UVB. Schedule play times and outdoor activities before 11:00 A.M. and after 3:00 P.M. Daylight Savings Time (10:00 A.M. to 2:00 P.M. Standard Time).

Avoid sunburn. Be aware of the length of time you are in the sun. It may take only 15 minutes of midday summer sun to burn a fair-skinned person. Remember that the sun is more intense in tropical climates, in the mountains, and when it is reflected by snow and light sand. Being submerged in water does not protect against UVB.

BLOCK sun damage by applying a sunblock lotion or sunstick of at least a #15 SPF. The protective ability of sunblock is rated by the Sun Protection Factor (SPF)—the higher the SPF, the longer lasting the protection. Choose a sunblock with a #15 SPF or higher. Spread it evenly and invisibly over all uncovered skin, including the ears and lips, about 30 minutes before going out. Reapply it after swimming.

Invisible #15 sunblocks work by trapping the UVB and UVA energy and preventing that energy from damaging the skin. Visible white or colored sunblocks prevent all light from entering the skin. They are useful for high-intensity areas such as the nose, lips, and shoulders and may also be used on babies.

*Reprinted, by permission, from the American Academy of Dermatology, 1988, *The Children's Guide to Sun Protection* (Schaumburg, IL: American Academy of Dermatology), 14.

COVER UP with a hat and light clothing when outdoors. Put on your hat and shirt after swimming. Never work outdoors without a shirt. In addition to filtering out the sun, light-colored clothing reflects heat and helps to keep you feeling cool.

SPEAK OUT for sun protection now. Do your part to protect others from sun damage. Show your friends and parents how to apply sunblock by spreading it evenly and invisibly over your skin. Remind mother to protect baby with a visible sunblock and an umbrella on the stroller. Talk to your coach, camp counselor, scout leader, and others about the "ABCs for Fun in the Sun." Ask them to help you with the simple changes that can prevent sun damage. Start preventing sun damage in childhood now!

Additional information, pamphlets, and posters are also available from:

- American Cancer Society (local branch listed in your telephone directory)
- National Cancer Institute, Public Inquiries Branch, National Institute of Health, 9000 Rockville Pike, Bethesda, MD 10892, 301-496-4000
- Skin Cancer Foundation, 245 Fifth Ave., Ste. 2402, New York, NY 10016, 212-725-5176

The Children's Guide to Sun Protection developed and distributed by:

American Academy of Dermatology
P.O. Box 3116
Evanston, IL 60204-3116
312-869-3954

INFANT AQUATIC GUIDELINES

In recent years, infant aquatics has been somewhat controversial. The YMCA of the USA developed the following guidelines in 1982; they are designed to express the philosophy of the Y and to protect the child who is three or under, the parent, and the integrity of infant aquatics. Programs that follow these guidelines (which are minimum standards) will be safe and appropriate for infant participants.

1. Any water experience or orientation program requires the in-water participation of a parent, guardian, or other adult who is legally responsible for the child and trusted by the child.

The program is directed to this parent or adult. The instructor will give any and all guidance to the adult, who must accompany the child in the locker room, pool, and any other area of the Y that is related to the aquatic program. The program offers the opportunity for the parent to spend uninterrupted time, and to experience a closeness or bond, with the child.

An important aim of this program is to provide socialization opportunities for parents of small children so that they may share their experiences, make new friends, and learn from other parents.

2. The participating parent or other adult assumes responsibility for monitoring the child's health before, during, and after participation in the program. Children with known medical problems must receive clearance from their physician before entering the program.

Ideally, a physician's consent should be obtained for healthy children as well. Some physicians agree that children can be exposed to a public swimming pool at a very young age; others do not. Some physicians may inform parents about possible risks to the child; others may not. The instructor should, therefore, fully inform the parent of potential problems that a young child might experience. These problems include ear infections, eye irritation, respiratory infection, and problems related to bacteria against which young children may not be immune.

3. All state and local government laws and regulations applicable to the program setting, including those pertaining to water purity and sanitation, must be carefully followed.

The Y bears the responsibility of keeping the surroundings as clean and comfortable as possible. In areas used by small children, sanitary conditions are of the utmost importance. All state and local bathing codes and water purity requirements will be met. Locker rooms must be kept clean, and classes should be scheduled at times when they are in the best condition for small children. Proper facilities are needed for the care of infants, such as refrigeration for food, if necessary, and a clean place for diapering and dressing.

4. In order to ensure a minimum loss of body wastes, appropriate clothing should be worn. Fecal matter in the pool is not only unattractive; the bacteria contained therein can be hazardous to small children. Babies must be clothed in garments that will contain such matter. Plastic pants or other bottoms that are lightweight and have tight-fitting legs are best. Rubber pants, heavy cloth diapers, disposable diapers, and thick training pants tend to hold water and become weighted and soggy. Parents should monitor their child and be instructed to remove the child from the water should clothing become soiled.

5. The water temperature should be a minimum of 82 degrees Fahrenheit, with a temperature of 85 degrees Fahrenheit recommended. For indoor pools, the air temperature should be a minimum of three degrees Fahrenheit higher than the water temperature.

Even these recommended temperatures will seem cool to some infants. If the water is warm, children enjoy the experience more. If the child becomes cold and uncomfortable, he or she may develop a dislike for the water. Parents and instructors need to monitor the child closely for signs of chill and have a means of warming the child rapidly. In the case of outdoor pools, water and air temperatures are more difficult to control. The general rule is not to hold classes if the weather is too cool. Outdoor air and water temperatures differ drastically at various times of the year in different parts of the country. The instructor must be knowledgeable and aware to ensure the child's comfort and safety from cold and heat. Locker room temperatures should be warm enough to keep a small, wet baby from becoming chilled.

6. Forced submersion or dropping the child into the water from a height is strictly prohibited in this program.

Forced submersion of any kind, including pushing or pulling a child under the water or pushing, pulling, or dropping a child off the side of the pool, from a diving board, or anywhere else, is dangerous, even if the child is wearing a flotation device. Furthermore, it is unkind. Dropping a child from a height is unnecessary, serves no reasonable purpose, and could be dangerous. Such treatment could result in trauma to the child's bones and organs, damage to the ears and sinuses, or even psychological damage. Water intoxication might also result. Water intoxication is a rare condition that occurs when a child ingests water to a point where the body's electrolytes are disturbed; usually the symptoms do not appear for hours after the child leaves the pool.

7. The words **swimming, drownproofing, waterproofing,** and similar terms should not be used when promoting, conducting, or describing programs of this nature because the common meanings of such words are misleading and inaccurate when applied to programs for children under three years of age. Terms such as **water adjustment, water familiarization,** or **water fun** are appropriate and accurate.

Programs that include movement exploration, adjustment, fun, games, and parent-child involvement are appropriate for this age group. The proper use of flotation devices and instruction in water safety practices are important aspects of this program.

8. For participation in the program, the child must achieve head control. The very young infant cannot hold its head up to avoid accidental submersion and so needs to be constantly supported and watched. For this reason, it is strongly recommended that babies who cannot support their heads at a 90-degree angle (most can at the age of six months, although children develop at different rates) should not be accepted into the program.

9. The maximum in-water class time is limited to 30 minutes per session. Very young children, those six to eight months, may best enjoy a session of 15 minutes in length. Babies tend to chill easily, and other factors, such as the amount of fat a child has, also influence the length of time any child may comfortably stay in the water. As a general rule, the length of each session will increase as the parent-child teams learn new skills and activities, but the sessions should not exceed the maximum. It is always better to end a session early, while everyone is happy, warm, and eager to continue, than to end one too late, when a child is cold or tired.

10. Programs for children under three should be conducted under the immediate direction of certified aquatic personnel with training in parenting and child development as they relate to this type of program.

All that may be required legally to conduct a program of this type is to have a lifeguard on duty. However, the philosophy of the Y is to provide quality programs that can be conducted only by trained personnel. Foster a concern for the child's best interests and monitor the program for safety and health factors. In order to do a superior and effective job worthy of local YMCA standards, volunteer and paid staff should be trained in the Y Skippers Program and water safety. The better trained the staff is, the better the program will be. The public recognizes and looks for caring, qualified persons to teach this program.

May 1990

INFANT EXERCISE PROGRAMS

The YMCA of the USA Medical Advisory Committee is concerned about programs that make misleading and overstated claims about the benefits of exercise for infants and that intrude on the natural curiosity and self-exploration that babies exhibit when provided with a safe, nurturing environment.

The committee concurs with the position statement of the American Academy of Pediatrics (AAP) that follows:

May 1990

Position Statement of the American Academy of Pediatrics*

Infant exercise programs are becoming abundant in the United States. In most programs, massage techniques, passive exercises, and holding an infant in various positions are used. Some programs involve the purchase of exercise equipment. Promoters have claimed that participation by an infant in these programs will improve physical prowess.

In early infancy, the predominant neuromuscular responses are reflexive in nature. Most activity at this age can be attributed to an intrinsic arousal-seeking drive. Natural curiosity and the drive toward self-sufficiency motivate infants in virtually all activities.

Providing a stimulating environment for an infant's development is extremely important. Environmental deprivation will impede the developmental progress of an infant. There is some evidence that conditioned responses can be elicited in the newborn period. However, there has been no data to suggest that structured programs or the promotion of conditioned responses will advance skills or provide any long-term benefit to normal infants.

The bones of infants are more susceptible to trauma than those of older children and adults. The skeletal system of the child in the first year of life is less than optimally ossified. Infants do not have the strength or reflexes necessary to protect themselves from external forces. The possibility exists that adults may inadvertently exceed the infant's physical limitations by using structured exercise programs.

Parents do not need specialized skills or equipment to provide an environment for the optimum development of their infant. An infant should be provided with opportunities for touching, holding, face-to-face contact, and minimally structured playing with safe toys. If these opportunities occur, an infant's intrinsic motivation will guide his or her individual developmental course.

Therefore, the AAP recommends that (1) structured infant exercise programs not be promoted as being therapeutically beneficial for the development of healthy infants and (2) parents be encouraged to provide a safe, nurturing, and minimally structured play environment for their infant.

*Used with permission of the American Academy of Pediatrics.

PARTICIPATION BY CHILDREN IN ORGANIZED SPORTS PROGRAMS

Organized sports programs for children should be responsive to the physical, emotional, social, and cognitive stages of childhood, which are determined by both age and individual readiness. Leaders and coaches should be aware of appropriate behaviors and activities for specific age groups and should also understand that each child's preferences, abilities, patterns of growth, and experiences will vary.

YMCA sports programs should avoid treating children as if they were miniature adults. Coaches should avoid placing undue stress on children by pushing them beyond their abilities. Programs should be progressive in design and enjoyable. They should support and enhance each stage of growth by building on what has been learned in earlier stages. The following are specific recommendations for YMCA sports programs:

1. For children up to about five years of age, YMCA programs should emphasize fundamental motor skills such as catching, kicking, swinging, running, and bouncing. Organized teams and leagues are not recommended for this age.
2. For children between five and eight years of age, YMCA programs should continue to focus on motor skills and begin the transition to more organized games and play. Introduce selected sports with modified equipment, playing areas, and simple rules that contribute to cooperation rather than competition.
3. For children between 8 and 12 years of age, YMCA programs should emphasize a wide variety of individual and team sports. Organized teams and leagues are appropriate. The emphasis should be on developing basic skills, learning rules and strategies, having fun, and encouraging lifetime participation in sport and fitness activities.
4. For children age 12 and older, YMCAs should provide sports programs that encourage all youth to continue participating, as well as highly competitive teams and leagues that encourage young athletes to become the best that they can be.

Generally, YMCA sports programs for children should focus on individual children rather than the sport, the development of healthy lifestyles, the values of cooperation and fair play, and the involvement of parents in positive support roles. Coaches and other leaders should be carefully selected and trained to ensure that programs are developmentally appropriate and contribute to YMCA goals for children and families.

October 1990

USE OF SAUNAS, STEAM ROOMS, AND WHIRLPOOLS IN YMCAs

Saunas, steam rooms, and whirlpools can be pleasantly relaxing experiences for YMCA members. The YMCA of the USA Medical Advisory Committee makes the following recommendations regarding their safe use:

Temperature and Humidity Levels:

Sauna:	Temperature: 170 to 180 degrees Fahrenheit Humidity: five percent relative humidity
Steam Room:	Temperature: 100 to 110 degrees Fahrenheit Humidity: 100 percent relative humidity
Whirlpool:	Temperature: 102 to 105 degrees Fahrenheit

Safety:

- Members should limit themselves to a maximum of 10 minutes.
- Members should be informed that the high temperatures and humidities of these facilities can be dangerous to their health. Recommend that they see their physician prior to using these facilities.
- Members who have medical conditions such as high blood pressure, heart disease, or respiratory problems and women who are pregnant should avoid exposure to high heat and humidity.
- Members should wait at least five minutes after exercising to cool down before using one of the facilities.
- No food or drink is allowed in the facilities.
- Members are asked to shower prior to entering the facilities.
- Strongly recommend that members not use facilities without supervision or another person present.

Use by Children:

- Children under five years of age should not be permitted to use a sauna, steam room, or whirlpool because they are not yet physically capable of coping with the heat.
- Sauna, steam rooms, and whirlpools should be used by older children only when supervised by a responsible adult.
- Child-resistant covers or fencing should protect a whirlpool when it is not in use or supervised where children are present.

May 1993
Replaces statement on the "Use of Hot Tubs, Spas, and Whirlpools by Children."

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Bloodborne pathogens are diseases that can be found in the blood of infected individuals. These diseases include hepatitis C, delta hepatitis, syphilis, malaria, and, most prominently, hepatitis B and HIV. Because these diseases are found in the blood and bodily fluids of an infected person, contact with contaminated fluids can lead to transmission of the disease.

Hepatitis B (HBV) can be transmitted parenterally (by direct inoculation through the skin), through mucous membranes (blood contamination of the eye, nose, or mouth), and through sexual and perinatal transmission (from infected mother to newborn infant).

Possible symptoms of HBV include jaundice, dark urine, extreme fatigue, loss of appetite, nausea, abdominal pain, joint pain, rash, and fever. Possible early symptoms of HIV include fever, swollen lymph nodes, muscle pain, nerve pain in the joints, diarrhea, fatigue, and rash.

The only documented modes of HIV transmission are

- sexual intercourse with an infected person;
- using HIV-infected needles;
- parenteral, mucous membrane, or nonintact skin contact with HIV-infected blood;
- transplants of infected organs, tissue, or blood;
- infected semen used for artificial insemination; and
- perinatal transmission.

The Occupational Safety and Health Administration (OSHA) feels that exposure to diseases such as hepatitis B and HIV can be greatly reduced, if not eliminated, through the use of work practice controls, protective gear, training, and medical supervision. In child care programs, the most likely risk is by staff who come in contact with cuts and abrasions.

YMCAs must comply with the following bloodborne pathogen exposure control plan, in accordance with the OSHA Bloodborne Pathogens standard 29 CFR 1910.1030. Following the plan is a Post-Exposure Evaluation and Follow-Up Form, to be used in case of any exposure.

Note. All "regular" type is part of the exposure control plan. Any type that is bracketed is for assistance only and should be deleted from the final plan as appropriate. Each corporate YMCA has the complete control plan on an IBM-compatible disk. The program includes seven training guides that can be made into transparencies and that coincide with the training text. The program includes training forms and medical record-keeping forms. Contact your corporate YMCA for a copy of the complete exposure control plan.

Bloodborne Pathogens Exposure Control Plan*

Association's Name: _____

Today's Date: _____

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (that is, employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

[Although there is no typical YMCA, and job descriptions vary in every instance, employees in the following job classifications may be at risk: lifeguards, janitorial/housekeeping, coaches/program directors, day care, and food service. This list is not comprehensive and should be revised as necessary.

You may rewrite job descriptions slightly to make a clearer distinction between who could be reasonably anticipated to come into contact with potentially infectious diseases. For example, if there are four adults in a day-care setting, one employee could be assigned first aid duties, reducing the number of people with possible exposure from four to one.]

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification	Tasks/Procedures
[Day-care worker	first aid
Property manager	janitorial tasks

This list would be used, for example, if only some of your property managers did custodial work while others did only repair work.]

2. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

Compliance Methods

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

*Adapted from Occupational Safety and Health Administration "Bloodborne Pathogens Exposure Control Plan."

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized in accordance with the standard. At this facility, the following engineering controls, among others, will be utilized:

[Engineering controls include, without limitation, sharps containers, protective airway masks (mouth-to-mouth guards), and mechanical means of picking up contaminated sharps.]

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the control is as follows:

[List the frequency (such as daily, weekly, and bimonthly) as well as whose responsibility it will be to review the effectiveness of the individual controls (supervisor or department head). It is best to list all individuals here and throughout the document by job description and not by name.]

Handwashing facilities are also available and must be used by employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility, handwashing facilities are located:

[If handwashing facilities are not feasible, such as in a camp situation, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes; these can be carried in a fanny-pack or other portable pouch. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible handwashing facilities should list the location of the supplies (that is, in the camp office) and whose responsibility it is to ensure maintenance and accessibility of these alternatives. Also list the closest handwashing facility (that is, the camp office).]

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, sheared, or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed, and no alternative is feasible, and the action is required by medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility, recapping and removal is not permitted.

[Do not delete the foregoing. You may not believe you have any needles at your YMCA, but you cannot be sure what someone will bring into your YMCA or leave on your grounds. The following section may be deleted if it does not pertain to your YMCA.]

Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible after use, into appropriate sharps containers. At this facility, the sharps containers are puncture resistant, labeled with a biohazard label, and are leakproof.

[List here where sharps containers are located, as well as who has the responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps.]

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, such as in a laundry room, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, cabinets, or on countertops or shelves where blood or other potentially infectious materials are present.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods that will be employed at this facility to accomplish this goal are:

[One method that can be used to avoid splashing during clean up is the cover method. When you clean up a blood spill of any size, do not spray the decontamination solution (1 part household bleach, 10 parts water) directly on the spill, as this can result in splattering. With gloved hands, place paper towels over the spill and spray the top of the paper towel with the solution. Do not pat down, but wait for the blood and the solution to be absorbed. Then pick up the paper towels and dispose of them as regulated trash. If only a residue remains, spray the area with the decontamination solution and wipe up. Remove and care for gloves properly, and wash your hands. Absorbing material can also be used to eliminate splashing.]

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

[Employers should list here any equipment that cannot be decontaminated prior to servicing or shipping.]

Personal Protective Equipment

All personal protective equipment required by the standard and used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

Protective clothing will be provided to employees in the following manner:

[List which procedures require protective clothing and the type of protection required. Also list the individual responsible for its distribution.]

[Task	Personal Protective Clothing
Loading laundry into machines	gloves, lab coat
Cleaning up potentially infectious materials	gloves]

All mandatory personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. The employer will provide

all employees with appropriately sized and fitted clothing. All repairs and replacements will be made by the employer at no cost to the employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:

[List where employees are expected to place their personal protective equipment upon leaving the work area.]

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, nonintact skin, and mucous membranes. Gloves will be available from:

[State location and/or person who will be responsible for the distribution of gloves. Do not let employees touch their faces, whether it be to brush some hair out of their eyes or to scratch an itch, when they are wearing gloves. Even if the gloves are not contaminated, it could become a habit. Should the gloves ever become contaminated, the behavior could occur unintentionally. Gloves should always be removed before leaving the work area and the hands should be thoroughly washed.]

Gloves will be used for the following procedures:

[Examples are cleaning up potentially infectious materials, handling soiled laundry, rendering first aid, and other in-kind duties.]

Disposable gloves used at this facility are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin-length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility that would require such protection are as follows:

The OSHA standard also requires appropriate protective clothing to be used in certain situations, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The following situations require that such protective clothing be utilized:

[Examples are laundry collection and laundry processing.]

Housekeeping

This facility will be cleaned and decontaminated according to the following schedule:

[Area	Frequency
Bathrooms	daily
Locker rooms	daily
Gym floors	monthly or as needed
Mats	weekly or as needed]

The foregoing decontamination will be accomplished by utilizing the following materials:

[You may use an EPA-registered germicide or a mixture of 10 percent household bleach and tap water. List where the decontamination solution can be found (janitor's closet, workstation, housekeeping cart).]

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

[Make sure that pails and other items are cleaned with a small mop or a similarly fashioned device. Pails should not be hand-scrubbed. Gloves should be worn for this task. List how often the garbage bins, other bins, and pails will be decontaminated, as well as by whom.]

Any broken glassware that may be contaminated will not be picked up directly with the hands. The following procedures will be used:

[Tongs can be used to pick up glassware and other sharps. A dustpan and hand broom can also be used. Make sure to bring the sharps container to the mess rather than carry the contaminated waste. The sharps container should always remain upright. Never use it as your dustpan. Also, the sharps container should be closed whenever it is moved or not in use. Do not forget to decontaminate all of your equipment after clean up, and always wear gloves.]

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers, which are located in the facility. Sharps containers are located in the following places:

[Try to have one in or near every work area where sharps are used or can be reasonably anticipated.]

Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in the following places:

[There must be one of these in every work area, as employees must remove and/or dispose of all contaminated waste before leaving the area.]

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned at:

[Employers should note here if the laundry is being sent off-site. If the laundry is being sent off-site, then the laundry service accepting the laundry is to be notified of possible contamination, in accordance with section (D) of the standard.]

Hepatitis B Vaccine

All employees identified above as having exposure to blood or other potentially infectious materials will be offered the hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing that shows the employee to have sufficient immunity.

Employees who decline the hepatitis B vaccine will sign a waiver that uses the wording in Appendix A of the OSHA standard. Employees who initially decline

the vaccine but who later wish to have it may then have the vaccine provided at no cost.

[List the individual responsible for ensuring that the vaccine is offered and that the waivers are signed. Also list who will administer the vaccine (for example, the County Department of Public Health).

OSHA amended its original ruling. It is a de minimis violation if employees, who would be reasonably anticipated to come into contact with blood or other potentially infectious materials, but whose contact with blood or above mentioned materials would only occur as a collateral duty to their routine work, are not offered the hepatitis B vaccination until after they give first aid involving the above mentioned substances, as long as proper reporting procedures are followed.]

[Reporting procedures:

- All first aid incidents involving exposure are reported to the employer before the end of the work shift.
- All first aid providers names are given.
- The circumstances surrounding the incident are recorded including date, time, and exposure determination (as defined in the standard).
- This report must be included in a list of similar reports and available to employees and OSHA on demand.
- All first aid providers must be offered full vaccination as soon as possible, but not later than 24 hours after the incident, regardless of exposure.
- If an exposure incident as defined by the standard did occur, procedures outlined in the standard must be followed.]

Interaction With Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the hepatitis B vaccine is indicated and if the employee has received the vaccine or has been evaluated following an incident
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion of an employer is not to reference any personal medical information.) The employer should have and have shared with the employee a written copy of the health care professional's opinion within 15 days of the completion of the evaluation.

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Annual training for employees will include the following explanations of

1. the OSHA standard for bloodborne pathogens;
2. epidemiology and symptomatology of bloodborne diseases;
3. modes of transmission of bloodborne pathogens;
4. this exposure control plan, that is, points of the plan, lines of responsibility, and how the plan will be implemented;
5. procedures that might cause exposure to blood or other potentially infectious materials at this facility;
6. the use and limitation of control methods that will be used at the facility to control exposure to blood or other potentially infectious materials; and
7. the use and limitations of personal protective equipment available at this facility, and who should be contacted concerning:
8. postexposure evaluation and follow-up,
9. signs and labels used at the facility,
10. hepatitis B vaccine program at the facility, and
11. where to locate a copy of OSHA's standard.

Recordkeeping

All records required by the OSHA standard will be maintained by:
[Insert the name or department responsible for maintaining the records.]

Dates

All provisions required by the standard will be implemented by:
[Insert date for the implementation of the standard. It is better to put in the true date than to backdate it. Backdating is a federal offense.]

Training

All employees will receive annual refresher training. (Note that this training is to be conducted within one year of the employee's previous training.)

[Employers should list here if training will be conducted using videotapes, written materials, or other items. Also, you should indicate who is responsible for conducting the training.

OSHA stipulates that training must be done by a qualified trainer but chooses not to define qualified. If you can have the training done by a health care professional who is familiar with the law, especially if that person is on the YMCA Medical Advisory Committee, that would be excellent. Another good choice is anyone who has gone through a YMCA training course and received a certificate of completion; property management services will be offering these training courses free-of-charge to cluster and conference groups. Training will also be available at the National YMCA Property Managers Conference. The next best choice is someone who has been trained by a certificate-holding trainer. If none of these options is open, have a "trainer" study the law and all relating material and educate himself or herself to the best of his or her ability.]

The outline for the training material is located:
[List where the training materials can be located.]

Post-Exposure Evaluation and Follow-Up

Employee: _____ Date: _____

- Report of the route of exposure and circumstances related to the incident. This should be very specific, listing times, exactly what happened, and why. Have the employee sign the report. Attach a copy of this report to the back of this form.
- Identification of the source individual and documentation of consent for testing for HIV/HBV infectivity or lack of it. If consent is denied (as is the source's right), record your attempts to secure consent.

Source individual: _____

Individual requesting consent: _____ Date: _____

Witness of request for consent: _____ Date: _____

- Results of the testing of the source individual (in cases where consent was obtained) have been made available to the exposed employee after the employee was informed of laws and regulations concerning disclosure of such information.

Signature of health care worker: _____ Date: _____

- Employee was offered the opportunity to have his or her blood collected and tested for HBV/HIV infectivity. If the employee is undecided about being tested for HIV infectivity, the blood sample will be held for 90 days or until a decision is reached, whichever comes first.

Signature of health care worker: _____ Date: _____

- The employee was offered postexposure vaccination in accordance with the current recommendations of the U.S. Public Health Service.

Signature of health care worker: _____ Date: _____

- The employee was given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee was also given information on what potential illnesses to be alert for and told to report any related experiences to appropriate personnel.

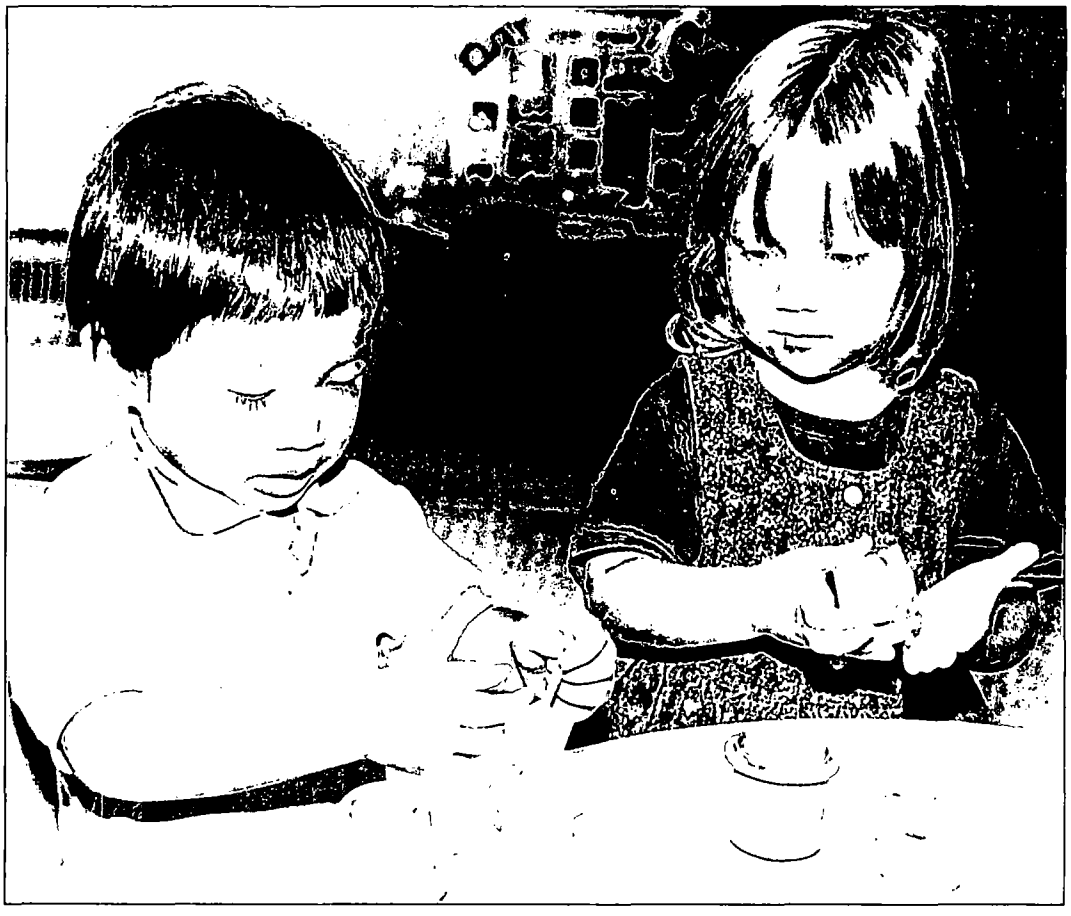
Signature of health care worker: _____ Date: _____

- Written opinion was obtained from the health care professional within 15 days.

This document should be placed in the employee's medical record.

CHAPTER 9

Technical Assistance Papers



This chapter contains child care technical assistance papers that have been developed by the Program Services Division of the YMCA of the USA in collaboration with various other divisions of the YMCA of the USA and with assistance from experts in the field. These papers have been developed because they relate to current issues of concern and trends in the child care field. You can obtain additional copies of these papers at no charge by calling the Program Services Division of the YMCA of the USA at 800-USA-YMCA.

Operation of School-Age Child Care Programs by Schools

The Issue

More and more, school administrators, teachers, and parent associations are interested in operating before- and after-school child care programs either districtwide or at individual schools.

Two main reasons for this interest are financial concerns and policy changes. With cuts in state and federal funding, some schools view child care programs (and parent fees) as a way to increase funding for education without relying upon additional state or local taxes. The policy reasons are best exemplified by The School of the 21st Century at Yale University's Bush Center for Child Development and Social Policy. The purpose of this program, started in 1987 by Edward F. Zigler, is to bring comprehensive family support services into the schools, including child care. Currently, school districts in 10 states use this model. The Center claims that "the program has clearly struck a chord with parents unable to locate or evaluate child care or other family services and with schools looking to address growing problems that have traditionally been considered outside their sphere."

A third development fueling the interest in school takeover of child care is the expansion of site-based management in many school districts. Site-based management changes the administrative management of a school from the board of education to the school's staff and a committee of parents. As a result, individual schools are encouraged to do whatever is needed to improve the quality of education and success of their children. This goal usually translates into a need for schools to raise more funds locally, making the operation of their own, on-site, child care programs an appealing solution.

A change to site-based management in a Texas community, which empowers school principals to exercise local control in selecting school-age child care providers, has led several principals in schools serving higher-income families to offer their own child care. The result is that the local YMCA is now serving only the schools in lower-income communities, where high-subsidy (scholarship) support is required.

Still another area of possible concern is a trend toward privatization in public education. "Schools across America are turning public classrooms over to private, for-profit companies," reports a study published by the Mackinac Center for Public Policy. The Minneapolis school board decided to hire a private company to serve as superintendent and manage its schools. In Baltimore and Memphis, Sylvan Learning Systems, a private company, contracts with schools.

The state of Massachusetts awarded charters to start 15 new publicly funded schools. The schools will be run for profit by the Whittle Communication L.P.'s Edison Project of Knoxville, Tennessee, and several other diverse applicants, including Boston University, a community college, a day-care center, and a private consulting company that works with nonprofit groups. Whittle Communication L.P's Edison Project also hopes to open up a dozen similar schools next year in Colorado, Arizona, and possibly Virginia. The new schools will have longer days and a longer year than conventional public schools.

The YMCA's Concern

The YMCA is the largest provider of school-age child care in the country. Our child care programs were developed in response to community needs. If YMCA-provided child care is no longer meeting community needs, then YMCAs should recognize

this fact and actively work with other organizations in the community to find new solutions.

However, the YMCA has identified concerns that have arisen as schools and other organizations have begun their own child care programs. Our first concern is with the ability and motivation of schools to operate their own child care programs. In many cases where schools have begun operating their own programs, YMCAs have found that the quality of programming for the children has decreased.

Another concern is licensing. In most states, school-operated programs are exempt from state licensing regulations, including staffing requirements and health, safety, fire, and building inspections. YMCA child care programs are required to conform to these regulations even when the programs are run at a school. The YMCA supports state licensing of child care because it ensures children and families will receive higher quality, safer services.

In the *1993 National Study of Before & After School Programs* published by the U.S. Department of Education's Office of Policy and Planning, the following differences by sponsorship were identified. "The main differences between school-based programs that are also sponsored by the public schools, compared with school-based programs that are sponsored by other community organizations, are that public school-sponsored programs

- are larger, enrolling an average of 33 versus 19 children in before-school sessions and 50 versus 36 children in after-school sessions;
- have higher fees when quoted separately by session, particularly the fees charged for kindergartners attending under a modified schedule;
- spend a higher percentage of their budgets on staff salaries and benefits and pay higher wages, regardless of job roles;
- are less likely to offer fringe benefits or to compensate staff for time spent in activity planning;
- are less likely to offer summer programs, care during school holidays or school vacations, or on teacher in-service days;
- are more likely to offer dramatic play, tutoring, videos/movies, or computer games at least weekly, but less likely to offer movement and dance; and
- have a higher child-to-staff ratio (14.2-to-1 versus 10.5-to-1)."

The U.S. Department of Education study goes on to say "we see a danger in the schools extending their role into the after-school time of the child that has traditionally involved activities in the home, neighborhood, and community. As the schools move into the provision of before- and after-school care, will program planners emphasize academic learning, when many parents and children may instead desire safe and reliable child care with informal learning in an enriching environment that emphasizes social and emotional growth?"

The differences highlighted in this study are significant and echo further concerns of the YMCA. Size of programs and child-to-staff ratios are major factors in program quality. Some school-operated programs have ratios as high as 35- or 50-to-1. This situation duplicates the setting of many classrooms in overcrowded, inner-city schools where one teacher tries to work with too many students. Discipline and control become major issues, making one-on-one assistance and small group activity impossible. Children in programs with these ratios spend a great deal of time in a

classroom setting working on homework and in free-play on the playground, where it is difficult for one staff person to supervise their safety.

Because schoolteachers are usually employed as the child care staff in programs operated by schools, they usually receive higher salaries and benefits because of union contracts. This situation increases the cost of child care to parents and creates difficult role changes for some teachers. The Carnegie Council's Task Force on Youth Development and Community Programs views with caution the trend that schools increasingly operate their own after-school program with only their own staff. The Task Force states the following:

> Although for many communities the decision to employ school facilities for after-school or "wraparound" care may well be the best choice, the task force questions the decision of some schools to employ only classroom teachers and traditional didactic teaching methods in after-school programs. This approach is likely to shortchange students, who need access to a wide range of adults and to a variety of avenues of learning. A more effective approach is to integrate community agencies into school-based extended-day programs—by asking these agencies actually to coordinate and run the overall program, by inviting them to conduct specific activities on a regularly scheduled basis, by hiring youth agency staff to train teachers in informal education techniques, or by teaming youth workers with teachers in conducting program activities. Another alternative is for schools to coordinate transportation to community programs for students who need and want such services.

Often when schools provide their own programs using their own personnel, the result is an unreasonable extension of the school day for the children involved. In their accreditation guidelines, the National Association for the Education of Young Children (NAEYC) recommends that extended care (care beyond the school day) not be based on academics. Children need time off, too.

Another concern is the parent's need for year-round child care. Most children are in child care today because their parents work and don't want them going home to an empty house with no supervision. School child care programs that do not operate during summer months, holidays, or other nonschool days are not helpful; they create additional stress for parents and families already facing major challenges. The YMCA can offer comprehensive, year-round child care for children from infancy to teens.

The YMCA has been working with children and their families for over 100 years. The Y knows how to offer programs that challenge the imagination, creativity, self-directed initiative, and leadership of children. Y programs present opportunities for learning by discovery through active, child-centered experiences that are fun. Y leaders are trained to help children set limits and develop their own self-control. The leaders become counselors to the children, developing friendships that promote trust, sharing, and openness. They provide a different kind of role model and leadership than the child's classroom teacher.

The U.S. Department of Education study found that nonprofit organizations, like the YMCA, operate two thirds of all the before- and after-school programs serving children between the ages of 5 and 13; the for-profit sector operates the remaining third. Of the two thirds operated by nonprofit organizations, public schools offer

18 percent. Although child care programs operated by schools are growing, they still serve a relatively small number of children given the total number of school-age children in child care today. YMCAs currently have the capacity to serve over 250,000 school-age children daily, and child care continues to be one of the Y's fastest-growing programs.

The remaining three sections of this paper address actions YMCAs can take to protect their role as key child care providers in their community and actions YMCAs can take when informed that a school or school district where the YMCA is operating programs intends to operate their own child care. The last section lists resources (materials and people) to provide further assistance with this issue.

Actions to Protect Your Role as a Key Child Care Provider in Your Community

In 1991, the Nashville YMCA discovered it had some serious operation problems in its very large (56 sites, 1,868 children, budget of $2 million) child care program. When the problems came to the attention of Clark Baker, CEO, and Robert Ecklund, COO, they took immediate action.

According to Ecklund, "We were doing an excellent job of monitoring the ratios and setting goals, but we had lost sight of the external environment—new trends in child-centered/child-directed activities, state political and education communities, and other providers." Their response to this situation included bringing in outside resource people to tell them how they were doing and how they were perceived by others in school-age child care. They called a meeting of all executives and program directors to talk about what they needed to do and where they needed to go. At this meeting, they were told that the financial controls on child care had been so tight that the program was undersupported, forcing staff to discontinue their involvement in community networks. Both Baker and Ecklund devoted as much as 20 percent of their time to supporting positive change and working with a child care program cabinet to improve program quality. Staff leadership throughout the organization became involved in local and state government organizations and educational coalitions concerned about children.

Many times we are most open to learning when faced with challenges or problems. Following is a list of good practices that could help prevent the loss of your child care programs to another provider.

Guidelines for Dealing With School Board, School Leaders, and School Staff

1. **Have a contract with measurable goals.** Take time at the beginning of your relationship with a school or school district to develop a mutually agreeable, clearly stated contract. Such agreements are usually reached through renegotiations and may begin based upon a Request For Proposal (RFP) issued by the school. *Tools for Schools: Contracting for School-Age Child Care* is a resource developed by Project Home Safe for school systems seeking to establish school-based, school-age child care operated by a local provider under contract to the school or school district. A copy of this resource will let you know what schools are looking for in a child care contract.

2. **Meet the school's needs; be open to special requests.** Look for ways to be of service to school personnel, to help them with their job. Say yes a lot more often than no, or we can't do that, or that's against our policy.

3. **Help out the school.** Find out how you can do things for others, make them look good, and share the success. Schools always have need for volunteer help

at events, baby-sitting during meetings, cleanup and repair work, advocates in the community, and so on.

4. **Make friends who can help you.** Establish relationships and maintain communication with individuals (i.e., school secretaries, custodians, principals, teachers, parents, PTA chairs) who can make things easier for your program and who will represent it in a positive way to others. Have the kind of relationship where people will include you in decision making that is apt to affect your program.
5. **Go to the school board meetings.** Attend meetings of the school board and communicate regularly with board members and district staff. Let them know that you are in partnership with them in their concerns about the education, growth, and healthy development of the children in their district.
6. **Involve school administrators in program evaluation.** Involve school principals, along with parents and outside resource people, in a formal, annual (at least) program evaluation. Use a documented evaluation tool, such as *YMCA School Age Child Care Operational Guidelines, National Association for the Education of Young Children Accreditation, Wellesley School-Age Project ASQ,* or the *National Association of Elementary School Principals Standards for Quality School-Age Child Care.*
7. **Make the school staff feel they own your program.** Do everything you can to create a feeling of ownership on the part of school staff and administration about your program. Make sure they feel an important part of it and receive a lot of credit for its success. Include information about the school and its faculty in your child care parent handbook and newsletter, and ask that the school do the same in theirs. See whether you can be included in school faculty meetings.
8. **Remind the school staff that YMCA child care makes their job easier.** Help educators understand that YMCA child care helps schools focus on the academic needs of their students, relieving teachers of the worry of children before school starts and after it closes for the day. In emergency situations, YMCA child care staff could offer to supervise children until a parent arrives, even if they are not enrolled in their program. If Y staff is on the site at recess time, they could also offer to assist with playground supervision, allowing teachers a break.
9. **Extend services to children and families.** Provide additional programs and services designed to meet the needs of children and families in the school community. This kind of outreach, in collaboration with government, school, and other community organizations, could include Big Brother/Big Sister programs for children in single-parent homes, family counseling, health services and screening, child abuse prevention programs, testing programs, tutoring programs, literacy programs, health and nutrition counseling, and so on. Expanded services to children and families will make YMCA child care even more valuable to school administrators, especially if the Y helps community citizens recognize and appreciate the importance of the school's role in the service.

Guidelines for Dealing With Parents

1. **Form a strong parent advisory committee.** Develop a strong and active parent advisory committee, one that will have a feeling of ownership and responsibility

for your program. Educate committee members by involving them in evaluating the program, helping fund it, and making significant decisions concerning its operation. Invite the school principal or a person the committee designates to also be a part of the committee.

2. **Involve parents in program evaluation.** Involve parents, school staff, and outside resource people in a formal, annual (at least) program evaluation. Use a documented evaluation tool, such as *YMCA School Age Child Care Operational Guidelines, National Association for the Education of Young Children Accreditation, Wellesley School-Age Project ASQ,* or the *National Association of Elementary School Principals Standards for Quality School-Age Child Care.*

3. **Remind parents that YMCA child care makes the school's job easier.** Help parents, as well as educators, understand that YMCA child care helps schools focus on the academic needs of children, relieving teachers of the worry of children before school starts or after it closes for the day. In emergency situations, YMCA child care staff can supervise children until a parent arrives.

Overall Guidelines

1. **Publicize your subsidies and scholarships.** Widely promote the fact that the YMCA turns no child away. Advertise scholarship assistance and maintain records of all financial assistance provided. Child care programs operated by for-profit providers and many school-operated programs do not offer financial assistance to low-income families.

2. **Tell your story at community events.** Participate in community events where you can tell the story of YMCA child care. Place your Y in the position of an advocate for the needs of children and families.

3. **Show that Y child care is different and better.** Promote YMCA child care as unique from services provided by others—and mean it! Emphasize the importance of play, choice, and guided discovery, and the fact that child care should not be an extension of the school day; stress the opportunities children have to participate in health and fitness activities, take swim instruction, attend camp, play sports, learn new skills, and so on.

4. **Welcome suggestions for improvement.** Be open to innovation, change, and the suggestions of others. Try to help others deal with difficult situations and offer to help solve their problems.

5. **Respond immediately to problems and complaints.** Don't make the school principal solve your problems, but keep her/him informed about them and what you are doing to take care of them.

6. **Brag if you can.** Many YMCA programs operate in a way that exceeds the licensing regulations of their state. If yours is such a program, be sure that parents and school administrators are aware of this fact. Group size, child-to-leader ratio, and training and education of staff are all powerful indicators of the level of program quality.

Guidelines for Dealing With Policy Makers

1. **Keep them informed of your programs.** Regularly communicate with and host special events for local and state officials, department heads, educators, and so forth. Use every opportunity to communicate that the YMCA knows

how to work with children and families and provides high-quality, licensed programs that support and build upon the work of others in the community. The YMCA is a good community and educational partner.

Guidelines for Your Staff and Program

1. **Join child care professional organizations.** Actively participate in child care professional organizations. Make use of the training and networking opportunities afforded by these organizations and make sure that school administrators and parents know of your membership and participation.
2. **Have excellent materials and equipment.** Reinvest regularly in updated materials and equipment at your program sites. Make sure this is a regular part of your budget and that parents and school officials are aware of your concern for materials and equipment that support quality programming.
3. **Train your staff.** Provide ongoing training for staff. Take advantage of the resources within your school district as trainers for your staff. Make sure parents and school administrators are aware of your training efforts and the educational accomplishments of your staff.

Actions to Take When Schools Declare They Intend to Operate Their Own Child Care

In 1993, one of the branches of the St. Louis YMCA was informed by a school in their area that the school intended to take over the operation of the program the Y had been running at their school for a number of years. Almost at the same time, two parochial schools indicated that they planned to change the provider of child care at their schools from the Y to a for-profit company, Children's World. Nancy Britton, director of child care for the Greater St. Louis YMCA, and staff at the branches involved went to work immediately to identify the reasons for these decisions. The St. Louis Y felt that the programs they were running were of good quality, and they were puzzled by the schools' desire to change.

Taking the actions suggested in the previous section could prevent schools from wanting to take over and run their own child care programs. If the schools declare they intend to run their own child care programs, taking some of the following actions may cause them to reconsider. However, if your Y is not providing quality child care that meets the needs of children and families and satisfies parents, there is little chance you can do anything to get schools to change their minds.

Guidelines for Dealing With School Board, School Leaders, and School Staff

1. **Meet with school officials.** Discuss their reasons for wanting to change. Find out their criteria for quality child care. Share your program objectives and philosophy; identify the consistencies between your program's philosophy and that of the school. Find out what they need and what they would like done differently.
2. **Get an outside opinion.** Suggest an evaluation of the current YMCA program by an uninvolved source, such as Wellesley School-Age Project, NAEYC, or a community group using material from the National Association of Elementary School Principals.
3. **Discuss money.** If you feel the reason for the change is a financial one, suggest alternatives. For example, offer to pay a reasonable fee for custodial service and supplies, or offer to share a percent of the gross or give the initial parent

registration fee to the school after a minimum registration level has been reached.

4. **Talk about collaborations.** Discuss with school officials how the YMCA could assist them with their program and financial needs by doing service projects around the school, helping with the purchase or installation of equipment, advocating for community support, reducing program fees for children of school employees, providing greater opportunity for school officials to seek child care and camping scholarships for students, and so on.

5. **Communicate frequently.** If you are not already doing so, immediately initiate regular visits with the school principal.

6. **Attend school meetings.** Build relationships with school administrators by attending meetings of the school board, participating in education conferences, and so on. For example, St. Louis staff served on the planning committee of a recent state community education conference; as a result, the YMCA appeared in the printed program.

Guidelines for Dealing With Parents

1. **Call a meeting of program parents.** At the meeting, share previous program evaluations (if available), review program goals and philosophy, and listen to the parents' comments about the program (what they like and what they would like to see changed). Share the results of this meeting with the school principal.

2. **Build a strong parents' group.** Strengthen your parent advisory committee and invite the school principal to meet with it. If you do not have a parent advisory committee, start one immediately. Also, consider enlisting some child care experts from the community to become advisors to your program. Be sure to share their names and professional backgrounds with school officials.

3. **Increase value for parents.** Improve child-to-leader ratios, make operating hours and rules more convenient for parents, and encourage parents to talk with site directors and seek assistance with child or family problems.

Overall Guidelines

1. **Offer added benefits.** Include additional programs for children and families in your schedule, such as health and fitness classes, swim lessons, skill training, quarterly overnights, or adventure trips.

2. **Change your image.** Make changes that make the program site more attractive and inviting—add new equipment and materials; offer new curriculum and activities.

Guidelines for Your Staff and Program

1. **Be open and nondefensive.** Call a meeting of child care staff and Y administrators to brainstorm possible responses to schools who have indicated they want to change the way child care is provided at their schools. Also brainstorm what changes and/or additions could be made in the Y's program to make it more child-, parent-, and school-friendly.

2. **Spend more time at the program.** YMCA supervisory staff should make frequent unannounced visits to the program site. All visits should be documented and supervisors should make themselves very visible at the school and, if

possible, speak with the school principal. If the principal has requested operational changes, these visits are opportunities to update the principal on the progress being made.

3. **Get quality validation from others.** Begin the process of accreditation for all of your sites, especially those at schools you feel may be considering other options for child care.

4. **Train your staff.** Provide training in customer satisfaction techniques and encourage staff to interact on a regular basis with the teachers and parents of the children in their group.

Nothing is to be gained by creating an antagonistic situation between the YMCA and the school. Everything is to be gained by convincing the school that you are just as concerned about the well-being of children and families as it is and that you want to see actions taken that are in the best interest of the children and their families. Maintaining good relationships with schools is important to the community image of the YMCA.

Some schools that have taken over the operation of child care programs have found that running a child care program was not as easy or profitable as they thought it would be. For example, the state of Hawaii decided it would operate a statewide program. After less than a year of operation, it allowed schools to again contract with community providers in the delivery of school-site child care. The Honolulu YMCA is now serving more children than before the initiation of the statewide program. A similar situation occurred years ago when the Dade County, Florida, school district decided to return the operation of child care to community organizations after trying to operate its own program.

Resources on This Issue

This section includes a number of resources to help your YMCA resist or overcome challenges from school administrators, teachers, or parents to take over YMCA-run child care programs.

Materials

Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs. Washington, DC: National Association for the Education of Young Children, 1991. Contact: National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036. 800-424-2460.

ASQ—Assessing School-Age Child Care Quality. Wellesley, MA: Center for Research on Women, 1991. Contact: School-Age Child Care Project, Center for Research on Women, Wellesley College, Wellesley, MA 02181. 617-235-0320.

The Child Care Competition Challenge. Chicago: YMCA of the USA, 1989. Contact: YMCA of the USA Public Policy Department, 1701 K St. NW, Washington, DC 20006. 202-835-9043.

National Study of Before & After School Programs. Washington, DC: U.S. Department of Education, 1993. Contact: United States Department of Education, Washington, DC 20202. 202-401-0590.

Standards for Quality School-Age Child Care. Alexandria, VA: National Association of Elementary School Principals, 1993. Contact: National Association of Elementary School Principals, 1615 Dike St., Alexandria, VA 22314. 703-684-3345.

Tools for Schools: Contracting for School-Age Child Care. Alexandria, VA: Project Home Safe, American Home Economics Association, 1993. Contact: National Community Education Association, 3929 Old Lee Highway, Ste. 91-A, Fairfax, VA 22030. 703-359-8973.

YMCA Local Advocacy Guide. Washington, DC: YMCA of the USA Public Policy Department, 1993. Contact: YMCA of the USA Public Policy Department, 1701 K St. NW, Washington, DC 20002. 202-835-9043.

YMCA School Age Child Care, Volumes I and II. Chicago: YMCA of the USA, 1982 and 1992. Contact: The Program Store, P.O. Box 5076, Champaign, IL 61825. 800-747-0089. (Note: Volume II includes most recent update of YMCA of the USA school-age child care program guidelines.)

People

Following is a list of YMCA child care professionals who have experienced challenges by schools or private, for-profit, centers and are willing to share their experiences with others.

East Field

Janet Genuardi
Audubon Program Center
2765 Egypt Rd.
Audubon, PA 19403
215-666-5707
Fax: 215-666-5708

Sue Luck
Greater Burlington YMCA
266 College St.
Burlington, VT 05401
802-862-9622
Fax: 802-862-9984

Marjorie Ripalda
Baltimore Area Metro YMCA
20 S. Charles St. #600
Baltimore, MD 21201
410-837-9622
Fax: 410-752-5452

Rebecca Spencer
Greater Toledo YMCA
1226 Woodsdale Park Dr.
Toledo, OH 43614
419-381-8533
Fax: 419-385-3314

Nicki Cook-Woit
Greater Houston Area YMCA
1600 Louisiana
Houston, TX 77253
713-659-5566
Fax: 713-659-7240

Mid-America Field

Nancy Britton
Greater St. Louis YMCA
1528 Locust St.
St. Louis, MO 63103
314-436-1177
Fax: 314-436-1901

Deborah Ennis
Seattle Metropolitan YMCA
909 Fourth Ave.
Seattle, WA 98104
206-382-5003
Fax: 206-382-7283

Sallie Luedke
San Antonio Metropolitan YMCA
1123 Navarro St.
San Antonio, TX 78205
210-246-9629
Fax: 210-246-9638

Kay Meetz
Appleton Family YMCA
218 E. Lawrence St.
Appleton, WI 54911
414-739-6135
Fax: 414-734-2000

Ann Philips
Santa Clara Valley YMCA
1190 Emory St.
San Jose, CA 95126
408-298-3888
Fax: 408-298-0143

South Field

Lisa Beck
East Nashville Family Center YMCA
2624 Gallatin Rd.
Nashville, TN 37261
615-228-5525
Fax: 615-228-0693

Beth Hill
South Richmond-Chesterfield YMCA
7540 Hull Street Rd.
Richmond, VA 23235
804-276-9622
Fax: 804-745-4866

Suzanne Johnson
Conover YMCA
1104 Conover Blvd. E
Conover, NC 28613
704-464-6130

West Field

Pearl Carpenter
San Diego County YMCA
4715 Viewridge Ave., Ste. 100
San Diego, CA 92123
619-292-4034
Fax: 619-292-0045

LETTER AND TECHNICAL ASSISTANCE PAPER ON COMPENSATION OF CHILD CARE STAFF

February 1995

To: Chief Executive Officers
Chief Volunteer Officers
Branch Executive Directors
Child Care Directors

From: David Mercer, National Executive Director

Subject: *Compensation of Child Care Staff and the Relation to Quality*

In 1990, I sent a white paper addressing YMCA child care staff salaries, benefits, and working conditions to all YMCAs. In my cover letter, I said, "There is no question in my mind that YMCA child care staff must be fairly compensated at the same level with other YMCA professional staff and must be integrated into our system as full YMCA professionals if we are to provide the quality program that we must in this area." I am pleased to say that progress has been made, and I congratulate those of you who have made efforts to change and improve the salaries and benefits of your child care staff. But we still have a way to go.

Enclosed is a technical assistance paper from our Program Services Division, *Compensation of Child Care Staff and the Relation to Quality*, that further addresses this issue. This paper clearly states the connection between the quality of the program and services we provide our children and their families and the qualifications, training, and stability of our child care staff. It includes twenty-eight action steps that your YMCA, your child care staff, your parents, policy makers, and employers can take to raise the quality of your staff and your programs.

Please review this paper with appropriate staff and volunteer groups and plan a course of action your YMCA can take in this area. As one of the largest child care providers in the country, we must do everything we can by taking a leading role in advocating for and bringing about change that will ensure quality leadership, not only for the children we serve, but for all children involved in child care.

Our Field Staff and Program Department stand ready to assist you in your efforts.

Compensation of Child Care Staff and the Relation to Quality

The Issue

In 1990, the YMCA of the USA issued a white paper addressing the compensation and working conditions of its child care staff. Many YMCAs embraced the recommendations and set out to make changes in their salary and benefit structure for their child care professionals. The YMCAs of San Antonio, Boulder, Milwaukee, and Nashville, to name just a few, sought new sources of funding for child care, restructured their salary administration plans, and increased the salaries of their child care staff. Progress has been made, and those who have made efforts to change and improve the salaries and benefits of their child care staff are to be congratulated. But there is still room for improvement.

Experts agree that quality in child care can be measured by low staff turnover, a well-trained, experienced staff, low staff-to-child ratios, the availability of a variety of resources and materials, and the implementation of a developmentally appropriate curriculum. It is well known throughout the child care field that there is a direct correlation between frequent staff turnover and low salaries and inadequate benefits. The effects of poor quality programming are detrimental to the very children and families we say we are committed to serve.

The YMCA is committed to quality. This commitment is evident in our mission, philosophy, program quality guidelines, and in the way we encourage YMCA child care programs to use other professional assessment tools and to become certified by organizations such as the National Association for the Education of Young Children. We have an obligation to protect the quality of our programs by addressing a major factor of that quality—the compensation, benefits, and working conditions of our child care staff.

If YMCA executive staff step forward and aggressively attempt to address these issues, child care staff are likely to be highly supportive of their efforts and will not be inclined to turn to others for assistance. Remember that those who work for the Y, be they executive or child care staff, are committed to the same thing, developing healthy children and families.

In working toward a solution, we must first identify the causes of the problem. Child care staff salaries are too low and benefits relatively nonexistent because YMCAs have not found ways to fund increases. Quality child care is expensive, and staff compensation already makes up 70 percent to 90 percent of the overall budget of many child care programs. YMCAs are also committed to keeping program costs affordable. Without making aggressive changes in the current system, we cannot resolve these issues, the result being that quality programs will be in jeopardy or continue to be paid for by staff who make inadequate wages. To increase salaries, we must either charge more for our programs or find alternative means of funding.

According to the *National Child Care Staffing Study* of the National Center for the Early Childhood Workforce, child care staff with the lowest salaries turn over more frequently than staff with the highest salaries. According to data collected by the Human Resource Department of the YMCA of the USA in *The Anchors: Profiles and Data Regarding YMCA Support Staff in the USA*, the average annual salary for YMCA child care staff is $13,400 a year. Compared to administrative, maintenance, and other program staff, YMCA child care staff salaries are consistently lower, yet many of these staff have higher educational levels, including many with bachelor's and master's degrees. Their qualifications would allow them to teach in public schools where the National Education Association estimates that the average teaching salary

for 1994 was $36,000. These circumstances make recruiting and retaining quality staff an increasingly difficult task.

How do YMCA child care salaries compare with other programs? According to a 1994 study conducted by the National Association for Homes and Services for Children, lead day-care teachers averaged $17,458 per year, with teacher aides averaging $12,771. The National Center for the Early Childhood Workforce survey found that teachers were making between $6.50 and $8.85 per hour. The average rate for assistant teachers was between $5.05 and $6.05 an hour. In the YMCA, the average rate of pay for a lead teacher is $7.25 an hour. Assistant teachers average $5.00 per hour. School-age programs typically pay less than preschool programs. Site directors average $6.75 per hour and aides average $4.88 per hour. This information was taken from the *YMCA Preschool and School Age Child Care Surveys* from the YMCA of the USA's Research and Planning Department.

Other reasons for low salaries include an inconsistency in staff qualifications and expectations across the entire child care field. Standards vary from state to state and program to program. It is difficult to advocate for equity in salaries when some centers require a bachelor's degree for those working directly with children and others require only a high school diploma. In addition, child care positions are most often filled by females. Research continues to show that women earn less than men for comparable work within the same professions and across professions. Young children are undervalued in our society, and, not surprisingly, those who care for young children are an undervalued work force.

The YMCA's Concern

Child care continues to be one of the fastest growing programs in the YMCA. To survive in a competitive market, our compensation packages must match or exceed those of our competitors. With a decline in the unemployment rate and a shrinking national work force, especially in the age group we typically employ as child care staff, many YMCAs are already finding it difficult to recruit qualified staff.

For YMCAs who have been successful in recruiting staff, the concern shifts to how to retain them. With a national turnover rate of 44 percent, we are going to lose the staff we have recruited unless we develop an attractive compensation package with favorable working conditions that will entice them to stay. Recruiting and retaining qualified staff is critical to the quality and overall success of our programs. The safety of the children we serve must be our primary concern. Programs run by underqualified, undertrained staff often involve more risk. Consistent, well-trained, and competent staff reduce many of these risks. But it is difficult to maintain staffing at this level when there is frequent turnover.

Lastly, we have a reputation to maintain. As one of the largest child care providers in the country, we must take a leading role in advocating for and bringing about change that will ensure quality leadership for the children we serve and in child care throughout this country. We must find ways to address the issues of quality, compensation, and affordability not only in our programs, but in all programs serving young children.

Action Steps

The following is a list of 13 action steps your YMCA can take to improve conditions for its child care staff.

What Can Your YMCA Do?

1. **Calculate your turnover costs.** What does it cost you each time one of your staff leaves for a better position? Take the following costs into consideration:

a. Recruiting time
b. Cost of the directors or substitutes until new staff are hired
c. Loss of productivity on part of director and other staff
d. Effect on quality
e. Loss of revenue (cancellation of families)
f. Background and criminal history checks (time, costs)
g. Training (time, costs)
h. Staff physical examination
i. Other costs specific to your program and YMCA

Calculate your annual rate by taking the total costs from above and multiplying them by the number of staff you replace each year. Frequent turnover becomes a dollars and cents issue. Instead of pumping money into replacing staff, apply it up front to staff salaries and change the focus from replacing staff to retaining them.

2. **Provide provisions for benefits.** Child care workers are often single parents raising their own children and greatly in need of health benefits. They are exposed to a number of germs and illnesses by working with children. When they are sick, they need to be paid for the time they cannot work. Assuming responsibility for the welfare of young children and maintaining control of a group of children can be stressful. To be effective, staff need personal days and vacation time.

3. **Establish good working conditions.** In addition to adequate salaries and benefits, child care staff need favorable working conditions. Set up a positive working environment that includes rewards, recognition, incentives, training, and perks that make your Y a pleasant and desirable place to work so that staff feel good about working for the Y.

4. **Provide staff with development opportunities.** Provide your child care staff with opportunities for professional development, including attendance at conferences, workshops, and national YMCA training courses; membership in professional organizations, such as the National Association for the Education of Young Children (NAEYC), National School Age Child Care Alliance, (NSACCA); subscriptions to trade and professional journals and magazines; and copies of books on child care topics.

5. **Reward professional development and advanced education.** Reinforce the efforts of your child care staff to learn and advance by providing incentives and rewards such as salary increases, additional responsibilities and increased authority, and promotions to higher positions.

6. **Develop a salary structure.**

   a. Set clear standards for each position. What is it that you are willing to pay for?

      - education
      - training
      - experience
      - responsibilities
      - longevity
      - YMCA certifications
      - performance
      - results
      - skills

   b. Ensure internal pay equity. Taking the standards you set into consideration, set your child care salaries equal to other departmental salaries within your

YMCA salary administration plan, especially with those having comparable education, training, and responsibilities.

c. Ensure external pay equity. Set salaries at or preferably above the national averages and the market rate in your community. Challenge yourself to reach a point where your salaries are comparable to or better than other human service and teaching positions outside of the child care field. Even slightly higher salaries or better benefits will give you a recruiting edge.

d. Review the relationships between salaries within your program. You may wish to use the following percentages to develop your pay scale:

• Child Care Executive Director	320 percent of aide's salary
• Center Director	230 percent of aide's salary
• Educational Coordinator	190 percent of aide's salary
• Assistant Director	180 percent of aide's salary
• Lead Teacher	150 percent of aide's salary
• Administrative Assistant	150 percent of aide's salary
• Assistant Teacher	120 percent of aide's salary
• Cook	110 percent of aide's salary
• Aide	100 percent of aide's salary

e. Develop a plan for salary increases based on longevity, cost of living increases, and merit to reward long-term, exceptional employees.

7. **Create more full-time positions.** Many YMCAs struggle with a way to move their valued part-time employees into full-time positions with higher salaries and full benefits. The South Coast branch of the YMCA of Orange County (California) has been successful in assigning additional responsibilities to their child care site directors, thereby creating full-time positions as program directors and changing their classification to exempt employees. Site directors at this Y become responsible for family programs, fitness classes, youth sports leagues, camping, and so on. The programs are, in many cases, operated right at the child care site, creating a mini-YMCA to serve the families in the area. This concept has been well-received by staff who would like to stay in the child care field, but need a full-time salary and benefits to allow them to do so.

8. **Develop a career ladder.** Employment with the YMCA can have many advantages for child care professionals over jobs with private or for-profit child care providers. The YMCA is a large system with numerous employment opportunities, even international opportunities, and a variety of positions. You could develop a career ladder for child care staff right within your own Y and the national personnel system. Make sure child care staff are aware of career opportunities within the YMCA and help them prepare for advancement through participation in training and certification classes. The higher positions in the YMCA have traditionally been filled from within. If this trend continues, an increasing number of candidates for these higher positions could come from child care staff. Position opportunities within the YMCA could include:

- CEO
- Branch Director or National Staff
- Associate Executive
- Senior Program Director or Metro Child Care Administrator
- Child Care Director
- Lead Teacher or Site Director

- Program/Curriculum Specialist
- Assistant Teacher

9. **Know what quality costs.** Determine the full cost of quality for your program. Begin with what it would cost to pay your staff salaries close to, or even higher than, others in the human service or teaching field. Add the cost of a full benefit plan and progressive staff training. Some programs have found that their true cost is $8,400 a year or more per child. This full cost figure should be used in all of your advocacy messages and presented to parents as the cost for quality child care. If charging parents the full cost of care seems unrealistic, your challenge becomes finding ways to make up the difference. Be aggressive and don't be willing to settle for solutions that make your child care staff subsidize quality with their low wages.

10. **Explore other funding sources.** Making child care available to all who need it is a worthy objective. If your YMCA has been containing cost to keep child care affordable to all families, make sure you are taking advantage of all federal, state, and local funds available to child care providers who serve low-income families. Never set your fees below the market rate in your area or below what the government will subsidize through Title XX or Child Care and Development Block Grant funds.

11. **Find ways to reallocate funds.** Many YMCAs look to their child care programs to generate surpluses to subsidize other programs or cover operating and overhead costs. Child care is very labor intensive. With 70 to 90 percent of the budget allocated to personnel costs, child care programs have severe limitations on the amount of money they can put back into YMCA operations. Support of overhead by child care programs means there is limited money available for increased wages and benefits. Instead of expecting child care to contribute to overhead, consider ways to subsidize child care. United Way, Y Partner for Youth campaign, scholarship campaigns, foundation grants, and contributions from an endowment are some of the sources that could be considered.

12. **Advocate for change.** Find ways you can collaborate with others in your community to bring about better pay and benefits for staff in the child care field. One suggestion may be to support and participate in a public education media campaign. Children are our investment in the future. Much of a child's personality is determined by the age of five. Quality early childhood education is critical to the future of this country. Being home alone, unsupervised by a caring adult, is not healthy for the development of school-age children. Several studies have shown that achievement scores of children that go home to an empty house after school are significantly lower than those engaged in situations or programs that provide adult supervision and stimulation.

    The benefits of a quality program are well researched and well documented. An investment of $1 in an early childhood program for a child at risk saves society $7 in later costs related to antisocial behavior. The quality of care is directly related to the training, education, and consistency of the staff who work directly with the children. The current system of inadequate compensation and frequent turnover has a detrimental effect on young children.

13. **Be an advocate for standards.** YMCAs should be advocates for professional and program standards for child care. Federal standards would provide consistency and greatly improve the current state-by-state licensing system. The

goal is to eliminate the disparity in quality from program to program and from state to state. If the requirements for staff were consistent from program to program, we would be better positioned to be an advocate for higher salaries for all who work with young children. YMCAs are encouraged to participate in the Worthy Wages Campaign and the annual Worthy Wages Day (see the list of resources at the end of this paper).

What Can Child Care Staff Do?

1. **Join with others.** Join coalitions, local task forces, and professional groups that are addressing the issues of salaries and benefits.
2. **Tell the story.** Tell your story and the story of the families you serve. Testimonials are an effective advocacy tool when shared with people who are in positions to make changes (families, legislators, businesses, etc.).
3. **Be an advocate.** Take an active role in bringing about change. Communicate with those within the organization (executive, board, etc.) and offer to help find solutions to the problems that threaten the quality of your programs.

What Can Parents Do?

Parents can be your most effective advocates. Their numbers alone should be enough to bring about change if they all take an active role in sharing the same story. Parents should do the following:

1. **Pay for the services they use.** A sliding fee scale may be used to set fees based on a parent's ability to pay. Families with higher incomes would pay a fee closer to the true cost of care.
2. **Join with other parents.** Join a parent advisory committee to support staff and work on quality issues including salaries. Parents should extend their advocacy efforts beyond the YMCA, talking with board members, policy makers, and employers.

What Can Policy Makers Do?

1. **Support initiatives.** Support progressive salary and quality enhancement initiatives in every state's plan for the implementation of the Child Care and Development Block Grant.
2. **Identify new initiatives for funding.** It is difficult to make great strides in increasing staff salaries while we support a system where the financial responsibility for early childhood education and child care rests solely in the hands of parents—parents who often have severe limitations on what they can afford to pay. This system is contrary to other countries such as France, Belgium, Sweden, and Finland where child care is heavily supported by government and is considered an important part of a child's development.
3. **Raise reimbursements.** Raise the reimbursement rates that the states will pay to child care providers who serve children eligible for state funding.
4. **Raise standards.** Toughen the child care licensing and regulations requirements. Move from minimum standards to quality standards.
5. **Encourage partnerships.** Look for ways to balance the parent/private/public partnership to maximize the potential for funds that would cover the full cost of quality care.

What Can Employers Do?

1. **Influence policy makers.** Use their influence, power, and lobbying efforts with policy makers to bring about change.
2. **Support their employees.** Support the child care needs of their employees through vouchers that can either provide enrollment slots in nearby programs or help fund the cost of the program by providing ongoing subsidy or startup funds.
3. **Set up pretax accounts.** Make dependent care accounts available to employees in which they can set aside pretax dollars to pay for child care. These accounts save employees money that they can use to pay for a higher quality of care.
4. **Allow employees to choose benefits.** Institute a cafeteria benefit system, which gives employees greater flexibility in choosing the benefits that are most important to them.
5. **Directly provide child care.** Open on-site or near-site child care centers for the children of employees. Employers can even contract with their local YMCA to operate the center for them.

Conclusion

Staffing is a major factor in the delivery of quality child care. It is also clear that most YMCAs either are, or very soon will be, experiencing difficulty in hiring and retaining quality staff for their child care programs. In this paper, we have attempted to develop an action plan for YMCAs to use in providing quality programs for the children and families they serve and at the same time being fair and responsive to the needs of their staff. Those YMCAs who take an active stand for making positive changes for their staff are sure to reap the benefits: achieving their mission in the lives of those they serve, stronger children and families, increased financial support, and happy and productive staff.

Resources on This Issue

Use the following resource list to obtain information to help you study the staffing issue further.

Materials

To obtain the following materials, contact the YMCA of the USA by writing 101 N. Wacker Dr., Chicago, IL 60606 or by calling 800-USA-YMCA:

The Anchors: Profiles and Data Regarding YMCA Support Staff in the USA, May 1993

YMCA Child Care, a White Paper Addressing Staff Salaries, Benefits, and Working Conditions, 1990

YMCA Preschool Child Care Survey, 1993

YMCA School Age Child Care Survey, 1993

YMCA Training Certification: Administration of Child Care Programs

To obtain the following materials, contact the National Center for the Early Childhood Workforce by writing 733 15th St., NW, Ste. 1037, Washington DC 20005 or by calling 800-U-R-WORTHY:

The National Child Care Staffing Study

The Worthy Wage Campaign, Resource Kit

To obtain the following materials, contact the National Association for the Education of Young Children, 1509 16th St. NW, Washington DC 20036:

The Early Childhood Career Lattice

Reaching the Full Cost of Quality

You can find additional information in the following:

Child Care Information Exchange Magazine, P.O. Box 2890, Redmond, WA 98073

People and YMCAs

Lisa Beck
East Nashville Family Center YMCA
2624 Gallatin Rd.
Nashville, TN 37216
615-228-5525

Barbara Roth Grondin
Grand Rapids YMCA
33 Library St.
Grand Rapids, MI 49503
616-458-9613

Sue Luck
Greater Burlington YMCA
266 College St.
Burlington, VT 05401
802-862-9622

Sallie Luedke
San Antonio Metropolitan YMCA
1123 Navarro St.
San Antonio, TX 78205
210-246-9629

Boulder YMCA
2850 Mapleton Ave.
Boulder, CO 80301
303-443-4474

South Coast YMCA
29831 Crown Valley Pkwy.
Laguna Niguel, CA 92677
714-495-0453

Torrance-South Bay YMCA
2900 W. Sepulveda
Torrance, CA 90505
213-325-5885

YMCA of Metropolitan Milwaukee
915 W. Wisconsin, Ste. 100
Milwaukee, WI 53233
414-224-9622

Expanding Programs to Support Families and Meet Community Needs

The Issue

One premise many people live by is getting off to a good start. We talk about eating a good breakfast, getting a good education, coming from a solid family, and living in a stable community. Increasingly, families are wondering how they can get their children off to a good start while struggling with daily issues and how they can plan for the future when the world in which they live is becoming more complex and threatening.

Families today are faced with problems and needs created by issues such as divorce, drugs and alcohol, gangs, violence, spousal and family abuse, little or no parenting instruction, unemployment and changing work requirements, inadequate education, teen pregnancy, and lack of adequate attention to health and nutrition. Maintaining a quality lifestyle has given way to just getting by for many American families.

Getting by looks different in various communities. For a growing number of families, getting by means avoiding violence and possible death, scrounging for the next meal, finding ways to live on little money, caring for sick and malnourished kids, and trying to remain positive about life.

The Children's Defense Fund (CDF) regularly reports on the decline in care and concern for America's children and families. Our daily newspaper and nightly television news programs present all too graphically the challenges facing families and communities today. The statistics are alarming:

- Thirty percent of all children are now born to unmarried mothers (one in five Caucasian babies, two of three African-American infants) (*Los Angeles Times*, 7/94).
- Half of welfare recipients are teenage parents (*Los Angeles Times*, 7/94).
- More than 14 million Americans receive Aid to Families with Dependent Children, which costs more than $22 billion a year (CDF, '94).
- Compared with most other industrialized countries, the United States has a higher infant mortality rate, a higher proportion of low-birthweight babies, a smaller proportion of babies immunized against childhood diseases, and a much higher rate of babies born to adolescent mothers (CDF, '94).
- One in four children under age three in the United States lives in poverty (CDF, '94).
- One in three victims of physical abuse is a baby younger than age one (CDF, '94).
- Fifty percent of children under the age of 18 will experience the divorce of their parents and live in a single-parent home for a part of their childhood (CDF, '94).
- Fifty-three percent of mothers of newborns return to work within one year of the child's birth (CDF, '94).
- Sixty percent of married women with children under six years old are in the work force (CDF, '94).
- An estimated 1.6 million youngsters ages 5 to 14 are left home alone each day (CDF, '94).

- An estimated 100,000 children are homeless every night. Families with children are the fastest growing subgroup of the nation's homeless population (CDF, '94).
- Every two days, guns kill 25 children, which is the equivalent of a full classroom of children (CDF, '94).
- Homicide is the third leading cause of death among children 5 to 14 years old (CDF, '94).
- The average seventh grader has witnessed more than 8,000 simulated murders on television (CDF, '94).
- Every five minutes, a child is arrested for a violent crime (CDF, '94).
- Each year (CDF, '94)
  — 2,243 children and youth under 20 commit suicide,
  — 73,886 children under 18 are arrested for drug abuse,
  — 124,238 children under 19 are arrested for drinking or drunken driving,
  — 1.2 million latchkey children come home to houses where there is a gun, and
  — 2.9 million children are reported abused or neglected (approximately half of the reports involve neglect).

The past five years have produced volumes of material stating the need to do something different in our communities to support children and families. Reports from the Carnegie Foundation stress the importance for government, business, and the nonprofit segments of our community to collaborate in meeting family and community needs. The Search Institute has identified the factors in youth, their families, schools, peers, and community that are influential in reducing at-risk behaviors.

Many people are held captive in their community. In some communities, physical barriers and the lack of public transportation prevent an exchange of resources and people. Cultural barriers, such as race and language, restrict others. And economic and educational factors prevent many more from being able to bring in the services and resources needed to make their community a viable, safe, and productive place in which to live and grow up.

The YMCA's Concern

YMCA programs are based on the Judeo-Christian concept of the value of human life. They are designed to achieve common positive objectives for the children involved and their families. One of the YMCA's most important program goals is to improve personal and family relationships. "The YMCA, through its preschool-age child care program, strives to support and strengthen families by

- improving communication among family members,
- increasing family members' ability to work and play together,
- helping families share their values with each other,
- increasing families' sense of community with other families, and
- helping families improve their economic stability." (*YMCA Preschool Age Child Care Manual, Second Edition*, p. 3)

No matter how good a job the YMCA does with children in its traditional programs, it is only a minor fix if those children return each evening to dysfunctional, inadequate

family support systems and to communities where their lives are at risk. YMCA programs must expand services and find new ways to meet the greater needs of children and families and to support the rebuilding of community.

Actions Your YMCA Can Take

1. **Develop positive attitudes about diverse families and their needs.** Begin thinking of yourself as a family and community support center and your staff as family services directors. Look for ways to change the way your program operates to offer stronger support for families. Approaches to family support and family preservation differ from traditional family program services:

Support and Prevention	*Traditional Services*
Build on family strengths	Emphasize family deficits
Focus on families	Focus on individuals
Respond flexibly to needs	Program and funding dictate services
Reach out to families	Have strict eligibility requirements
Treat families as partners	Staff sets goals and solutions
Offer services where people are	Services are office based
Respond quickly to needs	Operate on staff schedule

2. **Find out what families need the most.** It is vital that families themselves are at the center of involvement in any process designed to identify their needs. Too often the assessment process is done by others who think they know what families need.

3. **Identify how needs can be met.** With families and collaborating organizations, develop a plan for meeting the most crucial needs and expanding services and support to families.

4. **Look for ways to collaborate.** Identify other organizations and services in your community that could be brought together to do a better job of serving and supporting families.

5. **Look for ways to expand.** Don't let your family and community strengthening services become static. Stay in touch with the needs of your families and community. Build a reputation that the Y is the advocate for families.

6. **Be realistic.** Begin small by tackling something that is doable. Be realistic, don't promise what you can't deliver. Credibility is crucial, especially in the beginning.

What Some Ys Have Done

1. **Expand existing Y programs.** An increasing number of YMCAs are making their off-site child care centers into mini-YMCAs by adding aerobics, youth sports, parent-child programs, family trips, day and resident camping, youth fitness classes, and programs for older youth. These centers expand YMCA programs to neighborhoods throughout the community, give greater Y identity to off-site program centers, build closer relationships with parents and other family members, and establish a stronger financial base for the center. A stronger financial base allows for an increase in the number of full-time positions with benefits, including the promotion of the site director to full-time program director.

2. **Add daily-living support services.** Some Ys are trying to help families deal with their time and stress problems by offering services (the need for which has been identified by the families themselves) such as hot meals; drop-off for shoe repair, laundry, and drycleaning; postal services; children's haircuts; and off-hours child care. Other services could include school pictures; parent's night out; tool, work share, and baby-sitting co-ops; prekindergarten hearing and vision screening; a resale shop for children's clothing and toys; and parenting and personal safety classes.

3. **Create a family and community service center.** The information shared earlier in this paper ("The Issue") demonstrates that a growing number of families in America need more today than expanded Y program options or help in dealing with their time and stress problems. The concept of a family and community service center would focus on meeting the basic needs and support many families' needs. These centers could be storefronts or housed in neighborhood schools. Staffing could be by YMCA personnel, school and Y personnel, local residents, and/or combinations involving personnel from other local government and community organizations.

   The services, determined by the families themselves, would be available to all families in the neighborhood surrounding the center, not just those enrolled in specific Y programs. The services would be provided through collaboration with government agencies, community organizations, schools, churches, and so on. Services could include the following:

   - Big Brother and Big Sister programs for children in single-parent homes
   - Substance abuse support groups and programs
   - Courses in parenting
   - Family support or discussion groups
   - Marriage and family counseling
   - Health services and screening, including immunizations
   - Prevention of abuse and personal safety programs
   - Elder care referral
   - Respite care
   - Play groups
   - Co-op baby-sitting
   - Pre- and postnatal classes
   - Educational testing, help with reading, and tutoring
   - Volunteer training and service opportunities
   - Formation of neighborhood advocacy groups
   - Financial planning sessions
   - Employment skill training and job share services
   - Health and nutrition courses

- Transportation
- Resource lending libraries (books, video/audiotapes, toys)

The objective is to do everything possible to build stronger families and stronger communities.

Whether you choose to provide the families you serve with expanded Y programs or to offer them support services to meet their daily living needs or to collaborate with others in your community to establish family and community service centers, the resulting greater involvement of families is sure to benefit not only them, but your community as well.

There is an old African saying, "It takes an entire village to raise a child." Many families today are far away from relatives, living where there is no neighborhood or community support. Who will be their "village"? It could be the YMCA—your YMCA!

Federal Funding Options

Child Care and Development Block Grant

Funds are available to help states increase the availability, affordability, and accessibility of child care. The state use of block grant funds is subject to the following broad allocations:

- 75 percent must be spent to support child care services
- 18.75 percent must be spent on infant/toddler and school-age child care
- 5 percent must be spent on improving the quality of child care
- 1.25 percent must be spent on improving the quality of school-age child care

Children served must be under age 13 from families whose income is less than 75 percent of the state median income and whose parents either work, attend school, or participate in a job training program.

YMCAs interested in applying for funds should contact their state lead agency designated to implement the Block Grant. Barbara Binker, Administration for Children and Families, Department of Health and Human Services, 202-690-6241, will have the name, number, and address of each state's lead agency. There is $934.64 million available for fiscal year 1995.

Community Development Block Grant

Funds are available to develop and strengthen urban communities. All funded projects must address one of the three objectives: (1) benefit low- and moderate-income people; (2) prevent or reduce inner-city blight; and (3) meet a specific community development need for which no other funds are available. Though much of the funding is used to improve roads, bridges, and lighting, often funding is available for children, youth, and family programs for low-income communities.

YMCAs interested in funding should contact their local or state housing department for information on grants. YMCAs residing in large cities should contact James Broughman, Director of the Entitlement Cities Division, Office of Community Planning and Development, Department of Housing and Urban Development, 202-708-1577, for information about a state contact. YMCAs residing in small cities should contact Stephen Rhodeside, States and Small Cities Division, Office of Community Planning and Development, Department of Housing and Urban Development, 202-708-1322, for information about a state contact. There is $4.485 billion available for fiscal year 1995.

Family Support Centers and Gateway Grants

Funds are available to states, public agencies, and nonprofit organizations that specialize in providing support services to low-income families. Efforts are to be concentrated in public housing developments and/or low-income urban and rural areas that serve low-income families who have been homeless or are at risk of becoming homeless. Programs can provide infant, children, and youth services that include child care, nutritional assistance, dropout prevention, and after-school activities.

YMCAs interested in applying for funds should contact the Department of Health and Human Services for information and grant applications. Contact Sheldon Shalit, Community Demonstration Programs, Office of Community Services, Administration for Children and Families, Department of Health and Human Services, 202-401-4807. There is $7.37 million available for fiscal year 1995.

Title XX Social Services Block Grant

Funds are available to support a wide range of social services that (1) prevent, reduce, or eliminate dependency of low-income individuals and (2) prevent neglect, abuse, or exploitation of children and adults. Funds can be used for child care, training and employment services, transportation, counseling, and other services.

YMCAs interested in applying for funds should contact their state social service agency (or state education department in California) for application materials. For a list of state contacts, call Bryant Tudor, Director of Social Services Block Grant Branch, Administration for Children and Families, Department of Health and Human Services, 202-401-5535. There is $2.8 billion available for fiscal year 1995.

Additional Resources on Funding Opportunities

For YMCAs interested in more information on funding options to support their multiservice programs, the following resources may prove useful:

Federal Funding Opportunities for Local YMCAs
Author: Eden Fisher Durbin
Available from: YMCA Program Store, 800-747-0089
Cost: $18.00

Guide to Federal Funding for Child Care and Early Childhood Development
Available from: Government Information Services
4301 N. Fairfax Dr., Ste. 875, Arlington, VA 22203, 703-528-1000
Cost: $17.50

Targeting Youth: The Sourcebook for Federal Policies and Programs
Authors: Janet Reingold and Beverly Frank
Available from: The Institute for Educational Leadership
1001 Connecticut Ave. NW, Ste. 310, Washington, DC 20036
Cost: $15.00

Other Funding Sources

The following is a list of other possible sources of funding:

- Agency partnerships
- Annual support contributions
- Local corporations

- Local foundations
- Local service clubs
- Program or service fees
- State grants and funds
- United Way
- YMCA fund-raising and special events

Resources on This Issue

The following resources and organizations are available to YMCA child care staff.

Organizations and Materials

Write the following organizations for a resource catalog:

American Association for Marriage and Family Therapy, 2200 17th St. NW, Ste. 901, Washington, DC 20036

Annie E. Cassie Foundation, 701 St. Paul St., Baltimore, MD 21202

Children's Defense Fund, 25 E St. NW, Washington, DC 20001

Developmental Research and Programs, Inc., 130 Nickerson, Ste. 107, Seattle, WA 98109

Early Childhood Family Education, Independent School District 625, P.O. Box 13725, St. Paul, MN 55113

Family Information Services, 12565 Jefferson St. NE, Ste. 102, Minneapolis, MN 55434-2102

Family Resource Coalition*, 200 S. Michigan Ave., #1520, Chicago, IL 60604

Family Service America, 11700 W. Lake Park Dr., Park Place, Milwaukee, WI 53224

Harvard Family Resource Center, Harvard Graduate School, Longfellow Hall, Appian Way, Cambridge, MA 02138

National Association for Children in Poverty, Columbia University, 154 Haven Ave., New York, NY 10032

National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036

National Association of Social Workers, 750 First St. NE, Washington, DC 20002

National Education Association, 1201 16th St. NW, Washington, DC 20036

National Resource Center on Family Based Services, The University of Iowa School of Social Work, 112 North Hall, Iowa City, IA 52242

Neighborhood Innovations Network, Center for Urban Affairs and Policy Research, Northwestern University, 2040 Sheridan Rd., Evanston, IL 60208

School-Age Child Care Project, Center for Research on Women, Wellesley College, Wellesley, MA 02181

The Search Institute, Thresher Square West, 700 S. Third St., Ste. 210, Minneapolis, MN 55415

Yale, School of the 21st Century, 210 Prospect St., New Haven, CT 06511

---

*The Family Resource Coalition has a number of how-to books for working with families and setting up family centers. Three excellent resources include *Putting Families First, Programs to Strengthen Families,* and *Guidelines for Establishing Family Resource Programs.* Write for a resource catalog.

YMCAs to Contact

Armed Service YMCA, 500 W. Broadway, San Diego, CA 92101, 619-232-1133

Boroughs Branch, Worcester Metropolitan YMCA, 69 Milk St., Westborough, MA 01581, 508-898-3372

Central City Family Branch YMCA/Tampa Metropolitan, 110 E. Palm Ave., Tampa, FL, 813-229-9622

Dallas Metropolitan YMCA, 601 N. Akard St., Dallas, TX 75201, 214-880-9622

Johnson Memorial YMCA, Family Resource Center, 3025 N. Davidson St., Charlotte, NC 28205, 704-333-6202

Newport-Costa Mesa, Irvine Branch YMCA, 2300 University Dr., Newport Beach, CA 92660, 714-442-1000

Northwest Branch YMCA/Minneapolis Metropolitan, 7601 42nd Ave. N, Minneapolis, MN 55427, 612-535-4800

The Parents' Place: Roanoke Valley YMCA, P.O. Box 2130, Roanoke, VA 24009, 703-342-9622

San Antonio Metropolitan YMCA, 1123 Navarro St., San Antonio, TX 78205, 210-246-9629

South Coast Branch, Orange County Metropolitan YMCA, 29831 Crown Valley Pkwy., Laguna Niguel, CA 92677, 714-495-0453

Torrance Branch, Los Angeles Metropolitan YMCA, 2900 W. Sepulveda, Torrance, CA 90505, 213-352-5885

YMCA of Central Maryland, 20 S. Charles St., Ste. 600, Baltimore, MD 21201, 410-837-9622

RESOURCES FOR CHILD CARE PROGRAMS

The YMCA of the USA encourages all child care staff members to continue to learn more about their area of expertise. The following list of recommended journals, books, and organizations can help you find sound information on child care topics and keep up to date on the latest in the field.

ADMINISTRATION

Infant/Toddler and Preschool Age

Cherry, C., Harkness, B., and Kuzma, K. 1987. *Nursery school and day care center management guide.* Carthage, IL: Fearon Teacher Aids.

Child Care Information Exchange. 1991. 30 ways to build your center's enrollment. *Child Care Information Exchange* (May/June): 5-9.

Early Childhood Directors Association. 1990. *The new forms kit for early childhood programs.* St. Paul: Redleaf Press.

Kaplan School Supply. 1991. *How to open your own child-care center.* Lewisville, NC: Kaplan School Supply.

Olsen, G. 1994. The exit interview: A tool for program improvement. *Child Care Information Exchange* (July): 71-75.

Taylor, B. 1993. *Early childhood program management.* New York: Macmillan.

Wassom, J. 1993. Prospect follow up pays dividends in enrollment. *Child Care Information Exchange* (July): 5-9.

Group Listings

National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036, 800-424-2460

Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs
Administering Programs for Young Children
Reaching the Full Cost of Quality in Early Childhood Programs
Speaking Out: Early Childhood Advocacy
Why Teach? A First Look at Working With Young Children

The Program Store, P.O. Box 5076, Champaign, IL 61825-5076, 800-747-0089

YMCA Child Care Quality Check
YMCA Infant/Toddler Child Care
YMCA Preschool Age Child Care, 2nd edition
YMCA Preschool Movement & Health Program
YMCA Program Discovery Series: Child Care Programs

YMCA of the USA, 101 N. Wacker Dr., Chicago, IL 60606, 800-YMCA-USA

The Child Care Competition Challenge
Recommendations: YMCA of the USA Medical Advisory Committee
YMCA of the USA Child Abuse Prevention Training
1993 YMCA Statistical Summary

School Age

Raising Salaries: Strategies That Work by M. Whitebook, C. Pemberton, J. Lombard, E. Galinsky, D. Bellm, and B. Fillinger (1986), Child Care Employee Project, 6536 Telegraph Avenue, Ste. A201, Oakland, CA 64609

School's Out! by Joan M. Bergstrom (1984), Ten Speed Press, Box 7123, Berkeley, CA 94707

Survival Guide: School Age Child Care by Betsy Arns (1988), School-Age Workshops Press, P.O. Box 5012, Huntington Beach, CA 92615

Group Listings

National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036, 800-424-2460

Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs
Administering Programs for Young Children
The American Family: Myth and Reality
Careers with Young Children: Making Your Decision
Fundraising for Early Childhood Programs: Getting Started and Getting Results
A Great Place to Work: Improving Conditions for Staff in Young Children's Programs
The Growing Crisis in Child Care: Quality, Compensation, and Affordability in Early Childhood Programs
Keeping Current in Child Care Research: Annotated Bibliography
Resources for Early Childhood Training: Annotated Bibliography
What is Quality Child Care?
Who Cares? Child Care Teachers and the Quality of Care in America: Executive Summary

The Program Store, P.O. Box 5076, Champaign, IL 61825-5076, 800-747-0089

YMCA Child Care Quality Check
YMCA School Age Child Care (Volume 1)

School-Age Child Care Project, Wellesley College, Wellesley, MA 02181, 617-431-1453, Ext. 2525 (Call for complete listing of materials; no phone orders accepted.)

Between School-Time and Home-Time: A Look at Quality SACC Programs (videotape; Training Manual also available)
Between School-Time and Home-Time: Planning Quality Activities for School-Age Child Care Programs (videotape and discussion guide)
An Intergenerational Adventure
No Time to Waste: An Action Agenda for School-Age Child Care
School-Age Child Care: An Action Manual
School Age Child Care: A Policy Report
School Age Children With Special Needs
When School's Out and Nobody's Home

School Age NOTES, P.O. Box 40205, Nashville, TN 37204, 615-292-4957

Half a Childhood: Time for School Age Child Care
Kids' Club
The New Youth Challenge: A Model for Working with Older Children in School Age Child Care

CURRICULUM

Infant/Toddler and Preschool Age

Althouse, R. 1988. *Investigating science with young children.* New York: Teachers College Press.

Berry, C., and Mindes, G. 1993. *Planning a theme-based curriculum.* Glenview, IL: Good Year Books.

Boyer, E. 1991. *Ready to learn: A mandate for the nation.* Princeton, NJ: Princeton University Press.

Children's Television Workshop. 1992. *Sesame Street Preschool Educational Program.* New York: Children's Television Workshop.

Harms, T. 1981. *Cook and learn.* Menlo Park, CA: Addison-Wesley.

Hendricks, C., and Smith, C. 1991. *Here we go . . . watch me grow!: A preschool health curriculum.* Santa Cruz, CA: ETR Associates.

Johnson, B. 1978. *Cup cooking: Individual child portion picture recipes.* Lake Alfred, FL: Earlt Education Press.

Rosser, C. 1993. *Planning activities for child care.* South Holland, IL: Goodheart-Willcox.

Tuchscherer, P. 1986. *Early educator's tool box.* Bend, OR: Pinnaroo.

Wnek, B. 1992. *Holiday games and activities.* Champaign, IL: Human Kinetics.

Group Listings

Gryphon House, P.O. Box 207, Beltsville, MD 20704-0207, 800-638-0928

Everybody Has a Body: Science From Head to Toe
More Story Stretchers: More Activities to Expand Children's Favorite Books
Move Over, Mother Goose! Finger Plays, Action Verses, and Funny Rhymes
Story Stretchers: Activities to Expand Children's Favorite Books
Where Is Thumbkin?: 500 Activities to Use With Songs You Already Know

National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036, 800-424-2460

Anti-Bias Curriculum: Tools for Empowering Young Children
Curriculum Planning for Young Children
Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8
Helping Young Children Develop Through Play
Play in the Lives of Children
Reaching Potentials: Appropriate Curriculum and Assessment for Young Children
Teaching in the Key of Life

School Age

The Greenhouse Crisis: 101 Ways to Save the Earth, The Greenhouse Crisis Foundation, 1130 17th St. NW, Ste. 603, Washington, DC 20036

How to Play With Kids by J. Therrell (1989), P.O. Box 1891, Pacifica, CA 94044

Lead-Up Games to Team Sports by O. Blake and A. Volp (1964), Prentice Hall, One Lake St., Upper Saddle River, NJ 07428

On Base! The Step-By-Step Self-Esteem Program for Children from Birth to 18 (1990), curriculum focused on building self-esteem; Child Abuse Prevention Coalition, 6811 W. 63rd St., Ste. 210, Mission, KS 66202

Group Listings

American Heart Association, National Center, 7272 Greenville Ave., Dallas, TX 75231-4596, 214-373-6300, heart and health education programs

Schoolsite Program: Lower Elementary
Schoolsite Program: Upper Elementary
Schoolsite Program: Middle School

Children's Television Workshop, One Lincoln Plaza, New York, NY 10023, 212-595-3456

3-2-1 Contact (science)
Square One (math)

National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036, 800-424-2460

Activities for School Age Child Care
Anti-Bias Curriculum: Tools for Empowering Young Children
Art: Basic for Young Children
Caring: Supporting Children's Growth
Developmentally Appropriate Practice in Early Childhood Programs (children from birth through age 8)
Feeling Strong, Feeling Free: Movement Exploration for Young Children
Helping Young Children Understand Peace, War, and the Nuclear Threat
Science With Young Children
Woodworking With Young Children

School Age NOTES, P.O. Box 40205, Nashville, TN 37204, 615-292-4957

All the Best Contests for Kids
The Big Book of Fun (projects using everyday materials)
The Cooperative Sports and Games Book (indoor and outdoor games)
Eat, Think, and Be Healthy (nutrition activities)
From Kids With Love (gifts for kids to make)
Gee Whiz! (science)
Hats, Hats, and More Hats (reproducible patterns)
I Can Make a Rainbow (arts and crafts projects)
Kid's America (unique projects and themes)
A Kids' Guide to First Aid
Make Mine Music
Mudpies to Magnets (science)
Mudworks: Creative Clay, Dough, and Modeling Experiences for Young Children
Native American Crafts
The New Youth Challenge: A Model for Working With Older Children in School-Age Child Care
Outrageous Outdoor Games Book
Puddles & Wings & Grapevine Swings (nature activities and crafts)
School-Age Ideas and Activities for After-School Programs
Sticks & Stones & Ice Cream Cones (crafts)
Super Snacks (over 165 recipes)
Trash Artists

YMCA of the USA, International Division, 101 N. Wacker Dr., Chicago, IL 60606, 800-USA-YMCA

Bringing the World Home (a collection of international education curriculum packages for countries throughout the world)
World Service Centennial Program Packet (program ideas and successful models for adding an international accent to existing programs)

YMCA Program Store, P.O. Box 5076, Champaign, IL 61825-5076, 800-747-0089

Changing Kids' Games
Clouds on the Clothesline and 200 Other Great Games
Creative Play Activities for Children With Disabilities
Digging In (values education)
Dr. Eden's Healthy Kids (good eating and exercise habits)
Emergency Medical Treatment: Children
Global Education Workbook
Indian Tales That Teach
More Music for Moving and Learning
More New Games
The New Games Book
The New YMCA Day Camp Manual
101 Ways to Help Heal the Earth
Outdoor Environmental Education Manual
Silver Bullets (games)
Singing Fun . . . And Games
Stories and Songs Cassette and Book
YMCA Youth Fitness Program
YMCA Youth Fitness Test Manual

Numerous books and materials are available for all YMCA youth sports programs.

NEWSLETTERS AND JOURNALS

Infant/Toddler and Preschool Age

CDF Reports — Current information about what people across the country are doing for children at local, state, and federal levels; Children's Defense Fund, 25 E St. NW, Washington, DC 20001

Child Care Employee News — Newsletter of the National Center for Early Childhood Work Force, 733 15th St. NW, Ste. 800, Washington, DC 20005-2112

Child Care Information Exchange — Practical management ideas for center owners and directors (6 issues a year); CCIE, P.O. Box 2890, Redmond, WA 98052

Day Care USA — Independent biweekly newsletter of Day Care Information Service; United Communications Group, 5 Krey Blvd., Rensselaer, NY 12144

Young Children — Journal of the National Association for the Education of Young Children (6 issues a year); NAEYC, 1509 16th St. NW, Washington, DC 20036

Y Program Notes — Newsletter for YMCA executives and program staff (4 issues a year); YMCA of the USA, 101 N. Wacker Dr., Chicago, IL 60606

School Age

After-School Activities: The Newsletter of School-Age Child Care Curriculum, School-Age Workshops Press, P.O. Box 5012, Huntington Beach, CA 92615

Capital Briefs and *Tax Newsletter*, YMCA of the USA, Washington Office, 1701 K St. NW, Ste. 903, Washington, DC 20006

CDF Reports — Current information about what people across the country are doing for children at local, state, and federal levels; Children's Defense Fund, 25 E St. NW, Washington, DC 20001

Child Care Alert — Newsletter for YMCA child care staff and administrators (6 issues a year); YMCA of the USA, 101 N. Wacker Dr., Chicago, IL 60606

Child Care Employee News — Newsletter of the National Center for Early Childhood Work Force, 733 15th St. NW, Ste. 800, Washington, DC 20005-2112

Child Care Information Exchange — Practical management ideas for center owners and directors (6 issues a year); CCIE, P.O. Box 2890, Redmond, WA 98052

Day Care USA — Independent biweekly newsletter of Day Care Information Service; United Communication Group, 5 Krey Blvd., Rensselaer, NY 12144

School-Age NOTES — Newsletter for after school programs (6 issues a year); School-Age NOTES, P.O. Box 40205, Nashville, TN 37204

Young Children — Journal of the National Association for the Education of Young Children (6 issues a year); NAEYC, 1509 16th St. NW, Washinton, DC 20009

ADVOCACY

Children's Defense Fund, 25 E St. NW, Washington, DC 20001, 202-628-8787

CDF Reports (monthly newsletter)
Child Care: The Time Is Now
Families in Peril: An Agenda for Social Change
S.O.S. America
State Child Care Fact Book 1988
Vanishing Dreams: The Growing Economic Plight of America's Young Families

School-Age Child Care Project, Wellesley College Center for Research on Women, Wellesley, MA 02181, 617-431-1453

City Initiative in School-Age Child Care (Action Research Paper #1)
Afterschool Arrangements in Middle Childhood: A Review of the Literature (Action Research Paper #2)
School-Age Child Care in America: Findings of a 1988 Study (Action Research Paper #3)

YMCA of the USA, 101 N. Wacker Dr., Chicago, IL 60606, 800-YMCA-USA

The Child Care Competition Challenge
YMCA Child Care - A White Paper: Addressing Salaries, Benefits, and Working Conditions

BUDGET

Child Care Information Exchange. 1986. Tried and true techniques for collecting fees. *Child Care Information Exchange* (May): 9-11.

Morgan, G. 1989. *Managing the day care dollars: A financial handbook.* Watertown, MA: Steam Press.

Sisson, L. Talking to parents about raising rates. *Between a rock and a hard place: Raising rates to raise wages.* Child Care Workers Alliance.

Turok, N. 1992. *Child care business plan: For child care centers and family child care home providers.* Champaign, IL: University of Illinois College of Agriculture.

Wassom, J. 1991. Talking with prospective parents: Handling the price objection. *Child Care Information Exchange* (July/August): 57-58.

CHILD DEVELOPMENT

Coe, J., and Allsbrook, L. 1978. *See how they run.* Peoria, IL: Pre-School Workbooks.

Curry, N., and Johnson, C. 1990. *Beyond self-esteem: Developing a genuine sense of human value.* Washington, DC: National Association for the Education of Young Children.

Dinwiddie, S. 1994. The saga of Sally, Sammy, and the red pen: Facilitating children's social problem solving. *Young Children* (July): 13-19.

Dodge, D., Koralek, D., and Pizzolongo, P. 1991. *Caring for preschool children.* 2 vols. Washington, DC: Teaching Strategies.

Elkind, D. 1993. *Images of the young child: Collected essays on development and education.* Washington, DC: National Association for the Education of Young Children.

Fein, G., and Rivkin, M. 1986. *The young child at play.* Washington, DC: National Association for the Education of Young Children.

Friedmann, B., and Brooks, C., eds. 1990. *On base!: The step-by-step self-esteem program for children from birth to 18.* Kansas City, MO: Westport.

Heath, H. 1994. Dealing with difficult behaviors — teachers plan with parents. *Young Children* (July): 20-24.

Herman, M., Passineau, J., Schimpf, A., and Treuer, P. 1991. *Teaching kids to love the earth.* Duluth: Pfeiffer-Hamilton.

Katz, L., Evangelou, D., and Hartman, J. 1990. *The case for mixed-age grouping in early education.* Washington, DC: National Association for the Education of Young Children.

Katz, L., and McClellan, D. 1991. *The teacher's role in the social development of young children.* Urbana, IL: Clearinghouse on Elementary and Early Childhood Education.

Koralek, D., Colker, L., and Dodge, D. 1993. *The what, why, and how of high-quality early childhood education: A guide for on-site supervision.* Washington, DC: National Association for the Education of Young Children.

Marion, M. 1991. *Guidance of young children.* 3d ed. New York: Merrill.

McCracken, J., ed. 1986. *Reducing stress in young children's lives.* Washington, DC: National Association for the Education of Young Children.

McGinnis, E., and Goldstein, A. 1990. *Skillstreaming in early childhood: Teaching prosocial skills to the preschool and kindergarten child.* Champaign, IL: Research Press.

Miller, K. 1985. *Ages and stages: Developmental descriptions and activities birth through eight years.* Marshfield, MA: Telshare.

Riley, S. 1984. *How to generate values in young children.* Washington, DC: National Association for the Education of Young Children.

Segal, M., and Adcock, D. 1986. *Your child at play: 3-5 years.* New York: Newmarket Press.

EARLY CHILDHOOD CATALOGS

ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830, (800-321-4407).

Gryphon House, P.O. Box 207, Beltsville, MD 20704-0207, (800-638-0928).

High/Scope Press, 600 N. River St., Ypsilanti, MI 48198-2898, (313-485-2000).

National Association for the Education of Young Children, 1509 16th St. NW, Washington, DC 20036-1426, (800-424-2460).

Redleaf Press, 450 N. Syndicate, Ste. 5, St. Paul, MN 55104-4125, (800-423-8309).

Research Press, Dept. N, P.O. Box 9177, Champaign, IL 61826, (217-352-3273).

Scholastic Early Childhood Catalog, P.O. Box 7502, Jefferson City, MO 65102, (800-631-1586).

ENVIRONMENT

Greenman, J. 1988. *Caring spaces, learning places: Children's environments that work.* Redmond, WA: Exchange Press.

Harms, T., and Clifford, R. 1980. *Early childhood environment rating scale.* New York: Teachers College Press.

Jones, E., and Prescott, E. 1978. *Dimensions of teaching learning environments.* Pasadena, CA: Pacific Oaks College.

HEALTH

American Academy of Pediatrics. 1987. *Health in day care: A manual for health professionals.* Elk Grove Village, IL: American Academy of Pediatrics.

American Public Health Association and the American Academy of Pediatrics. 1992. *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care programs.* Washington, DC: American Public Health Association and the American Academy of Pediatrics.

Child Welfare League of America. 1991. *Serving children with HIV infection in child day care: A guide for center-based and family day care providers.* Washington, DC: Child Welfare League of America.

Kendrick, A., Kaufmann, R., and Messenger, K., eds. 1988. *Healthy young children: A manual for programs.* Washington, DC: National Association for the Education of Young Children.

Seibert, D., Drolet, J., and Petro, J. 1993. *Are you sad, too? Helping children deal with loss and death.* Santa Cruz, CA: ETR Associates.

MULTICULTURAL

Gonzalez-Mena, J. 1993. *Multicultural issues in child care.* Mountain View, CA: Mayfield.

Lynch, E., and Hanson, M. 1992. *Developing cross-cultural competence: A guide for working with young children and their families.* Baltimore: Brookes.

McCracken, J. 1993. *Valuing diversity: The primary years.* Washington, DC: National Association for the Education of Young Children.

Neugebauer, B., ed. 1992. *Alike and different: Exploring our humanity with young children.* rev. ed. Washington, DC: National Association for the Education of Young Children.

Phillips, C. 1988. Nurturing diversity for today's children and tomorrow's leaders. *Young Children* (January): 42-47.

York, S. 1991. *Roots and wings: Affirming culture in early childhood programs.* St. Paul: Redleaf Press.

SPECIAL NEEDS

Bair, H. 1994. *Leadership training to support child care for all children.* Champaign, IL: University of Illinois Department of Special Education.

Cook, R., Tessier, A., and Klein, M. 1992. *Adapting early childhood curricula for children with special needs.* New York: Macmillan.

Fink, D. 1992. The Americans with Disabilities Act. *Child Care Information Exchange* (May): 43-46.

Meservey, L. 1993. Implications of the Americans with Disabilities Act. *Child Care Information Exchange* (July): 81-83.

Morris, L., and Schulz, L. 1989. *Creative play activities for children with disabilities: A resource book for teachers and parents.* 2d ed. Champaign, IL: Human Kinetics.

Mulligan, S., Green, K., Morris, S., Maloney, T., McMurray, D., and Kitelson-Aldred, T. 1992. *Integrated child care: Meeting the challenge.* Tucson, AZ: Community Skill Builders.

STAFF DEVELOPMENT

Bloom, P., Sheerer, M., and Britz, J. 1991. *Blueprint for action: Achieving center-based change through staff development.* Lake Forest, IL: New Horizons.

Child Care Information Exchange. 1990. *Developing staff skills.* Redmond, WA: Child Care Information Exchange.

Child Care Information Exchange. 1991. *Fostering improved staff performance.* Redmond, WA: Child Care Information Exchange.

Jones, E., ed. 1993. *Growing teachers: Partnerships in staff development.* Washington, DC: National Association for the Education of Young Children.

WORKING WITH PARENTS

Boutte, G., Keepler, D., Tyller, V., and Terry, B. 1992. Effective techniques for involving "difficult" parents. *Young Children* (March): 19-27.

Clay, J. 1990. Working with lesbian and gay parents and their children. *Young Children* (March): 31-35.

Powell, D. 1989. *Families and early childhood programs.* Washington, DC: National Association for the Education of Young Children.

Spaete, S. 1987. *Parent programs and open houses.* Elgin, IL: Building Blocks.

Stipek, D., Rosenblatt, L., and DiRoco, L. 1994. Making parents your allies. *Young Children* (March): 4-14.

Stone, J. 1987. *Teacher-parent relationships.* Washington, DC: National Association for the Education of Young Children.

PROFESSIONAL ORGANIZATIONS AND ASSOCIATIONS

Administration for Children, Youth, and Families (ACYF), 330 C St. SW, Washington, DC 20201, 202-205-8347. The primary governmental agency serving children and families; bureaus include The Children's Bureau, The Head Start Bureau, and the Family and Youth Services Bureau.

Alliance for Better Child Care (ABC), 25 E St. NW, Washington, DC 20001, 202-628-8787. An alliance of more than 100 organizations working to increase support for child care.

American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927, 708-228-5005. Provides information on health issues related to child care and young children.

American Action Fund for Blind Children and Adults, 18440 Oxnard St., Tarzana, CA 91356, 818-343-2022. Provides various services, including a lending library of children's books in both print and Braille.

American Association of University Women, 1111 16th St. NW, Washington, DC 20036, 202-785-7700. A membership organization of college and university graduates in branches across the country that have a strong legislative focus and an interest in children's issues.

American Bar Association: The National Legal Resource Center for Child Advocacy and Protection, 1800 M St. NW, Ste. 200 South, Washington, DC 20036, 202-331-2250. Provides training and technical assistance to the child welfare community and serves as a clearinghouse on child welfare issues.

Association for Childhood Education International, 11501 Georgia Ave., Ste. 315, Wheaton, MD 20902, 800-423-3563. Establishes, promotes, and maintains high standards and practices for childhood learning and growth. Many publications available; journal published five times a year.

Association of Junior Leagues, Inc., 660 First Ave., New York, NY 10016, 212-683-1515. A membership organization with a history of concern and action in dealing with quality child care.

Association for Persons with Severe Handicaps, 11201 Greenwood Ave. N., Seattle, WA 98133, 206-361-8870. Provides advocacy for quality education and services for people with severe disabilities.

Child Care Action Campaign, 330 7th Ave., 17th floor, New York, NY 10001, 212-239-0138. A coalition of leaders from diverse organizations advocating for high-quality child care. Publishes a bimonthly newsletter.

The Children's Defense Fund, 25 E St. NW, Washington, DC 20001, 800-424-9602. Education about and advocacy for the needs of children, especially single-income, minority, and handicapped children. Publications and reports available.

Clearinghouse on Disability Information, Office of Special Education and Rehabilitative Services, Switzer Building, Rm. 3132, Washington, DC 20202-2524, 202-205-8241. Responds to inquiries on a wide range of topics, including federal legislation and federal funding for programs that serve the disabled.

Community Playthings and Rifton Equipment for the Handicapped, Rte. 213, Rifton, NY 12471, 800-777-4244; 800-374-3866. Provides quality equipment for children who are disabled.

Council for Early Childhood Professional Recognition, 1341 G St. NW, Ste. 400, Washington, DC 20005, 800-424-4310. Credentials home-based child care providers and preschool and infant-toddler center-based caregivers.

Council for Exceptional Children, Division for Early Childhood, 1920 Association Dr., Reston, VA 22091-1589, 703-620-3660. Seeks to advance the education of exceptional children, both handicapped and gifted. Serves as an information broker and produces numerous publications.

Crestwood Company, Communication Aids, 6625 N. Sidney Pl., Milwaukee, WI 53209, 414-352-5678. Provides specially adapted toys for children with special needs.

Early Childhood Direction Center, 200 Huntington Hall, Second Floor, Syracuse, NY 13244, 315-443-4444. Provides books, posters, and pamphlets showing people with disabilities.

High/Scope Education Research Foundation, 600 N. River St., Ypsilanti, MI 48198-2898, 313-485-2000. A research development and training center whose focus is on early childhood education. Newsletter and various publications.

Jesana Ltd., Box 17, Irvington, NY 10533, 800-443-4728. Makes adapted toys and equipment for children with disabilities.

Learning Disabilities Association, 4156 Library Rd., Pittsburgh, PA 15234, 412-341-1515. Devoted to children with learning disabilities. Offers information on publications, advocacy, and new developments.

National Association of Child Advocates, 1625 K St. NW, Ste. 510, Washington, DC 20006, 202-828-6950. A national association of state-based child advocacy organizations.

National Association of Child Care Resource and Referral Agencies (NACCRRA), 1319 F St. NW, Ste. 606, Washington, DC 20004, 202-393-5501. Promotes the development, maintenance, and expansion of quality child care resources and referral. Newsletter, bulletins, and other publications.

National Association for the Education of Young Children (NAEYC), 1509 16th St. NW, Washington, DC 20036, 800-424-2460. The largest professional group of early childhood educators; publishes the journal *Young Children*, along with many books, brochures, and videos.

National Black Child Development Institute, 1023 15th St. NW, Ste. 600, Washington, DC 20005, 202-387-1281. A membership organization, publishes a newsletter and policy reports relevant to issues facing black children.

National Center for Early Childhood Work Force, 733 15th St. NW, Ste. 800, Washington, DC 20005-2112. A clearinghouse on child care employee issues including salaries, status, and working conditions. Publications and a newsletter.

National Committee for the Prevention of Child Abuse, 332 S. Michigan Ave., Ste. 1600, Chicago, IL 60604-4357, 312-663-3520. Serves as a clearinghouse with a wide variety of publications on child abuse prevention.

National Head Start Association, 201 N. Union St., Ste. 320, Alexandria, VA 22314, 703-739-0875. The association of directors, parents, friends, and staff of Head Start. Quarterly newsletter.

National PTA, 330 N. Wabash St., Chicago, IL 60611-3604, 312-670-6782. A membership organization representing parents in more than 26,000 schools, including preschools. Child care publications available.

Society for Research in Child Development, University of Chicago Press, 5720 Woodlawn Ave., Chicago, IL 60637, 312-702-7470. Focuses on child development research. Publishes newsletter, journal, and other information important to advocates.

Southern Association on Children Under Six (SACUS), P.O. Box 56130, Brady Station, Little Rock, AR 72215, 501-663-0353. A membership organization with members in 13 southern states committed to the welfare of children, families, and the professionals who serve them.

Work/Family Directions, Inc., 930 Commonwealth Ave. W, Boston, MA 02215-1274, 617-278-4000. Provides a national resource and referral network for companies; publications include compilation of state child care regulations.

Additional Resources for Your Child Care Program

See the YMCA Program Store catalog for details about these additional items for your child care program, or contact the Program Store, P.O. Box 5076, Champaign, IL 61825-5076, phone (800) 747-0089. To save time, order by FAX: (217) 351-1549. Please call if you are interested in receiving a free catalog.

YMCA Child Care

5057	YMCA Infant/Toddler Child Care (160 pp)	$55.00
5273	YMCA Preschool Age Child Care (2nd Ed.) (248 pp)	$70.00
4468	YMCA School Age Child Care Volume 1 (208 pp)	$62.00
5134	YMCA School Age Child Care Volume 2 (248 pp)	$64.00
5093	YMCA Preschool Movement and Health Program (160 pp)	$47.00
5117	Child Care Programs (96 pp)	$10.00
5268	YMCA Child Abuse Prevention Training (100 pp)	$75.00
5164	Keeping Kids Drug-Free: The YMCA's Positive Alternative (196 pp)	$45.00
5059	YMCA Youth Fitness Program (616 pp)	$70.00
5048	YMCA Youth Fitness Test Manual (72 pp)	$12.00

For resources related to YMCA program objectives and pinnacle programs, check the YMCA Program Store catalog.

Prices shown are subject to change.

YMCA of the USA

ISBN 0-88011-551-3