



2026 SUMMER CAMP PARENT'S HANDBOOK

WWW.YMCACAPECOD.ORG

508-362-6500

Dear YMCA Camp Family,

Whether this is your first summer here, or you have been with us for years, we want to welcome you to the YMCA Cape Cod Summer Camps! The staff at the YMCA Cape Cod are hard at work putting together a fun, safe program filled with new experiences.

Summer is always a memorable time for children. As your child takes a break from school, they are looking forward to spending time with their friends and being outside. Day camp is the perfect opportunity to do both – as well as learn life skills, try new activities, and be part of a community where they can be themselves. Varying daily activities, such as archery, crafts, dance, sports, and swimming, help assure a great camp experience for everyone. With the encouragement and guidance of our trained staff, children will boost confidence, self-esteem, and social skills, all while having fun in a safe environment!

Welcome to the YMCA Cape Cod Camp Family! Sincerely,
YMCA Camp Directors

YMCA CAMP **BARNSTABLE**

» 2245 Lyannough Rd. W. Barnstable

YMCA CAMP **FALMOUTH**

» 323 Jones Rd. Falmouth

YMCA CAMP **HARWICH**

» 263 South St. Harwich

YMCA CAMP **LYNDON**

» 117 Stowe Rd. Sandwich

YMCA CAMP **MBL/WHOI**

» 100 Water Street, Woods Hole

» 98 Memorial Circle, Woods Hole

YMCACAMP **FIREFLY**

» 117 Stowe Rd. Sandwich

Camp Lyndon, Camp Falmouth, and Camp WHOI/ MBL must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.

Camp Harwich and Camp Barnstable are each licensed by the Massachusetts Department of Early Education and Care.

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CAMP CONTACT INFORMATION

Tom Brognano

Sr. Program Director of Camp & School Age Child Care

tbrognano@ymcacapecod.org

508-362-6500 x1305

Procedure For Filing a Grievance

*For any questions, comments, or concerns, please contact

Tom Brognano	Denise Graham-Reardon
Senior Program Director of School Age and Camp Programs	Chief Program Officer
tbrognano@ymcacapecod.org	dgraham-reardon@ymcacapecod.org
508-362-6500 x1305	508-362-6500 x1020

ARRIVING AT CAMP

CHECK IN/CHECK OUT PROCEDURE

Our staff focuses on the safety and security of your camper by employing an extensive check-in and check-out process of all campers who use camp-supplied transportation. Only people listed on the pick-up authorization form will be allowed to pickup. PLEASE BE READY TO PRESENT A PICTURE I.D. AT PICK UP. For those taking the bus, parents and campers should be at the bus stop 10 minutes before the indicated pickup time and 10 minutes before the drop-off time to allow for summer traffic. See the bus schedule on our website, for specific locations and times. We are unable to accommodate special requests for bus transportation. See more about TRANSPORTATION/ DISMISSAL CHANGES on page 14.

PARENT COMMUNICATION

YMCA Cape Cod strives to provide your camper with a safe, enriching experience. Should you feel we are not meeting this obligation, please notify your Camp Director as soon as possible. For further assistance call 508-362-6500 ext. 1305

RAINY DAY/SEVERE WEATHER INFORMATION

Camp runs in all weather. The YMCA will take appropriate safety precautions during inclement weather. Children/staff will be required to remain indoors when thunder and/or lightning are present.

INFORMATION SESSIONS & TOURS

The YMCA Camp Staff are proud of their programs, facilities, and enjoy giving tours. If you would like a tour, please contact the YMCA Cape Cod to schedule one.

WHAT TO BRING TO CAMP

- Campers should be ready for all kinds of weather including hot, cold and rainy days.
- They will be outside during most types of weather (except for thunder and lightning.)
- Closed-toed shoes for all daily non-aquatic activities
- Boating/Water Shoes: Your child will be allowed to wear water appropriate shoes (sandals, flip flops or water shoes) only when they are participating in water related activities. During ALL other activities children are to wear closed-toe shoes. Your child is required to wear shoes when boating. If they do not have water shoes, they will be required to wear their sneakers.
- Reusable water bottle
- Healthy lunch packed with its own refrigeration if not opting into camp lunch
- Sunscreen, towel and swimsuit- everyday
- Rain jacket & a sweatshirt (camp can be chilly in August)
- Please label everything clearly including food (snacks and lunches)

WHAT NOT TO BRING TO CAMP

- Cell phones
- Toys
- Trading cards
- Weapons/Knives/Squirt Guns
- Electronics (games, video recorders/players, iPods/mp3 players, etc.)
- Controlled Substances, Alcohol, Illegal drugs

POLICIES, PAYMENTS, & CANCELLATIONS

DEPOSITS:

A non-refundable charge of \$150.00 will be required for each week your camper is signed up for camp.

- Deposits are due at registration.
- Enrollment requests will be processed within 10 business days of being received. Deposits will be charged when your enrollment is approved.
- Please ensure funds are available on your selected payment method for the entirety of those 10 days or until the charge comes through.
- A \$35 insufficient fund fee will be charged for any failed transaction.
- The deposit will be applied to that week's tuition.

CANCELLATIONS & REFUNDS:

Cancellations must be made in writing or by e-mail sent to cancellation@ymcacapecod.org

Cancellation requests must be received at least 2 weeks prior to the start of that camp session. If you have paid in full you will receive a refund minus the \$150.00 non-refundable deposit.

No refunds will be made due to failure to attend, incomplete attendance, holidays or inclement weather.

TRANSFERS

Transfers include, but are not limited to: Switching from one session to another, switching from one camp to another, switching from a specialty block program to a standard camp program, or any combination thereof. Transfers are subject to availability and carry a transfer fee of \$50 per request. Deposits will transfer to the new session.

DUE DATE FOR BALANCE OF PAYMENT:

For each Session, full payment is required no later than twelve (12) days before the session begins. Auto-Pay payments will run a week and a half (12 days) prior to the start of the camp session. If the total amount due is not paid by 9 a.m. the Wednesday before camp begins, your child will not be allowed to attend the program, and your deposit will be forfeited. Subsequently your slot at camp cannot be guaranteed, and your child may only attend if they are re-registered and all payments due are paid in full. Please contact (508) 362-6500 x 1057 for details.

* Families are financially responsible for the camp weeks registered, regardless of attendance &/or voucher coverage. *

PAYMENTS:

We encourage you to make your payments on-line.

Checks or money orders may also be mailed to :

YMCA Cape Cod
ATTN: Finance Department
100 Independence Drive, Suite 2
Hyannis MA 02601

- In person payments can only be made at the front desk of our West Barnstable facility or at our administration offices at 100 Independence Drive. Payments should not be given to your child to take to camp, and we cannot accept responsibility for lost payments.

MEDICATIONS & ILLNESSES

MEDICAL & ENROLLMENT FORMS

State law mandates that children have a physical exam within a 24-month period prior to enrollment. Parents/guardians are required to submit appropriate documentation of health history, physicals, and immunizations PRIOR to attending camp. Your child will not be allowed to enroll/ participate in any camp program unless ALL medical and enrollment forms are complete and submitted to the Camp Registrar prior to the start of your child's session.

MEDICATION

Campers who must receive medication during camp hours must meet the following:

- Medications need to be original container with doctor's orders for dispensing printed on label.
- Completed Parent's permission and authorization signature form (available at camp office)
- All over the counter meds must be kept in their original container which shall include original label and instruction for use. OTC medication must also be accompanied by a signed "authorization to administer" form completed by the camper's legal guardian.
- No meds may be transported on a camp bus by a child. Inhalers and EpiPens must be handed to the bus monitor. Any other medication must be transported directly to the Camp Nurse or Camp Director by the parent / guardian.
- Senior Camp staff is available the first day of each session by 7:30 AM.
- Medication brought to camp without all of the above stated criteria cannot and will not be administered.
- Any leftover medication must be retrieved directly by the parent at the end of your child's camp session or it will be disposed. Upon request, a complete copy of the health care policy is available.

Administration of Medication

Prescription and non-prescription medication administered to a child must have prior written parent authorization. Prescription medication and non-prescription oral medication will only be administered on the written order of the child's physician and must be in the original container with the child's name, the name of the drug, and directions for its administration and storage on the label. The first dose of any medication must be given at home, so the child can be monitored for reaction.

Health Care Supervisors are required to have up-to-date First Aid and CPR certifications.

- Administration of Epinephrine Auto-Injectors (EpiPens), and Inhalers
- With written consent from BOTH the camper's parent/guardian AND the child's physician, campers may carry and self-administer inhalers and EpiPens, if they are capable.
- Without written consent as stated above, EpiPens and inhalers are stored in the nurse's cabin, and administered by the nurse, or specially trained staff.
- Written informed consent from the parent/guardian is required for specially trained unlicensed staff to administer EpiPens and inhalers.
- All unlicensed individuals designated to administer EpiPens and inhalers must complete training by the Camp's Health Care Consultant.

Designated unlicensed Health Care Supervisors must be trained by the Health Care Consultant to administer oral and topical prescription medications, epinephrine auto-injectors and inhalers, and signs and symptoms of Hypo and Hyperglycemia and diabetic plan management.

***Copies of the Camp's Health Care Policy, Background check policy, and Discipline policy are available upon request.**

MEDICATIONS & ILLNESSES contd.

ILLNESS, INJURY & EMERGENCY PROCEDURES

A trained staff member will treat minor injuries or illnesses. In the event of a minor accident or illness, the camp nurse/health care supervisor will notify the parent/guardian. Should a serious injury or illness occur that requires care beyond immediate first aid, an Emergency Action Plan (EAP) will be activated for the safety of the child. The primary guardian or emergency contact will be notified as soon as possible and the child will be taken to the nearest hospital for immediate care.

Injury reports are sent by the Camp Director or Health Care Supervisor to the Local Board of Health.

DESIGNATED TREATMENT FACILITIES

- Camp Lyndon
 - Cape Cod Hospital is the designated treatment facility for this program.
- Camp Barnstable
 - Cape Cod Hospital is the designated treatment facility for this program.
- Camp Harwich
 - Cape Cod Hospital is the designated treatment facility for this program.
- Camp Falmouth
 - Falmouth Hospital is the designated treatment facility for this program.
- Camp WHOI/MBL
 - Falmouth Hospital is the designated treatment facility for this program.

INSURANCE

YMCA Cape Cod camp fees do not include health and accident insurance. Securing this insurance is the responsibility of the parent/guardian as well as any and all charges incurred from emergency medical treatment.

Illness Policy

Only children who are in good health may be brought to the center. Children may not be left at the center if they have experienced any of the following symptoms within the previous 24-hour period. When a child is kept home due to illness, he or she must be symptom free, on prescription medication, or off nonprescription medication for at least 24 hours before returning to school.

Children Should Be Kept Home For:	Children May Come With:
<ul style="list-style-type: none">• Earache• Fever over 101° or higher• Strep throat• Stomachache• Anything that is contagious; i.e. chickenpox, conjunctivitis, etc.• The child is unable to keep up with the pace of the day• Diarrhea/vomiting• Rashes that are contagious	<ul style="list-style-type: none">• Earaches, strep throat (provided they have been on medication for 24 hours)• Colds (No fever)• Hay fever• Anything that is not contagious• The child is able to keep up with the pace of the day

MEDICATIONS & ILLNESSES contd.

PLAN FOR MILDLY ILL CHILDREN

Children who are mildly ill may remain in school if they are not contagious and they can participate in the daily program including outside time. If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Lead Teacher will notify the child's parent/guardian about the child's condition. The parent/guardian will be asked to pick up the child. The child will be cared for in a quiet area in the classroom by a qualified staff member or Site Director trained in first aid and knowledgeable of the health policies of the Center until the parent/guardian arrive to take the child home.

Toys, food, drink and their rest mat and blanket will be made available for the mildly ill child. Any toys and mats used by the ill child will be cleaned and sanitized. All blankets, pillows and personal items will be sent home for cleaning. Please notify the YMCA program immediately if your child is exposed to a contagious disease. All parents will be given notice if a child in the program has been reported to have a contagious disease.

PROCEDURE FOR NON-IMMUNIZED CHILDREN

Children are admitted to the program only if an immunization record and year to date physical has been submitted prior to admission. Health records must be resubmitted every year. A family may also obtain written verification from the child's parent/guardian(s) that they object to such an examination on the ground that it conflicts with their religious beliefs. In the event that a vaccine preventable disease has been introduced into the program, any children who are under-immunized due to a medical condition or religious belief will be notified immediately so that the child can be excluded from the program until the health risk has past.

INFECTION CONTROL

All children and adults are to wash their hands upon:

- Arrival/departure
- After diapering/toileting
- Before and after food preparation and consumption
- Contacting contaminated surfaces, including communal water play
- Facilities used for hand washing after diapering or toileting are separate from facilities and areas used for food preparation or food service.

CHILDREN WITH SPECIAL NEEDS

YMCA Cape Cod will request and review information given by the parent related to the child's participation in the program. Identification of specific accommodations required to meet the needs of the child, which would include change or modification in the child's participation in regular activities, would be discussed, as well as identification of any special equipment, medical needs, materials, ramps or aids. If such accommodations will cause undue burden on the program, the parent will be notified in writing, which would include reasons for the decisions. Parents may contact the Department of Early Education and Care to review the decision.

Upon enrollment the family of the child with special needs will inform the YMCA of any necessary health care issues, IEPs, or IHCPs. The YMCA will do everything formally stated under this health care policy to the best of our ability. If the accommodations will cause undue burden on the program, the parent will be notified in writing, which would include reasons for the decision.

Counseling:

- Behavioral Health - CCHC 800-545-5014
- Independence House 800-439-6507
- MSPCC 508-775-0275

Medical Services:

- Healthy Connection 508-255-1903
- Alison Kirwin 508-846-5574
- Cape Cod Hospital 508-771-1800

YOUTH PROTECTION POLICIES

IDENTIFYING & REPORTING ABUSE OR NEGLECT

All YMCA Cape Cod camp staff is committed to the prevention of abuse and neglect. Staff are mandated to report any suspected cases of child abuse or neglect. The Camp Director will be notified immediately with evidence, observation, and/or documentation of the suspected child abuse or neglect. The Camp Director will file a 51A report with the Department of Child & Family Services (DCF). The Camp Director will then notify the Local Board of Health, as well as DPH, after filing the 51A report. The 51A report will not be sent to the Local Board of Health or DPH. All information will be documented and placed in the child's file. The person filing the report and other related camp staff would cooperate in all investigations of abuse or neglect.

DCF Cape and Islands Area Office - (508) 760-0200

REFERRAL POLICY

Should a Counselor/Unit Head feel there is a need to refer a child for social, mental health or medical services, the staff member will bring the matter to the attention of the Camp Director. The counselor will also observe and document the child for a period of one week to one month, depending on the situation documenting related behaviors and actions. Following the observation, the Camp Director will call to invite the parents/guardians for a conference to discuss possible solutions/referrals to an organization that may better suit the needs of the camper.

The Camp Director will offer assistance to the child's parents/guardians by providing them with a list of referral resources within the community for social, mental health, or medical services. The YMCA shall use the following procedures for referring parents/guardians to appropriate social, mental health, medical, and educational services for their child. If an educator develops a concern about a child's development or behavior and feels further evaluation should be done, they will report it to the Site Director, who will review concerns with the educator. If the Site Director agrees, the educator is to complete an observational report and review the child's record prior to making a referral. The Site Director will schedule a meeting with the parent to discuss the program's concerns, and referral information in a sensitive and supportive way. All referrals are kept confidential.

If a child is at least 2 ½ years of age, the YMCA will inform the child's parent/guardians of the availability of services and their rights, including the right to appeal under Chapter 766. If a child is under the age of 3 years, the YMCA will inform the child's parent/guardian of the availability of services provided by Early Intervention Programs.

Education and Special Needs:

- Early Childhood Intervention 800-974-8860
- Dpt. of Transitional Assistance 508 862-6600
- Child Care Network 508-778-9470
- Cape Cod Needy Fund 508-778-5661

Educational Services:

- Coalition for Children 508-548-0220
- Cape Cod Children's Place 508-240-3313
- Families United Network 508-775-6240

EMERGENCY PROCEDURES & POLICIES

DISASTER EVACUATION

The Camp Director and other administrators will be responsible for contacting all guardians of participants in order to coordinate immediate pick up.

YMCA CAMP LYNDON

» 117 Stowe Rd. Sandwich MA 02563

In the event of an emergency situation, prolonged loss of heat, electricity, presence of severely inclement weather or anything else that might cause an extremely unsafe camp environment, the participants and staff of the Camp Lyndon will travel via bus to the Oak Ridge School on Quaker Meeting House Rd. in Sandwich (exit 61).

YMCA CAMP FIREFLY

» 117 Stowe Rd. Sandwich MA 02563

In the event of an emergency situation, prolonged loss of heat, electricity, presence of severely inclement weather or anything else that might cause an extremely unsafe camp environment, the participants and staff of the Camp Lyndon will travel via bus to the Oak Ridge School on Quaker Meeting House Rd. in Sandwich (exit 61).

YMCA CAMP BARNSTABLE

» 2245 Iyannough Rd. W. Barnstable MA 02668

In the event of an emergency situation, prolonged loss of heat, electricity, presence of severely inclement weather or anything else that might cause an extremely unsafe camp environment, the participants and staff of Camp Barnstable will walk to the Cape Cod Conservatory. If the evacuation is widespread or walking is not a safe option, participants and staff of WB YMCA Day Camp will be transported by bus to Barnstable High School.

YMCA CAMP HARWICH

» 263 South St. Harwich, MA 02645

In the event of an emergency situation, prolonged loss of heat, electricity, presence of severely inclement weather or anything else that might cause an extremely unsafe camp environment, the participants and staff of Camp Harwich walk to the Harwich Cultural Center, 204 Sisson Road, Harwich MA 02645.

YMCA CAMP FALMOUTH

» 323 Jones Rd. Falmouth MA 02540

In the event of an emergency situation, prolonged loss of heat, electricity, presence of severely inclement weather or anything else that might cause an extremely unsafe camp environment, the participants and staff of Camp Falmouth will take a bus to the North Falmouth Congregational Church located at 155 Old Main Road, North Falmouth, MA 02556.

YMCA CAMP MBL/WHOI

» 100 Water St. Woods Hole MA 02543

In the event of an emergency situation, prolonged loss of heat, electricity, presence of severely inclement weather or anything else that might cause an extremely unsafe camp environment, the participants and staff of Camp MBL/WHOI Satellite location will walk to the Clark South Building at 100 Water Street, Woods Hole, and for the Periwinkle location 98 Memorial Circle, Woods Hole

OUR STAFF & COMMUNITY PARTNER

STAFF

The YMCA Cape Cod believes that the success of our program lies in the quality of our staff. Employees are carefully selected based on experience, education, talents and interpersonal skills. Camp staff is required to attend an extensive training process to cover specific program goals, emergency procedures, group work and curriculum planning. All of our staff has a criminal background check and a sex offender check completed before working with children. Above all else, the members of our staff share a common love for working with children! All camp staff wear YMCA staff shirts for easy identification.

*A full background check policy is available upon request

Our aquatic staff consists of certified lifeguards who have experience in water safety and swim lesson instruction. Prior to working with your child, background checks are completed on all staff that include prior work history, three positive reference checks, and CORI and SORI background checks.

If a staff member is suspected of neglect or abuse a child in the program, the Camp Director/ YMCA Cape Cod Administrator may:

- Assign the staff member work, which does not involve contact with children until DCF investigation is complete
- Temporarily suspend staff member with pay until the investigation is complete
- Immediately dismiss staff member in which case employment is terminated

COMMUNITY PARTNERS – YMCA CAMP LYNDON

While our staff run excellent programs, they are not experts in everything. To help offer the widest variety of programs to your child, we utilize a number of 3rd party vendors to operate programs within Camp Lyndon. These vendors allow us to offer programs like Kayaking, Paddle-boarding, and Horseback riding! All 3rd party vendors receive training and background checks. You can learn more about our 3rd party vendors at their websites.



www.allianceequestriancenterllc.com



www.rideawaykayak.com

INAPPROPRIATE BEHAVIOR & DISCIPLINE

INAPPROPRIATE BEHAVIOR

***A full discipline policy is available upon request**

The following behaviors will result in disciplinary action and possible removal from camp:

- Bullying of any kind
- Swearing, cursing or other inappropriate language or gestures
- Teasing, hazing, harassment (physical, emotional or sexual)
- Striking, biting, fighting other children/staff
- Stealing
- Use or control of illegal substances
- Disrespect, lying, lying by omission
- Damage, misuse, tampering of other's/camp property
- Disruption of activities
- Leaving the premises/group without permission
- Endangering others, failing to follow safety procedures
- Other actions deemed unsafe and/or inappropriate by the Camp Director

DISCIPLINARY ACTIONS

The first two steps may be skipped at the discretion of the Camp Director (Please note that refunds will not be granted for disciplinary reasons).

FIRST OFFENSE: The group leader will talk to the child, explain the behavior and request that the behavior cease. This will be done in a positive manner and if possible, out of the earshot (but always within eyesight) of other campers.

SECOND OFFENSE: If the inappropriate behavior continues, the counselor will notify the Unit Head. The Unit Head and the Counselor will meet with the camper to discuss the behavior and set an achievable goal for the camper. The Unit Head will document this meeting with an Unacceptable Behavior Report. At this offense level the behavior report may or may not be sent home depending on the outcome of the situation. A call will be made home by the Unit Head or Camp Director.

THIRD OFFENSE: If the problem continues the Unit Head will write another Unacceptable Behavior Report. The Camp Director will be notified and given all the documentation of the negative behaviors. The camper, Unit Head and Camp Director may have a meeting to discuss and compose a new behavior plan contract or a suspension may be warranted at this time. Parents will be notified of the situation by phone and given the opportunity to meet with the Camp Director if necessary. If a camper is suspended, guardians will be notified immediately and instructed to pick up their child as soon as possible. Campers awaiting suspension pick up will remain in the office until they signed out by their guardian. At the discretion of the Camp Director, a conference may be required at any time with parents/guardians, YMCA Administrators, Unit Head and other camp staff to discuss severe disciplinary actions that may include limited suspension, seasonal suspension, expulsion or advisement for professional referral. If the parents/guardians refuse to meet, the child will be suspended until such time that a meeting can be arranged. If the child is suspended, the parent is responsible for full payment of the session for which the child was registered.

BEHAVIOR MANAGEMENT POLICY GOALS

- To create a constructive, positive atmosphere for children where strengths are maximized and weaknesses are minimized.
- To establish a socially interactive group that is non-punitive in nature and where the group leader's comments focus on reinforcing a child's appropriate behaviors rather than commenting on negative behaviors.
- To strive to keep expectations of children developmentally and physically appropriate while keeping child's dignity and self-respect at the forefront of the activity.
- To follow accepted child development standards regarding discipline such as:
 - Positive Redirection
 - Positive Reinforcement
 - Achievable goal setting for desired appropriate behavior
 - Open and positive communication with child and parent/guardian
 - Removal from activity to regain self-control (last resort)
- Children will not be spoken to in terms of "good" or "bad" behaviors. Behaviors are commented on in constructive ways and appropriate alternative behaviors are discussed and suggested by the group leader.
- Corporal punishment, including spanking, is prohibited; No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse; No camper shall be denied food, water or shelter; No child shall be punished for soiling, wetting or not using the toilet.
- Of utmost importance is the physical and emotional well being of all children in the camp group. Any removal of a child from a group situation/activity shall be done in a non-punitive manner and only for a brief period (as short as adequate for the child to be assisted in regaining self-control.) It is of utmost importance for the group leader to remember that the goal is to assist the child toward learning acceptable behavior, not punish/scare the child with threats.

Note: If a child must be restrained from hurting him/herself or others, the child will be held or removed from the area by the staff person in a gentle yet supportive hugging manner until the child finds self control and is no longer a danger to him/herself or others. This is to be done only with direct supervision of another trained staff member. In the event that a child does not respond positively to our behavior management plan and engages in any inappropriate behaviors, our camp will follow the disciplinary procedures outlined in this handbook.

TRANSPORTATION, PICK UPS, & BUS POLICIES

EXTENDED CARE PROGRAM (A.M and P.M)

This program is offered from 7:30am to 9:00am and 4:00pm – 5:30pm. The Extended Care fee must be paid at the time of enrollment prior to the child's attendance. Fees can be found in your Summer Camp Brochure. Your child must be enrolled and paid in full to take advantage of this service. Children can not be dropped off before 7:30AM and must be picked up no later than 5:30PM. Any child picked up after 5:30 PM will be charged \$1.00 per minute. See **LATE PICK UPS** below for more details.

LATE PICK UPS

After the end of the camp day (4:00pm) a phone call will be made by Staff to the guardian of the participant who has not been picked up and is not registered for extended care.

If unsuccessful, the emergency contact numbers will be called in the order they are listed in the child's file. If contact is made, the person reached will be instructed to pick up the child and informed about the fee for extended care and any late charges they may have accrued (\$1 per minute at the discretion of the on-site Camp Director.)

If contact has not been made and no further emergency contact numbers can be obtained directly from the camper by 6:00pm, the local Police of the town in which the camper resides and the Department of Child & Family Services will be notified and asked for further instruction. A report will be completed by the on site Camp Director.

TRANSPORTATION/DISMISSAL CHANGES

Guardians with a special request regarding participant transportation/dismissal, or any change in daily routine, are REQUIRED TO PUT THAT REQUEST IN WRITING AND SUBMIT TO THE CAMP OFFICE. However, in the event of an emergency, please call the Camp directly.

BUS STOP RELEASE POLICY – CAMP LYNDON ONLY

YMCA Cape Cod strives to provide the safest camp program we can possibly offer. No child will be left at a bus stop without a parent or guardian (18 years or older) present, unless your child is 11 years old or older and you have signed the Bus Stop Release Waiver authorizing us to do so. All bus stop times are approximate. Please be aware that if you authorize us to release your 11 year old child (or older) we cannot release younger siblings with them. Any child not met by a parent or guardian will be transported to our West Barnstable facility. You will be notified by phone and your child will be supervised by an adult until such time as someone arrives.

INAPPROPRIATE BEHAVIOR ON CAMP LYNDON BUS

YMCA Cape Cod contracts with a local bus company to provide transportation for our campers to Camp Lyndon. YMCA Cape Cod provides a Bus Monitor to supervise campers while on route to and from camp. Campers who are unable to act appropriately on the bus will be subject to the following disciplinary actions:

- A discussion between the Bus Monitor, camper in question and Camp Director will occur.
- A call to the parents of the camper will follow, detailing the behavior and the agreement.
- If the behavior continues, the camper will be suspended from the bus for a two-day period. In order for the camper to return to the bus, a conference will be scheduled with the parents of the camper and the Camp Director.
- If the behavior continues, the child will no longer be allowed to use the transportation provided by YMCA Cape Cod.

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) surrounding the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headaches, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior, such as confusion, sleepiness, and trouble waking up, can also be important symptoms. In the US, about 350-550 people get meningococcal disease yearly, and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

How common is meningococcal disease?

Meningococcal disease is becoming much less common. Over the past 20 years, the overall incidence of meningococcal disease in the US has declined ten-fold. Twenty years ago in Massachusetts, there were 80-100 cases of meningococcal disease per year. In contrast, for the past decade, the average is approximately 12 cases per year. Declining rates of meningococcal disease may be due in part to the introduction of meningococcal vaccines (initially recommended routinely in 2005 for adolescents aged 11-12 years, unvaccinated college freshmen living in residence halls) as well as other factors such as the decline in cigarette smoking, which may impact susceptibility to this disease.

How is meningococcal disease spread?

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

Who is most at risk for getting meningococcal disease?

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

Are camp attendees at increased risk for meningococcal disease?

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

Is there a vaccine against meningococcal disease?

Yes, there are multiple meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. The meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease for people aged 10 and older. Pentavalent meningococcal vaccine protects against serogroups A, B, C, W, and Y. It may be administered to persons aged ≥ 10 years when both a quadrivalent meningococcal conjugate vaccine and meningococcal B vaccine are indicated at the same visit.

Should my child or adolescent receive the meningococcal vaccine?

Different meningococcal vaccines are recommended for a range of age and risk groups. Meningococcal conjugate vaccine (MenACWY) is routinely recommended at age 11-12 years with a booster at age 16 and is required for school entry for grades 7 and 11. In addition, these vaccines may be recommended for additional children with certain high-risk health conditions, such as those described above.

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

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

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

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

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

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

For additional information on *Invasive Meningococcal Disease (IMD)*, please visit the CDC's website:
[Meningococcal Disease Surveillance and Trends | Meningococcal | CDC](https://www.cdc.gov/meningitis/surveillance-trends.html).

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Massachusetts Department of Public Health, Divisions of Epidemiology, and Immunization

Meningococcal ACWY Vaccine:

What You Need to Know

1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris”®) or ravulizumab (also called “Ultomiris”®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination until a future visit.

There is limited information on the risks of this vaccine for pregnant or breastfeeding women, but no safety concerns have been identified. A pregnant or breastfeeding woman should be vaccinated if indicated.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



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