**HENRICO POLICE ATHLETIC LEAGUE**

****

**2021-2022 AFTER SCHOOL PROGRAM**

**PARENT HANDBOOK**

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**INTRODUCTION**

The Police Athletic League is one of the oldest citizen-building youth programs in the nation. It builds friendships between law enforcement officers and children within the community and is based on the conviction that young people, if reached early enough, can develop strong positive attitudes towards police officers in their journey through life toward the goal of maturity and good citizenship.

The Henrico Police Athletic League was established in 2007. HPAL offers year-round and seasonal sports programs, after-school education programs, and summer camps. PAL is a non-profit 501(c) (3) youth-serving organization with the cooperative effort of the community and is committed to providing safe and structured activities to the youth of Henrico. The mission of the Henrico Police Athletic League is to provide a high quality and safe environment for at risk youth in grades K-12 through educational, athletic and social programs, while creating a positive relationship between police officers and youth.

Henrico PAL employs officers and a highly trained civilian staff to oversee these programs to insure safety, competency and order. Henrico PAL programs and facilities are available to all youth, regardless of their race, religion, or financial situation.

We would like to take this opportunity to welcome you and your children to the Henrico Police Athletic League’s 2021-2022 after school program. This Parent Handbook outlines what you may expect from Henrico PAL and outlines our policies and procedures. We hope it will be helpful and look forward to providing you and your child with a quality after school program experience. We invite you to visit our website at [www.henricopal.org](http://www.henricopal.org) to learn more about our organization and our other exciting programs.

**OUR PHILOSOPHY**

## **Vision, Mission and Values**

**Vision:** Serving all youth one opportunity at a time.

**Mission:** Provide a high quality and safe environment for at risk youth in grades K-12 through educational, athletic and social programs, while creating a positive relationship between police officers and youth.

**Values:** We believe in the following shared principles, beliefs and priorities….

**Leadership:**We will have the courage to lead from the front and shape the future of youth to develop their civic and community engagement. We are accountable for actions and results while creating social value for our community.

**Service Excellence*:*** We will give the best and set high expectations for ourselves and those we serve to achieve excellence each passing day.

**Stewardship:**We believe in our role as stewards of the public trust and the future of the young people we serve. We guard the integrity of our human and financial resources and the safety of our young charges carefully.

**Trust:**We will consciously commit to communicate in an authentic and transparent manner. We will listen, follow through, keep our word and always honor our commitments.

## **Desired Goals**

The desired outcomes of the program are:

1. To improve the social, emotional and academic competencies of school age children by increasing student achievement in reading, mathematics, and language arts.
2. To increase homework completion and class participation and reduce negative and unhealthy behaviors.
3. To give parents a safe environment for their children and reduce incidents of violence in schools and the community.
4. To foster a positive relationship between the Police Department and the community.

# PARENT RESPONSIBILITIES

At Henrico Police Athletic League, children are given the opportunity to explore and participate in a variety of experiences. Activities are carefully planned and implemented in an open-classroom setting. Children may choose from age-appropriate activities including art, music, dance, chess, language development, and free play. Children develop self-esteem, independence and problem-solving skills as they make choices and assist in planning the environment and activities.

Our primary goal is for children to feel safe and secure. Prior to being independent a child must know that he or she can depend on adults and a predictable environment. Children are treated with respect and kindness. It is important that all parents take responsibility and follow Henrico PAL’s policies to achieve this goal.

Henrico PAL expects parents and guardians to be respectful and cooperative with our staff and to the children in our program. Any parent whom we feel is disrespectful, disruptive, threatening, or uncooperative, or behaving inappropriately, will risk their child’s expulsion from the program. Parents are not permitted to approach or discipline other children and must take their concerns directly to the site manager or administration as soon as possible. Henrico PAL has a ZERO TOLERANCE for bullying or physical abuse of any kind.

## **Pledge**

Pledges are due on the dates specified in section five (V). Automatic payments will be processed with the card entered at registration. It is the parent’s responsibility to make certain the card is current and payment is processed. Payments may also be made with check or money order. Payments may also be dropped off or mailed to the office.

**Henrico PAL address:** Henrico Police Athletic League

8655 Staples Mill Road

Henrico, VA 23228

**Office hours:** Monday thru Friday 9:30 am to 4:30 pm

**Please make certain both parent and child’s name is on the check or money order.** If we are unable to process payment on time due to incomplete information, a late fee may be assessed. Receipts are e-mailed, so please confirm email is correct at registration.

**DO NOT PUT PAYMENTS IN CHILD’S BACKPACK OR GIVE TO THE SCHOOL OR HPAL STAFF.**

Parents will be notified when payments are past due and a late payment fee of $25 will be applied to balance. If an account is two payments behind, parents may be asked to remove their child. There is a $25.00 returned check fee. Accounts must be current before registering for any of Henrico PAL’s other programs; such as, Summer Camp.

## **Late Pick-Up**

Henrico PAL After School Program closes at 6:00 p.m. daily. Please contact the center if there will be a delay in pick-up. There is a $15 late fee for every 15 minutes past 6:00 pm.

**Contact information between 2:15 and 6:00 pm:**

Baker HPAL Site: 804 305-1816 – [baker@henricopal.org](mailto:baker@henricopal.org)

Dumbarton HPAL Site: 804 690-0639 – [dumbarton@henricopal.org](mailto:dumbarton@henricopal.org)

Harvie HPAL Site: 804 690-1588 – [harvie@henricopal.org](mailto:harvie@henricopal.org)

Pinchbeck HPAL Site: 804 290-9687- [pinchbeck@henricopal.org](mailto:pinchbeck@henricopal.org)

**Procedure for No Pick-Up**

The site manager will use the phone numbers provided on the child’s registration forms to contact the parents, the emergency contacts, and then all names listed on the authorization to pick-up form if child is not picked up by 6:30. Social Services will be contacted for any child not picked up by 7pm.

For any emergency situations including but not limited to inclement weather or natural disasters, the site manager will stay with any child/children until it is safe for parent/guardian to pick up. The Henrico County authorities as well as the Department of Education will be notified.

Henrico Police Athletic League’s Emergency Preparedness Plan is located on our website [www.henricopal.org](http://www.henricopal.org).

## **Disenrollment**

Parents are required to submit a two-weeks written notice or monetary equivalent when child is withdrawn from the program. This practice allows Henrico PAL time to contact those on the waiting list. Notice should be given to both site manager and administration.

Accounts cannot be suspended from payment due to child’s participation in other school activities; such as, sports or clubs. In order to hold your child’s spot in the program, you will need to continue to make payments or risk losing their space once the other activity ends.

**Failure to provide written notice of termination** will result in continued responsibility for payment.

## **Holidays/ Snow Days/ Henrico County School Half Days**

The after-school program is closed on student holidays, snow days, and half-days.

**There will be no program on: September 16th, October 11th, November 2nd, November 4th, November 24-26, December 20 - January 2, January 17th, 26th, February 21st, March 29th, April 1st, April 4- 8, April 18th, May 3rd and May 30th**

There is no financial adjustment for your child’s absence or school closure for any reason, except for the Winter Break covering December 20, 2021 thru January 2, 2022 and the Spring Break covering April 4, 2022 thru April 8, 2022. This is reflected in the payment schedule found in section five (V.).

# HENRICO PAL CENTER SAFETY

Henrico PAL is committed to providing a safe environment for the children who are enrolled as well as the staff members. This policy establishes security guidelines for all Child and Family Center sites.

## **Access to Centers**

Parents and Guardians must knock or ring the doorbell to gain entrance. When entering or exiting the center, parents should not hold the door open for others to enter.

## **Drop-Off and Pick-Up**

Only persons designated on the Henrico PAL Child Release Authorization Form for your child will be permitted to pick-up. Staff members will request photo identification. Please be aware that we do this for the safety and protection of the children in our programs. Henrico PAL will not release a child to anyone not listed on a signed Henrico PAL Child Release Authorization form.

Appropriate paperwork such as custody papers shall be attached to Child Release Authorization form if a parent is not allowed to pick up child. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary the noncustodial parent of a student enrolled in a public school or day program center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day program activities.

All children arriving late to the program and all being picked up must be signed in/out each day.

## **Henrico PAL Protection of Minors Provision**

Henrico PAL personnel adhere to Commonwealth of Virginia laws on mandatory child abuse reporting to either the appropriate law enforcement agency or the state hotline operated by the Virginia Department of Children’s Services.

In addition to external reporting, Henrico PAL has a mandatory internal child abuse reporting procedure. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Henrico PAL program, please consult the program director or administration office at (804) 262-4725 or contact:

* Henrico County Child Protective Services: Mon.-Fri. 8am to 4pm (804) 501-5437
* Henrico County Division of Police: Emergency 911 or Non-Emergency (804) 501-5000
* Virginia Department of Education: 1-(800) 292-3820

## **Commonwealth of Virginia Laws: Identity and Health**

The purpose of Code of Virginia 63.2-1809 is to identify missing children in regulated child day programs. If parent, guardian, or other person enrolling the child is unable to provide required information within 7 business days of initial attendance, Henrico PAL must notify local law-enforcement. The following documents are acceptable forms of reliable proof of identity:

* Certified copy of a birth certificate, Birth registration card, or Passport
* Copy of placement agreement or entrustment agreement from a child placing agency.
* Record from a public school in Virginia
* Copy of the conferring temporary legal custody or entrustment of a child to an independent foster parent.
* Child identification card issued by the Virginia Department of Motor Vehicles.

Code of Virginia 22.1-270 requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian and medical provider must complete the **Commonwealth of Virginia School Entrance Health Form** no longer than one year before child enters school.

Henrico PAL must verify and maintain a record of confirmation of identity and immunization for each child. This information is protected under federal and state laws, and the Family Educational Rights and Privacy Act (FERPA).

## **Transportation**

Please contact your child’s school prior to the start of their enrollment in our program to inform them that your child will be picked up by Henrico PAL.

In compliance with Virginia's child restraint device law **(**[**Code of Virginia Article 13 - Section 46.2**](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+46.2-1095)**),** a booster seatis required for any child through the age of seven (until 8th birthday) and will be provided by Henrico PAL.

For everyone’s safety, the following rules must be obeyed at all times. Failure to follow the rules may result in suspension from program.

* Must remain seated and wear a seatbelt at all times.
* No eating or drinking on vehicle.
* No loud or abrupt noises that could distract driver.
* No throwing of objects inside or outside the vehicle.
* No yelling or hanging out head, hands, or arms outside the window.
* No cursing, abusive, or disrespectful language.
* No bullying or fighting at any time.
* Respect the driver and follow their instructions at all times.

# Parent Involvement

Henrico PAL is focused on the child, while providing a supportive environment for both

parents and staff. Your involvement is both welcomed and encouraged. We keep

you informed of Henrico PAL activities through postings at pick-up locations, monthly

newsletters, and website.

Please know that you are welcome to visit Henrico PAL. To arrange a visit, contact the site manager in advance and let them know you wish to assist with activities. Please remember that drop-off and pick-up times are very busy periods in terms of transitions and adjustments. These periods are not the best times to discuss a child’s need’s, progress, or growth especially if he or she is present.

The best way to address questions or concerns is by calling or emailing the site manager or the office and the appropriate person will return your call as soon as possible. Please do not call sites directly, since the team is focusing on all children in their care. Site mobile numbers should only be used for urgent situations or when pick-up will be late. When emailing a site manager please copy administration as site managers are not always able to check email and administration will make certain your message is received.

## **Communication**

Communication is essential as we work together to meet the needs of your child. Please

call, if you have any questions. We need and welcome your input. Should you observe any area or piece of equipment that needs maintenance or repair, please alert the manager. If you have any questions concerning Henrico PAL policy or practice, please ask the site manager or administration.

See Important Contacts for details and note all volunteers and staff at the site report to the Site Manager who reports to the Executive Director.

## **Attendance**

Parents are required to notify their child’s school and the Henrico PAL office whenever the child will not be attending the program.  The Henrico PAL office then notifies the manager and driver.  If Henrico PAL is not notified, the driver will not know if the child is absent due to other activity or missing. Both the school and Henrico PAL managers will begin contacting the parents and searching for the child.

The Henrico PAL After School Program staff transport children from authorized surrounding schools to one of three After School Programs sites in white Henrico PAL marked vans and buses.  Henrico PAL takes attendance on all vehicles before departing.  A second attendance is taken at the Henrico PAL site upon arrival.  Children reporting to Henrico PAL from the same school the program is held will be led by teachers and report to a designated room within a set time frame.  Attendance is taken before children start any activity or transfer to another location.  Parents must sign out their children upon pick-up.

## **Confidentiality Policy**

The only information site managers should share with parents, is information concerning his or

her child. Conversations about other children, other parents, co-workers, and supervisors

are unprofessional, and a violation of Henrico PAL policy, and in some instances illegal.

## **Daily Site Schedule for Students**

Henrico PAL provides a safe, structured, and fun environment for the students and parents we serve. Below is a general guideline of our daily schedule.

* 2:15pm-3:30pm: Students arrive from surrounding area schools and home sites. This includes students arriving from classrooms located within home site (i.e. Baker, Chamberlayne, and Harvie), HPAL Bus and Van pickups, as well as drop offs by parents utilizing other transportation.

During this time students are allowed to play outside and participate in other fun activities until snack time.

* 2:45pm-3:00pm: Students take breaks for the restroom, gather their things for homework time, and enjoy a snack.
* 3:00pm-4:00pm: Students take this hour to study and complete homework assignments. If a student does not have homework assigned, they must read or complete an academic assignment provided by the HPAL program.
* 4:00pm-4:30pm: Students are provided nutritious meals. Areas are cleaned and everyone is readied to go outside or to other designated areas for physical activities.
* 4:30-6:00pm: Students participate in activities inside and outside (weather permitting) that include both organized and unorganized play (board games, childhood obesity programs, free play on grounds equipment, etc.) until picked up.

## **Outdoor Play**

All children go outside every day, weather permitting. We ask that children wear rubber-soled shoes for outdoor play. **Tennis shoes must be worn daily** as participants will be on the gym floor and playing on the athletic fields. Sandals, “jellies”, “crocs” and flip-flops hinder a child’s ability to participate and often create safety hazards.

We feel that outdoor play is important for each child, each day. Please do not ask that

your child remains inside, as we are not staffed for one-to-one care.

Our After School Program does not include swimming or wading. Henrico PAL does not have an emergency procedures or safety rules in place currently.

## **Personal Belongings**

Appropriate books enrich children’s lives and may be brought to Henrico PAL at any time. Please label all items brought to Henrico PAL programs. Do not allow children to bring anything that they are not allowed to carry to school. Children are responsible for their personal belongings.

## 

## **School Supplies**

In order to better assist all students with their homework, please provide the following school supplies for communal use.

1. 24 #2 pencils
2. 1-24 pack of crayons
3. 2 glue sticks
4. 2 pink erasers
5. 1 pair of scissors
6. 1-12 pack of colored pencils
7. 1 pencil sharpener
8. 4 packs of loose leaf paper
9. Hand sanitizer

## **Code of Conduct**

* The Henrico Public Schools Code of Conduct must be observed at all times.
* Additionally, there is **Zero Tolerance** for bullying, physical abuse of any kind (i.e. hitting, punching, biting or kicking), and disrespecting any adult staff member or Henrico PAL representative. Punishment can range from a warning, time-out, and/or suspension up to expulsion from the program.

## **Discipline/ Guidance Policies**

As children mature and try to gain self-control, they may lose control. At such times,

children may be redirected to another activity. Sometimes talking about what has

happened eases the tension. A child may occasionally need to sit quietly in order to calm

down and regain self-control.

Children are never spanked, humiliated, or embarrassed. If the behavior is persistent,

staff will examine the environment and the events which surround the behavior.

Through observation and discussion, staff will decide the most appropriate way of

dealing with the situation. Parents will also be asked to share their ways of dealing with

difficult situations.

All children are required to be respectful toward others and others’ property. They are also required to follow established rules and policies, outlined by Henrico PAL and Henrico Public Schools. Staff counselors will explain to children why they are being disciplined and site managers will discuss with parents when there is a continued or serious issue.

Staff will ensure the safety and wellbeing of all children and take appropriate corrective action, to include:

                Timeouts from activities: The maximum amount of time a child will sit out is determined by: one minute per year of age of the child (a 7-year old child will sit out no more than 7 minutes).  The child may be removed from the activity or just sit in quiet during the allotted period.  This action is for minor issues where the child has already been asked to refrain from a disruptive action. This action does not require completion of an incident report form.

                Removal from activities: Repeated misbehavior or serious behavioral acts may result in a child being temporarily or permanently removed from the activity they are participating in at the time of the offense.  All removals from activities must be reported to the site manager immediately, an incident report form must be completed by the counselor requesting the removal and the parent must be notified by the end of the program.

                Suspensions or Permanent Removal from Program: All suspensions and removal from the program must be reviewed by the site manager and Executive Director.

Henrico PAL staff are not permitted to touch any children, except in emergencies where the child’s safety or the safety of another child is at risk.

## **Food Service**

Henrico PAL will provide nutritious meals and snacks. Students are permitted to bring their own meals and snacks if they choose to do so. Menu’s for snack and dinner will be displayed on our website and at the center on a weekly basis.

## **Food Allergies**

Parents whose children have food allergies must notify Henrico PAL in writing. This statement must include the types of allergens and procedures for emergencies in the case the child comes into contact with the stated allergens.

## **Insect Repellant**

Henrico PAL After School Program is housed inside Henrico County’s school building. Henrico County oversees supplying our program with any and all insect repellant needed. If any child is allergic to insect repellant, they must provide their child/children with the proper repellant.

## **Medication – EpiPen, Asthma Inhalers, Benadryl, and Sunscreen ONLY**

Occasionally, children will need to receive medication while at Henrico PAL. If your

schedule allows, you may wish to come during the day and give the medication yourself.

Henrico PAL will only administer EpiPen’s, Asthma Inhalers, and Benadryl as covered in (EMAT) the Emergency Medication Administration Training, as well as sunscreen. The program will administer only the listed medications above in accordance with VDSS child day program regulations. Only a provider who has completed the appropriate training and certifications (CPR, First Aid, DHO, and EMAT) and is listed as a medication administrator in the *Program’s Decision Regarding Medication Plan* will be permitted to administer medication in the program, with the exception of sunscreen.

In order for the Henrico PAL to assume that responsibility, the following guidelines must be followed:

1. Prescription medication must be ordered by a physician for the child to receive the

medication. Do not ask that we administer medication that was prescribed for another

child or member of your family. Prescriptions must be in the original container with your

child’s name on the prescription.

1. No medication, whether prescription or non-prescription, will be administered to a

child without written parental authorization. Permission to administer medication forms

are available in the office, at the site, and online.

1. Medication should be handed to your child’s site manager. All medication must be in the original container with the child’s name printed clearly on label and will be kept locked in a secure place. See Authorization for Medication Form.

## **Illness**

According to State Licensing Standards, a child must be fever free for 24 hours without

the use of a fever-suppressant before returning to the Henrico PAL. Please do NOT administer

a fever-suppressant and bring your child to HPAL. This is unfair not only to your

child but also to the other children and staff. FEVER for children ages 5 and up is defined as 102F.

SIGNS OF POSSIBLE SEVERE ILLNESS including unusual lethargy, irritability,

persistent crying, difficult breathing.

* UNCONTROLLED DIARRHEA
* VOMITING Two or more times in the previous 24 hours unless the vomiting is
* determined to be due to a noncommunicable condition and the child is not in danger of
* dehydration.
* MOUTH SORES, with drooling unless the child’s physician has determined the illness
* not to be a communicable disease.
* RASH, with fever or behavior change until a physician has determined the illness not be
* a communicable disease.
* PURULENT CONJUNCTIVITIS Defined as pink or red conjunctiva with white or
* yellow eye discharge, often with matted eyelids after sleep, including a child with eye
* pain or redness of the eyelids or skin surrounding the eye.
* INFESTATION (e.g., scabies, head lice), until 24 hours after treatment was begun.
* IMPETIGO, until 24 hours after treatment was begun.
* STREPTOCOCCAL PHARYNGITIS, until 24 hours after treatment has been initiated
* and until the child has been fever-free for 24 hours.
* PINWORM, until 24 hours after treatment was begun.
* RINGWORM, until 24 hours after treatment was begun.
* CHICKEN POX, until 6 days after onset of rash or until all lesions have dried and
* crusted.
* RUBELLA, until 7 days after the rash appears.

SOURCE: American Academy of Pediatrics/American Public Health Assoc. Reference Standard (1990) in NAEYC’s Healthy Young Children

If your child becomes ill, you will be called to pick-up as soon as possible. You will be notified should your child be exposed to a contagious disease. Please notify Henrico PAL should your child become ill so that we may notify other parents of a contagious disease.

## **Accident Report Forms**

If your child is involved in a mishap that requires any type of attention or first aid, and

the site manager does not feel that you need to be called, you will be notified with an accident

report. You will be advised of what happened, where it happened, and what action was

taken.

**Should an accident require emergency medical treatment**, Henrico PAL will contact 911 and your child will be taken to the nearest emergency room. The parents will be contacted

immediately to meet the staff member and the child at the Emergency Room. If neither

parent can be reached, we will call the emergency contact person designated on the

child’s information sheet. When you registered for the Henrico PAL program, you gave

authorization for us to implement the plan described above.

## **Emergency Preparedness**

Staff is prepared to deal with a variety of emergency situations. During all circumstances, Henrico PAL staff will remain calm and stay with the children. In the case of a weather-related emergency, such as a tornado warning, children will be evacuated to the designated shelter for their building. In cases of structural damage to the building, staff will follow the directions of the Commander and/or Henrico County Police.

Henrico PAL uses OneCall Now for important messages. **Please text the word “Alert” to 22300 to opt-in**. You will be charged standard text messaging rates for all texts received from One Call Now. You don’t need to do anything if you just want a recorded phone call.

# Back to School Checklist

* Did you submit all important enrollment documents to Henrico PAL; including, birth certificate, immunization and physical forms?
* Did you sign the Virginia Department of Social Services Parental Agreements form? See Attachment.
* Did you complete the Henrico PAL Authorized Pick-Up form? If a biological parent is not allowed to pick-up, do we have a copy of the mandatory court document?
* Did you sign the Medication Policy and Medication Authorization forms? Even if your child doesn’t require an EpiPen, inhaler, or Benadryl, you must sign the forms, so the Department of Social Services knows you read them.
* If your child requires an inhaler, EpiPen, or Benadryl, do we have a Medication Authorization Form with Doctor’s signature?
* Do you have your child’s medication to give to Henrico PAL site manager in original container with name clearly visible?
* Did you text the word “Alert” to 22300?
* Do you have important numbers in your cell phone for quick access? See Important Contacts.
* Did you purchase school supplies, place your name on it and drop it off at administrative office or with site manager?
* Did you notify your child’s home school that your child will be participating in the Henrico PAL after school program?
* Did you review Henrico County School systems guide for Crisis Preparedness? Please see: <http://henricoschools.us/health-safety/> to review Henrico counties guide.
* Did you sign the Parent Handbook Acknowledge form and give to the site manager or HPAL administration? See last page.

# Important Contacts

|  |  |  |
| --- | --- | --- |
| **Executive Director** | **Phone Number** | **Email** |
| Sgt. Kenneth Ragland | 804-878-1830 | [kragland@henricopal.org](mailto:kragland@henricopal.org) |
| **Program Director** |  |  |
| Thomas Lowell | 804-869-9905 | [lthomas@henricopal.org](mailto:lthomas@henricopal.org) |
| **Office Manager** |  |  |
| Whitney Johnson | 804-262-4725 | [wjohnson@henricopal.org](mailto:wjohnson@henricopal.org) |
| **Site Managers** |  |  |
| Charles Anderson | 804-690-1588 | [canderson@henricopal.org](mailto:canderson@henricopal.org) |
| Jazmine Bruce | 804-593-8509 | [jbruce@henricopal.org](mailto:jbruce@henricopal.org) |
| Ralph McCoy | 804-690-0639 (site) 267-709-1186 | [rmccoy@henricopal.org](mailto:rmccoy@henricopal.org) |
| **Harvie Site** |  |  |
| Thomas Williams | 804-502-2913 | [twilliams1151@gmail.com](mailto:twilliams1151@gmail.com) |
| Leah Shaw | 804-752-9144 | [leahrose2815@gmail.com](mailto:leahrose2815@gmail.com) |
| Kyle Brand-Parker | 804-921-1707 | [kabrandparker@gmail.com](mailto:kabrandparker@gmail.com) |
| Geraldine Myers | 646-996-4937 | [becagodilive@yahoo.com](mailto:becagodilive@yahoo.com) |
| Melvin Peyton | 804-338-8445 | [melvinpeyton663@gmail.com](mailto:melvinpeyton663@gmail.com) |
| Tanisha White | 804-397-2276 | [tanishiaswhite@yahoo.com](mailto:tanishiaswhite@yahoo.com) |
| **Baker Site** |  |  |
| Kevin Peagas | 804-298-0811 | [kwpegeas@gmail.com](mailto:kwpegeas@gmail.com) |
| Evelyn Lindsay |  | [ehcross@comcast.net](mailto:ehcross@comcast.net) |
| Paola Charles | 804-937-2210 | [stacypcharles@yahoo.com](mailto:stacypcharles@yahoo.com) |
| Jonah Lambert | 804-475-8486 | [Lambertjonah23@gmail.com](mailto:Lambertjonah23@gmail.com) |
| Sam Branch | 804-402-8312 | [357ph@comcast.net](mailto:357ph@comcast.net) |
| Mary Johnson | 804-840-0301 |  |
| Pandoria Bowers | 804-819-9730 | [pwtyme@yahoo.com](mailto:pwtyme@yahoo.com) |
| **Dumbarton Site** |  |  |
| Phyllistine Epes | 443-271-5641 | [tyoungpear@aol.com](mailto:tyoungpear@aol.com) |
| Karlton Ballard | 804-337-8133 |  |
| Kayla Braxton | 804-517-4777 | [thebraxtonzfamily@gmail.com](mailto:thebraxtonzfamily@gmail.com) |
| Brent Douthat | 804-510-9939 | [brentdouthat484@gmail.com](mailto:brentdouthat484@gmail.com) |
| Deborah Johnson | 804-439-0945 |  |
| Zakiyah Watkins | 804-617-0363 | [zeewatkins11904@gmail.com](mailto:zeewatkins11904@gmail.com) |
| **Pinchbeck Site** |  |  |
| Shacara Hayes | 804-306-7066 | [Carahayes77@yahoo.com](mailto:Carahayes77@yahoo.com) |
| Virgie Washington | 804-615-5928 | [ajtm1424@verizon.net](mailto:ajtm1424@verizon.net) |
| Amir Reid | 804-339-5329 | [amirreid5@gmail.com](mailto:amirreid5@gmail.com) |
| Tauryn Baptiste | 804-912-4473 | [taurynba1@icloud.com](mailto:taurynba1@icloud.com) |
| Kennedy Goldsbourgh | 804-475-9305 | [kennedygoldsborough@gmail.com](mailto:kennedygoldsborough@gmail.com) |
| **Dance** |  |  |
| LaKeisha Stockton | 804-420-5220 | [lakeishastockton@gmail.com](mailto:lakeishastockton@gmail.com) |

# Payment Due Dates

The Henrico PAL 2021-2022 after school program payment dates and the periods covered are:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | |  |
| **Payment Due** | **Amount** | **Period Covered** | | |
| Registration | $130.00 | 9/8/2021 - 9/17/2021 | | |
| 9/20/2021 | $130.00 | 9/20/2021 – 10/01/2021 | | |
| 10/04/2021 | $130.00 | 10/4/2021 - 10/15/2021 | | |
| 10/18/2021 | $130.00 | 10/18/2021 - 10/29/2021 | | |
| 11/01/2021 | $130.00 | 11/01/2021 - 11/12/2021 | | |
| 11/15/2021 | $130.00 | 11/15/2021 - 11/26/2021 | | |
| 11/29/2021 | $130.00 | 11/29/2021 - 12/10/2021 | | |
| 12/13/2021 | $65.00 | 12/13/2021 - 12/24/2021 | | |
| 12/27/2021 | $65.00 | 12/27/2021 - 1/07/2022 | | |
| 1/10/2022 | $130.00 | 1/10/2022 - 1/21/2022 | | |
| 1/24/2022 | $130.00 | 1/24/2022 - 2/04/2022 | | |
| 2/07/2022 | $130.00 | 2/07/2022 - 2/18/2022 | | |
| 2/21/2022 | $130.00 | 2/21/2022 - 3/04/2022 | | |
| 3/07/2022 | $130.00 | 3/07/2022 - 3/18/2022 | | |
| 3/21/2022 | $130.00 | 3/21/2022 – 04/01/2022 | | |
| 4/04/2022 | $65.00 | 4/04/2022 - 4/15/2022 | | |
| 4/18/2022 | $130.00 | 4/18/2022 – 4/29/2022 | | |
| 5/02/2022 | $130.00 | 5/02/2022 - 5/13/2022 | | |
| 5/16/2022 | $130.00 | 5/16/2022 – 5/27/2022 | | |
| 5/30/2022 | $130.00 | 5/30/2022 - 6/10/2022 | | |
| 6/13/2022 | $65.00 | 6/13/2022 – 6/17/2022 | | |
|  | $2,470.00 | Total Annual Fee | | |

# Forms Required by Virginia for ALL Students

# Department of Social Services Registration with signed Health Agreement

* Child Release Authorization (pick-up)
* Medication Administration Policy
* Medication Authorization Form
* Child’s Proof of ID
* Copy of Immunization
* Copy of Physical done within last 12 months
* Parent Handbook

**Henrico PAL Child Release Authorization Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my authorization for the individual(s) below to pick up my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from the Henrico PAL program in my absence.

|  |  |  |
| --- | --- | --- |
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Name: Contact #: Relationship to Child:

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child. Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary the noncustodial parent of a student enrolled in a public school or day program center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day program activities.



**Henrico Police Athletic League**

**Administration of Medication**

All Henrico PAL programs, including those at: Baker, Brookland, Chamberlayne, and Harvie, have made the following decision regarding the administration of medication:

I (or my staff) will administer **only sunscreen, liquid Benadryl, Epipen (epinephrine), and/or asthma inhalers**.

The program will administer prescription medication by all routes covered in the EMAT course (liquid Benadryl, inhaler, and Epipen to give epinephrine), as well as sunscreen.

The program will administer only the listed medications above in accordance with VDSS child day program regulations pertaining to the administration of medication in a child day program. Only a provider who has completed the appropriate training or has appropriate licensure and is listed as a medication administrator in the *Program’s Decision Regarding Medication Plan* will be permitted to administer medication in the program, with the exception of sunscreen.

I (or my staff) will have parent permission to apply to any over-the-counter sunscreen in accordance with VDSS regulations. Any over-the-counter sunscreen will be applied in accordance with the package directions for use. If the parent’s instructions do not match the package directions, I (or my staff) will get health care provider instructions before applying the sunscreen. All over-the-counter sunscreen will be kept in its original labeled container. All child-specific sunscreen will be labeled with the child’s first and last names. Sunscreen will be kept in a clean area that is inaccessible to children. Sunscreen will be stored in a lock box inaccessible to children.

All leftover or expired sunscreen will be given back to the child’s parent for disposal. Sunscreen not picked up by the parent will be disposed of in a garbage container that is not accessible to children. All over-the-counter sunscreen administered to a child during program hours will be documented on a child-specific log. All observable side effects will be documented. Parents will be notified of any observed side effects by the end of the day. Parent notification will be immediate if the side effects are severe. If necessary, emergency medical services will be called. Parents will be notified of all “as needed” over-the-counter sunscreen applied to their child and told what symptoms were observed that required the application. The program will only apply over-the-counter sunscreen which parents supply for their child.

I understand that as a provider it is my obligation to protect the children in my care from injury. Part of this obligation includes the application of sunscreen according to parent permission.

**Authorized Staff to Administer Medication:**

I understand that any individual listed in this section as a medication administrator is approved to administer medication using the following routes: liquid Benadryl by mouth, asthma inhaler, and Epipen to give epinephrine.

I understand that to be approved to administer medication, other than over-the-counter sunscreen, all individuals listed in my *Program’s Decision Regarding Medication* plan must have valid:

* Emergency Medication Administration Training (EMAT) certificate.
* CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license.
* First aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license.

I understand that the individuals listed in my *Program’s Decision Regarding Medication* plan as medical administrators may only administer medication when the medication labels, inserts, instructions, and all related materials written in the language indicated on the EMAT certificate.

**Medication Administrators:**

All staff listed as medication administrators will have EMAT, first aid, and CPR certificates that cover the ages of the children in care and are at least 18 years of age. Documentation of age-appropriate first aid and CPR certificates will be kept on site and are available upon request.

**Forms and Documentation Related to Medication Administration:**

**Medication Consent Form:** My program will accept permission and instructions to administer medication on the Henrico PAL medication consent form. All medication administered to a child during program hours will be documented on the VDSS form *Log of Medication Administration*.

Application of over-the-counter sunscreen during program hours will be documented on the VDSS form *Log of Medication Administration.*

Each medication log will be attached to the child’s corresponding medication consent form.

All observable side effects will be documented on the child’s medication log. Parents will be notified on any observable side effects by the end of the day. Parent notification will be immediate if the side effects are severe. If necessary, emergency medical services will be called. I (or my staff) will document whenever medication is not given as scheduled. The date, time, and reason for this will be documented. Parents will be notified as soon as possible. If the failure to give medication as scheduled is a medication error, I (or my staff) will follow all policies and procedures related to medication errors. All medication consents and medication logs will be kept in a secured cabinet in the Medication log book.

**Handling Storage and Disposal of Medication:**

All medication must be properly labeled with the child’s first and last name and be accompanied by the necessary parent permission and, when applicable, health care provider instructions in accordance with VDSS regulations before it will be accepted from the parent or parent representative. All medication must be kept in its original labeled container. Medication must be kept in a locked place using a safe locking method that prevents access by children. Medication will be stored in a lock box inaccessible to children. All medications with a pharmacy label identifying the contents as a controlled substance are regulated by the Federal Drug Enforcement Agency. These medications will be stored in a locked area with limited access.

The controlled substances will be stored in a lock box and access will be given only trained staff members with EMAT certification.

**I (or my staff) will check for expired medications monthly.** All leftover or expired medication will be given back to the child’s parent for disposal. Medication not picked up by the parent within one month will be flushed down the toilet or disposed of in a garbage container that is not accessible to children.

**Medication Errors:**

If a medication error occurs in my program, I will notify the child’s parent immediately. I will maintain confidentiality of all children involved. I will encourage the child’s parent to contact the child’s health care provider if an error occurs. I will complete the VDSS form *Medication Error Report Form* to report all medication errors that occur in my program. If more than one child is involved in the error, I will complete a *Medication Error Report* for each child involved.

**Confidentiality Statement:**

Information about any child in my program is confidential and will not be given to anyone except Henrico PAL designees or other person authorized by law unless the child’s parent gives written permission.

Information about any child in my program will be given to the local department of social services if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

**ADA Statement for Programs:**

My program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in my program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, I will assess the ability of the program to meet the needs of the child. If my program can meet the needs of the child without making a fundamental alternation to the program, I will not exclude the child from my program.

**Provider Statement:**

I understand that it is my responsibility to follow my *Program’s Decision Regarding Medication* plan and all health and infection control regulations applicable to child day programs.

I will verify and document the credentials for all new staff certified to administer medication before the staff is allowed to administer medication to any child in the child day program.

The *Program’s Decision Regarding Medication* plan will be made available to parents at enrollment, whenever changes are made and upon request.

**Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.**

|  |  |
| --- | --- |
| Provider’s Name (please print):  **Ralph McCoy** | Facility Name: Dumbarton Elementary |
| Provider’s Signature: | Date: |
| Provider’s Name (please print):  **Lowell Thomas** | Facility Name: Pinchbeck Elementary |
| Provider’s Signature: | Date: |
| Provider’s Name (please print):  **Charles Anderson** | Facility Name: Harvie Elementary |
| Provider’s Signature: | Date: |
| Provider’s Name (please print):  **Jazmine Bruce** | Facility Name: Baker Elementary |
| Provider’s Signature: | Date: |
| **Parent’s Name (please print):** | **Name(s) of Child or Children:** |
| **Parent or Guardian Signature:** | **Date:** |

****

**Medication Authorization Form**

\*Only medications permitted are liquid Benadryl, asthma inhaler, and EpiPen\*

**Section A: To be completed by parent/guardian -** Instructions: Section A must be completed by the parent/guardian for ALL medication authorizations.

Medication authorization for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to administer the following medication:

(Name of Child Care Provider)

Medication name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special instructions (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization is effective from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Start date) (End date)

Parent’s or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Section B: to be completed by child’s physician -** Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that it is medically necessary for the medication(s) listed

(Name of Physician)

below to be administered to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a duration that exceeds 10 work days. (Child’s name)

Medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special instructions (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization is effective from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Start date) (End date)

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PARENT ACKNOWLEDGEMENT

I acknowledge and affirm that I have read the entire Henrico Police Athletic League 2021-2022 After school program Handbook and will comply with its contents.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Location: (Please choose one.)

\_\_\_\_\_BAKER

\_\_\_\_\_HARVIE

\_\_\_\_\_DUMBARTON

\_\_\_\_\_PINCHBECK

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit signed acknowledgment form to site manager or Henrico PAL administration office located at: 8655 Staples Mill Road, Henrico, VA 23228