

# Tyke Town

**(406)751-7130**

**FAX: Immunizations to - Attn Tyke Town (406)751-6983**

## **IMMUNIZATIONS REQUIRED TO ATTEND**

**Hours: MONDAY-FRIDAY 7:30-4:00PM**

| <b><u>Member Rates</u></b>   | <b><u>Non- Member Rates</u></b>   |
|--|---|
| \$8.00 an hour for children under 36 months of age (or still potty training) | \$10.00 an hour for children under 36 months of age (or still potty training) |
| \$7.00 an hour for the first child over 3                                    | \$9.00 an hour for the first child over 3                                     |
| \$6.00 an hour for each additional child                                     |   |

**Supporting families to achieve healthy, active lifestyles.**

### **Policies and Procedures**

**Tyke Town's Mission Statement:** Our mission is to provide an educational, physically active, and nurturing environment for children while parents achieve healthy living and fitness goals.

**Ages:** 8 weeks to 10 years old.

**What to pack:** DIAPERS, WIPES, APPROPRIATE CLOTHING, SNACKS, WATER BOTTLE AND SOCKS

**Time Limit/LATE FEES:** The maximum time of care per day is **3 hours**. We ask that you plan your activities accordingly. You will be charged for the additional time exceeding 3 hours with a late fee of **\$2.00 for every 5 minutes** over the 3 hour limit. **If your child is here until past our closing time of 4PM, \$5.00 a minute will be charged. After your first late pick up, you will be required to pick up 30 minutes before closing (by 3:30 PM) until consistent timeliness is demonstrated.**

**\*On your 1st visit, we ask you only leave your child(ren) for 30 min to allow your child to ease into a new environment and meeting new people. After seeing how your child responds to Tyke Town we can visit about gradually increasing your time up to our maximum of 3 hours.**

**Thank you for understanding!\***

**Early Closure:** Tyke Town may close early if there are no children present.

**Drop in:** We are a drop-in care facility which means there are **no reservations** and you may come in at anytime. In the event that Tyke Town has reached maximum capacity, we may ask you to wait a short period of time for a spot to open. We will do our best to accommodate all members while maintaining safety for our Tyke Town members.

**Drop-off and Pick-up procedure:** The parent/guardian is required to sign-in each child on the roster sheet when they enter Tyke Town and then sign out upon leaving. Tyke Town Staff will ask for a **picture ID** prior to releasing the child to (Only) people listed on the parent release form.

**Off-site benefit:** The parent or guardian does not need to remain in Logan Health Medical Fitness Center facility while their child is in Tyke Town. **The parent or guardian must be accessible by their cell phone at all times.**

**Payment:** If services are being charged to a membership account Tyke Town staff will charge your account and the fees will come out of your account or off your card. You must provide a card on file to utilize Tyke Town.

### **Health and Safety**

**Emergency Contact Sheet:** Tyke Town requires that all parents/guardians fill out an Emergency Contact Sheet. **This information must be completed, signed, dated and turned into Tyke Town staff prior to beginning use of the facility. Please provide a copy of your child's immunization record for our file.** If there is a change in any information on the form, please notify a Tyke Town staff and they will assist you in updating the information.

**Sick Children:** For the comfort of your child and the health of employees and other children please keep your child home if he/she exhibits any of the following: thick discharge from the nose, (this includes anything but clear runny noses associated with teething) fever, severe cough, diarrhea, sluggishness, throwing-up, rash, or other contagious conditions such as pink eye or hand, foot and mouth (scabs need to be healed with no possibility of the child itching them and then touching toys or other children. Child also needs to be free of fever for at least 48 hours). If your child exhibits any of these symptoms after being checked into our care you will be called/paged and asked to pick your child up. Children may return to Tyke Town when symptom free for 24 hours or after 24 hours on antibiotics have been started.

**Medications:** Staff cannot administer any medication to your child.

**Allergies:** **Please verbally remind staff of any allergies your child has that are listed on the emergency contact sheet when signing your child in each time.**

**Snack:** Please provide a simple, ready-to-serve snack such as crackers, dried fruit, cut-up ready to serve fruit or vegetables, rice cakes, etc. Foods that do not need to be refrigerated are the best option. For younger children/infants that cannot eat on their own, please provide a bottle (if bottle fed) and or baby food in case of sudden hunger. **Snacks given by Tyke Town staff will now cost .50 cents each**, so please remember to bring your own. Please send your child with their own water bottle.

**Clothing:** Tyke Town requires all children that are potty training to have one change of clothing when they arrive at Tyke Town. We also ask that all children take off their shoes when getting here and please bring socks while in Tyke Town to ensure good health standards.

**Diapers:** For every hour your child will be in Tyke Town they are required to have one clean **disposable diaper (No cloth diapers please)** and wipes. Your child will be checked regularly and changed as needed. Tyke Town will provide documentation of diaper changes. If you do not provide or you run out of diapers while your child is in our care, you will be charged \$1.00 for each diaper provided by Tyke Town.

**Consequences of Inappropriate Behavior:** Staff will correct behavior by redirecting the child and reinforcing positive behavior. If inappropriate behavior is repeated or the safety of other children is at risk, the behavior will be documented and parents will be notified. If inappropriate behavior continues after parents are notified the child may be suspended. The Tyke Town Staff retains the right to determine if Tyke Town is the appropriate care for the child.

**Termination of Child Care Services:** 1. Tyke Town reserves the right to proceed with termination of a child if child care fees are not paid within a month from the date of service or prior arrangements have been made with the Tyke Town Coordinator or LHMFC Accounting Department. 2. Tyke Town reserves the right to termination of a child if that child becomes a danger to other children and the supervisor deems other children at the center unsafe in the presence of that child, or if the staff is unable to meet the needs of the child in group settings.

Update 06/25

### **Evacuation Procedures:**

1. The need for evacuation is determined by the On-Call Supervisor.
2. The On-Call supervisor will contact front desk and the appropriate code will be announced overhead along with please evacuate the building.
3. The on-call supervisor will call comm center at the hospital and let them know we are evacuating and to let the Administrator-on-Call know.
  - a. AOC will set up incident command and be in communication with On-Call supervisor.
4. On-Call supervisor will assign a supervisor the job of overseeing north entrance and south entrance. On-call will get their phone numbers and remind them of their muster locations.
5. The assigned supervisors will manage patrons and lead them out of the building to their designated muster area.
6. Evacuation Locations:
  - a. North Entrance:
    - i. Outside location: Parking lot area of north lawn
    - ii. Inside location (inclement weather): Orthopedics next door to fitness center
  - b. South Entrance:
    - i. Outside location: South lawn across Sunnyview Lane
    - ii. Inside location (inclement weather): Glacier View Conference Center across Sunnyview Lane.
7. Departments and designated muster area:
  - a. Sparks, Tyke Town and upper-level fitness will muster at the North Entrance locations.
  - b. The pool, lower-level fitness, clinics and locker rooms will muster at the south entrance locations.
8. If evacuation is for an extended period of time please submit resource requests to incident command at the hospital:
  - a. Food and Water
  - b. Patient/member/guest/staff transportation
  - c. Personnel
  - d. Medical Supplies and equipment.

### **RECOVERY AND RE-OCCUPANCY**

1. When emergency personnel determine it is safe to reenter the facility the On-Call Supervisor will notify each location and assist members/guests/patients in returning to building.

### **REPORT AND PERFORMANCE IMPROVEMENT**

2. The On Call Staff is responsible for ensuring that the post evacuation reporting is completed in Safety Zone.
3. The form will be submitted to Quality Management Services for review of appropriateness of response and opportunities for improvement.
4. If an employee sustains an injury, an employee Injury Report form is completed.
5. If a member or visitor sustains an injury, an Event Report is completed.
6. Critical incident stress debriefing (CISD) will be arranged as needed for the team members.
7. Performance improvement, using the Focus PDCA process, will be conducted on an ongoing basis. Improvement processes will seek to identify opportunities to reduce risks in the future.

## TYKE TOWN EMERGENCY FACT SHEET

**The information you provide here will assist Logan Health Medical Fitness Center staff in providing your child with safe care in the case of an emergency.**

**PLEASE PRINT**

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Hair color \_\_\_\_\_ Eye Color \_\_\_\_\_ Any identifying marks \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

e-mail address \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone number \_\_\_\_\_

List any specific allergies \_\_\_\_\_

List any medications your child is currently taking: (Please note that Tyke Town staff cannot administer any kind of medication to your child.)  
\_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE ANSWER:**

YES   NO

\_\_\_\_\_ Has your physician ever said your child has high blood pressure or cardiovascular disease?

\_\_\_\_\_ Does your child have unusual shortness of breath upon exertion?

\_\_\_\_\_ Does your child have a history of dizziness or fainting spells?

\_\_\_\_\_ Does your child have a bone or joint problem that is aggravated by exercise, or may be made worse with exercise? If yes what type of injury/condition occurred and when?

Has your child had surgery or a medical procedure in the last year? If yes, please describe.  
\_\_\_\_\_

Does your child have any other conditions that our staff should be aware of to better take care of your child?  
\_\_\_\_\_

\_\_\_\_\_ Is your child currently receiving the state approved schedule of vaccinations?

**\*A copy of your child's CURRENT IMMUNIZATIONS is REQUIRED to attend Tyke Town.\***

**Parent Release Form:**

Name of person(s) designated whom the child may be released to other than parent in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**\*We may ask to see a picture I.D.**

\* The following persons are not allowed to have contact with my child\*: \_\_\_\_\_

\_\_\_\_\_  
\*Please attach court order if applicable.

**Acknowledgment of Risk And Release of Liability**

I \_\_\_\_\_, the undersigned, hereby authorize my child/children, \_\_\_\_\_, to participate in all components of Tyke Town Drop In Day Care and/or Logan Health Medical Fitness Center Kinder Kare Program in Tyke Town. In consideration for permission to participate, I do hereby, for myself, my heirs and assigns, and on behalf of my child/ward, and for his or her heirs and assigns, release and agree to indemnify and hold harmless Logan Health Medical Fitness Center, their officers, staff, agents, employees and volunteers from any and all liability, loss, claim, demand, action, or cause of action which arises or may arise or be occasioned in any way by such participation.

**IN CASE OF A MEDICAL EMERGENCY, THE TYKE TOWN AND/OR LOGAN HEALTH MEDICAL FITNESS CENTER HAS YOUR PERMISSION AS THE PARENT/GUARDIAN OF THE ABOVE MENTIONED CHILD TO TRANSPORT THROUGH 911, YOUR CHILD TO A LOCAL HOSPITAL FOR APPROPRIATE AND PROMPT MEDICAL ATTENTION.**

**Please sign below as an indicator that you have read and understand all the above.**

**Parent/Guardian Signature** \_\_\_\_\_

Today's date \_\_\_\_\_

Update 06/25

# **Updated Rules and Regulations for COLD/FLU/ILLNESS policy.**

The following illness policy will be strictly enforced, for the health, well being and safety of all staff and children concerned.

Every effort is taken by Tyke Town staff to reduce the spread of illness by encouraging hand washing and other daily sanitary practices.

**PLEASE REMEMBER** ~ Sick children will expose all the other children and staff members who they come in contact with. These people can then in turn expose the other children.

Children will be visually screened when they arrive. In the event a child becomes ill and needs to be picked up, the parent(s) will be called and is expected to come pick the child up immediately.

If the parent(s) cannot be reached, the emergency contact person will be called and asked to come pick the child up.

Under no circumstances may a parent bring a sick child to daycare, if your child is unable to participate in the normal activities of the daycare (including being able to play outside), then your child **MUST** stay home.

**Sick children want care from their parents in the comfort of their own homes.♥**

For the benefit of our staff and other children in our care, a sick child will not be permitted to return to care for 24 hours after their condition has discontinued. The child may return 24 - 48 hours (depending upon the illness) after they have received the first dose of an antibiotic. If a child receives an antibiotic for an ear infection, he/she may return to day care immediately if he/she has been free of other symptoms mentioned for at least 24 hours. If you aren't sure about whether or not to bring your child to care, please call Tyke Town to discuss it.

## **Signs & Symptoms your child should stay home from daycare :**

- **Fever:** Fever is defined as having a temperature of 100°F or higher when taken on the child's forehead. A child needs to be fever free for a minimum of 24 hours before returning to daycare, that means the child is fever free without the aid of Tylenol®, or any other fever reducing substance.
- **Runny nose** (Anything other than clear), draining eyes or ears.
- **Diarrhea:** runny, watery, or 2 or more loose stools within last 3 hours.
- **Vomiting:** Do not bring your child if they have vomited in the night or within the last 24 hours.

- **Child is irritable**, continuously crying, or requires more attention than we can provide without minimizing the safety or well-being of the other children in our care.
- Frequent scratching of body or scalp, lice, rash, or any other spots that resemble childhood diseases.
- Sore throat, vomiting, diarrhea, rash, earache, irritability, or confusion. Breathing trouble, sore throat, swollen glands, loss of voice, hacking or continuous coughing.

Just a note: Please know that we do love your children and want them to be here....But NOT when they are sick. We want them to stay home and get better if need be. How do you feel when another parent brings in their sick child and your child is exposed? We STRESS this again -- if you are not sure whether or not it is okay to bring your child, please call ahead to ask us. We may require a doctor's decision as to whether or not the child is contagious.

We appreciate your cooperation in this matter.

Please sign here to verify that you have read and understand our guidelines for helping to keep Tyke Town a healthy place for everyone!

Thank you

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Print Name

Signature

Date

Updated 06/25

# Consent for Use and Disclosure of Photograph, Video, Audio and Interviewing for Marketing, Media, Education or Performance Improvement Purposes

Patient's Name (print)

Address

## I hereby give my consent to Logan Health and/or its affiliates\* (collectively, "Logan Health") to:

Use and disclose photographs, audio recordings, video images or other images of me for the purposes of:  internal education  marketing  fundraising  social media campaigns  birth announcement  Other

Use and disclose photographs, audio recordings, video images or other images of my child(ren) (under 18 years old) for the purpose of:  internal education  marketing  fundraising  social media campaigns  birth announcement  Other  
Name(s):

Interview  me  my children as indicated above  my healthcare providers

Use and disclose audio recordings of my interview

Live video stream my procedure using a two-way interactive HIPAA-compliant video platform

## GENERAL TERMS:

- I understand that the photographs, audio, video or interviews taken for marketing, or publicity purposes may be used for publications and/or broadcast by the media, for public affairs purposes, including publications, advertisements, displays and/or placement on Logan Health's website.
- I understand that once the news media interviews and/or photographs the patient, the media owns all rights to that footage and Logan Health has no authority over where or when it is displayed. The footage can be used how the new media sees fit throughout the world in perpetuity.
- I hereby waive all rights that I may have to any compensation in connection with the use of these photographs, audio recordings, video images and interviews, and agree that these shall at all times be the property of Logan Health or the media representative present.
- I acknowledge that by signing this Consent, I am consenting to the taking, use and disclosure of photographs, audio recordings, video images or interviews that may contain my protected health information.
- This Consent expires in 21 years, unless I notify the Logan Health, Health Information Management Department in writing that it will expire on an earlier date.
- I may revoke this Consent at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to: Logan Health, HIM Department, 310 Sunnyview Lane, Kalispell, MT 59901. Any revocation does not apply to the extent that action has already been taken in reliance on this Consent.

## RELEASE:

I hereby release and hold harmless Logan Health and any of its affiliates, employees, trustees or agents from all liability claims, directly or indirectly connected with, arising out of, or resulting from, the activities authorized by this Consent.

Signature

Printed name

Date

Relationship to Patient Home Phone Cell Phone \_\_\_\_\_

Witness Printed name Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Send all Consent forms to Logan Health Marketing. If Consent is from a patient, Marketing will send a copy to HIM for inclusion in the patient's medical record.

Marketing action: \_\_\_\_\_

#375 6/21

Policies A711, A990.

For a current list of Logan Health Affiliates, see [logan.org](http://logan.org)

## **COVID PROCEDURES FOR TYKE TOWN**

### **SICK POLICY**

- If your child has any COVID-19 symptoms they cannot attend Tyke Town. If they develop any COVID-19 symptoms while at Tyke Town, we will contact you to come and pick them up.
  - [COVID-19 Symptoms](#)
    - Fever or chills
    - Cough
    - Sore Throat
    - Shortness of breath or difficulty breathing
    - New loss of taste or smell
    - Unexplained onset of
      - Fatigue
      - Muscle or body aches
      - Headache
      - Nausea or vomiting
      - Diarrhea
      - Congestion or runny nose
- If a child is sick, they may return to Tyke Town once they have been fever free for at least 24 hours (without fever reducing medication) and their symptoms have resolved.
- If a child has suspected signs of COVID-19 or a positive COVID-19 test, they may return once there has been at least 10 days since symptoms first appeared AND at least 24 hours with no fever (without fever reducing medication) AND it is noticeable that symptoms have improved.
- Any kids confirmed to have COVID-19 need to be released from isolation from their Healthcare Provider and/or the Flathead County Health Department with documentation.

### **HYGIENE**

- We will have disposable masks on site. If your child decides to bring one from home, please ensure it is clean.
- Children have always been required to wash their hands once entering the facility, this practice will remain, as well as washing hands after using the bathroom, coughing, etc.
- Children will be asked to use hand sanitizer before each activity. We have hand sanitizer stations in all of our indoor areas.

Our first priority continues to be the safety and wellbeing of your children, but we also want to ensure your kids are having a fun and active time.

Please sign here to verify that you have read and understand our guidelines for Covid Procedures for helping to keep your children and others safe in Tyke Town.

Thank you

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Print Name  
Updated 06/25

Signature

Date