

Boys & Girls Clubs of the Sioux Empire

Inspiring
**GREAT
FUTURES**

IMPACT STARTS HERE

11 sites
224 employees
Serving 1,113 youth



BOYS & GIRLS CLUBS
OF THE SIOUX EMPIRE



Wellness Program

- Evolved over time – began in 2015
- Policies we have adopted
 - Cancer Screening
 - Sunscreen enforcement
 - AED
 - Breastfeeding Policy



Cancer Policy

Paid Leave Requests

Level 3 & 4 Employees

| Test | Length of paid leave |
|--------------------|----------------------|
| Colonoscopy | 4 hours |
| Sigmoidoscopy | 4 hours |
| CT Colonography | 2 hours |
| FOBT, FIT, FIT-DNA | No time off |
| Mammogram | 1-2 hours |
| Pap smear | 1-2 hours |
| Prostate Exam | 1 hour |

Paid Leave Requests

Level 2 Employees

| Test | Length of paid leave |
|--------------------|----------------------|
| Colonoscopy | 2 hours |
| Sigmoidoscopy | 2 hours |
| CT Colonography | 2 hours |
| FOBT, FIT, FIT-DNA | No time off |
| Mammogram | No time off |
| Pap smear | No time off |
| Prostate Exam | No time off |

We request written documentation verifying type of cancer screening, test and date.

Date of test: _____

Type of cancer screening: Please check box below

- Colonoscopy
- Sigmoidoscopy
- CT Colonography
- Mammogram
- Pap Smear
- Prostate Exam

Doctor's signature: _____

Thank you,
Director of Human Resources



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Sunscreen Policy



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Early Learning Academy

Parent/Guardian's Permission to Apply Sunscreen Form

First & Last Name of Child: _____

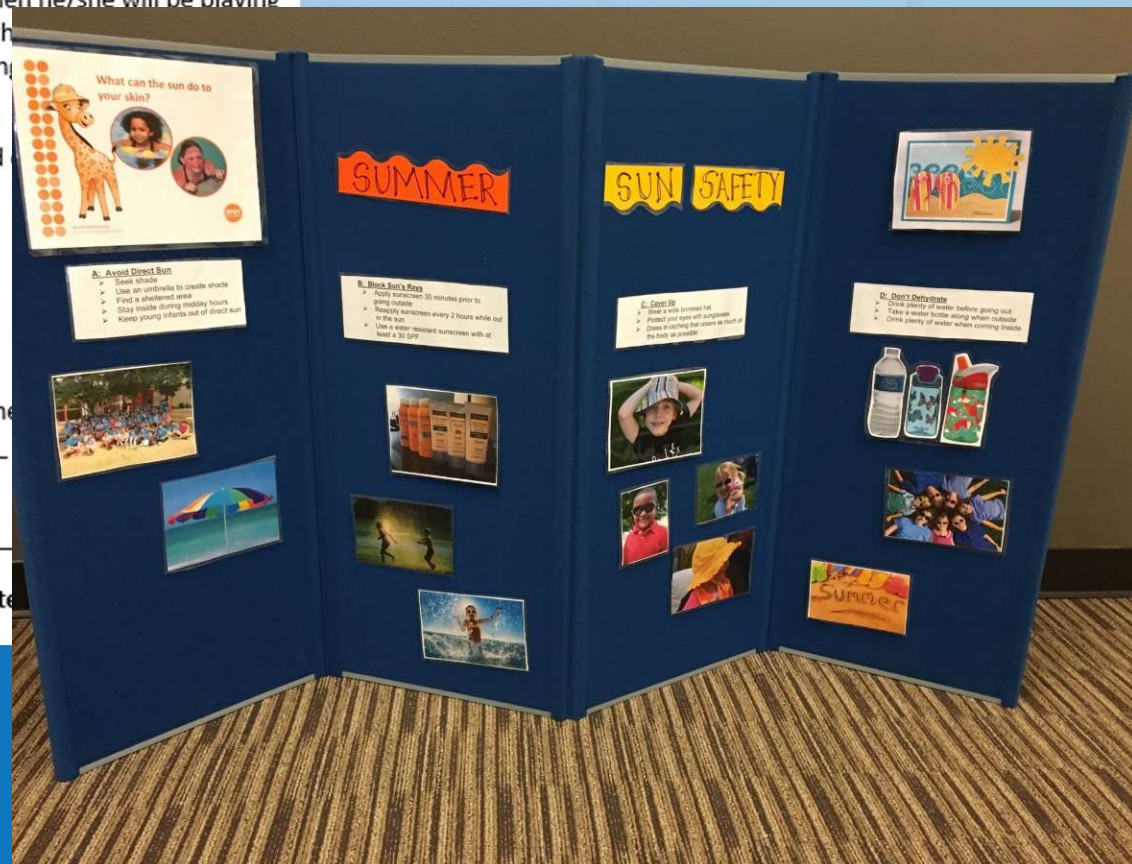
As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the early learning program staff at Boys & Girls Clubs of the Sioux Empire to apply a parent provided sunscreen product that is broad spectrum with SPF 30 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the hours of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have checked and initialed below all applicable information regarding the child in brand/type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- I will provide sunscreen with SPF 30 or higher to use for my child.
- For medical or other reasons, please do NOT apply sunscreen to the child's body: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____



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AED Policy



AED
Automated External Defibrillator

Inspect this unit carefully before signing inspection record.

| DATE | BY | DATE | BY |
|------|----|------|----|
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Breastfeeding Policy



BOYS & GIRLS CLUBS
OF THE SIOUX EMPIRE

Breastfeeding Policy

- Breaks for nursing mothers will be provided in accordance with amendments in the Patient Protection and Affordable Care Act of 2010. Reasonable break periods will be provided for employees to express breast milk for her nursing child up to one year following the child's birth. Breaks of more than 20 minutes in length will be unpaid, and the employee should indicate this break period on her time record. Nursing mothers should check with their supervisor to determine break periods and location of a private lactation room needed for the purpose of expressing breast milk.



Technical Assistance

Good & HEALTHY
SOUTH DAKOTA

ABOUT ▾ RESOURCES ▾ EVENTS ▾ FUNDING ▾ KEY DATA ▾ BETTER CHOICES, BETTER HEALTH® SD ▾

Model Policies

The Chronic Disease Partners Model Policy Workgroup develops policies to help you make positive changes in your community. Each one is evidence-based and can be adapted to fit your specific needs.

Enacting a policy alone doesn't ensure that the policy will be successful. Additional steps are often necessary along the way to increase the likelihood of the policy achieving its intended outcomes. The [CDC Office of the Associate Director for Policy and Strategy, policy process guide](#) can assist health partners in their work.

Model Policy Checklist

Use this tool to create your own model policy.
Follow this step-by-step process for shaping a strong model policy.

[EXPLORE MODEL POLICY CHECKLIST](#)

Have questions or need technical assistance with policy implementation? Contact our Model Policy Coordinators or view our Staff Directory [here](#).

Explore our Model Policies

Filter by:

Category ▾

Topic ▾

- Sun Safety for Child Care Programs Model Policy >
- Healthy Concessions Model Policy >
- Worksite Automated External Defibrillator (AED) Model Policy >
- Breastfeeding Support Policy >
- Healthy Foods and Beverages at Meetings and Presentations Policy >
- Worksite Physical Activity Model Policy >



Contact information

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