

**Catholic Charities Health & Human Services
Disability Services Summer Programs
2010**

**Policy Information
For Parents/Guardian & Participants**

Catholic Charities Disability Services, 7911 Detroit Rd., Cleveland, OH 44102
(216) 334-2963 / Fax (216) 334-2905

The policy information contained here is not meant to be exhaustive. What is presented are important policies and information of which you should be aware. If you have questions, please call the Office of Disability Services to review and/or to discuss our complete policy manual.

MISSION STATEMENT

Catholic Charities Health and Human Services (CCHHS) continue the mission of Jesus by responding to those in need through an integrated system of quality services designed to respect the dignity of every person and build a just and compassionate society.

We respond to the Bishop's call to translate the Gospel into action by bringing the Church to persons who are developmentally disabled, and by bringing persons with developmental disabilities to the Church. Our gift to the Church is the people with whom we serve. Our ministry is modeled on that of Christ, who, by his death and resurrection, brought salvation to all persons, regardless of mental ability or other handicaps.

PHILOSOPHY OF SOCIAL PROGRAMS

Each person is a unique creation and reflection of God, called by God to realize his or her human potential to the best of their ability. This includes persons with cognitive and other developmental disabilities. They are to use the gifts that God has given them, and to experience care in their environment that is respectful of their dignity as persons created by God. In order to make this possible, persons with cognitive and other developmental disabilities have a right to be ministered to in a way that will meet their special needs. It is up to us to provide this ministry. Only then, as we work together sharing our gifts, will we grow towards a wholeness, which God intends for each of us.

The summer programs of Disability Services serve persons with cognitive and other developmental disabilities regardless of race, religion, culture or economic background. Participants are individually assessed to determine the appropriateness of the program offered. Participants who would not benefit from this program will not be accepted. During the camping season a participant may be excluded if it is determined the participant is not benefiting from the program or if they are a "danger" to themselves or to others.

PROGRAM FEES AND SCHEDULE

Camp Happiness is a day camp for ages 5-21 and is located at 3 different sites throughout Greater Cleveland (Center for Pastoral Leadership in Wickliffe, Parmadale in Parma, and Lakewood Catholic Academy in Lakewood). Camp Happiness runs Monday through Friday (9:30 AM - 3:00 PM), beginning June 21 and ending August 6. **There will be no camp on Monday, July 5th.** The fee for day camp is \$1,932.00 for the entire 7 weeks.

For more information, call 216-334-2997 or 216-334-2963.

Funding and support are provided in part by the following: Catholic Charities Health and Human Services, Cuyahoga County Board of Developmental Disabilities, International Order of the Alhambra.

You are financially responsible for all weeks that the Camp Participant is registered. Weeks will not be prorated for days missed. Any refund granted will be less a \$50.00 fee and payments returned for insufficient funds will assessed a \$30.00 fee.

CANCELLATION

Reservations must be cancelled by 12 noon on the Friday prior to the 1st day of camp.

PURPOSE & GOALS OF SUMMER PROGRAMS

Under the mission of Catholic Charities Health and Human Services, the purpose of the Summer Camp Program is to provide professional social, recreation, and education services to children and adults with cognitive and other developmental disabilities. We strive to fulfill our purpose by accomplishing the following goals:

- 1) Extend and complement the educational experiences provided to participants throughout the year.
- 2) Serve as a resource offering a period of respite for the primary care giver/or participant.
- 3) Develop Activity Plans to assist participants in their social, educational and physical development.
- 4) Provide the child or adult a safe, enjoyable summer recreational and educational group experience.
- 5) Create an awareness of community and spirituality among participants, volunteers, and staff.

QUALITY ASSURANCE

Families will be asked to respond to a satisfaction questionnaire via mail at the end of the summer program period. The results will be collected by the Management Information Systems Office of Catholic Charities Health & Human Services and a report will be sent to the Director of Disability Services. This information will be used during the planning process of future summer programs in an ongoing effort to provide higher quality programming.

TRANSPORTATION

Transportation for participants by family members to and from camp is strongly encouraged. Opportunities for transportation are offered on a limited basis for residents of Cuyahoga County who have a cognitive disability.

***** If you applied for transportation, Personal Leasing will contact you directly.** They will determine the approximate times for pick up and drop off. Sometimes this is not done until the weekend before camp begins, so they may not contact you until the day before camp begins. Their phone number is 216-476-3636 ~ but please wait until the week before camp to call them. They will not have any routing information before then. Camp Happiness does not know the pick up and drop off times, but the tentative pick up time will be within 1 hour prior to camp beginning (8:30am) and tentative drop off time will be within 1 hour after camp ends (4:30pm).

It is very important that the designated person is at the pick-up address when the camper is being dropped off. The transportation company cannot wait for someone to come home – this just delays the other campers from getting home in a timely manner.

The transportation company will attempt to drop the camper off, if no one is home, all other campers will be dropped off. The Transportation Company will make every effort to contact the parents and emergency contacts during this time. If at the end of the route no one can be contacted, the camper will be taken to the local police station.

WHAT IS NEEDED BY PARTICIPANTS?

Camp Happiness participants should wear casual clothing, and bring their own bathing suit, towels, sunscreen and items needed for specific activities as directed by staff members. A brown bag lunch may also be needed if your campers' site does not qualify for the free "Summer Lunch Program".

REGISTRATION

All applicants registering to enter a Summer Program are required to submit the following completed forms before being accepted:

- 1) \$50 Registration fee – will be used toward total camp fee
- 2) Copy of most recent IEP or ISP; Behavior Plan if necessary
- 3) Pre-application Form
- 4) Medical Form (completed & signed by physician and a parent/guardian)
- 5) Physician/Parent Request for Medication to be Administered by Camp Personnel
- 6) Health History
- 7) Camp Releases (including Medical and/or Emergency Treatment and Release; Waiver of Liability and Release; and Authorization to Photograph & Release (optional))
- 8) HIPPA Privacy Practices
- 9) Transportation Form (for those requesting transportation services)
- 10) Lunch Program Form ~ Nutrition Services
- 11) Catholic Charities Financial Assistance Form (*optional*)
- 12) Cuyahoga County Board of DD assistance request (*optional*)
- 13) Easter Seals Campership (*optional*)
- 14) CMR Campership (*optional*)
- 15) IDEA Campership (*optional*)

If there is ever a change in participant information on any of these forms, the staff must be notified immediately.

FIELD TRIP PERMISSION

The Camp Happiness program utilizes field trip permission forms in an attempt to inform parents/guardians of “off site” special activities and to gather signed permission for campers participating in those activities. **Campers will not be permitted to participate in field trips without the prior written consent of the parent/guardian. A camper without this signed permission form will not be able to attend camp the day of the field trip. Verbal permission via phone will not be accepted.**

If a field trip will occur often throughout the summer (Ex: library, pool, etc.), it must still be approved in advance but may require only one signed permission slip for the summer.

CONFIDENTIALITY

Confidential matters which come to the attention of an employee in any way as a result of their employment at our camps will be carefully respected. Revelation to anyone of such information may be cause for disciplinary action including dismissal.

ILLNESS

A participant who becomes ill or injured during the social/recreational program should inform the most immediate staff member. If it is determined that the participant should not remain with the campsite, then the parent/guardian will be contacted to pick up the participant. Participants will not be allowed to leave the campsite alone.

In any circumstance, if someone other than the parent/guardian is to pick up the participant, the parent/guardian will notify the staff by phone and the person picking up the participant may have to show 2 forms of identification.

DISCIPLINE

All reasonable attempts will be made to accommodate the special needs of a participant in order to continue service. These attempts will include communication via telephone and/or in writing to the parent/guardian on an ongoing basis. Staff members may develop a behavior modification plan with the assistance of camp administration and the parent/guardian in an effort to avoid or reduce behavior difficulties.

If a participant becomes incorrigible, is beyond control, or otherwise presents a danger to himself/herself, other persons, or property, that participant can be removed from either the room or the campsite's immediate premises at the discretion of the Site Director. The participant may be suspended from the program after consulting with the Program Administrator and the Director of Disability Services without parental notification. Parents/Guardian will be notified as soon as possible thereafter by the Program Administrator or a designee.

The right to attend the Summer Camp Program is limited to one day at a time. The right to attend for a succeeding day, session or camp season is governed by a participant's good performance and positive response to the rules, goals and expectations of the Camping and Recreation Program.

GRIEVANCE PROCEDURE

- 1) A Parent/Guardian should communicate with the Camp Coordinator and/or the Program Administrator any concerns and/or complaints regarding the summer program in an effort to resolve any difficulties at this level.
- 2) A Parent/Guardian who believes that he/she has a justifiable grievance or complaint shall within ten days file a written grievance with the Director of Disability Services.
- 3) The written grievance shall be considered by the Director of Disability Services and the Program Administrator, discussed in person with the Parent/Guardian; and, generally will be answered in writing within ten days after receipt in an effort to satisfactorily resolve the grievance. The Parent/Guardian may invite an advocate from an outside agency to participate in the grievance process and the personal meeting.
- 4) The Senior Director of CCHHS or their designee may be asked to help resolve the situation; however, the Director of Disability Services has the final decision in all matters.

HEALTH REGULATIONS AND SERVICES

Our Social and Recreation Program does NOT offer the services of a full time nurse, however, traveling nurses are assigned to visit each site at least once a week to ensure that health related matters are being properly addressed.

Your attention is called to the State regulations regarding a participant's suffering from contagious diseases. Participants who have recently been ill due to the following:

Chicken Pox
Diarrheal Diseases
Measles
Ring Worm
Scabies
Meningitis

Scarlet Fever
Whooping Cough
Head Lice
Impetigo
Mumps
Hepatitis

Influenza
German Measles
Rheumatic Fever
Pinworms
Strep Throat

are required to have notes from their parents, and the public health dept., or a physician before attending our next program session. **Dates of onset of infection must be specified in the note.**

Participants who have been recently ill due to: **Strep Throat, Scarlet Fever, Whooping Cough, Rheumatic Fever must not attend the program for 48 hours minimum after treatment is started. In addition, the participant must be free of rash, fever, and cough.**

All cases of contagion in participants must be reported at once to the Program Administrator.

When the participant comes to a program, if either the Site Director or staff is in doubt as to possible contagion, the parents/guardians may be referred to the physician or to the Dept. of Health for written permission to return to the program.

Any time a participant comes to our program with some unexplained rash or skin eruption, we must contact the parent/guardian and send the participant home until we are certain of his/her contagion. **PLEASE CONTACT YOUR PHYSICIAN WHEN IN DOUBT.**

NON-EMERGENCY ADMINISTRATION OF PRESCRIBED MEDICATION TO PARTICIPANTS BY CAMPING AND RECREATION PERSONNEL

All non-emergency administration of prescribed oral medication, topical medication, inhalants, and, ear, eye, and nose drops to participants during program hours shall be performed by the participant themselves. If the participant is taking a medication three or less times a day, a written statement from the physician explaining why the participant must take medication during program hours of any given day must be included along with the specific instructions of the "Physician's Request for the Administration of Medication by Camping and Recreation Program Personnel" form. This form is part of every medical form and copies are available upon request from the office of Disability Services.

All medication shall be turned in to the staff in daily dosages in the original container for safe keeping.

Non-emergency administration of prescribed medication to participants by employees shall only be conducted on the following conditions:

- 1) The participant's parent/guardian has made a written request to the Site Director that the medication be taken during the program and has agreed to provide the Site Director with any revisions to the physician's statement provided for in item #2.
- 2) The Site Director receives a statement signed by the physician prescribing the medication which includes the following:
 - a. Participant's name.
 - b. The name of the medication and the dosage to be administered.
 - c. The route in which it is to be administered.
 - d. The frequency at which the medication is to be administered.
 - e. The times at which the medication is to be administered by staff personnel.
 - f. Any adverse reactions and any severe reactions which should be reported to the physician.
 - g. One or more telephone numbers at which the physician can be reached in an emergency.

- h. If salve or ointment is required please send Q-tips and rubber gloves for the application of salve or ointment.
- 3) The "Physician's Request for the Administration of Medication by Camping and Recreation Personnel" form must be signed and completely filled out by the physician on the top section, and by the parent on the bottom section. This form must be filed with the office of Disability Services as needed.
- 4) If the parent/guardian chooses to allow their son/daughter/ward to carry their own medication during the program they do so at their own risk of loss and possible misuse by the participant or other participants. **All medication must be given to the staff in the container in which it was dispensed by the prescribing physician or licensed pharmacist.** The Staff will store the medication in either a locked cabinet or a refrigerated unit according to need, in a place not commonly used by participants.

CONCEALED WEAPONS POLICY

As a matter of policy, Catholic Charities, prohibits the possession of any and all weapons on premises by Catholic Charities' staff, clients, program participants, vendors and any and all other visitors. This prohibition also applies to any individual with a State issued license to carry a concealed handgun.

Please be advised that premises as used in the paragraph above, includes all buildings and facilities (owned, leased or subject to short-term rent) parking lots and company vehicles. The prohibition of weapons extends to the weapons being on the person, or in the person's property (such as a briefcase or purse) including his or her vehicle when the vehicle is on company property or being used in the conduct of company business.

Employees violating this Policy will be subject to immediate discharge.

Clients, programs participants, vendors and any and all visitors found in violation of this Policy will be expelled immediately from the premises and will be subject to criminal trespassing charges.

AIDS POLICY -- OVERVIEW

Individuals with Acquired Immune Deficiency Syndrome (AIDS) enrolled or seeking enrollment in the program shall be permitted to attend our program provided:

1. The health of the participant, as documented by his/her Physician, allows participation in regular program activities.
2. The participant behaves acceptably; in a manner that would not cause the spread of the disease or in any way put others at risk.
3. The participant does not have open sores, skin eruptions, or any other conditions which prevent his/her control of bodily secretions.
4. There are periodic evaluations of the participant's physical condition with written certification from his/her Physician allowing continuing participation in regular program activities.

Parents and guardians have the obligation to report to the Social and Recreation Program administration when any participant has been diagnosed as having AIDS (acquired immune deficiency syndrome; ARC (AIDS related complex) or other illness caused by HIV (human immune deficiency virus, the virus that causes AIDS, also know as HTLVIII or LAV).

In order to protect confidentially, when a participant with AIDS is admitted to the Social and Recreation Program, personnel with direct contact will be made aware of the participants' condition. This is the minimum necessary to protect confidentiality.

Based on the condition of the participant and the expected type of interaction with others, the Program Administrator, after consultation with proper authorities may limit the participant's participation in Social and Recreation Program activities.

Policy on HIV/AIDS

HIV (Human Immunodeficiency Virus) is the virus that is believed to cause AIDS (Acquired Immune Deficiency Syndrome). This potentially life-threatening illness includes many phases and is increasingly known as HIV disease. The term HIV/AIDS in this document will be used to refer to the whole spectrum of HIV disease. HIV/AIDS is recognized in the Americans with Disabilities Act as a disability with legal protections from discrimination.

It shall be the policy of the office of Disability Services to address the issue of HIV disease as an employer and as a provider of services.

Disability Services of Catholic Charities Health and Human Services as a Provider of Services

Admissions Policies: There shall be no discrimination in accepting participants with HIV/AIDS into any program. Admission criteria governing intake policy are to be followed. Identification of persons "at risk" will be accomplished by means of the social history interview. Admission of participants who have a history of inappropriate sexual activity, drug use or unusual physical aggression including biting or harming others will be accepted or rejected based on a program's ability to meet the participant's needs without undue hazard to others.

Screening: There will be no routine or mass HIV antibody testing of incoming participants or of participants already in placement.

Confidentiality: The identity of a participant with HIV/AIDS is confidential and every reasonable precaution will be taken to maintain that confidentiality. Appropriate information will be shared with employees who, because of their immediate responsibility for participants, must have knowledge of the diagnosis. This determination should be made by the primary care provider or team. Universal precautions are the standard norms for protecting health care workers. This precludes inappropriate and unauthorized disclosure of HIV status.

CHEMICAL USE POLICY

The possession/use/abuse of chemicals, alcohol, mood-altering substances or paraphernalia is against the rules of the summer program and runs contrary to our mission statement. Consequences may include expulsion from the program and or mandatory attendance at an evaluation by an outside agency

recommended by the Director of Disability Services. If, as a result of the evaluation, treatment for chemical dependency is recommended, parental cooperation will be expected and the recommendation must be followed if participant is to continue coming to our programs.

PREGNANCY POLICY

Neither the male or female participant is to be restricted from participating in the full program as a penalty for a pregnancy. This applies to all aspects of the program.

Decisions will be based on the advice of a physician. These decisions are to be made for reasons of health, or the exigencies of effective social and recreation management, and not on any moral consideration of the circumstances of the pregnancy.

Participants who may have had an abortion are not, for that reason alone, to be deprived of participation in any social and recreation program or activity. The focus of the Social and Recreation Program should be on maintaining the atmosphere of a supportive Christian community with good morale and proper discipline.

CHILD PROTECTION

Since 1994, in order to comply with ORC 3301.32, any person, paid staff or volunteer, who works with youth will have to submit to a required background check. Please be aware that during orientation all staff have completed fingerprint cards and have undergone the necessary background check. Continued employment at our program sites will be dependent upon a "clear" background check. ORC 3301.32 is meant for the protection of the children we serve. It is a policy of our programs, now and in the future, to comply with this law and its amendments.

GENERAL INFORMATION

1) Lost and Found/Stolen Property

Any participant's property that is missing and presumed stolen should be reported to camp staff.

Parents are encouraged not to allow participants to come to the programs with large amounts of money or other valuable items. Participants who bring such items are responsible for them and are to turn them into the Social and Recreation Program staff for safe keeping during the program. The office of Disability Services will not be liable for the loss or destruction of money or valuable items if a participant fails to follow the policy of turning such items into the social/recreation program staff.

2) Radios, Tape Players, Electronic Games, etc.

It is not necessary or appropriate for program participants to bring such items to the program site. All such items will be confiscated and returned to the participant at the end of the program if they interfere with the normal day's schedule.

3) Cell Phones

We understand that many young people now have cell phones. But during camp hours, **Cell Phones Should Not Be Seen or Heard!!!** Keep them on vibrate. If staff hear or see campers on their phone, they will take the phone from them. Many of these phones are camera phones and many campers are not allowed to have their photo taken. Campers will be allowed to check their phone during lunch or breaks. Staff are not responsible for lost or stolen phones.

IN CONCLUSION

The Summer Camp Program is a service and ministry which is very much interested in the total growth and development of our participants. Cooperation is needed both at the program sites and at home. We are at your service. Feel free to contact us whenever it is necessary.

Please save the following important information:

Camp Registrar

Phone: 216-334-2997 **(use this number after May 10)**

Inquires regarding: Payments and financial questions, general Camp information and all changes to original enrollment

Camp Coordinator, Katie Bildstein

Email: kbildstein@clevelandcatholiccharities.org

Phone: 216-334-2964

Inquires regarding: Program concerns, issues or problems, and general camp questions

Assistant Camp Coordinator, Kathy Rich

Email: krich@clevelandcatholiccharities.org

Phone: 216-334-2997

Inquires regarding: Program concerns, issues or problems, and general camp questions

Program Administrator, Marilyn Scott

Email: mjscott@clevelandcatholiccharities.org

Phone: 216-334-2963

Inquires regarding: Program concerns, issues or problems, and general camp questions

Mailing Address for Payments, Session Change Requests, Forms and Other Correspondence:

Catholic Charities Disability Services

Camp Happiness

7911 Detroit Avenue

Cleveland, OH 44102