CAMP HEALTH CARE PLAN

as required by
105 CMR 430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN
(STATE SANITARY CODE, CHAPTER IV)

The camp health care plan describes general information about Dover Parks & Recreation's health care values, the concept of stewardship related to wellness, and about the authority vested in staff members for making health care decisions. The plan is intended to set procedures that will operationalize the health care plan. The plan is developed with consideration of the guidelines from the American Camp Association's (ACA) Standards, Massachusetts Department of Public Health – Division of Community Sanitation licensing regulations and the Dover Board of Health.

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HEALTH CARE CONSULTANT AGREEMENT

NAME OF CAMP: **Summer Club** ADDRESS: **Connors Center, 20 Glen Street, Dover, MA,02030**

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a healthcare consultant. The regulations and responsibilities of this person are described below.

430.159 Healthcare Staff to be Provided The operator of each recreational camp for children shall provide:

(A) A nurse; physician; or physician assistant licensed to practice in the Commonwealth [1] to serve as a healthcare consultant. The consultant shall:
(1) Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
(2) Review and approve the policy initially and at least annually thereafter;
(3) Approve any changes in the policy;
(4) Review and approve the first aid training of the staff;
(5) Be available for consultation at all times; and
(6) Develop and sign written orders to be followed by the on-site health supervisor in the administration of their related duties.

[1] *If HCS is a Massachusetts licensed physician, nurse, or physician's assistant, that certification is evidence of proper training and competency.*

(B) A written health care policy, approved by the local Board of Health and by the camp health care consultant. Such policy shall include, but not be limited to:
(1) Daily health supervision;
(2) Infection Control;
(3) Medication storage and administration;
(4) Procedures for using insect repellant and conducting tick checks;
(5) Promoting allergy awareness;
(6) Handling health care emergencies and accidents, including parent/guardian notifications;
(7) Available ambulance service;
(8) Provision for medical and first aid services;
(9) The name of the designated on-site camp health care supervisor;
(10) The name, address, and phone number of the camp health care consultant required by by 105 CMR 430.159(A); and
(11) The name of the health care supervisor(s) required by105 CMR 430.159(E), if applicable.

(C) At least one health care supervisor, or more as determined by the camp operator based on camp size and ability to provide for the needs of the camp, must be present at the camp at all times.

(D) In all day camps, the health care supervisor may have additional non-health related duties, but shall at all times be available at the camp to render emergency first aid.

Designation of Health Care Supervisors

I, _____ , acknowledge that I serve as the Health Care Consultant for the Dover Parks and Recreation department and designate the following Dover Parks and Recreation department personnel as health care supervisors for the 2024 season of Summer Club:

Designation of Health Care Supervisors, continued…

HEALTH CARE SUPERVISOR	ROLE / POSITION	OFFICE PHONE	ON-SITE/CELL PHONE
Summer Club 1: Nicole Wainwright *(on-site/primary)*	Summer Club Director *(Department Assistant Director)*	508-785-0476 x5731	617-930-8669
Summer Club 2: Mark Ghiloni	Department Director	508-785-0476 x5730	781-962-7156

I meet the requirements of the health care consultant as described in 105 CMR 430.159(A). I have reviewed and approved these referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same. I have reviewed all Dover Parks & Recreation Department Health Care Policies and agree to serve as the Health Care Consultant allowing the designated Health Care Supervisors who are appropriately trained to provide and execute health care procedures only as described herein and are doing so under my professional oversight.

_____ _____

Printed Full Name, Credentials *Title*

_____ _____

Signature *MA License #*

_____ _____

Office Address *Telephone Number*

_____ _____

Email Address *Date*

MEDICATION

AUTHORIZATION FOR HEALTH CARE SUPERVISOR TO ADMINISTER MEDICATION TO CAMPER: Health Care Supervisors are authorized the duties of administration of medication as outlined in these Health Care Policies of the program.

As such, I hereby authorize the following listed medications to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication. I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and warnings; and not that I have reviewed or determined the appropriateness of the medications for any camper. My signature further acknowledges that only the listed medications will be administered, at the camp, and only by the personnel listed, as they are either licensed health care providers authorized to administer medications or designated health care supervisors who are appropriately trained to do so, and are doing so under my professional oversight.

ACKNOWLEDGEMENT OF MEDICATIONS APPROVED FOR ON-SITE STORAGE & ADMINISTRATION:

ALLERGIES . Benadryl, as prescribed . Epinephrine Auto-Injector *(ie: Epi Pen Jr. / Epi-Pen / Auvi-Q)*	ASTHMA . Albuterol HFA Inhaler . Spacer and/or Mask, as prescribed
If a child has been prescribed a Rx or OTC medication that is required by their physician to be administered during the child's regular camp hours *(9am–3pm M–TH / 9am–12pm FR)*, parent will need to contact the Camp Director to provide documentation and regarding instruction on medication policy, storage and administration.	POISON CONTROL - TELEPHONE #: 1-800-222-1222 Call and follow instructions. *Confirm that the child has no allergies to prior to medication administration.*

If a camper has a severe allergic reaction; severe swelling, breathing difficulty, hives, severe itching, dizziness and/or shock. Administer prescribed Epi-pen Jr. 0.15 cc for child 40 lbs. or less; Epi-pen adult. 0.30 cc for children over 40 lbs. Seek medical attention immediately: Call 911

430.160: STORAGE AND ADMINISTRATION OF MEDICATION

(A) Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container.
All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. Medications must be delivered to the camp and logged at receipt.

(B) All medication prescribed for campers shall be kept in a locked storage cabinet used exclusively for medication, which is kept locked except when opened to obtain medication. Medications requiring refrigeration shall be stored at temperatures of 36° to 46°F in a locked box, used exclusively for medications.

(C) Medication shall only be administered by the health supervisor or by a licensed healthcare professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The healthcare consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

(D) When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed as follows:

1. Destruction of prescription medication shall be accomplished by the health care consultant, witnessed by a second person and recorded in a log maintained by the camp for this purpose. Said log shall include the name of the camper, the name of the medication, the quantity of the medication destroyed, and the date and method of destruction. The health care consultant and the witness shall sign each entry in the medication destruction log.
2. The medication log shall be maintained for at least three years following the date of the last entry.

Health care supervisor(s), camp director or designee, will ensure that all medications are stored in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160, will document or log in accordance with written policies on file. All medical incidents will be documented. All incident reports will be kept on file, and health supervisors will provide legal guardians with a copy of the written report within 24 hours.

CAMPER SELF-ADMINISTRATION: With written authorization by a parent/guardian and/or physician, the camper may be permitted to carry and administer their own prescribed medication under the supervision of a staff member. Campers with written physician's permission can carry and self-administer Epi-Pens and Asthma Inhalers with the direct supervision of a Health Supervisor. The child's age and maturity level will be considered when arranging for consent. Administration will be logged.

MEDICATION LOG BOOK: Staff will document and record the date, time, Health Care Supervisor administering, and medication given in a Medication Log Book for every instance a child is given medication. The Medical Log is a bound book with pre-numbered pages, written in ink and without skipping any lines or pages. The log will be retained for three years and kept secure.

LOCATION OF TOXIC SUBSTANCES, MEDICATION AND HAZARDOUS ITEMS: Toxic substances are stored away from the program spaces. All common toxic substances are locked in the maintenance closets.

- Bleach for a bleach & water cleaning solution is stored out of the reach of children.
- Insecticides, disinfectants and other hazardous chemicals are to be plainly marked and stored in a locked closet or compartment, separate from food storage areas and not accessible to campers.
- Any and all containers of gasoline, kerosene, explosives and flammable materials are to be plainly marked and stored in locked buildings, not occupied by campers or staff.
- Medication is stored in the designated health care centers or in the main medication lockbox or if necessary in the program refrigerator which cannot be accessed by children.
- Power tools will not be stored, operated or left unattended in areas accessible to campers without proper safeguards.
- No personal weapons, bows, rifles, sporting equipment or similar shall be brought to the camp without explicit notice to the camp operator.

OVER THE COUNTER MEDICATIONS: Must be kept in original containers including the label and follow directions for use and dosage, requires written parental or physician consent and treated, stored and administered as a prescription medication at the camp.

SUN AND HEAT PROTECTION:
Parents/guardians should apply any sunscreen (recommended SPF 30 or greater) and/or lip balm to children BEFORE drop off. Parents/guardians are encouraged to send a hat, sunglasses, or protective clothing. The importance of sun protection and staff responsibilities are reviewed in staff training.

- Parents/guardians have an opportunity at registration to authorize staff for the topical application of sunscreen and must provide non-medicated, waterproof sunscreen in its original container and labeled with the child's full name for reapplication.
- If permission to apply is not requested, staff cannot apply sunscreen to children, but will verbally assist, remind and direct children.

Dover Parks and Recreation will follow NOAA's National Weather Heat Index Guidelines *(included below for reference).*

NOAA's National Weather Service

Heat Index

Temperature (°F)

Relative Humidity (%)	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

Caution | Extreme Caution | Danger | Extreme Danger

INSECT REPELLENT: Parents/guardians should apply any insect repellent to children BEFORE drop off and may be carried for re-application. Parents sending insect repellent must provide it in its original container and labeled with the child's full name for reapplication. The importance of insect repellant is reviewed in staff training and staff responsibility to remind children to reapply throughout the day.

EMERGENCIES

WRITTEN STANDING ORDERS FOR MEDICAL EMERGENCIES: STAFF SHOULD BE PREPARED TO RESPOND TO MEDICAL PROBLEMS BASED ONLY ON OWN PERSONAL TRAINING. For copies of the specific disaster plans, please see the EAP for each site. Any event resulting in a 911 call, or campers and staff being seen by medical professionals shall be reported to the DPH.

CONSENT: Consent must be obtained prior to starting treatment. A conscious and clear minded adult individual has the right to refuse care for himself/herself or minors under his/her care. Special conditions may exist during life threatening events.

IMPLIED CONSENT: During an emergency situation, when an unconscious or confused victim is severely injured to the point that a clear decision cannot be made, there is the right to provide care based on implied consent. The law assumes that a victim, if able to communicate, would want to receive care.

MEDIA AND CONFIDENTIALITY: If Fire/EMS or Police have been summoned, ALL inquiries from the press must be referred to Fire or Police officials, as the situation will then be under their jurisdiction. Staff should not ever make statements to members of the press and should refer all inquiries to the Dover Parks and Recreation Department. If the program experiences an incident and the media becomes involved, please notify the Recreation Department immediately, statements to the media will be made only by the Recreation Director.

EMERGENCY EVACUATION: Emergency evacuation routes and procedures are posted conspicuously in each of the program rooms. All camp staff are aware of their location and procedure as practiced in staff orientation and drills. *(See EAP Manual for site specific information.)* Staff will practice emergency evacuation drills on the first day of every camp session, documented and timed by the Site Director.
When the Directos indicates a drill, staff will immediately have the children line up with a partner.
Children will be escorted from the area/building with their lead counselor in front or the line, one counselor at the rear of the line, and any renaming counselor(s) spread evenly throughout the line. This is how the group will follow their designated evacuation route, as posted for their area/building.
The lead counselor will take a face count, being sure to compare it to the attendance sheet. The Program Director will be in charge of the master attendance, first aid kit and emergency files.
All camp staff will follow directions from the Recreation Department or Emergency Responders, as appropriate.

EMERGENCY ACTION PLAN (EAP) SUMMARY:

1. Most senior staff or staff with the highest level of training to respond will take the lead.
2. Primary rescuer initiates EAP with site alert system.
3. Secondary rescuers respond, and provide assistance to the primary rescuer.
4. All other staff account for and relocate children away from the scene.
5. Director and Recreation Department are notified Remaining staff phone 911, providing EMS with all pertinent information and alerts staff to lookout, and escort EMS to scene.
6. All staff provide assistance as necessary - first aid, crowd control, etc.

After the emergency situation has passed, lead counselors will each write a report summarizing the situation for their group, noting their staff and campers' response. The Program Director will also write their own report, summarizing the actions of the entire staff and all campers. Once complete, all of these reports will be compiled for review, then filed with all other emergency files.

EACH SITE EAP INCLUDES SITE SPECIFIC INFORMATION REGARDING:

- CALLING 911
- DISASTER PLAN
- FIRE PLAN AND EMERGENCY EVACUATIONS
- POWER OUTAGES
- HIGH WINDS, HURRICANE & TORNADO
- FLASH FLOOD
- INCLEMENT WEATHER AND LIGHTNING
- HIGH HEAT
- LOCKDOWN / HOSTAGE / INTRUDER PLANS / SHELTER IN PLACE
- CRIMINAL ACTIVITY / NARCOTICS / DRUGS & ALCOHOL
- INDECENT EXPOSURE
- MANDATED REPORTING / SUSPECTED CHILD ABUSE & NEGLECT
- LOST CAMPER
- LOST SWIMMER LAST SEEN IN WATER
- LOST SWIMMER LAST SEEN ON LAND
- ACTIVE & PASSIVE DROWNINGS
- TRAFFIC ACCIDENTS
- BASIC FIRST AID & AED LOCATIONS AND SUPPLY
- MEDIA & CONFIDENTIALITY
- DUTY TO ACT & CONSENT

EMERGENCY PHONE NUMBERS: ***The following information will be readily available in every group notebook and laminated then posted in a conspicuous location in each program building***

DEPARTMENT / CONTACT	EMERGENCY NUMBER	LOCAL NUMBER
Dover Fire Department / Ambulance	911	508-785-1130
Dover Police Department	911	
MA Poison Control	1-800-222-1222	
Eversource *(for reporting a gas leak or downed live wire)*	1-800-231-5325	
Dover Parks and Recreation Department Office	N/A	508-785-0476 *Mark x5730 / Nicole x5731*
Dover Board of Health Office	N/A	508-785-0032 x232
MA Department of Children and Families *(DCF)* - Framingham	*24-hour MA Hotline* 1-800-792-5200	*Framingham Office* 508-424-0100

HOSPITAL(S) UTILIZED FOR EMERGENCIES *(distances measured from 20 Glen Street, Dover)*

Beth Israel Deaconess Hospital Needham · 6.6 mi
148 Chestnut St. Needham, MA 02492
Phone 781-453-3000

MetroWest Medical Center Hospital · 7.8 mi
115 Lincoln St. Framingham, MA 01702
Phone 508-383-1000

Newton-Wellesley Hospital · 8.4 mi
2014 Washington St. Newton, MA 02462
Phone 617-243-6000

EMERGENCY TRANSPORT: In the event that a child is seriously injured while at camp, they will be transported to the nearest hospital and the parent/guardian will be notified immediately. Health history documents and health profiles are maintained electronically on CampDoc.com and printed copies are maintained in the Dover Parks and Recreation Department office.

In the event of a serious accident or emergency:

1. Contact emergency services
2. Contact the Camp Director
3. Contact the parents/guardians or emergency contacts in the order they are listed
4. A staff member will escort the child in the ambulance, if needed and will bring the child's file

Staff members who witness an emergency will fill out an incident report and will submit it to the Camp Director who in turn will submit it to the Recreation Director. Additionally, the Recreation Director will report any serious injury requiring a child to be taken to the hospital to the Board of Health within 24 hours. When off site, the above procedures will still be followed.

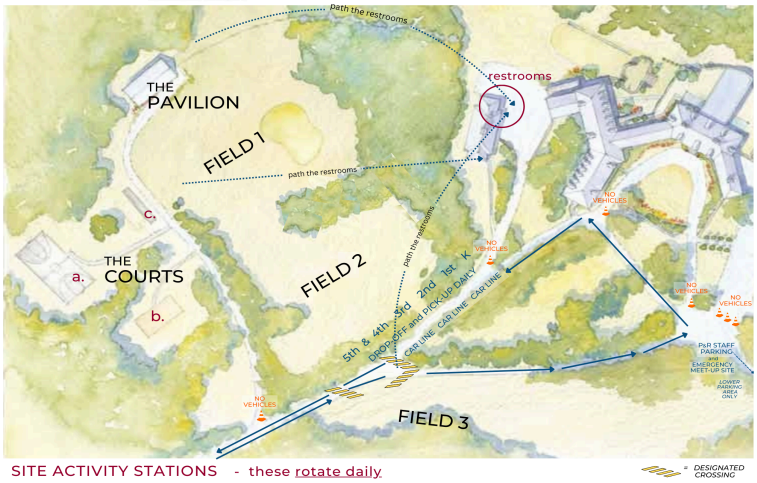
430.154: INJURY REPORTS: mass.gov/eohhs/docs/dph/environmental/sanitation/camp-injury-report.pdf
A report shall be completed on a form prescribed by the Massachusetts Department of Public Health for each fatality or serious injury as a result of which a camper or staff person is sent home, is brought to the hospital or physician's office and where a positive diagnosis is made. Such injuries shall include but shall not necessarily be limited to those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. A copy of each injury report shall be sent to the Massachusetts Department of Public Health and the Town of Wayland Board of Health within seven days of the occurrence of the injury.

EVACUATION: If an event threatens the safety of staff and campers, if outdoors, all will immediately move indoors to the program rooms. If advised by authorities to evacuate an area, all will do so immediately. In the event that campers must be transported away from camp in an evacuation, they will be taken via bus, if available, or walk together and orderly to designated emergency locations. Parents will be notified once campers reach a safe area.

LIGHTNING: If outdoors, all Dover Parks & Recreation participants and staff will immediately move indoors to the designated inclement weather program spaces whenever thunder is heard.
All participants and staff will remain indoors, away from windows and doors, until the storm passes and thunder has not been heard for 30 minutes.

TRAFFIC CONTROL PLAN AND PARKING: Parents and Staff are provided a detailed site map with traffic patterns pictured and are instructed to follow posted speed limits and only drive/park in marked locations. No cars are to be parked in a fire lane at any time and any unregistered vehicles are subject to towing at the owner's expense.

MAP of Dover PARKS & RECREATION SUMMER CLUB at the CONNORS CENTER



LOST CAMPER PLAN SUMMARY:

1. Most senior staff or staff with the highest level of training will take the lead, becoming the Search Manager to ensure a search is enacted at once
2. Notify the Camp Director, Parks and Recreation Department, Lead Counselors and Staff of the following:
    - Camper's full name and age,
    - Last place they were seen and what they were wearing.
3. Verify child's attendance and check records to see if the camper was dismissed or absent
4. Alert Staff with Walkies. Two staff members will stay with each remaining camper group. All other staff will participate in a search.
5. Dispatch other staff to the following areas:
    - Check for childs' belongings, checking the Pavillion, Field 1, The Courts, Field 2, Field 3, all Bathrooms *(including second floor of Sienna House)*, Hiking Trails *(prioritizing primatry trail to the Charles River first and smaller/less used trails after)*.
    - Additionally, all areas surroundings the main stone building will be checked in a clockwise pattern, beginning at the building corner nearest to the Bathrooms.
6. Within 10 minutes, all staff must report back to the Director / Search Manager and Repeat same search (steps 1-5) again.
7. If second search is not successful, staff will notify the Dover Parks and Recreation Departments and child's parents/guardians
8. The police (911) will be notified and given a description of the child and possible locations.
9. This search procedure will continue until the end of the day with staff.
10. Directors, and Emergency Responders will continue until the child is found.

Post Incident…

- Document the Incident
- Direct all media questions to the Park and Recreation department director and Dover police.
- Perform a follow up meeting, inspect equipment, take corrective action, and reopen camp when directed to by the Recreation Director or Camp Director.
- Follow Proper Procedures once reopen

ILLNESS AND INJURY

ILLNESS OR EMERGENCY: In the event a child should become seriously ill or injured while at the camp, the camp staff will notify the parents immediately.
In the event a parent cannot be reached the staff will contact an authorized emergency contact as listed on the enrollment application.
In the event a child requires further assistance from medical personnel and the parents and/or emergency contacts cannot be reached, the camp staff will call 911 and a staff member will accompany the child by ambulance to the nearest medical care facility at the discretion of the EMS.
A cell phone will accompany all group activities and the same procedures will be followed as stated above.
Staff will also immediately notify the Director and Lead Counselors of an emergency situation.
In the case of a major emergency at the site, we will use walkies and a whistle to alert all to assemble in a safe location away from the emergency.
If a child becomes ill —vomiting or a fever—during camp, the child will be isolated and parents or emergency contacts will be called immediately to collect the ill child.
Parents are asked not to knowingly send a camper to camp if they are sick or contagious. Parents are asked to keep an ill child from returning to the program until the child has had a full 24 hours without vomiting or a fever.

MILDLY ILL CAMPERS: All children are continuously exposed to germs. Campers and staff are encouraged to properly wash and dry hands throughout the day. Everyone is required to wash hands before eating and after toileting. However if during the day a child should become mildly ill the camp will provide a cooler, quiet area for the child to rest.
The pavilion will be used to keep the camper indoors and comfortable, with a mat to sit or lay on and away from the other children. Parents or emergency contacts will be notified to discuss collecting the child or choosing to let them continue to rest away from the group.
Children do NOT need to be excluded for other minor illnesses, unless
(a) they are too sick to participate comfortably in program activities;
(b) they need more care than the staffing level allows; or
(c) they are unusually lethargic, irritable, cry persistently for more than ten minutes, have difficulty breathing or show other signs of possible severe illness.

INFECTION CONTROL PROCEDURES: HANDWASHING, TOILETING, AND WASTE ACCIDENTS: Staff must accompany children to the bathrooms at all times and will provide supervision and verbal assistance as needed.
Staff will stand near the bathrooms entrances to provide supervision but maintain privacy. Staff will not come into contact with any child using the bathrooms and are required to notify the Camp DIrector in the case of accidents or similar.

- The Camp Director will wear gloves when handling soiled clothing or coming into contact with any bodily fluids. Any soiled clothing soiled (urine, feces, vomit, or blood must be double bagged in sealable plastic bags. These clothes must have the name of the child on the outside of the bag and will be returned upon pickup.

Staff and children must wash hands after using the bathroom, before eating, after wiping down tables or supplies with cleaning solution(s), before and after administering medication, before and after administering first aid, after handling animals or dirty equipment and whenever activities necessitates.

- In order to properly wash, staff and children must use soap and warm running water for at least 20 seconds.

GLOVES - STANDARD SAFETY PRECAUTIONS: In all cases of providing First Aid or cleaning up and blood or bodily fluids staff shall be provided disposable gloves. The affected area shall be disinfected. Used gloves shall be thrown away in a lined, covered container. Staff and children must wash their hands thoroughly using soap and warm running water for at least 20 seconds. Soiled clothing shall be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.

BASIC FIRST AID: All staff are required to be certified in the basics of First Aid and CPR / AED. Staff will not perform first aid beyond their own certified knowledge and comfort level.
If a child requires first aid of any kind the camp staff will notify the parent by an incident report within 24 hours. Documentation of First Aid must be entered in the Injury Log which is a bound book with pre-numbered pages, with ink and without skipping any lines or page; retained for three years.
A portable first aid kit will be carried with every group and staff will wear gloves when treating an open injury.

- Additionally, any individual not certified in First Aid and CPR/AED *(i.e. volunteer or parent)* may handle or administer any First Aid supply OR attempt any lifesaving measures on another individual.

INJURY PREVENTION SAFETY GUIDELINES: Focus on the PREVENTION of incidents and accidents by enforcing the rules and by always anticipating potential problems. Be especially aware of young children left unattended by adults, and of people of any age exhibiting risky behavior. If an accident should occur, remember to utilize the emergency action plan. Act quickly, stay calm and try to reassure the victim.

LOCATION OF FIRST AID KIT(S) AND CONTENTS (MUST BE POSTED): First Aid kits and First Aid manuals are located within each group and in the Pavilion, which serves as the designated health care center on site. These supplies and materials will be reviewed during training and sporadically throughout the summer season.
The First Aid Supplies are kept stocked by Health Care Supervisors and each individual kit, maintained by Lead Counselors with assistance from the Heath Care Supericver.

All First Aid kits will maintain at least, but are not limited to:

Adhesive tape	Tweezers
Bandages (multiple sizes)	Forehead Thermometers
Sterile Gauze Squares	Hand Sanitizer
Compresses	Triangular Bandages
Gauze Roller Bandage	CPR Mask with a one way valve
Cold Packs	Barrier Protection, Non-Latex Gloves
Bandage Scissors	Sanitization Wipes

LOCATION OF AED: Our site AED is located in the Pavilion, on top of the locked Med box, set-up in front of the bulk first-aid supplies. This AED and its location is reviewed during training.

ALLERGY RESPONSE: If a camper has a severe allergic reaction severe swelling, breathing difficulty, hives, severe itching, dizziness and/or shock. Administer their prescribed Epi-pen (and Benadryl, if provided in prescription) and seek medical attention immediately: Call 911.
To prevent food-borne reactions all staff and campers are encouraged to wash hands thoroughly before and after eating. All food is brought from home and no-one is allowed to share food, without exception.

TICK CHECKS: All staff are trained in tick identification and how to avoid tick bites. Staff and campers are encouraged to apply insect repellent daily, and are reminded to reapply throughout each day.
Additionally, it is highly encouraged for parents to conduct “tick-checks” at home, following every camp day.

FIRST AID STANDING ORDERS	
#1 ABRASIONS, LACERATIONS	Wound care: Wash gently 1st w/ soapy water. Wash with Hydrogen Peroxide Rinse with water Wipe with antiseptic Apply antibiotic ointment Cover with bandage or non-stick sterile dressing SEVERE BLEEDING: Call for medical help. Apply pressure with sterile dressing. Keep wounded area above the heart if possible. Wash the wound with soap under warm running water for at least five minutes. If the bite is deep, place the wounded area lower than the rest of the body.
#2 BITES ANIMAL or HUMAN	DO NOT USE ANY MEDICATION OINTMENTS OR ANTISEPTICS. Apply dry sterile dressing and have parent contacted for further assessment and, treatment by a physician.
#3 BITES, TICK or OTHER INSECT	Remove CAREFULLY the entire tick with tweezers or fingers covered with gauze. Clean injured area. Examine tick to determine that it has been entirely removed. Notify parent of bite with description of tick.
#4 BLISTERS	DO NOT REMOVE BLISTERED SKIN Clean gently with antiseptic towelette and cover with band aid.
#5 BURNS 1st degree: *(redness, mild swelling, pain)* 2nd degree: *(redness, pain, swelling, blisters)* 3rd degree: *(little or no pain, tough, leathery, charred and/ or white skin)*	Stop burning action of 1st and 2nd degree burns by submerging in cold, NOT ICE water for at least five minutes until pain subsides. Apply antiseptic ointment and cover loosely with a sterile dressing. Notify parent and 911 immediately for 3rd degree or large area 2nd degree.
#6 CHOKING	Call for medical help. Evaluate for presence of foreign body and remove if easily attainable. DO NOT PULL HEAD BACKWARDS Conscious or unconscious small child: Give four back blows followed by four abdominal thrusts. Unconscious older child: As above with head turned to side Conscious older child or adult: Heimlich maneuver
#7 CONVULSIONS	Place child in open space on floor or ground. Do not restrain or hold down. Remove any surrounding objects. Place tongue blade across teeth if possible without force. Turn head to side if vomiting. Rest child post seizure and call parent for further evaluation. If child has no prior history, seizure lasts longer than 2 minutes, or breathing stops, then Call 911 immediately. Take temperature.
#8 EARACHE	Call parent for further assessment by physician. Evaluate for lacerations or foreign objects embedded in eye.
# 9 EYE TRAUMA	If so, cover loosely with sterile dressing and have further medical attention sought. For loose foreign bodies, irrigate eye with eye irrigating solution, or normal saline.

	Remove any loose foreign bodies with sterile cotton tipped applicator. Check for breathing and a pulse.
#10 FAINTING	If present, keep child lying down with feet elevated. Turn head to side, loosen neck and waist clothing, and keep warm. Notify parent of episode. Immobilize the area of injury.
#11 FRACTURES	Cover protruding bone loosely with dry sterile dressing. Surround area with ice. Remove any surrounding clothing that could become constrictive. Call for further medical attention. Splint area above and below the break for travel.
#12 HEADACHES	Take temperature. If febrile, call parent. Provide rest, crackers & fluids if a febrile.
#13 HEAD TRAUMA	**Severe**: Do not move child. Call for immediate medical help. Monitor and maintain breathing and orientation. Cover bleeding areas with sterile dressing with gentle pressure. **Minor:** Determine orientation, P.E.R.L., Administer wound care. Notify parent. If the child is not vomiting, give sips of liquid every 15 minutes for an hour.
#14 HEAT FATIGUE HEAT EXHAUSTION HEAT STROKE HEAT CRAMPS	Wrap cold wet cloths, place in front of fan. For heat cramps wrap warm moist cloths with gentle pressure on involved muscles. Monitor temperature to prevent chilling. Notify parent immediately for treatment.
#15 LICE	Send written communication regarding lice to parents of other group members.
#16 NOSEBLEEDS	Have child sit erect slightly forward. Press firmly the sides of nostrils against septum and towards face. Apply ice to bridge of nose or under nose.
#17 POISON IVY / OAK / SUMAC	If recently exposed, wash with GREEN SOAP and water. Apply calamine lotion to affected areas. Review importance of good hand washing and keeping affected area clean and dry.
#18 POISONING	CALL POISON CONTROL CENTER Have on hand causative agent. Follow Poison Control Center's instructions. Take temperature, check throat.
#19 SORE THROAT	If febrile and / or throat very red with white spots, notify parent for further assessment
#20 SPRAINS	Serious sprains may need further evaluation by child's physician. Wrap minor sprains with ice bandage (fingers). Rest, Elevate injured area, apply ice to swelling
#21 SPLINTERS	Hydrogen Peroxide to splinter. Remove with sterile tweezers with care if exceed surface.
#22 STOMACH UPSET	Assess, SAMPLE, Take temperature, check abdomen for Rigidity or rebound tenderness Minor: Rest Severe: call parent for further assessment.
#23 STINGING INSECT BEE, HORNET, WASP	Children with known allergies have emergency kits provided, immediately Administer epinephrine, call 911. Contact parent and or doctor. Bites with no immediate reaction: evaluate skin. If needed remove w/ tweezers. DO NOT SQUEEZE STINGER SITE. Apply ice and monitor for ten minutes for any reaction. Baking soda may be applied. Notify parent of bite.
#24 VOMITING	Take temperature if possible. Rest in semi-fowler's position. Check for abdominal tenderness. Notify parent.
#25 PRESCRIPTION MEDICATION	From the camper's physician in the original bottle with written instructions from the physician or parent.

COMMUNICABLE DISEASE

PROCEDURE FOR REPORTING COMMUNICABLE DISEASE OR OCCURRENCE OF PREVALENT ILLNESS

430.157: COMMUNICABLE DISEASE REPORTING

The operator of a recreational camp for children shall immediately report each case of any communicable disease according to 105 CMR 300.00 occurring in a camp is to the local board of health *and* to the Massachusetts Department of Public Health (617-983-6800). The report shall be made by the operator. Such report shall include the name and home address of any individual in the camp known to have or suspected of having such disease. Until action on such case has been taken by the camp health care consultant, strict isolation shall be maintained.

- Strict isolation of the camper(s)/ or staff member suspected of having a communicable disease shall be maintained until action on such case has been taken by the camp health care consultant.
- Call camp physician and follow instructions for action.
- Report outbreak to local Board of Health.
- Report will include the name and home address of any individual in the camp known to have or suspected of having such disease.
- Report outbreak to Department of Public Health Office of Communicable Diseases (617-983-6800)
- Call parent/guardian of camper(s) and/or staff member (if staff member is under 18 years of age).

430.158: REPORTING OF OUTBREAK OF DISEASE

The operator of a recreational camp for children shall be responsible for insuring that each suspected case of food poisoning or any unusual prevalence of any illness in which fever, rash, diarrhea, sore throat, vomiting, or jaundice is a prominent symptom is reported immediately to the local board of health *and* to the Massachusetts Department of Public Health (617-983-6800), verbally or by telephone. This report shall be made by the camp physician, or if there is no physician in attendance, by the camp nurse, or if there is no nurse in attendance, by the camp director or by the camp operator.

CHILDREN WITH POSSIBLE INFECTION: In the event that a child presents an infectious or contagious illness the Health Supervisor or other appropriate personnel will be notified and bring the child to the camp office/infirmary away from the other children. The child can rest while a decision will be made as to whether the child will can be sent home/picked up. If a child is sent home for a suspected infection; may not return until such a time as the child no longer has the signs/symptoms, and/or a doctor's note has been presented.

COMMUNICABLE DISEASES REQUIRING DPH REPORT, ACCORDING TO 105 CMR 300.00

Amebiasis
Anthrax
Arbovirus infection - including but not limited to, infection caused by dengue, Eastern equine encephalitis virus, West Nile virus and yellow fever virus
Babesiosis
Botulism
Brucellosis
Calicivirus infection - including but not limited to gastroenteritis caused by Norwalk and Norwalk-like viruses
Campylobacteriosis
Cholera
Coronavirus
Creutzfeldt-Jakob disease
Cryptococcosis
Cryptosporidiosis
Cyclosporiasis
Diphtheria
E. coli O157:H7 infection
Ehrlichiosis
Encephalitis, any cause
Food poisoning and toxicity - includes poisoning by mushroom toxins, ciguatera, scombrotoxin, tetrodotoxin, paralytic shellfish toxin and amnesic shellfish toxin, and other toxins
Giardiasis
Glanders
Group A streptococcus, invasive
Group B streptococcus, invasive
Guillain Barré syndrome
Haemophilus influenzae,
Hansen's disease (Leprosy)
Hantavirus infection
Hemolytic uremic syndrome (HUS)
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis, infectious, not otherwise specified
Influenza
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Malaria
Measles
Melioidosis
Meningitis, bacterial, viral (aseptic) and other infectious (non-bacterial)
Meningococcal disease
Monkeypox (and infection with any other orthopox virus in humans)
Mumps
Pertussis
Plague
Poliomyelitis
Psittacosis
Q Fever
Rabies in humans
Reye Syndrome
Rheumatic fever
Rickettsialpox
Rocky Mountain spotted fever
Rubella
Salmonellosis
Severe Acute Respiratory Syndrome (SARS) and infection with the SARS-associated coronavirus
Shigellosis
Shiga toxin-producing organisms isolated from humans, including enterohemorrhagic E. coli (EHEC)
Smallpox
Streptococcus pneumoniae, invasive infection
Tetanus
Toxic shock syndrome
Toxoplasmosis
Trichinosis
Tularemia
Typhoid Fever
Typhus
Varicella (chickenpox)
Viral hemorrhagic fevers, including but not limited to infection caused by Ebola virus,
Marburg virus and other filoviruses, arenaviruses, bunyaviruses and flaviviruses
Yersinios

MEDICAL EXCLUSION OF CHILDREN FROM THE PROGRAM: A child with any of the following signs and symptoms will be excluded from the program, until such a time as the child no longer has the signs/symptoms, and/or a doctor's note has been presented.If vaccine-preventable or communicable diseases are present in the camp, all susceptible children, including those with medical or religious exemptions are subject to exclusion described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.00)

If a child is experiencing symptoms of illness (Fever, cough, sore throat, body aches, headache, chills, vomiting and/or diarrhea), for 24 hours after symptoms subside or until your child is completely well for a full day, whichever is longer.

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SIGNS OF DEHYDRATION: dark/yellow urine and/or decreased frequency; dry mouth, thirst, decreased activity, or lethargy.

A DIAGNOSED CONTAGIOUS ILLNESS

ABDOMINAL PAIN

DIFFICULTY BREATHING

FEVER: 100 degrees or more or accompanied by a stiff neck, lethargy, irritability, or persistent crying.

CHICKEN POX: for five days after the onset of the rash OR after lesions have dried and crusted, whichever is later.

DIARRHEA: more than the child's normal number of stools, with increased stool water or decreased form that is not contained by diapers or controlled by toilet use, or stools that contain blood and/or mucus.

HEAD LICE: excluded until 24 hours after treatment was begun.

If you find that your child has head lice, please notify us so that preventative measures and notification can be made.

HEPATITIS A VIRUS INFECTION: excluded for one week after onset of illness and jaundice (if any) has disappeared OR until immune serum globulin has been administered to appropriate children and staff in the program within two weeks of exposure, as directed by the health department.

IMPETIGO: excluded until 24 hours after treatment was begun.

INTESTINAL TRACT DISEASES, INFECTIOUS DIARRHEAL DISEASES: (Giardia, Shigella, Salmonella, Campylobacter): Children or staff who have uncontrolled diarrhea while attending child care must be removed from the program; children or staff who have uncontrolled diarrhea with fever or vomiting should be kept home until the fever and diarrhea are gone and there is documentation of three negative stool samples. Children or staff who have mild diarrhea without vomiting or fever may come to the program if special precautions are followed.

MEASLES: excluded for four days after the rash appears.

MOUTH SORES: in a child who cannot control his or her saliva, unless the child's physician or local health the department states the child is noninfectious.

MUMPS: for 9 days after onset of gland swelling.

PERTUSSIS: until 5 days of appropriate antibiotic therapy has been completed.

PINWORM: for 24 hours after treatment was begun.

UNDIAGNOSED CONJUNCTIVITIS: *(pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and eye pain or redness of the eyelids or skin surrounding the eye)*, excluded for 24 hours after treatment has begun.

RASH: *(with fever or behavior change)* excluded until a physician has determined that the illness is not a communicable disease.

RINGWORM: until after treatment is begun.

RUBELLA: for 7 days after the rash appears

SCABIES: until all treatment has been completed.

STREP THROAT: for 24 hours after treatment has begun AND normal temperature for 24 hours.

TUBERCULOSIS: until deemed noninfectious by the child's physician OR local health department authority

VOMITING: on two separate occasions within the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.

CHILD SAFETY, DISCIPLINE & BEHAVIOR

CONTINGENCY PLAN

For children who fail to arrive in the morning

- double check attendance and/or roll call.
- call parents/guardians or other contact name provided on the camper's application form
- confirm absence

For children missing from the point of pick-up at the end of the day:

- double check attendance and/or roll call
- check with Main Office to see if camper was picked up early by parents
- check campgrounds in accordance with your lost camper plan

For unregistered children arriving at camp:

- check with the child's parents if still on site, register the camper or dismiss.
- call the child's parent/guardian if the child's phone number is obtained

DAILY MONITORING OF THE ENVIRONMENT FOR REMOVAL AND/OR REPAIR OF HAZARDS

The Camp Administration and staff are responsible for daily monitoring of all program spaces. Camp staff will consistently access all program areas before use throughout the day and report any unsafe conditions.

Tobacco use in any form, including nicotine delivery systems, e-cigarettes are not allowed by any staff, campers or other persons at the camp.

HEALTH RECORDS: The Recreation Department will maintain a Health Record for each camper, volunteer and staff person in compliance with 430.150 and maintain for a minimum three years. Health records will be kept in a secure location, and readily available to the health care supervisors, camp health care consultant and camp operator.
All health related information shall be treated as Protected Health Information (PHI) in conjunction with the Town's HIPAA Policy.

FOOD SAFETY

SNACK & LUNCH: Parents provide a non-perishable lunch, two snacks and water bottle every day in an insulated lunch container. Lunch containers should be stored in air-conditioned areas whenever possible. Food cannot be microwaved or refrigerated. Parents should not pack glass bottles or containers. Children are not allowed to share or discard food. Children will be asked to wash hands before and after eating meals.

WATER: All children should bring a labeled, reusable water bottle. A Poland Spring, chilled water dispenser is provided for camper, volunteer and staff use in the pavilion. They will be encouraged to drink plenty of water and refill empty water bottles regularly throughout each day.

ALLERGIES, EPI-PENS, AND INHALERS: Parents/Guardians are responsible for notifying the Director of all pertinent information regarding food allergies/restrictions prior to child's admission to the program. If a child requires an epi-pen, parents must provide a non-expired pen before they arrive to camp with a Medication Administration form. Children who require inhalers should bring the inhaler to camp each day, parent/guardian must submit a Medication Administration Form.

ARRIVAL AND DEPARTURE OF CAMPERS

DROP OFF: All children must check-in with a staff member upon arrival.

PICK UP: For safety, our staff can only release a child to a person who is authorized by the parent in writing and who has presented proper identification. **IMPORTANT**: Children are released once staff has checked a **PHOTO ID** -- even IDs of the parent/guardians!

LATE PICK-UP POLICY: A late pick-up fee of $1 per minute will be charged if the pick-up time exceeds five minutes after the registered dismissal time; After a 60 minute period of time and no contact has been made by a parent the Police Department and/or Department of Children and Families may be notified.

WALKING HOME / DISMISSING SELF: If a child is over 8 years old and intends to walk or bike home, we need written OR emailed permission from a parent to the Camp Director that indicates specific date(s) and time(s).

Example: "Only at dismissal time, from the Connors Center" "Only on Wednesdays", etc.

WEATHER / SCHEDULE CHANGES: In case of inclement weather, everyone will move indoors.

- Kindergarten, 1st, 2nd and 3rd grade will all remain in the pavilion.
- 4th and 5th grade will go to the second floor of the Sienna House.

SOCIAL MEDIA: Daily updates, photos, event reminders, monthly newsletters and up to the minute information about all of our programs will be shared on social media:

@doverrecma on INSTAGRAM / @doverrecma on TWITTER (X) / @doverrecma on FACEBOOK

JOB TRAINING & ORIENTATION TO ENSURE HEALTH & SAFETY FOR ALL

Town of Dover Parks and Recreation Department adheres to the following Orientation and Job Training procedures to ensure the well-being, health & safety of all children and staff prior to start

Staff who are absent from any component of these training must review all material through self- study, shadowing senior staff, and attending individual training sessions, and must attend all in-service training sessions. (Year round staff will have professional development opportunities throughout the year.)

Additionally, all seasonal staff undergo the following minimum training requirements:

ALL STAFF - HEALTH AND SAFETY

- Bi-Annual Basic First Aid Training/Certification
- with Blood Borne Pathogens, Anaphylaxis and Epinephrine Training
- Bi-Annual Adult & Infant/Child CPR and AED Training/Certification
- Conflict of Interest Law Online Training
- EMERGENCY ACTION PROCEDURES (EAP) ORIENTATION
    - Missing Person Procedures and Drills
    - Alice Training
    - Intruder / Unrecognized Persons
    - Fire & Lockdown Procedures and Drills

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LEAD COUNSELORS, COUNSELORS AND VOLUNTEERS WILL EACH HAVE THEIR OWN, SPECIALIZED GROUP TRAININGS, FOCUSING ON THE POSITION-RELEVANT TOPICS OF:

- Mission & Philosophy
- Rule of Three / Age Appropriate Touch
- Sexual Harassment Prevention
- Special Needs that may be relevant
- Social Media & Technology
- Customer Service
- Staff Conduct

HEALTH CARE PLAN POLICIES ORIENTATION FOR HEALTH CARE SUPERVISORS OF CAMPS:
Includes health concerns like dehydration, heat exhaustion, allergic reactions, bug bites, handwashing, fatigue, insect repellent use, sun exposure, choking, head injuries and concussion, ticks, etc.

- CDC “Heads-Up” Concussion Training
- Medication Administration for Health Supervisors/Directors “Five Rights”
- 430.093: Child Sexual Abuse and Prevention
- 51A Mandated Reporting of Abuse & Neglect
- Swimming Safety, Swim Tests & Christian’s Law
- Allergy Awareness, Anaphylaxis and Epinephrine
- Playground Safety
- Release Of Campers / Camper Security
- Field Trips & Transportation
- Child Development and Characteristics
- Camper Behavior/ Discipline (and Prohibitions)
- Programming objectives, safety, skills, operation
- Behavior Management
- Bullying Prevention and Response
- Gender Issues
- Supervision Ratios | Rule Of 3
- Tour, boundaries, general procedures of operation
- Facility Access
- When to escalate the health concern to administration

SUPERVISION OF CAMPERS

The Recreation Department Summer Camps adhere to the following Supervision and Staff to Child Ratios:

STRICT RULE OF THREE:

- Campers and/or camp staff combinations will always be a minimum of 3 persons.
- Camp Staff are NEVER to be alone with a camper.
- Campers are directly supervised by camp staff and counselors at all times except for the oldest campers as stated below. 80% of the Camp Staff in direct service will be over 18 years old and a minimum of two years older than the minors with whom they supervise.
    - Kindergarten Campers (up to 6 years) have a minimum 1:5 staff to camper ratio.
    - 1st and 2nd Grade Campers (7-8 years) have a minimum 1:8 staff to camper ratio.
    - 3rd, 4th and 5th Grade Campers (9-12 years) have a minimum 1:10 staff to camper ratio.
    - Volunteers ages (14+) have a 1:10 staff ratio, and are allowed to move about the program without full-time direct supervision but have required regular scheduled check-ins.

Counselors take campers to the restrooms in groups of no less than three. (Wait in common doorways)
To dress to/from swimming areas, counselors will accompany campers to the changing areas (there are private stalls in each changing area).

THERE ARE NO EXCEPTIONS TO THESE MINIMUM RATIO REQUIREMENTS.

AGE APPROPRIATE TOUCH POLICY

Dover Parks and Recreation Department advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention and the development of self-discipline. We encourage age appropriate touch that helps children develop feelings of trust, security, and self-esteem; at the same time it prohibits inappropriate touch that exploits a child; or touch initiated by an adult for the adults' gratification or other means of sexual exploitation.

To ensure that abuse does not occur at the program, no staff member is to EVER be alone with a child.
We encourage age appropriate touch (i.e. high five, holding a toddlers hand, a pat on the shoulder) that helps children develop feelings of trust, security, and self-esteem.

HOLDING HANDS: Most children past the age of seven will not want to hold your hand. The developmental shift that happens around this age usually brings a greater need for independence and the appearance of maturity. The essential guideline you should remember is that the older children are, the less you should hold hands.Remember to use gentle limits that help the child feel valued while enforcing safe working relationship.

CHILD SITTING ON YOUR LAP: Most children over the age of seven will not want to initiate this activity - especially not in a group setting, so if one does you should make note of it.
Preschoolers, Kindergarteners, and some 1st graders will still want to crawl into your lap, especially if it is quiet time, or the group is sitting in a circle, if you are reading or if they don't feel well. Setting gentle limits here may include asking them to sit next to you after a minute or giving them a difficult surface on which to be comfortable (sloping your lap), which gently encourages them to find another seat on their own. Children, no matter their age, are to be discouraged from "hanging out" by sitting on your lap; sitting next to you is a easy and safe alternative.

CHANGE OF CLOTHING / BUTTONING A CHILD'S PANTS: Unless children have developmental needs, they will not require your assistance with this activity past the age of six years.
If any child at Summer Club asks for this kind of help, staff need to immediately call for their groups Lead Counselor and Camp Director to assist. While waiting for them to arrive, the staff member should find out more about the situation through conversation with the child, to provide to your supervisors upon arrival and they will deal with the situation, and speak with the family. Staff may be asked to add their experience to an incident report

BEHAVIOR, DISCIPLINE, ABUSE AND NEGLECT POLICIES

BEHAVIOR GUIDELINES & CORE VALUES: It is expected that campers and staff take responsibility for their actions; respect each other and the environment; build relationships through honesty; and care for ourselves and those around us. Prime concern is the safety and well-being of the children.

BEHAVIOR MANAGEMENT
The Dover Parks and Recreation Department advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention and the development of self-discipline.

Staff use positive techniques for behavior management, including redirection, positive reinforcement, and encouragement. In case of an incident, counselors will encourage and mediate conflict resolution among children. Repeated incidents, a child will meet with the Coordinator to discuss their behavior. Any child needing to take a break is never left unsupervised during that time. Additionally, the minutes away from the group will never be longer than years old the child is (ex. 8 years old, 8 minutes) - THIS INCLUDES BOTH CHILDREN TOLD TO TAKE A BREAK AND CHILDREN CHOOSING A BREAK. STAFF SHOULD BE SETTING A TIMER, AND CHECKING IN WHEN IT SOUNDS. PLEASE NOTE, THE CHILD MAY CHOOSE TO STAY IN THEIR BREAK-AREA, IN WHICH CASE YOU WILL SET ANOTHER TIMER FOR THE SAME NUMBER OF MINUTES AGAIN, AND REPEAT. A CHILD JUST LEFT OR ALLOWED TO SIT ALONE, NO MATTER HOW CLOSE THE GROUP IS TO THEM, WILL FEEL LIKE ABANDONMENT TO THE CHILD. THIS FORM OF EMOTIONAL ABUSE WILL NOT BE TOLERATED.

For the safety of all, severe incidents may call for termination from the program with no refunds at the discretion of the Recreation Department. Fighting, foul language, destruction of property, disrespect for others will not be tolerated. Staff will never employ corporal, cruel, severe, humiliation or verbally abusive punishments.

PROHIBITIONS as defined by the Massachusetts Department of Public Health
(105 CMR 430.191(B). The following methods will under no circumstance ever be employed:

1. Corporal punishment, including spanking, is prohibited;
2. No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse;
3. No camper shall be denied food or shelter as a form of punishment;
4. No child shall be punished for soiling, wetting or not using the toilet.

Guidelines will use positive language such as "we walk in the building" instead of "NO RUNNING." Children will be reminded often of the guidelines. **NEVER YELL AT A CHILD.**

We encourage staff to work as a team to ensure constant supervision of the campers. If the counselor is present and tuned in, then events which can lead to disciplinary action often do not occur.

CHILDREN'S RIGHTS: Staff are responsible for ensuring children:

- Have a safe and reliable environment
- Have use of the equipment in functioning condition
- Have their ideas and feelings respected
- Have discipline that is fair, equal and respectful of them
- Have the opportunity to express anger, frustration, disappointment, joy, etc., in an appropriate manner
- Have activities that allow participants to express their creative ability, as they explore and discover, while developing to their fullest potential
- Have an environment that offers a variety of choices; physical, gross motor, quiet, indoor, outdoor, active and passive areas, creative dramatic play, and exploring
- Have a right to voice their opinion on the rules and have input on activities offered
- Have staff members that care about them, enjoy being with them and help them grow

CHILDREN'S RESPONSIBILITIES:

- Learning to take consequences for their own actions
- Respecting the rules that are established for and by them during the program day
- Controlling their feelings so that their actions do not harm anyone
- Not willfully damaging any equipment or property in the building or anyone else's property
- Sharing equipment and facilities with all children in the program
- Remaining with a staff member at all times and checking with staff if they need to go to another area
- Being on time with their belongings for pick up at the end of the program day
- Dressing appropriately for indoor and outdoor play
- Returning materials and equipment to the place they found them before leaving the program or starting a new activity
- Participating in and carrying out an activity that they have committed themselves to
- Riding buses with proper behavior that does not distract the driver or cause a safety risk
- Using appropriate language at all times
- Notifying a staff person if they need help in dealing with a situation
- Walking in the building when moving from indoors to outside and vice-versa
- Respecting other children and staff in the program

SYSTEM OF BEHAVIOR MANAGEMENT

- We encourage children to express feelings of anger or frustration in a verbal manner providing them with the language to use to solve disputes and problems on their own.
- We talk with the child about his/her inappropriate behavior and offer suggestions on how to deal with a problem in a positive manner.
- Children are invited to suggest alternative solutions and assist in implementing them.
- A child who needs to be temporarily removed from the group to regain control, or for safety of the children and staff, will be asked to sit quietly for a few minutes in a quiet area in sight of the staff.
- Staff will speak to children in a calm and positive manner and will encourage safe and appropriate behavior.
- Staff will work with individual children, keep a log as needed, and change schedules and groups as needed to provide for the best opportunity for children to understand the routines and expected behaviors.
- If misbehavior continues despite all attempts mentioned above, the parent will be notified. The parent, staff, and Director will then discuss the situation to try to resolve the problem.

REFERRAL PLAN: If the staff is concerned about a child who shows signs of a need for social services, the staff will notify the Camp/Program Director.

Together, they will follow these referral procedures:

- Record and document observations of child's behavior
- Review the child's file
- Director and staff will meet with parent or guardian to discuss concerns - meeting will be documented
- Provide a current list of referral resources in the community
- Referrals and results are documented in referral log that becomes part of child's file

NOTE: If a child is threatening suicide or showing suicidal tendencies, staff will respond immediately by contacting the Suicide Hotline.

MINOR DISCIPLINARY INCIDENT EXAMPLES: Disagreements between children, Teasing, Inappropriate language or subject matter, Inappropriate pushing or shoving, Inability to keep hands to one's self, Disrespectfulness

1. TAKE A BREAK

If a child does or says something inappropriate (i.e. breaks one of the "camp rules"), s/he is asked to sit in a thinking spot until his/her body is ready. The emphasis is placed on the child rather than the staff member making the decision that he / she is ready to play again. Time outs should never be more than minutes when the camper is old.

2. TAKE A BREAK AND DISCUSS

If the child repeats this behavior a second time, s/he is again asked to sit in a thinking spot. This time, a staff member will sit with the child and talk with him/her about what happened and how the child can make good choices.

3. PARENTS NOTIFIED / CONSEQUENCE

If the behavior is repeated a third time, the staff member will complete an incident report form. The child is reminded that a staff member will need to speak with his/her parents and an appropriate consequence will occur. For example, the child may not be able to participate in free swim.

MAJOR DISCIPLINARY INCIDENTS EXAMPLES

Fighting, bullying, excessive repetition of minor incidents, child on child abuse, vandalism, severely inappropriate language or subject matter, endangering others or one's self, disobedience or disrespect of other children or camp staff, interference with the rights of others, interference with the smooth functioning of a group or activity, leaving their group without a counselor

In this behavior management model, emphasis is placed on teaching the child responsibility for her / his actions while providing a safe environment for all children. Reprimands will be age appropriate and fitting to the behavior. No child will be placed in a time out for longer than their age equivalent in minutes (i.e. 11 years old means no more than 11 minutes).

Staff will keep a record of camper misbehavior including date, time, and campers or staff involved in the incident. In the event of a physical offense involving two campers, the Camp Director will contact the parents of the offender and of the victim. In the event of consistent problems with a camper, parents / guardians will be asked to meet with camp staff to create an individual behavior management plan.

The Camp Director reserves the right to dismiss any children in the event that his/her behavior compromises or threatens to compromise his/her personal safety, the safety of other campers or the safety of camp staff. In the event that the Camp Director feels she must dismiss a child, the situation will be discussed with the family.

Repeated negative behavior: With five behavior reports or one major incident (depending on the severity), the following may occur:

- Sent to the Camp Office (potentially for the rest of the day)
- A call to parent to pick up the child
- Suspension from Camp
- Termination from Camp

REASONS FOR SUSPENSION CAN INCLUDE BUT ARE NOT LIMITED TO:

- Fighting with other children.
- Excessive inappropriate language.
- Continued disrespect for program rules.
- Any physical attack on a staff member.
- Destruction of personal or camp property.

In a situation where a child's behavior is escalating to an unsafe level or is disrupting the group they may be required to be picked up early. Children may return the next day to try again. If the behavior continues a parent conference will be held where the staff, parent and directors will create a behavior plan for that child. If the behavior continues or after excessive suspensions, a second parent conference will be requested to discuss if the program can refer that child for additional services or if the program can continue to meet the needs of the child and to create a plan for return. A Plan for Return may, for example, include that the family must seek psychological and/or medical testing for the child prior to being able to return to the program.

BEHAVIOR SUSPENSION POLICY AND/OR TERMINATION POLICY/PLAN FOR RETURN

The Dover Parks and Recreation Department will inform a parent when there are problems with a child's behavior. After several negative progress reports a child will be suspended for one day. A child may be suspended and/or terminated from the camp under the following circumstances:

- Fighting with other children.
- Excessive inappropriate language.
- Continued disrespect for program rules.
- Any physical attack on a camper or staff member.
- Destruction of property.
- Leaving the program/camp/ or evading supervision deliberately

The Dover Parks and Recreation Department reserves the right, when the health, welfare and safety of children and staff are at stake, the TO TERMINATE SERVICES IMMEDIATELY WITHOUT ADVANCE NOTICE. In a situation where a child's behavior is escalating to an unsafe level or is disrupting the group they may be required to be dismissed early.