

**St Clair Shores  
Parks and Recreations Department  
2020 Special Needs Playground Program**

**Program Description:**

The St. Clair Shores Special Needs Summer Playground Program offers supervised activities to special needs individuals between the ages of 5 to 26 years old. They must not present behavioral problems which, in the opinion of the staff, interfere with the supervision of the other campers and their participation in activities, or pose a danger/risk to other campers and staff. The supervisor and staff reserve the right to remove those who pose behavioral problems, or medical problem beyond the capabilities of the supervisor and staff. We are committed to maintaining a fun and safe environment for each individual.

This program consists of one-week sessions, Monday through Friday, from 9:00 AM to 4:00 PM. The earliest drop off time is 8:30 AM and the latest pickup time is 4:30 PM. There is no splitting of weeks that you register for. The following activities are offered and it is anticipated that each child will be capable to participate in them:

- 1. Pre-arranged field trips (*travel provided by bus*)**
- 2. Swimming at the St. Clair Shores Pool (*twice a week*)**
- 3. Many arts and craft sessions every week**
- 4. Various outdoor and indoor games and activities**

# **Participant and Parent/Guardian Requirements**

Please read the following information very carefully. Acceptance in the program is on a first come/first serve basis. **However, prior to acceptance into the program, the following information must be provided to the St. Clair Shores Parks and Recreation.**

- 1. A completed application (form on program flyer)**
- 2. A doctor's statement that the child has been examined and the doctor has determined that the child can physically participate in all activities set forth in the program description, and if applicable, that the individual's seizure disorder is being fully and successfully addressed with medication and treatment. (form located inside the Medical Packet)**
- 3. A DETAILED description of individual's special needs/physical or emotional difficulties and functional capabilities. (form located inside the Medical Packet)**
- 4. A signed Behavior Contract (form located inside the Medical Packet)**
- 5. A Consent to Treat for completed (form located inside the Medical Packet)**
- 6. A Waiver of Liability form completed (form located inside the Medical Packet)**
- 7. Publication and Media Release form completed (form located inside the Medical Packet)**
- 8. Application of Sunscreen for completed (form located inside the Medical Packet)**
- 9. Medications list completed if applicable (form located inside the Medical Packet)**

## **Medical Information and Requirements**

**A parent/guardian of each camper shall provide a complete and detailed statement of the camper's medical and/or psychological diagnosis, the medications that are taken, how said medications are taken, and when they are taken. Only oral medications will be administered by the staff. There will be one Health Officer on-site to distribute all medications. Medications will only be accepted in its original bottle. Further, the parent/guardian shall provide a statement signed by the physician sustaining that the participant's immunizations are current (form located inside the Medical Packet).**

As a prerequisite to a camper's participation, parents/guardians must recognize and fully assume the risk to the camper under the circumstances **(form located inside the Medical Packet).**

Similarly, in the event that a camper experiences any medical emergency during their participation with the program, the camper shall not be re-admitted to participate in the program unless a doctor provides a written, signed, statement indicating that the camper has appropriately recovered to fully participate. In the event of emergency or circumstances in which the staff identifies a possible need for medical attention, an adult of suitable age, discretion, and authority must be available to pick-up the camper during program hours or to forthwith meet them at any medical facility. The name, address, and phone number of such adult shall be provided and such adult must commit to pick-up or arrive at the medical facility within 1 hour of notification or sooner in the event of an emergency **(form located inside the Medical Packet).**

## **Your Camper's Daily Health**

Because the health and safety of the participating individuals is of primary concern to parents/guardians and staff alike, an individual must not participate in the program when they might be ill. Please refrain from participation if any of the following conditions are present:

- 1. Elevated temperature (*fever*)**
- 2. Nausea, vomiting, and/or diarrhea**
- 3. Symptoms of upper respiratory infection such as congestion or difficulty breathing, persistent cough, or thick yellow/green nasal discharge**
- 4. Sore throat**
- 5. Earache**
- 6. Suspicious skin lesions or rashes**
- 7. Communicable diseases that pose a threat to others**
- 8. Any condition which makes your camper too uncomfortable to participate**

**Thank You!**

# Parent/Guardian Expectations

The following needs to be provided by the parents/guardians:

1. A nutritious lunch; there is no refrigerator available for lunch storage.
2. A swimsuit, towel, sunscreen, water bottle, and backpack all with the camper's name appropriately labeled. Please **LABEL ALL OF YOUR CAMPER'S ITEMS** so that we can ensure that your items get returned at the end of each day.
3. All work phone numbers and cell phone numbers of both parents/guardians, and emergency contact persons, must be provided in the medical forms.
4. Each camper should be picked up by the latest of 4:30pm, Monday-Friday. If a camper is not picked up by 4:30, the supervisor shall have the authority to unilaterally terminate the camper's participation in the program further. A \$1.00 fee per minute/per camper will be implemented for anyone who does not make the 4:30pm pick up time. **A handwritten note shall be permitted and signed by a parent/guardian if the camper will not be picked up by a parent/guardian. This person picking up the individual must be prepared to show a picture ID.**
5. An adult of suitable age and discretion must be available during program hours to pick up the child in the event any staff member determines that a camper is beyond the care-taking capabilities of our staff members that day. This may occur as a result of behavioral issues or medical emergencies. The name, address, and phone number of such adult shall be provided, and such adult must commit to pick up the camper within 1 hour of notification (or sooner in the event of an emergency).
6. **If a camper takes medications, please bring a weeks' worth of medications at the beginning of the week, and give them directly to our Health Officer or Directors. Please DO NOT leave any medications in the camper's backpack or lunch box.**

Thank you!

# Supervisors and Staff

The SCS Special Needs Playground Program Directors include Kayla Oakey and Elizabeth Peake.

The directors' responsibilities include the oversight of staff interaction and campers, camper-participation, the compliance with the rules and policies established for the program, and serving as a liaison between parents, participants, and staff.

The staff ratio is 2.5 participants to every 1 staff member. Each staff member has been certified in infant, child, and adult CPR and First Aid. Please note that no nurse or doctor will be on-site during any portion of the program. There will be a Health Officer on-site to distribute any medications. Further, no social worker will be available. To the contrary, staff is limited as above described.

Please note that staff members are not allowed to transport any participants to or from the program. Transportation on field trips and to the pool is supplied through the City of St. Clair Shores, by bus. It is the parent/guardian responsibility to find transportation to drop their campers off and pick them up.

Thank you,

Kayla Oakey, Elizabeth Peake, and Hannah Perez