

The CAMP LINE

Fall 2013
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Providing Camp-Specific Knowledge on Legal,
Legislative, and Risk Management Issues

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Updates and Emerging Issues

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Icon Key



Education



Issues



Legislative



Mobilization



Position Statement



Public Policy Agenda Development



Regulatory Advocacy



Relationships

ACA Camp Crisis Hotline — Annual Review 2013

Case Studies, Lessons
Learned, and Resources

Hotline Phone Number:
800-573-9019



"Hello. We have a young female camper who has been ill and just revealed to our nurse that two days before she came to camp she had an abortion without her parents' knowledge. She is so ill that she needs more medical help than our staff can provide. When we call the parents to talk about getting her more care, what do we tell them? Do we have to tell them about the abortion or do we have to keep confidential what we know about the abortion?"

"Hi, I'm calling because our staff witnessed a mother punching her son during a family camp event on property. We are not sure if we should get involved and call the authorities."

"Can you help? Our pool director just quit, and in our state, you must have a



certified pool director on site in order to keep your pool open. It's hot and we need to be able to use the pool."

"We don't know what to do. We have a camper we must release from camp due to threatening behavior, but his parents are refusing to come and pick him up."

"Please help. One of our international cultural exchange visitors committed suicide and we cannot get anyone from the agency that placed him at our camp on the phone."

These examples are just a few of the calls that the American Camp Association's Camp Crisis Hotline fielded this year. Every day of the year, the Hotline team is available to help camps in crisis by talking through their situation, discussing options, and connecting them with the resources and experts they need to successfully handle their situation. While the Hotline team is not comprised of medical or legal experts, we do have a highly trained staff and extensive experience — since 1985 — serving as an independent third party and “listening ear” to help callers evaluate issues related to their crises. Each fall, the Hotline team reviews the trends, lessons learned, and resources used during the past year and develops this overview to share with all camps so they might learn from the experiences of others and hopefully be better prepared should a crisis situation occur at their camp.

The Hotline resource main page is www.ACAcamps.org/camp-crisis-hotline — here you will find links to our most popular resources, previous annual reviews of lessons learned, and links to other helpful resources.

This year, the calls were divided into the following categories:

- Health and medical issues: 30%
- Personnel/staff issues: 22%
- *Business issues: 11%
- Camper behavior: 10%
- Allegations of abuse at home: 8%
- Allegations of camper-to-camper abuse: 4%
- Allegations of camper abuse by the public: 3%
- Parent behavior: 3%
- Allegations of staff-to-camper abuse: <1%
- Miscellaneous: 8%

*Business issues is a new category for the Hotline summary. While business issues were noted in previous years, this new stand-alone category emerged in 2013.

Annual Review

Health and Medical Issues — 30%

While the ACA Hotline team is not staffed by legal or medical experts, we do have the experience to direct camps to the best information and support available. We partner with organizations such as the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the Association of Camp Nurses to provide health-related education and resources for the camp community.

For the fifth year in a row, the largest number of calls to the Hotline involved health and medical issues. While the percentage of this type of call has dropped from over 50% to this year's figure of 30%, health and medical calls still remain the most common Hotline call. However, the breadth of health/medical calls was expansive, so a clear “top” issue (i.e., bed bugs, lice, MRSA infections, etc.) did not emerge.

A new issue, reproductive health, emerged as a trend that had not been on our previous lists. This issue included young teenage campers who were pregnant, thought they might be pregnant, or revealed they had just had an abortion, as well as other related health issues for these female campers. This topic was such a prevalent issue that the Hotline team asked our legal consultants to provide additional information regarding these sensitive issues. See the article “She Thinks She's Pregnant — What Do We Do?” beginning on page 17 for an in-depth look at the legal issues related to female teenagers, their reproductive health, and pregnancy.

The remainder of the health and medical calls ranged from questions about common childhood illnesses and infestations (whooping cough, lice, bed bugs) to more serious issues such as cutting, eating disorders, and a number of accidents resulting in injury. The common thread in the calls is that these camps did not have the health care expertise needed in the camp environment on staff or in ready access.

LESSONS LEARNED — HEALTH AND MEDICAL ISSUES

- 1. Camp health care staff needs to be familiar with the most common childhood illnesses, infestations, and injuries.** Finding properly credentialed health care staff is a challenge for many camps. For example, simply identifying someone who is an RN is not enough. Nurses that specialize in other areas (e.g., radiology nurses, operating room nurses) may not have the experience to identify common childhood illnesses, injuries, and infestations. If your only option is to hire someone inexperienced in these issues, be sure that they receive training and support prior to the camp season. The Association of Camp Nurses (www.acn.org) provides excellent resources and support. In addition, have your health care staff review ACA's Hotline resource pages on medical issues (www.ACAcamps.org/camp-crisis-hotline) and participate in health-related online courses and webinars through ACA's Professional Development Center (www.ACAcamps.org/professional-development-center).
- 2. The prevention and spread of disease starts before campers arrive.** Parents need reminders about not sending sick children to camp. ACA has detailed eight critical points that camps can communicate to parents about this issue. Download and share the parent flyer, “A Healthy Camp Starts at Home,” available at www.CampParents.org/healthycampupdate. Camps should also perform thorough health screenings on all incoming campers and initiate stringent hand washing and camp sanitation procedures.
- 3. Understand your state's laws regarding pregnant minors.** As noted above, this was an important new trend in Hotline calls. Scenarios included campers wishing to have a pregnancy test administered without their parents' knowledge, campers who were ill because of an abortion prior to camp without parental knowledge, and campers wishing to purchase their own pregnancy test. See page 17 for an article about this issue.
- 4. Methicillin-Resistant Staphylococcus Aureus (MRSA) is a highly contagious infection.** Establish and maintain procedures for frequent hand washing and cleaning of areas that are frequently touched. Ensure that your health care staff understands the signs and symptoms of MRSA and techniques for the prevention of the spread of the infection. We were made aware of at least one camp that needed to shut down temporarily due to the spread of MRSA. An excellent resource is listed in the “Resources — Health and Medical Issues” section found on the next page.
- 5. Require your health care staff to understand the laws in your state relevant to camp health service — including the distribution of medication.** It is critically important that your staff understands the state laws relevant to health care in the camp setting. Some laws — such as those addressing the handling of prescription medication — vary greatly by



state. Make sure your staff knows what is applicable at your camp — especially if your health care staff practices primarily in another state. (See Case Study Five.)

6. **All staff should be able to identify the signs of common illnesses and infestations.** Frontline camp staff often has the greatest contact with campers and can pick up on the warning signs of illness or the indicators of infestation of pests such as lice and bedbugs. While they are not a replacement for your health care staff, frontline staff plays an important role in preventing the spread of illnesses and infestations. Consider having your entire staff take the ACA online course, “A Counselor’s Role in Healthcare” (www.ACAcamps.org/einstitute/counselors-role-healthcare), and then discuss specific strategies and practices your camp uses to respond to these issues.
7. **Create a health/medical support system.** Before your camp season begins, identify health and medical resources you can access at a moment’s notice to assist you in whatever challenges come your way. Develop a clear health/medical support plan in writing, which will include not just your on-site health care staff, but the list of contacts you would phone in the event of the unexpected health/medical crisis (e.g., grief counselors, mental health professionals, dermatologists, dentists, female health specialists, etc.).

QUESTIONS TO DISCUSS WITH YOUR HEALTH/MEDICAL STAFF

- What would you do if a camper wants a pregnancy test performed by your camp health care staff without her parent’s consent? (See page 17 for an article about this issue.)
- What would you do if one of your staff commits suicide on camp property while off duty?
- What would you do if a camper refuses to eat? (See Case Study Three.)

- What would you do if you find lice in a camper’s hair as they are checking in to camp? What is your policy on lice? (Nits vs. no-nits? Send home vs. treat on-site?)
- What would you do if it is reported to you that a camper is cutting herself?
- What would you do if a staff member comes to you and tells you that they suspect they have a MRSA infection?

RESOURCES — HEALTH AND MEDICAL ISSUES

- *A Counselor’s Role in Healthcare* Online Course: www.ACAcamps.org/einstitute/counselors-role-healthcare
- Association of Camp Nurses: www.ACN.org
- *The Basics of Camp Nursing (Second Edition)*: www.ACAbookstore.org/p-5838-the-basics-of-camp-nursing-second-edition.aspx
- Bed Bugs: www.ACAcamps.org/knowledge/health/diseases/bedbugs and *Debunking the Myths: Strategies for Effective Bed Bug Response in Camp* Online Course: www.ACAcamps.org/einstitute/webinars/effective-bed-bug-response
- Centers for Disease Control and Prevention: www.CDC.gov
- Communicable Diseases and Infestations: www.ACAcamps.org/knowledge/health/diseases
- Cutting: www.ACAcamps.org/sites/default/files/images/knowledge/human/Notes_Cutting.doc
- Lice: www.ACAcamps.org/knowledge/health/diseases/lice
- Management and Administration of Medication: www.ACAcamps.org/campline/s-2000/managing-monitoring-and-administering
- “Medication Management,” *CompassPoint*, 9, (3), 5- 8. Erceg, L. (1999): www.acn.org/compasspoint/index.html
- MRSA Infections: www.ACAcamps.org/knowledge/health/diseases/MRSA
- “Releases and Related Issues: Revisited”: www.ACAcamps.org/campline/winter-2012/releases
- “Religious, Cultural, and Philosophical Objections to Care,” *Bioethics Resident Curriculum: Case-Based Teaching Guides*, American Academy of Pediatrics: www2.aap.org/sections/bioethics/PDFs/Curriculum_Session2.pdf
- Scabies: www.ACAcamps.org/knowledge/health/diseases/scabies
- Ticks: www.ACAcamps.org/knowledge/health/disease/ticks
- Water Bourne Illness: www.ACAcamps.org/knowledge/health/diseases/naegleria-fowleri
- West Nile Virus: www.ACAcamps.org/knowledge/health/diseases/west-nile-virus.

Personnel Issues — 22%

We continue to see a rise in the number of Hotline calls involving personnel issues. In some cases, camps are simply looking for resources to hire an emergency replacement staff person because of a resignation or termination. In other cases, camps are searching for resources to help them make legal decisions about the hiring/release of a staff person. Personnel-related calls accounted for a full 22% of the calls this year. Following are the lessons we continue to learn and the resources used most frequently this year.

LESSONS LEARNED — PERSONNEL ISSUES

- 1. Understand the employment protection afforded in the Americans with Disabilities Act (ADA).** ADA laws provide protection from discrimination in hiring and access for people with a broad spectrum of physical challenges. Craft your job descriptions with the assistance of your attorney and get legal advice before beginning your hiring process. Excellent resources are listed at the end of this section.
- 2. Establish a robust screening process for all staff and volunteers.** Your screening process should be multifaceted and include a criminal background check, voluntary disclosure statement, reference checks, verification of previous work, and a personal interview. See the resources that follow for advice and tips on how to conduct thorough screening for staff and volunteers.
- 3. Before beginning any hiring process, determine your organization's thresholds for acceptable criminal records in a criminal background check.** Protecting the safety of those in your care must be your top priority. Serving *in loco parentis*, or “in the place of a parent,” camps and other youth-serving organizations need to use all the information at their disposal to screen applicants that will have access to children, youth, or vulnerable adults. Developing a threshold policy will allow you to comply with the law and protect the safety of everyone participating in your programs. Although some organizations have set policies not to hire anyone with a criminal record of any kind, ACA's guidance is to establish a criminal background threshold for each position within your organization. Some states have already enacted laws regarding thresholds for individuals who work with children and vulnerable adults. At the same time, there are antidiscrimination laws that must be considered. It is not advisable for individuals with certain types of criminal records to work or volunteer for your organization. For example, the duties and responsibilities of a camp counselor position would not be suitable for someone whose criminal record contained multiple offenses against children. Therefore, by adhering to any relevant laws and establishing a threshold of unacceptable crimes for each staff or volunteer position, you will be able to more effectively use information obtained from criminal background checks in your hiring decisions. A threshold policy should always be developed working in conjunction with your legal counsel (see the resources that follow).
- 4. If an employee or potential employee shares with you that they are transgendered or in the process of reassigning their gender, understand all the issues related to their employment and privacy.** ACA continues to see a dramatic rise in the number of calls regarding a transgendered person and their employment (or participation as a camper) at camp. Camps want to know everything from “how do we accommodate transgendered individuals?” to “are they protected by law and thus do we have to accommodate them?” There are no definitive answers here, but laws do vary by state so be sure to consult with your attorney. Arm yourself with the facts and options (see the resources that follow).
- 5. Regardless of new state laws about marijuana use, it is still illegal to use, according to federal law.** Medical marijuana is considered a “Schedule I” controlled substance under federal

law. As an employer, generally you can terminate or refuse to hire an employee (or refuse to allow a camper to attend camp) who is currently using marijuana, whether for medical reasons or otherwise. (*Special note: On August 29, 2013, U.S. Attorney General Eric Holder informed the governors of Washington and Colorado that the Department of Justice would allow the states to create a regime that would regulate and implement the ballot initiatives that legalized the use of marijuana for adults in their state — but made clear that marijuana remains an illegal drug under the Controlled Substances Act and that federal prosecutors will continue to aggressively enforce this statute. What this will mean for the employment law is yet to be seen.* www.justice.gov/opa/pr/2013/August/13-opa-974.html.)

- 6. Have a back-up plan for staff coverage in an emergency or unexpected loss of staff.** Supervision ratios are critical to ensuring the safety of your campers. In the event that you need to terminate the employment of staff because of an egregious situation, you do not want to be stuck between considering retaining a poorly performing employee because of your inability to cover supervision ratios — or firing and risking the safety of campers due to lack of supervision. Or, consider what you would do if you suddenly lost one or more key staff members — especially someone in a critical role such as your nurse or cook. Before the season begins, identify short-term options that you can turn to for coverage in an emergency. Consider how properly trained volunteers might help you if you suddenly find yourself short-staffed. Some camps have hired one extra “floater” staff member that can be trained and available when staff vacancies unexpectedly arise.
- 7. Enforce your personnel policies.** It's not enough to have personnel policies — you must enforce them as well. Establish a clear understanding of what the consequences are (reprimand, suspension, dismissal, and so on) for the violation of your personnel policies. If you don't enforce your own policies, you leave yourself open to all kinds of risks — including lawsuits — especially if you do not enforce consistently (e.g., treating one staff member different than another when they have both ignored one of your policies). And, as noted previously, consider staff coverage if you need to dismiss someone.
- 8. Identify an employment attorney to provide you with legal counsel.** Identify this person before you begin your hiring cycle. An attorney with experience in labor laws, contracts, and employment issues that you can contact for help at any time is an invaluable resource for any camp.

QUESTIONS TO DISCUSS WITH YOUR STAFF

- If you have a zero tolerance policy on the use of illegal drugs and alcohol and discover that more than one-third of your staff were using marijuana in a remote area of camp property one evening during their off time — what do you do? What does this mean for both your staff policies and your supervision ratios?
- You've just hired your staff, but camp has not yet begun. A female counselor approaches you and tells you that another of the just-hired staff sexually assaulted her last year (not at camp), but she never called the authorities. She does not want to work with this person and wants you to do something. What do you do? What do you need to consider in this situation?

- If your camp desires a culture of inclusion, what things do you need to think about in accommodating a biologically male counselor who is in the process of transgendering to female?

RESOURCES — PERSONNEL ISSUES

- American's with Disabilities Act: www.ADA.gov
- *Camp Administration* Online Course: www.ACACamps.org/einstitute/administrator
- Criminal Background Check Resources: www.ACACamps.org/publicpolicy/cbc
- *Criminal Background Checks: Dispelling the Myths and Confronting the Realities* Online Course: www.ACACamps.org/einstitute/criminal-background-checks
- Criminal Background Check Threshold Setting: www.ACACamps.org/publicpolicy/cbcthresholds
- Governmental Agencies Related to Employment: www.ACACamps.org/members/jobdesc/gov
- Handling Threats of Suicide: www.ACACamps.org/campmag/1009/in-the-trenches
- International Staff Resources: www.ACACamps.org/international/practices
- Medical Marijuana and Camps: www.ACACamps.org/knowledge/health/medical-marijuana
- Staff Position Descriptions: www.ACACamps.org/members/jobdesc
- ACA Staff Training Resources (online courses on bullying, risk management, staff supervision, etc., books/DVDs, and more): www.ACACamps.org/einstitute and www.ACAbookstore.org
- Transgendered Law Center: <http://transgenderlawcenter.org/issues/employment>
- Transgendered and LGBTQ Resources: www.ACACamps.org/sites/default/files/images/research/connect/documents/Transgender-resources.pdf

Business Issues — 11%

For the first time in the history of the Hotline, calls about the business operations and administration of camp were so prominent that they rose to their own category with 11% of the calls. While most of these calls may not have involved a true “crisis,” the Hotline team recognizes that in the moment the camp director makes the call to us, they are stressed and looking for resources. The Hotline team does its best to connect every caller to immediate, relevant resources. Business/administration questions included a broad range of topics such as the use of e-signatures, insurance for international campers, and releases.

RESOURCES — BUSINESS ISSUES

- ACA Buyer's Guide: www.ACACamps.org/buyers-guide
- *Camp Administration* Online Course: www.ACACamps.org/einstitute/administrator
- *ACA Camp Business Operations Report 2012*: www.ACACamps.org/research/improve/2012-business-operations
- ACA's Camp Business Research, Summaries, Data, and Maps: www.ACACamps.org/research/research-reports-summaries-and-data
- Designing Your Programs to Best Enhance the Camp Experience: www.ACACamps.org/knowledge/programs-enhance-camp
- “Releases and Related Issues: Revisited”: www.ACACamps.org/campline/winter-2012/releases
- “Are You Ready for the E-Sign Revolution?": www.ACACamps.org/campline/fall-2010/are-you-ready-for-the-e-sign-revolution
- “Authenticating and Enforcing e-Signatures: Companies Doing Business over the Internet Are Seeking Ways to Replace Traditional Signatures with Valid e-Signatures”: www.ACACamps.org/campline/f-2004/authenticating-and-enforcing-e-signatures

Crisis Help Available Twenty-Four Hours a Day

We remind you that the ACA Camp Crisis Hotline is available to you twenty-four hours a day. We encourage you to use this service when you need help in a crisis. Be sure to remember the Hotline page on the ACA Web site, which lists resources and links related to the most common types of calls we receive. Take a look at the broad range of resources now — before you need them: www.ACACamps.org/camp-crisis-hotline. Consider using the case studies as a staff training tool!

The Hotline phone number is

800-573-9019

Camper Behavior Issues — 10%

Calls related to the inappropriate behavior of campers rose from 8% to 10% of the total calls since last year. This category excludes allegations of camper-to-camper abuse — which is covered in the section starting on page 8. Typically, this category focuses on an individual camper's behavior in general and not behaviors made toward another person.

LESSONS LEARNED — CAMPER BEHAVIOR

- 1. Games that might appear harmless can be dangerous and life threatening. Know them and exclude them from your camp's program.** Perhaps you've heard about some of them — the Cinnamon Challenge, Chubby Bunny, Mumblety Peg, and the Choking Game. Social media sites are filled with videos of kids engaging in thrill-seeking “games” that could cause serious harm and even death. It is critical that camp staff understand the high-risk games that are attracting alarming numbers of participants. (Staff can be tempted to participate as well!) Consider covering this topic during an in-service training soon after campers have arrived. The key to preventing your campers from participating in these risky activities at camp is in your staff supervision practices. Visit www.ACAcamps.org/knowledge/participant/training/dangerous-games.
- 2. If a camper is showing inappropriate affection toward staff, handle it swiftly and sensitively to protect all involved.** See Case Study Four for a specific example of a camper who — even after numerous discussions — behaved inappropriately and uncomfortably affectionate toward staff.
- 3. Campers' belongings CAN be searched if you suspect illegal or unsafe activities.** Unless the camp is owned by a public entity (e.g., the city recreation department), there are no constitutional issues in having a policy to search belongings of campers. Invasion of privacy issues may be superseded by safety concerns. Ensure that parents are aware of your policies. See the resources that follow for an excellent overview of this issue.
- 4. Ensure that parents and campers understand your camper behavior and related policies and their consequences.** If, for example, your camp has a policy that campers cannot have or use cell phones while at camp, be sure campers and parents understand what specific consequence you will render if a cell phone is found.
- 5. Provide a positive camp environment.** Feeling safe is critical to a child's learning and mental health. Promote positive behaviors such as respect, responsibility, and kindness. Prevent negative behaviors such as bullying and harassment. Provide easily understood rules of conduct and fair discipline practices. Teach campers to work together to stand up to a bully, encourage them to reach out to lonely or excluded peers, celebrate acts of kindness, and reinforce the availability of adult support.
- 6. Educate staff on the indicators and symptoms of mental health problems.** Information breaks down the stigma surrounding mental health and enables staff and campers to recognize when to seek help. Your mental health professional network can provide useful information on symptoms of problems like depression or suicide risk. These can include

changes in eating or sleeping habits, withdrawal from others, decreased social and academic functioning, erratic or changed behavior, and increased physical complaints.

- 7. Strict and well-enforced staff supervision policies are keys to decreasing camper behavior issues.** Ensure that your procedures and staff training are designed not only to protect the safety of campers, but also to identify situations where campers could be tempted to behave inappropriately. Train staff in specific behaviors that represent good supervision.

QUESTIONS TO DISCUSS WITH YOUR STAFF

- What would you do if you catch a camper using a contraband cell-phone to secretly take intimate pictures of others? (See Case Study Six.)
- What would you do to engage a camper who is distancing themselves from others and appears lonely and withdrawn?
- What would you do if you suspect that a camper possesses illegal drugs?
- What would you do if a camper is expressing threats of suicide? To what resources would you turn?

RESOURCES — CAMPER BEHAVIOR

- ACA Mental Health Resources: www.ACAcamps.org/knowledge/health/mental-health
- “Behavior Management — Parenting Skills for Counselors”: www.ACAcamps.org/content/behavior-management-parenting-skills-counselors
- Dangerous Games Every Camp Must Know About: www.ACAcamps.org/knowledge/participant/training/dangerous-games
- *Managing Difficult Camper Behaviors* Recorded Webinar: www.ACAcamps.org/einstitute/managing-difficult-camper-behaviors
- *Mental Health Issues in Camp* Recorded Webinar: www.ACAcamps.org/einstitute/mental-health-issues-in-camp
- “Privacy vs. Protection: Can You Search Camper and Staff Belongings?”: www.ACAcamps.org/campline/980-privacyvsprotection
- “Time Tested Strategies for Dealing with Challenging Behavior”: www.ACAcamps.org/campmag/0005/time-tested-strategies-dealing-challenging-behavior

Allegations of Abuse at Home — 8%

Camp is a safe place — and in the minds of campers who are living in an abusive situation, camp is where they often feel comfortable for the first time telling someone about their abuse. This year, 8% of our calls were from camp directors wanting to talk about what a camper had revealed to someone on their staff about their abuse at home.

LESSONS LEARNED — ALLEGATIONS OF ABUSE AT HOME

- 1. You must report all allegations of abuse to the authorities. Period.** While camps may feel that they need to investigate to determine if the allegation is true or not, or if the camper

was “just kidding” or “just making it up to get attention,” investigation is not the role of the camp. Instead, the camp should rely on trained professionals to respond to the allegation. Those who work with children are mandated by law to report to authorities any time you suspect that a child is being neglected or abused. Make sure your entire staff is aware of the law and the appropriate processes at your camp to contact the authorities as swiftly as possible. Sometimes camps tell us that the camper revealed the abuse to a frontline counselor, but that he or she, as the camp director, talked with the camper and “don’t think it is true.” Regardless of whether you “think” it is true or not, you absolutely must contact the authorities. The horrors experienced by the victims of Pennsylvania State University’s football coach Jerry Sandusky, and the resulting revelation of cover-up by other university staff, have solidified this mandate.

- 2. More children than you know may be arriving at your camp already the victim of abuse.** According to the U.S. Department of Health and Human Services, one in four girls and one in six boys will be the victim of abuse before they reach age eighteen. Consider your camp population related to these statistics. Many children arriving at your camp may already be the victim of abuse. See the following resources for help on recognizing the signs of abuse and steps to take if a camper reveals abuse to you.
- 3. Document everything.** To aid authorities in their investigation, make sure you have recorded everything in writing — what the

child said, who they said it to, what time it was, etc. You should not interrogate or scare the child, simply have the staff member to whom the revelation was shared write everything down.

- 4. Keep the number of your local child abuse reporting authority easily accessible.** A number of the calls to the Hotline were simply to get the proper phone number. We are always happy to help in these situations as we understand the stress and pressure camps feel at these times. Camps can always call us, but you should also consider looking up the number now and posting it somewhere easily accessible to administrative staff. The numbers can be found at www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172.
- 5. Many — but certainly not all — countries have a “child protection” agency similar to those in each of our country’s states.** If an international camper reveals an abusive situation at home, (the Hotline got this type of call for the second year in a row), it can be unclear as to whom to call. In times like these, a camp need not try to figure out if the camper’s home country has a child protection agency. Instead, there is a U.S. government agency that keeps track of all of that information and can direct you to the right authorities: Childhelp (800-422-4453), www.childwelfare.gov/responding/how.cfm. In the case of an international camper, you will need to phone Childhelp, as the list of foreign country resources is not on the Web site.

Accreditation Standards: By the Numbers!



Once again, it was a busy summer of accreditation visits for camps hoping to gain ACA accreditation and those wanting to maintain their current accreditation status. Below is an initial overview of summer 2013.

Number of camps visited: 835

Most Missed Mandatory Standards (and % of camps that scored “no”)

- HW.23.1 — Staff Health History Forms (3.4 %)
- PA.21.1 — Watercraft Guard Rescue Skills (3.3%)
- PA.4.1 — Lifeguard Rescue Skills Specific to Camp’s Aquatic Area (1.5%)
- HR.4.2 — Check of the National Sex Offender Public Web Site for Staff (1.5%)
- HR4.1 — Completion of Voluntary Disclosure Statement by Staff (1.5%)

It is important to remember that a camp has ten days to verify they have come into compliance with a mandatory standard or they immediately lose accreditation.

Most Missed Nonmandatory Standards (and % of camps that scored “no”)

- HW.1.2 — RN or MD On-Site Daily for Resident Camps (14%)
- PD.31.4 — Protective Gear: Archery (11%)
- HW.19 — Swimming Lessons: Certified Instructor (10%)
- PD.38.2 — Public Providers of Specialized Activities: Adventure/Challenge (9%)
- HW.11.1 — Healthcare Policies: Reviewed Every Three Years (7%)

All of these standards involve some sort of required written documentation.

The National Standards Commission (NSC) reviews this information (along with other questions and/or comments that have been raised over the summer) and uses it to inform additional areas of education needed, revisions and/or clarification to standards that might be appropriate, and the identification of trends.

The NSC met September 15–17, 2013! Watch for an update from that meeting in an October issue of *ACA Now*.

QUESTIONS TO DISCUSS WITH YOUR STAFF

- What would you do if you witness a mother physically abusing her child at your family camp program? (See Case Study One.)
- A female camper was passing her journal around her cabin and shared a specific passage with her counselor that disclosed a rape that occurred before camp. What do you do?
- If a camper reveals to you that her step-father “squeezes her tight” and “leaves her locked in the car,” what would you do?
- If a camper reveals that she was date-raped by an acquaintance at school, but never told anyone, what would you do?

RESOURCES — ALLEGATIONS OF ABUSE AT HOME

- See page 9 for all resources related to child abuse.

Allegations of Camper-to-Camper Abuse — 4%

After a few years of rising numbers, this year we saw a significant decrease in the number of Hotline calls involving allegations of camper-to-camper abuse. We suspect that this decrease is due to a number of factors including: increased staff supervision vigilance, increased understanding of the laws requiring the reporting of abuse, and increased education for children about their own behaviors and actions toward others. Most of the calls we fielded were from camp directors who either wanted clarification of mandated reporter laws or the proper phone number to call to report an allegation.

LESSONS LEARNED — ALLEGATIONS OF CAMPER-TO-CAMPER ABUSE

1. **The law is clear. You MUST contact authorities if there is an allegation of campers abusing one another.** This summer, a camp director who disregarded this law was arrested. The public record verified that this camp director was arrested for failing to report an allegation a camper made to him regarding two other campers abusing the camper. The camp director did not call the authorities and instead sent the alleged perpetrators home. An anonymous tip to authorities in the state revealed the situation, and authorities moved swiftly to arrest the camp director. While this case did not involve an ACA-accredited camp, this situation brings very clear focus on our priority to protect the children in our care. Make the call to authorities if you suspect that a child is the victim of abuse.
2. **Make bullying prevention a priority from the first day of camp, and let all campers know that bullying behavior is unacceptable.** All campers need to feel safe both emotionally and physically. Set bunk rules with explicit examples of acceptable and unacceptable behaviors in regard to bullying. Post these rules in the cabin and have staff and campers review together and sign.
3. **Vigilant staff supervision is the key to keeping campers from harming each other.** In most of the situations explained by callers, the allegation of camper-to-camper abuse came in those brief moments in time when staff were not directly engaged with campers — shower time, trips to the restroom, changing for the pool, etc. It is imperative that your staff be trained to be even more vigilant during these vulnerable times. If your camp does not have staff sleeping in the same room with campers, you must consider what you are doing to ensure there is no inappropriate behavior in the middle of the night.

4. **Ensure staff behavior matches core camp values.** To prevent bullying and abuse, and to build respect and inclusiveness, staff must commit to matching actions with words. Staff orientation should include training on bullying behavior that addresses the types of bullying seen by counselors, what to do when they see it, and how to be vigilant with these issues during the season.

QUESTIONS TO DISCUSS WITH YOUR STAFF

- How do you protect your campers from harming one another in the middle of the night if your camp does not have staff sleeping in the same room as campers?
- Lifeguard staff see two five-year-old male campers touching one another under their bathing suits in the pool. Is that abuse? What do you do?
- If your camp uses a buddy-system whereby campers have a buddy to go places such as the restroom, what are you doing to make sure that those buddies are not harming each other when they are alone?

RESOURCES — ALLEGATIONS OF ABUSE

- See page 9 for all resources related to child abuse.

Allegations of Camper Abuse by the Public — 3%

While rare, we fielded a number of calls from camp directors who suspected that one of their campers was a victim of abuse by a member of the public or a user group participant on property. In one case, there was suspicion that a camper had been abused by a member of the public while camp was visiting a public place. The camp found out about the allegation because the five-year-old camper went home and told his mother that he had been “touched” at a urinal in a public bathroom. While all the callers in this category understood and were complying with mandated reporting laws, they wanted to discuss policies and procedures for keeping their campers safe in public venues.

LESSONS LEARNED — ALLEGATIONS OF CAMPER ABUSE BY THE PUBLIC

1. **If your camp occurs on public property, or you visit public places, you must establish practices that keep the public from interacting with your campers without staff supervision.** Vigilant staff supervision is key.
2. **Educate your campers to be safe without making them scared.** There are terrific resources (see the following resources section) about how to educate children to be safe in public places without making them terrified or shy of public adventures. Utilize the resources from the experts.

QUESTIONS TO DISCUSS WITH YOUR STAFF

- If you are taking your campers to a public place, what are your procedures for the use of public bathrooms? If you are not placing staff in those public restrooms, what are you doing to ensure that the public is not interacting inappropriately with your campers?
- Beyond abuse, there are other ways that the public might interact negatively with your campers. Have you considered the emerging issue of public violence and the resources ACA has gathered to help camps? Visit www.ACACamps.org/knowledge/public-violence.



RESOURCES — ALLEGATIONS OF CAMPER ABUSE BY PUBLIC OR USER GROUP

See below for all resources related to child abuse.

- Child Abuse Reporting Telephone Numbers by State: www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172
- ACA Resources on the Emerging Issue of Public Violence: www.ACAcamps.org/knowledge/public-violence
- ACA Resources on the Prevention of Child Abuse: www.ACAcamps.org/child-health-safety/child-abuse
- *Camper-to-Camper Issues: Do Children Sexually Abuse Other Children?*, Stop It Now: www.stopitnow.org/pubs.html#otherchildren
- Child Molesters: A Behavioral Analysis, National Center for Missing and Exploited Children: http://missingkids.com/en_US/publications/NC70.pdf
- *Critical Things Staff Needs to Know About Bullying Prevention* Online Course: www.ACAcamps.org/einstitute/staff-need-know-bullying-prevention
- Fact Sheet on Youth Who Commit Sex Offenses, National Juvenile Justice Network: www.ACAcamps.org/sites/default/files/images/knowledge/Fact%20Sheet--Youth%20Offenders.pdf
- *For Their Sake Handbook: A Staff Training Handbook about Child Abuse Awareness*, Becca Cowan Johnson: www.ACAbookstore.org/p-5804-for-their-sake-handbook-a-staff-training-handbook-about-child-abuse-awareness.aspx
- *How to Abuse-Proof Your Camp: Procedures for Preventing Child Sexual Abuse* Online Course: www.ACAcamps.org/einstitute/webinars/abuse-proof-your-camp-preventing-child-sexual-abuse
- Juveniles Who Commit Sex Offenses against Minors, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice: www.ACAcamps.org/sites/default/files/images/knowledge/JuvenilesWhoCommitSexOffensesAgainstMinors.pdf
- Mandated Reporter Issues: www.ACAcamps.org/camp/s-2011/remember-camps-are-mandated-reporters
- Preventing Child Sexual Abuse within Youth-Serving Organizations: Getting Started on Policies and Procedures, Centers for Disease Control and Prevention: www.cdc.gov/violenceprevention/pub/PreventingChildAbuse.html
- Preventing Child Maltreatment and Promoting Well-Being: A Network for Action, U.S. Department of Health and Human Services: www.childwelfare.gov/pubs/guide2013/guide.pdf
- *Recognizing and Reporting Child Abuse and Neglect* Online Course: www.ACAcamps.org/einstitute/childabusereporting-ecourse
- SAMPLE Child Protection Policy for an Organization, Cal Ripken, Sr. Foundation: www.ACAcamps.org/sites/default/files/images/knowledge/CRSF_Template_National%20Child%20Protection%20Policy.pdf
- Speak Up: Be Safe, Childhelp (The evolution of “Good Touch Bad Touch,” a universal primary prevention program targeting child abuse, neglect, and societal risks for Grades 1–6): www.speakupbesafe.org/
- Take 25: Conversation Starter: Make Time to Talk to Kids about Safety, National Center for Missing and Exploited Children: www.ACAcamps.org/sites/default/files/images/knowledge/CONVSTART_2013.pdf
- Teaching Kids to Be Safe without Making Them Scared, KidPower.org: www.kidpower.org/library/article/safe-without-scared/
- Tough Lessons for Organizations Serving a Vulnerable Clientele, Nonprofit Risk Management Center: www.ACAcamps.org/publicpolicy/cbc/tough-lessons-organizations-serving-vulnerable-clientele
- “Train Away Risk”: www.ACAcamps.org/sites/default/files/images/campmag/Train%20Away%20Risk.pdf

Parent Behavior Issues — 3%

Just 3% of our Hotline calls this year involved parent behavior — down significantly from previous years. Sadly, we continue to field calls where parents refuse to pick up their child who has been expelled from camp for misbehaving or has a medical issue that requires him or her to leave camp. As camps, you partner with parents, but sometimes it is the parents themselves that are the challenge.

LESSONS LEARNED — PARENT BEHAVIOR ISSUES

- **Ensure that all families have a copy of and understand your camp’s policies.** This includes behavioral expectations and consequences for breaking the rules, as well as refund policies

if a camper is sent home for behavioral issues. Be very clear with parents what your expectations are should you need to contact them to discuss their child's behavior. Some camps have implemented a system as part of their registration process in which parents verify that they agree to come and get their child within a certain amount of time (or arrange for someone else to pick up their child) if the camp feels it is in the best interest of the camper and the rest of the camp for that child to leave camp.

- **Always have at least one emergency contact who is not the parent of the camper.** As mentioned previously, we have seen growth in the number of calls from camps regarding parents who are refusing to pick up their child early from camp when the camp has determined that they must expel the child. The reasons for expulsion range from threatening behavior to serious medical conditions. As shocking as it seems to the camp, there are parents who simply want the camp to handle everything until the scheduled end of camp. If the camp is unable to get a parent or other emergency contact to take custody of the child in cases of threatening behavior, sometimes the camp's only recourse is to call the authorities to have them take custody. These extreme situations are rare but growing. Be sure that your camp families understand your expectations and the parameters that might force you to determine that a child must be sent home, including any medical situations. (For example, if you have a "no nits" policy about lice that deems that a child with lice will be sent home, be sure your families are aware of your policy.)
- **Not every camp is suitable for every child, but there is a camp for every child.** Be clear with families — prior to registration — about the culture and practices of your camp. Allow parents to make informed choices about whether their child is suited for your camp or a different camp. Consider ACA's Find a Camp database (<http://find.ACAcamps.org/>) as a tool for directing parents to a camp that might be better suited for their child's needs.
- **Communicate — and then communicate some more.** An informed parent is a partner. An uninformed parent can become an adversary — with their children caught in the middle.

QUESTIONS TO DISCUSS WITH YOUR STAFF

- If parents refuse to pick up their child when you have expelled her from camp because of her harming other campers, what would you do?
- If your camp has an outbreak of the MRSA virus and the health department is shutting down your camp, what are your procedures for communicating with parents and ensuring the swift evacuation of camp?
- If parents have a special request regarding their child (and it is not something that is protected by law) and you cannot accommodate their request, how do you help the parents find the "right" camp for their child? Do you partner with other camps to assist in these situations?

RESOURCES — PARENT BEHAVIOR ISSUES

- ACA Communications Toolkit: www.ACAcamps.org/members/toolkit/crisiscomm
- "What Parents Want to Know that Camp Counselors Should Know": www.ACAcamps.org/campmag/1205/what-parents-want-know
- "When Behavior Becomes a Legal Issue": www.ACAcamps.org/campline/s-2010/when-behavior-becomes-legal-issue
- "Working with Camper Parents: A Prescription for Success": www.ACAcamps.org/campmag/issues/0909/working-with-parents

Allegations of Staff Abusing Campers — <1%

This year we received only one Hotline call of an allegation of a staff member abusing a camper. One is still too many. This particular scenario involved a parent of a returning female camper who called the director to tell him that her daughter, along with some other girls that were at camp last year, had gotten together before camp to share their excitement about leaving for camp. During the conversation, the name of a male staff member from the previous year came up and some of the girls said that he had "inappropriate contact" with them last year. The male counselor was employed by the camp again this year and the director wanted to discuss what to do.

LESSONS LEARNED — ALLEGATIONS OF STAFF ABUSING CAMPERS

1. **We cannot say it enough — if an allegation is made that any child has been a victim of abuse, you must contact the authorities.** Don't hesitate. Make the call so those who are trained to handle these types of allegations can investigate.

Additional lessons to remember on this topic:

2. **One staff person should never be alone (out of the sight of others) with a camper.** Period. If nursing / health care staff are concerned about the privacy of a camper when they are being medically examined, be sure you have established procedures that still avoid a situation where a staff person could abuse a child.
3. **Staff training and supervision policies must support the above.** Is your staff-to-camper ratio high enough to ensure that one staff person cannot be alone with a camper, especially in unique times such as the middle of the night when a camper needs to use the restroom? Develop policies and procedures that support staff in avoiding one-on-one situations and practice strategies for avoiding these types of situations.
4. **Teach your staff to be ever vigilant and question what they see.** It takes just one person to step up and question when they see something suspicious about the way an adult is interacting with a child. You may be the one who is able to free a child from ongoing abuse. Always have the best interest of the child in mind!
5. **Establish clear policies about appropriate physical interaction between staff and campers.** Be very clear where you draw the line when it comes to physical interaction. Does your camp allow hugging, back-patting, lap-sitting, etc.? If so, be sure that your staff understands what is appropriate and what is not. Use role-playing in staff training to crystallize your policies.

QUESTIONS TO DISCUSS WITH YOUR STAFF

- If you witness a staff member being unusually physically affectionate (long hugs, back massages, frequent shoulder squeezes, etc.) with campers, what do you do?
- If you walk in on another staff member who is with a camper in their cabin alone, what do you do?
- If your restroom facilities are in another building, and a camper wakes you up in the middle of the night to take him to the restroom, what do you do?

RESOURCES — ALLEGATIONS OF STAFF ABUSING CAMPERS

- See page 9 for all resources related to child abuse issues.

Miscellaneous Issues — 8%

The “miscellaneous” category of Hotline calls was not a category per se, but a mix of topics and discussions that ranged from questions about evacuation due to wildfires to questions about ACA’s Standards Program. All of the most frequently used resources from the Hotline can be found online: www.ACAcamps.org/camp-crisis-hotline.

Case Studies

For an in-depth look at some of the issues faced by camps this year, the Hotline team has chosen eight situations to feature as case studies. We hope you will use these case studies as a training tool for your staff and as a resource to help you prepare your own crisis management plans.

Case Study One: Camper Physically Abused by Mother during Family Camp

During a family camp session, staff observed a mother punching one of her children. They immediately reported the behavior to the director. The director wanted to discuss options he might have, as this situation happened during their “family” time. This mother and her children came to camp as a part of a large extended family group, and the director was worried that reporting the situation to the authorities may cause some severe reactions from other family members. He wanted to explore his options regarding handling it at camp versus reporting the incident to authorities.

KEY CONSIDERATIONS AND LESSONS LEARNED — CASE STUDY ONE

- While acknowledging they could experience some real difficulties with other family members, the bottom line was that as a mandated reporter, and in light of the ultimate need to provide for the safety of the child, the incident had to be reported to the authorities.
- The director was in contact with their legal counsel to be sure local and state regulations were met.
- The director also wanted to talk briefly about ways to head off negative interactions with the extended family members, so he was calling together his team to help with that potential situation.
- While policies are in place for most abuse situations, this highlights the need to be sure that the policies are reviewed with ALL camp audiences in mind. Family camp raises some unique situations where, for example, personal family styles

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FALL RISK MANAGEMENT RESOURCES

Risk and Crisis Management Planning: A Workbook for Organization and Program Administrators (Third Edition) • Book

Connie Coutellier

Available at www.ACAbookstore.org

Crisis Communications Weathering the Storm: A Handbook for Camps and Other Youth Programs • Book

Marla Coleman and Jessica Coleman

Available at www.ACAbookstore.org

Camper Sexuality and Its Implications for Camp Professionals • Online Course

Bob Ditter

Available at www.ACAcamps.org/einstitute

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of discipline may conflict with the camp's policies. Having clear communication with all participants about expectations around family behaviors is of key importance, as is training your staff on these expectations.

RESOURCES — CASE STUDY ONE

- See page 9 for all resources related to child abuse issues.

Case Study Two: Allegations of Camper-to-Camper Abuse — Special Needs Population

A director called to share a situation of alleged camper-to-camper abuse between two male campers (ages sixteen and fourteen) where the sixteen-year-old was the alleged aggressor. Both campers are autistic, and the alleged aggressor is the higher functioning camper. The camp specializes in serving individuals with special medical and/or behavioral concerns. At this camp, the campers sleep in a large room separate from the counselors. Counselors monitor campers until all campers are asleep by sitting in the room, leaving the sleeping room door open to a central area. Staff members sleep in a separate room by themselves but in the same building, which is easily accessible to campers. In the middle of the night, the alleged aggressor climbed in bed with the fourteen-year-old, pulled down his pants, and allegedly masturbated on the victim. Most of the campers slept through this. When this was shared with camp staff, the staff talked with the campers who indicated they were aware of the situation. At the time of the incident, the camp had surveillance cameras in various parts of their property. They were exploring the options for having cameras in the sleeping rooms.

KEY CONSIDERATIONS AND LESSONS LEARNED — CASE STUDY TWO

- Allegations of camper-to-camper abuse must be reported. Mandated reporter laws are clear. If you suspect a camper has been abused by another camper, you must call the authorities. The authorities may not choose to investigate if both parties are minors, but you must still report. The safety of children in your care must be your number one priority. As indicated earlier in this article, it is not the job of the camp to investigate the allegation; rather, camps must turn it over to the authorities who are trained in this area.
- Active staff supervision is the key to keeping campers from harming each other. While the camp feels their current system and cabin arrangements are appropriate, they are going to reevaluate them to determine if any changes need to be made. Should at least one staff member sleep in the same room as campers? Why or why not? This is a discussion all camps should have on a regular basis.
- If using or considering the use of surveillance cameras, understand the privacy laws. Laws vary by state. Seek legal counsel in order to understand appropriateness and options.

RESOURCES — CASE STUDY TWO

- See page 9 for all resources related to child abuse issues.
- To learn more about Autism Spectrum Disorder:
 - www.nimh.nih.gov/health/topics/autism-spectrum-disorders-pervasive-developmental-disorders/index.shtml
 - www.cdc.gov/ncbddd/autism/index.html

- *Behavior Management That Works! Effective Strategies for Campers with Special Needs* Recorded Webinar: www.ACACamps.org/einstitute/webinars/behavior-management-special-needs
- *Integrating Children with Autism Spectrum Disorders into Recreational Settings* Online Course: www.ACACamps.org/einstitute/integrating-children-autism-spectrum-disorders
- Why Is Autism Associated with Aggressive and Challenging Behaviors? www.autismspeaks.org/sites/default/files/section_1.pdf
- CCTV Surveillance Camera Laws: www.wecusurveillance.com/cctvlaws
- Hidden Camera Laws Explained by BrickHouse Security: www.brickhousesecurity.com/category/hidden+cameras/hidden+spy+camera+laws.do
- Legal Implications of Surveillance Cameras (in schools): www.districtadministration.com/article/legal-implications-surveillance-cameras

Case Study Three: Camper Refusing to Eat

A fourteen-year-old male camper attending an eight-week resident camp refused to eat many of the foods provided by the camp, and camp staff became concerned about his overall health and well-being. No special requests related to meals, food restrictions, or dietary accommodations were provided on the camp's health history form that his parents completed. When contacted about the camper's picky eating, the parents said that it was fine with them if the camper ate only bread, fruit, and milk all summer.

KEY CONSIDERATIONS AND LESSONS LEARNED — CASE STUDY THREE

- Research suggests that a failure to eat properly, stay hydrated, and avoid fatigue through rest can be a contributing factor to injury and illness in camp. Thus, a camp participant who refuses to eat properly could become a camp-wide health or safety concern. How would this issue be viewed at your camp?
- How has food service at your camp evolved over the past few years to address the challenge of balancing providing nutritious meals (that also accommodate special food needs) with providing appealing choices? Does your camp access outside resources to help with food service or menu planning, such as support from a licensed dietician?
- What are your camp's policies and procedures related to meals and eating? How are these communicated to campers and their parents? Your camp has probably established criteria for what a participant needs to be able to do in order to attend camp (dressing oneself, taking care of one's personal hygiene, and so on). Being willing and able to keep oneself properly nourished (with food and water) could be a reasonable addition to this list.
- In this situation, the parents weren't concerned about the child's poor eating, even though camp personnel were very concerned. What's the camp's role in partnering with parents to solve this issue?
- How well does your existing health/medical history form identify camper issues related to foods and eating behaviors, and how might you collect more detailed information from parents to better respond to situations like this case?



Case Study Four: Camper Showing Inappropriate Attention to Staff Member

A female, minor-aged camper showed ongoing, inappropriate affection toward an adult male staff member even after being counseled numerous times that the behavior was inappropriate. The adult staff member expressed considerable discomfort about the situation.

KEY CONSIDERATIONS AND LESSONS LEARNED — CASE STUDY FOUR

- Supportive relationships between campers and staff are central to the camp experience. However, maintaining clear boundaries between campers and staff is critical, particularly when the campers are minors and the staff are adults. What boundaries has your camp outlined for campers and staff, and how are these boundaries established, communicated, monitored, and enforced?
- In this case, the camper did not change her behavior even after the camp director told her that her expressions of affection toward the staff member were inappropriate. If this situation happened at your camp, what guidance would be provided by your camp's code of conduct and your camper behavior management policies?
- In cases such as this, it is important to protect the safety of both the camper and the staff member. Campers who show inappropriate attention to, or affection for, camp staff may place camp staff in awkward or even professionally dangerous situations if protocols are not in place.
- The camper's behavior in this case also presents a "red flag" because campers who show inappropriate affection toward adult staff at camp may also show inappropriate affection toward participants or adults in other settings/programs (afterschool, church, youth sports, and so on). If this situation happened in your camp, what would you tell the camper's parents? What other actions might you take?
- Another outcome of a situation such as this is that the camper might attempt to connect with the camp staff member after camp through a letter, phone call, e-mail, or social network such as Facebook. Many camps have established clear guidelines about camper-staff contact outside of camp. What are your camp's guidelines? What reminders would you share with your camp staff if this situation happened in your camp?

RESOURCES — CASE STUDY FOUR

- "Behavior Management 101: Ideas and Tips for Managing Challenging Behavior": www.ACAcamps.org/members/knowledge/participant/cm/005bhav101
- *Managing Difficult Camper Behaviors* Online Course: www.ACAcamps.org/einstitute/managing-difficult-camper-behaviors
- *Camping Magazine* Articles Related to Social Networking: www.ACAcamps.org/knowledge/participant/social-networking-cyberbullying/sn-articles
- *Understanding Social Media Norms and Developing Policies for Your Camp Community* Recorded Webinar: www.ACAcamps.org/einstitute/webinars/understanding-social-media-norms

RESOURCES — CASE STUDY THREE

- USDA, Child Nutrition and Health: <http://fnic.nal.usda.gov/lifecycle-nutrition/child-nutrition-and-health>
- ACA Knowledge Center, "Nutrition, Healthy Eating, and Healthy Lifestyles": www.ACAcamps.org/child-health-safety/nutrition-exercise
- "Meeting the Special Dietary Needs of All Camp Guests": www.ACAcamps.org/members/knowledge/food/cm/029dietary
- "Make a Commitment: Encouraging Wellness and Healthy Living at Camp": www.ACAcamps.org/campmag/1203/make-commitment
- *Camping Magazine* Articles on Menu Planning and Food Service: www.ACAcamps.org/knowledge/food/menu-articles
- *Food Allergies in Camp: What Staff Needs to Know* Online Course: www.ACAcamps.org/course/food-allergies-camp-what-staff-needs-know
- Partnering with Parents Articles: www.ACAcamps.org/member/parent-communications-resources/partnering-with-parents-articles
- "Working With Camper Parents: A Prescription for Success": www.ACAcamps.org/campmag/issues/0909/working-with-parents

Case Study Five: Administration of Camp Medication — Special Circumstances

During check-in, a mom told a camp that the diabetic medication her child would need in the event of a diabetic emergency could only legally be administered by an RN. No information about this special medication had been noted on the camper's health form. This child was signed up to participate in a backpacking trip, away from the main camp, for more than a full day of the session. The camp employs an RN for a period of time each day, but the RN does not spend the entire day on site. And for the wilderness backpacking trip, the camp sends a certified wilderness first aider with the group to oversee any health care needs while on trip. Because the camp did not have a full-time RN and could not send an RN on the trip (a major component of this camper's registered session), did the camp have to accept the camper? If they accepted the camper, were there other ways to be able to provide for emergency medication administration — that is, is an RN actually a legal requirement?

KEY CONSIDERATIONS AND LESSONS LEARNED — CASE STUDY FIVE

- While laws governing the administration of medication vary by state, it appears outside the norm that a prescription would be marked as only being able to be administered by an RN. Is this indeed a legal requirement or is it the preference of the parent? What does the family do regarding school and school field trips where a registered nurse is not present?
- The camp could discuss options with the parent, including talking with the camper's physician and/or the camp's consulting physician to consider options that would ensure the proper administration of medication in an emergency. Is there an alternate that may allow the child to go on the trip?
- Because the parent did not forewarn the camp of this situation on the medical form, what is the camp's obligation to try to accommodate the camper at the last minute?
- Did the parent have a suggested remedy so that her child could participate in the registered program?

RESOURCES — CASE STUDY FIVE

- Medication Management Articles from *CampLine* and *Camping Magazine*: www.ACAcamps.org/knowledge/health/medicationmgt-articles
- Association of Camp Nurses: www.acn.org/

Case Study Six: The Rogue Photographer, a Stolen Camera, and a Mad Dad

A camp director called to discuss a situation where one male camper “borrowed” another camper's camera without permission and took a picture of a third camper while he was showering. The matter was discovered while the campers were still at camp. The camp felt it dealt with the situation appropriately by calling the parents of the photographer, returning the camera (an actual old-fashioned camera with film that would need to be developed), and talking with the parents of all involved. No film was destroyed, as the owner of the camera had two cameras, and after the first was returned, no one was sure which camera was used to take the photo (or even what exactly the photo contained). The family of the camera's owner wanted to get all of the pictures developed

(as it contained other camp-appropriate pictures), and agreed to destroy the inappropriate photo and negative once the film was processed. The session ended and all the boys went home.

However, after camp, the father of the child who had his photo taken while in the shower decided he wanted the cameras destroyed. He also did not want any of the film processed. The parents of the camper with the two cameras did not want to destroy two perfectly good cameras and the other pictures that were not related to the violation of privacy. The director wanted to retain both families as potential return campers. He was unsure what the camp's role should be in the situation now that everyone had left camp.

KEY CONSIDERATIONS AND LESSONS LEARNED — CASE STUDY SIX

- How did this happen in the first place? Where were the staff when the alleged perpetrator stole the camera and took a picture in the shower?
- As the Hotline staff are not legal experts, the camp was advised to seek legal counsel to talk through the scenario. Questions to consider included:
 - What is the camp's role now in mediating this situation? Should the parents of the respective campers work it out among themselves? Is this a criminal matter that the parents need to take to the police?
 - The father of the camper who had his photo taken was concerned that there would always be a possibility that a copy of the photo could remain. Is there a way to resolve this concern?
 - What if the photo is deemed inappropriate or even illicit? Could this mean criminal charges for the photographer? Is the camera evidence that needs to be turned over to the proper authorities?
 - In some states, film developing companies are mandated by law to report to authorities any time they develop photos that appear to show the abuse or illicit photo taking of children. How will this play into this scenario?

RESOURCES — CASE STUDY SIX

- “Issues to Consider in Information Age”: www.ACAcamps.org/campline/fall-2006/electronic-communication-legal-practical-issues
- All ACA Bullying Resources: www.ACAcamps.org/child-health-safety/bullying

Case Study Seven: Allegation of Staff Drug Use Prior to Hire

A director called to share that he had received an anonymous e-mail from the supposed neighbor of one of his seventeen-year-old staff members. This neighbor stated that the staff member “uses drugs, smokes, and has been in trouble.” The e-mail indicated the camp should not hire/employ this person. The staff member had a positive history with the day camp (as a camper and junior counselor). The director contacted the staff member to discuss the e-mail. The staff member admitted that, in the past (more than a year ago), she had used drugs but had since “cleaned up her act.” She did indicate that she had been harassed at school by a couple of individuals. The camp director wanted to discuss whether to hire this individual.

KEY CONSIDERATIONS AND LESSONS LEARNED — CASE STUDY SEVEN

- It is important not to ignore messages such as this — even when you are not sure who sent them. In this situation, the director e-mailed the individual who sent the initial e-mail back and shared the camp’s hiring policies and their staff training procedures. The individual sent a second e-mail indicating he/she would contact the local media if this staff member started work. There was some suspicion as to who was actually sending the e-mails, as the staff member did not feel any of her neighbors would do this.
- Should camps conduct drug tests on staff? This camp did not drug test. Of course, some positions at camp (such as individuals who drive vehicles for which a CDL license is required) will require a drug test to gain proper credentials.
- When appropriate, involve others in your organization. The director contacted the head of the organization, who fully supported him and his decision to employ the individual. The two of them were able to discuss the situation and determine next steps.

- Be sure to have identified legal counsel to support your camp. In this situation, the director and/or their organization contacted legal counsel to get their advice regarding the drug testing of staff, the suspicious nature of the e-mail, and what steps they should take next.
- Be ready with key messages in the event the media contacts you. While the director didn’t feel the sender of the e-mail would contact the media, he didn’t know for sure. He was preparing messages on the camp’s hiring and training policies and practices for both the media and parents.

RESOURCES — CASE STUDY SEVEN

- U.S. Department of Labor Drug-Free Workplace Advisor: www.dol.gov/elaws/asp/drugfree/drugs/screen92.asp
- State Laws on Drug Testing: www.nolo.com/legal-encyclopedia/free-books/employee-rights-book/chapter5-3.html
- ACA Communications Toolkit: www.ACAcamps.org/members/toolkit/crisiscomm

Food Allergy Resources



According to Food Allergy Research and Education (FARE), up to 15 million people in the United States are affected by food allergies, including one in thirteen children. Reactions to food allergies range from mild to severe — to even life threatening. And, in an historic judgment in 2012, the U.S. Department

of Justice ruled that food allergies may constitute a disability under the Americans with Disabilities Act. The American Camp Association has gathered together and maintains the following resources to help you understand the laws and plan a safe and healthy camp food service program.

ACA Educational Resources

ARTICLES

- “Allergies Galore! Managing Allergies Is More Than a Call to 911,” www.ACAcamps.org/members/knowledge/risk/cm/027allergies
- “Campers with Food Allergies,” www.ACAcamps.org/members/knowledge/health/cm/047allergies
- “Current Challenges in Camp Food Service,” www.ACAcamps.org/campmag/1209/current-challenges-camp-food-service
- “Food Allergies May Constitute a Disability Under the Americans with Disabilities Act,” www.ACAcamps.org/publicpolicy/ADA-food-allergies
- “Improving Quality of Life for Campers with Food Allergies,” www.ACAcamps.org/campmag/issues/0907/severe-food-allergy

ONLINE COURSE

- *Food Allergies in Camp — What Staff Needs to Know*, www.ACAcamps.org/course/food-allergies-camp-what-staff-needs-know

BOOKS

- *Food Service Manual — Lessons in Group Food Service*, <https://ACAbookstore.org/search.aspx?SearchTerm=food+service>
- *The Basics of Camp Nursing (Second Edition)*, <https://www.ACAbookstore.org/p-5838-the-basics-of-camp-nursing-second-edition.aspx>

DVDS

- *Decoding Food Allergies and Special Diets*, www.ACAbookstore.org/p-6206-decoding-food-allergies-and-special-diets.aspx
- *Food Requests and Allergies: A Panel Discussion*, www.ACAbookstore.org/p-6189-food-requests-and-allergies-a-panel-discussion.aspx
- *Simple Solutions to Food Allergies and Special Diets*, www.ACAbookstore.org/p-4805-simple-solutions-to-food-allergies-and-special-diets.aspx

FORMS

- Health Information, www.ACAbookstore.org/c-478-forms.aspx

ADDITIONAL RESOURCES

- Food Allergy Foundation, <http://foodallergyfoundation.org/>
- Food Allergy Research and Education, www.foodallergy.org/section/about



Case Study Eight: Campers Accused of Inappropriate Touching

Several teenage female campers accused several teenage male campers of “annoying and overly handsy” touching, especially by one boy in particular, during an activity for coed team building. These accusations were shared with the girls’ counselor, and during the discussion, one particularly upset young woman further disclosed that the incident had triggered “unresolved prior sexual abuse” memories that she would not talk about. The counselor then shared all of this information with the director. When the boys were confronted with the “handsy” accusations during a conversation with their counselor, they said the girls were just being mean and actually bullied *them*. The director talked with the staff in charge of the team building and ropes course activities about this group’s experience, but the staff had thought the interactions were typical and within acceptability for the activity. They had already changed the program schedule so these two cabins would not participate together for the remainder of the session. The director called to talk over possible mandated reporting related to the disclosed possible prior abuse as well as the touching during the team building activities.

KEY CONSIDERATIONS AND LESSONS LEARNED — CASE STUDY EIGHT

- This camp had established good relationships with their local child protective services (protective services had run a session on abuse during staff training) and had strong reporting policies in place. The director had already decided to report the disclosed possible prior abuse. She was not certain the incident with the boys met the criteria, so she wanted to discuss that situation more thoughtfully.

- The team building activity required that each participant had to be physically supported and passed through a “spider web” by all members of the team, so the idea that the boys could have purposefully touched the girls inappropriately seemed a stretch to the director, but she agreed that her job was to report and let the authorities investigate.
- Coed programming in all their camp activities was a relatively new philosophy from the organization’s main office. In activities like the team building activities that required physical interaction among teenage coed groups, she wanted to implement some changes that would allow for single sex groups for next year.
- She was also following up with legal counsel to be sure she had covered local and state regulations.

Special Note: While the Hotline team most often does not know what happened at the end of each of the scenarios we deal with, this particular director followed up to let us know the outcome. When reported to the authorities, protective services turned it over to the police who investigated both situations. The police came to the camp and interviewed the girls and the boys as well as the staff involved with the “handsy” incident. One boy was formally charged by the police and was released from camp. The prior abuse situation was still under investigation.

RESOURCES — CASE STUDY EIGHT

- See page 9 for all resources related to child abuse issues.

The ACA Camp Crisis Hotline is available year-round, at any time of the day or night, to provide support to camp programs in times of crisis. If you have any questions about the resources and case studies in this article, please contact Hotline Team Leader Susan E. Yoder (syoder@ACAcamps.org, 800-428-2267). For additional resources and case studies from previous years, visit www.ACAcamps.org/camp-crisis-hotline. The Hotline phone number is 800-573-9019.

Contributed by the ACA Camp Crisis Hotline Team — M. Deborah Bialeschki, Kimberly Brosnan, Barry Garst, Rhonda Mickelson, and Susan E. Yoder.

She Thinks She's Pregnant — What Do We Do?

Charles R. Gregg and Catherine Hansen-Stamp © 2013*

Introduction



A camp has a duty to exercise reasonable care in its dealings with campers,¹ including, within its reasonable capabilities, to understand and manage its campers' medical needs and health issues. Parents are generally expected to disclose known health issues and, in turn, expect to be informed by the camp of moderate to serious medical issues. Camps handle this “information exchange” in a variety of ways.

The focus of this article is a minor camper's legal right to privacy and confidentiality regarding information the camper reveals to camp medical staff while seeking advice or treatment pertinent to pregnancy or other sexual activity. (In most states, minors are those under eighteen years of age.) These issues include contraception, sexually transmitted diseases, suspected pregnancy, and the management (including termination) of a known pregnancy. The core of the child's privacy right is the Fourteenth Amendment to the U.S. Constitution, and many states have equivalent state constitutional provisions. The laws vary significantly from state to state, but are generally designed to encourage a child to seek help in circumstances where he or she might not, if the parents were informed. We are not medical experts and defer to others regarding the medical aspects of these matters.

These issues do not appear to be common, but they are important, and, according to reports from ACA, related inquiries are increasing. If a camp is faced with a camper pregnancy or other condition arising from camper sexual activity, camp management must be mindful of federal and state restrictions on parental notification without the child's consent.

The Issues

Among other inquiries, the ACA Hotline has received the following:

- A camper informs the camp nurse that she thinks she might be pregnant and asks the camp nurse to buy her a pregnancy test kit or administer a pregnancy test. Should the camp nurse buy and/or administer the test to a minor? Should the camp inform the parent?
- A camper obtains a pregnancy test in the mail while at camp. She uses it, and informs a camp counselor that it came back positive. Should the camp inform the parent? Should the child remain at camp?
- A camper reveals to the camp nurse that she is pregnant and hasn't told her parents. Should the nurse report the condition to the parents?
- A camper announces to the camp nurse that she had an abortion two days before arriving at camp. She has some medical requirements that the camp cannot meet and the camp wants to send her home for proper care. Should the camp tell the parents of the abortion?

The camper may be disclosing the information (described above) to a camp counselor or other nonmedical staff, or to the camp nurse or other camp medical staff. If these or similar inquiries or exchanges involve only fellow campers or nonmedical staff, the communications are likely not entitled to the privacy protections we discuss here. The camper is not seeking medical advice or assistance from a medical care provider. However, it is also clear that any staff member who receives information from the camper about the camper's health would be expected to act on it, in a reasonable manner, for the protection of the camper. These actions might include reporting an incident of abuse or neglect to local authorities; notifying camp medical staff and/or management staff to determine next steps, including whether the child should remain at camp (or be sent home); and while the child remains at camp, assessing the child's health needs and activity levels. In any event, it may be wise for a staff member to interrupt the camper imparting this information and urge the camper to seek the help of the camp's medical staff.

If the camper discloses the information to the camp nurse or other medical provider, the parent may not be entitled to notification, pursuant to laws allowing minors to obtain medical care or treatment without a parent's consent or knowledge. What are these laws, and how do they impact the camp's decisions?

The answer typically depends on a variety of state laws and the overarching right of privacy connected with the child's reproductive health and choices — rooted in the Fourteenth Amendment to the U.S. Constitution and applicable to all states. Camps should consult with competent legal counsel about their own state's laws and applicable federal law to fully understand how to respond in this sensitive area.

Quick Legal Overview

In a series of cases, the U.S. Supreme Court has extended the Fourteenth Amendment of the U.S. Constitution's right to privacy to include a minor's independent right to make decisions about whether to bear a child (*Carey v. Population Services*, 431 U.S. 78 [1977]). These Supreme Court cases paved the way for minors (independent of their parent/s) to obtain and use contraception, obtain pre- and postnatal care, choose adoption, and terminate a pregnancy. In *Planned Parenthood v. Casey*, 505 U.S. 833 (1992),² the court ruled that in the case of a minor seeking an abortion, a state law *could* require parental consent, but only if an alternative was provided, to allow the child to bypass that consent — a “judicial bypass.” In Colorado, for example, the Parental Notification law requires that a parent be notified in the event the minor seeks an abortion (absent a few exceptions), but allows a “judicial bypass” if the child petitions the court and (among other things) proves that either the child is sufficiently mature to make the decision on her own, or that notifying the parent would not be in her best interests.³

Other states' laws extend these rights to minors of various ages in various ways. For example, minors may be allowed to consent to medical care — including the ability to obtain contraception, to obtain treatment for sexually transmitted diseases, to seek prenatal care and birthing care, and to make choices about giving a child up for adoption or terminating a pregnancy. These consent laws may or may not address the issue of parental notification. In some states, if the child is allowed to independently consent to

medical care, medical privacy laws dictate that the minor's medical information may not be disclosed without the minor's consent. If a minor consent law is silent on parental notification, the medical care provider should exercise caution — considering the broad constitutional right to privacy extended to minors in matters related to their reproductive health and choices.⁴ In addition, if parental notification is unclear, or even if a law requires it, a medical care provider may decide (whether expressly allowed in the law or otherwise) to exercise his or her professional judgment to withhold parental notification if circumstances suggest that the parent is abusing the child, that providing notice would endanger the child, or that notice is otherwise not in the best interests of the child.

Washington law⁵ allows a child at any age to obtain or refuse birth control services or to receive an abortion and abortion-related services. Some states' courts define a child's right to privacy in published decisions interpreting that state's legislation in this area, based upon U.S. Supreme Court precedent.

Most states also have laws specifying a minor as "emancipated" under certain circumstances — typically, a minor who is married or living apart from his or her parent and is self-sufficient. Emancipated minors are treated as adults for certain purposes (allowing them to enter into contracts, obtain medical care, etc.) — but are likely not a category of minors that ACA camps commonly work with.

As we discussed in our Spring 2013 *CampLine* article,⁶ in most cases, the Health Information Portability Accountability Act ("HIPAA") likely does not apply to regulate a camp. However, whether HIPAA does or does not apply, the issue of parental notification and a minor's right to privacy around health care decisions (such as those discussed above) is essentially determined under state and other applicable law.⁷

Other resources:

Maradiegue, Ann, C-FNP, MSN. (2003). Minor's rights vs. parental rights: Review of legal issues in adolescent health care. *Journal of Midwifery and Women's Health*. Retrieved from www.medscape.com/viewarticle/456472_6

University of Miami, Miller School of Medicine. (2005). Privacy / data protection project. Retrieved from http://privacy.med.miami.edu/glossary/xd_minors.htm

As discussed above (and in prior *CampLine* articles), other laws may require the camp to report to others issues involving the child's health/sexual activity, which may or may not involve informing the parent. Examples include state laws that require a camp to report known or suspected child abuse to authorities,⁸ or laws that require camps to report a crime (rape, for example), or to report cases of sexually transmitted diseases, while protecting the confidentiality of the individual involved. Also note that violation of applicable privacy laws favoring the confidentiality of the child's consultation and treatment can result in fines and possibly other penalties.

The Hotline Issues

The variations in the laws reflect different approaches to the tension among the constitutional rights of children, including privacy, the rights of parents to make health decisions for their children, and the *parens patriae* right of a state to limit the child's rights in the interests of protecting their safety. Tension also exists

between the desirability of privacy in medical matters, generally, and the need for law enforcement agencies to learn of wrongful conduct, including abuse and rape, or for public health agencies to learn of communicable diseases.

So, what are the legal issues in the Hotline scenarios?

First, the camp should have access to — ideally, a relationship and rapport with — an experienced adolescent counselor (e.g., MSW, psychologist, psychiatrist) in the camp community or otherwise available. These trained professionals can assist the camp / camp nurse greatly in handling these sensitive issues.

Parental Notification

Can or must the camp notify the parent? If the child has informed the camp nurse, but also talked with camp staff, and made it clear that she willingly consents to have her parents told of the situation, the camp can be reasonably comfortable taking that direction. However, if in an exchange with the camp nurse / health care provider, the child has made it clear that she does not want her parents informed, and is unwilling to tell her parents, the camp must be informed of and guided by state law. Again, if the issues relate to the child's sexual activity or reproductive health, there may be limits to the camp / camp nurse's ability to notify the parents — or at least, any such notice should be considered carefully.

If the child has told a camp staff member who is not a medical care provider, the camp, with some confidence, may inform the parent. On the other hand, if the matter involves suspected abuse — occurring at the hand of that parent — the camp may have a reporting obligation, and may be advised by authorities not to inform the parent.

If the child asks the camp to provide a pregnancy kit or test — should it or must it do so? (On a trip to town, the camper might buy her own kit and self-administer.) The camp nurse may decide to stock these kits to have the opportunity to assess this potential (consistent with a parent's advance written agreement to allow the camp to provide routine care or seek emergency care for the camper). The camp should already understand applicable state law on parental notification issues (considering the law discussed previously — this is likely within the minor's zone of privacy rights).

Suppose that the child is pregnant, believes she is pregnant, or claims to have tested positive to a pregnancy. In these circumstances, minors are frequently given autonomy from their parents in consenting to testing, pre- and postnatal care, and related reproductive health and decision making. Check your state law carefully, but typically, parents are not entitled to notification (again, unless the child willingly consents or agrees to involve their parent).

If the child has just had an abortion or would like to seek an abortion, the camp must proceed with caution! This has been a sensitive area in the law and deserves a careful understanding of the applicable laws. Laws might allow the child to seek an abortion without parental notification, require parental notification with the option for a judicial bypass, or some other iteration. Confer with legal counsel so you are prepared if the issue arises.

Camp "Next Steps"

If the camper is suffering health complications from a recent abortion (unknown to her parents), declares to the camp that she

is pregnant, or is discovered to be pregnant, is the camp required to care for the camper? May the camp send the child home?

(While unlikely, given the brevity of camp terms, it is possible that the event creating the suspicion of pregnancy occurred on the camp's "watch," raising questions about the camp's supervision and care for the child. As we have noted, whether the event occurred before or during the camp session, the camp may be obligated to report possible sexual abuse or endangerment of a child to local authorities, and an investigation may follow.⁹)

In these circumstances, the camp's primary concern is the child's health (and that of a fetus, perhaps). If the child is not pregnant, the symptoms must be examined for other causes; and if the child is pregnant, certain precautions are in order, including (we are told) the avoidance of specific medications and activities.

Whether the camper is pregnant or has undergone a recent abortion, the camp must reasonably respond to health concerns. In the event of a health emergency or diagnosis that exceeds the camp nurse's capability, the camp should take the camper to a local clinic or hospital for assessment. In any case, the camp will likely want to remove the child from the camp term and send her home.¹⁰

Separating the child from camp will raise difficult issues in communicating with parents, considering the child's right to privacy regarding her condition. The camp's approach to this scenario should be carefully scripted, and, as we suggest below, expectations may depend on information exchanged between the camp and its camper families when the child is enrolled. A camp would be wise to obtain additional input from its consulting physician and counselling professional, as well as from informed legal counsel. One option for reacting to such a scenario would be for the camp nurse to discuss the child's health condition with the child's personal physician. In advising the parents that the child is

being sent home "for health reasons," the parent will predictably ask for more information. In that case, the camp nurse will inform the parent that the child's personal physician has been notified and that the child should see the physician upon her return home. That strategy may not be acceptable to a camp that prides itself on open communication with its camper families, unless the parents have been prepared in advance for the prospect of *not* receiving all health information.

How Does the Camp Prepare the Parents?

The camp may have a strong culture and expectation of — even a health form that promises — full communication with the families regarding the camper's health condition. A parent, frustrated, angry, and feeling betrayed by the camp's failure to inform, might argue that this promise has been violated by the camp's failure to notify the parent.

This undesirable reaction can be avoided, or softened, by a variety of precamp disclosures to camper families, including that the camp reserves the right to send a child home for any reason it deems in the camper's best interests — health concerns, behavioral issues, or otherwise. Even with this information, however, a parent may be confused and upset if or when they are told that the camp is unable to disclose the reason for the child's departure.

Consider the suggestions below for precamp notification of parents regarding legal limitations, the camp's policies, and the importance of the parent's discussions with the child regarding her sexual activity and reproductive health.

Providing the Parent and Camper with Information in Advance

Issues regarding the child's sexual activity and reproductive health could, perhaps should, be covered by parental acknowledgment and consent in the health form. That is, the parents are asked to acknowledge and agree that, pursuant to applicable law, medical disclosures of a sensitive nature, including those related to the child's sexual activity, might, under certain circumstances, be withheld from the parents unless the child specifically consents to notification. The camp advises and warns parents that limitations on the camp's ability to communicate may extend to information about a child's use of contraception and complications arising from that use, contraction of sexually transmitted diseases, suspected pregnancy or pregnancy, and abortion. The camp will further inform parents that these or other legal restrictions may prevent a camp from disclosing the reason for a child being sent home from camp.

These announcements (and we acknowledge that they may be unsettling to some families) will be best received if preceded by a message to the parents about the camp's concerns in this area. Depending upon the child's age, this message may appear in a health form or other enrollment information, and will recite, at least, that children's precamp sexual activity has been an increasing concern for camps, and that children (apparently without the knowledge of their parents) are coming to camps pregnant, seeking a pregnancy test, seeking treatment for STDs, or complaining of post-abortion health concerns. The camp may go further and encourage parents to discuss sexual activity and related health issues with their child and, in turn, encourage their child to be willing to share information with the parent



regarding these sensitive issues, should the child be faced with these circumstances while at camp.

We understand that any of these suggestions may be very aggressive for camps that are protective of their tradition of full disclosure and reluctant to even suggest that important health information may be withheld. However, the law may require confidentiality, and parents are best served by being advised and informed on these issues well before camp starts.

Conclusion

As adolescent sexual activity and applicable law evolves, camps must be informed on legal and social realities and, in turn, appropriately inform — and provide a fair perspective to — camper families. How to handle issues connected with increasing camper sexual activity is a growing concern for all camps. Understanding the law in your state, working with experienced counselling and medical professionals, and considering a new approach to informing camper families are all ways that camps can be better prepared to handle these issues in camp, as well as prepare campers and their parents, precamp, to these sensitive issues and potential legal limitations on camp-parent communications.

Notes

1. See our previous *Campline* articles discussing a camp's/camp staff member's duty of care: "When Behavior Becomes a Legal Issue," Spring 2010; "A Camp's Duty of Care — In Good Times and Bad," Winter 2009; "Reasonable Supervision and the 'Safe' Environment — What Are the Issues?," Fall 2005.
2. See also, *Bellotti v. Baird*, 443 U.S. 622 (1979).

3. C.R.S. 12-37.5-101, et seq., 2012.
4. See Center for Adolescent Health and the Law, English, Abigail, *State Minor Consent Laws: A Summary, 3rd Edition*, 2010, p. 7.
5. Reproductive Privacy law, Wash. Rev. Code 9.02.100(1)(2), 2013, and *State v. Koome*, 530 P. 2d 260 (1975).
6. "HIPAA and Camps — Compliance Required?" Spring 2013.
7. See *supra*, English, *State Minor Consent Laws*, note 4.
8. "Sexual Abuse — Liability Issues Revisited," Gregg and Hansen-Stamp, Fall 2012 *Campline*; "After-Camp Contacts between Campers and Staff: A Problem? Whose?" Gregg and Hansen-Stamp, Spring 2012 *Campline*; "Camp Mandated Reporting Requirements and Related Issues — An Update," Gregg and Hansen-Stamp, Fall 2008 *Campline*.
9. See, *Id.*
10. The camp may be expanding its duty of care, and likely taking on additional exposure, if it chooses to keep the camper at camp while the camper is pregnant. Among many other concerns, the camp will need to then consider the nature of appropriate activities that the camper should engage in — considering the pregnancy and the health of the camper and unborn child — and likely take steps to assure that the camper and unborn child receive appropriate prenatal care. Most importantly, the camp literally "did not sign up for this!" Providing the parents with important precamp information on this subject, and having an appropriate separation policy (see the "Providing the Parent and Camper with Information in Advance" section of this article), will assist the camp in a sensible approach to these matters.

*This article contains general information only and is not intended to provide specific legal advice. Camps and related organizations should consult with a licensed attorney regarding application of relevant state and federal law as well as considerations regarding their specific business or operation.

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Federal Public Policy — Updates and Emerging Issues



The American Camp Association's public policy agenda for the 113th Congress makes the highest priority on two specific goals: (1) to protect the safety of children, youth, and adults participating in the camp experience; and (2) to achieve recognition that camp is an expanded learning opportunity. While it has been challenging to make progress with this particular Congress — which thus far has been identified as a Congress fraught with gridlock and unable to accomplish anything — ACA continues to advocate for our agenda with both legislators and regulators. For the complete public policy agenda, and to read ACA's public policy position statements, visit our public policy page online at www.ACAcamps.org/publicpolicy. For real-time updates of all of our public policy calls to action and news updates, sign up for our public policy RSS feed online at www.ACAcamps.org/rss/publicpolicy.xml. The items we are focusing on this fall are:



- **Child Protection Improvements Act (S. 1362):** A bill to close the gaping hole in federal law that prevents camps, children's groups, and other organizations that work with children from gaining access to federal criminal background checks on employees and volunteers. www.ACAcamps.org/publicpolicy/cbc
- **No Child Left Inside Act (S. 1306 and H.R. 2702):** A bill that addresses environmental education and achieving environmental literacy for all children. www.ACAcamps.org/publicpolicy/NCLI
- **Border Security, Economic Opportunity, and Immigration Modernization Act (S. 744)** — the Immigration Reform Bill: A wide-reaching bill on immigration reform that, without significant focused advocacy, could have eliminated the camp community's ability to use cultural exchange visitors in their camp program. www.ACAcamps.org/publicpolicy/call-action-regarding-international-staff
- **The Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA)** — Health Care Reform: ACA continues to monitor these laws and resulting regulations and their impact on camps as employers. www.ACAcamps.org/publicpolicy/health-care-laws/health-insurance
- **Americans with Disabilities Act:** ACA continues to work with others to provide educational information to camps regarding this law and subsequent updates in accessibility regulations. www.ACAcamps.org/publicpolicy/ada-revisions
- **Community Parks Revitalization Act (H.R. 2424):** A bill to support rebuilding, remodeling, expanding, or developing existing or new recreational areas and facilities; and to provide matching grants for innovative programming. www.ACAcamps.org/sites/default/files/images/publicpolicy/documents/CommunityParksRevitalizationAct.pdf



- **Zachary Lystedt Laws:** Laws to protect young people from traumatic brain injury. www.ACAcamps.org/campline/w-2011/concussions-zachery-lystedt-law
- **Relationship Building and Other Issues:** ACA also continues to partner with others to achieve shared public policy goals. For more information on any of these organizations or issues, visit the main public policy page at www.ACAcamps.org/publicpolicy. Current partnerships include: Healthy Out-of-School Time Coalition, No Child Left Inside Coalition, National Human Services Assembly, Outdoors Alliance for Kids, and Urban Parks Coalition.

Contributed by Susan E. Yoder