Annual Accreditation Report 2021

The Annual Accreditation Report (AAR) supports ACA’s shift from a *focus only on the visit* to a *focus on continuous compliance* with the standards and ongoing quality improvement throughout the entire accreditation cycle. In most years, camps will demonstrate their compliance with accreditation standards by submitting a narrative report. At least every fifth year, camps demonstrate their full compliance through an on-site visit.

**How to use this tool:** Camps often like to engage others in their operation for the report or prepare outside the online system. This document is provided only as a resource to aid camps in preparing responses outside of the report submission system. *Report responses must be submitted online and* ***using plain text format*** *if cut/pasting.*

1. **Additional Modes**: As you complete this Annual Accreditation Report please consider the changes in the modes that you will be operating at camp in 2021. The modes (Short-term Camps, Resident Camps, Day Camps, and Camps Serving Rentals) impact the way in which you answer the standards. Please list the modes which you will operate in 2021.
2. **Annual Compliance Process:** All accredited camps are required to have a legal representative of the camp sign the Statement of Compliance every year, even in visit years. This includes the confirmation that the camp is meeting all applicable mandatory and other standards for the camp and programs. Please provide the name and position of the staff member that is primarily responsible for making sure the camp is complying with the standards.
3. **Annual Compliance Process, cont.:** Please describe the camp’s annual process for reviewing, updating as necessary, and documenting that the camp is in compliance with all standards applicable to the camp.
4. **Staff Medication and Administration:** The intent is to have staff medications secure and unavailable to anyone other than to whom it was prescribed or for whom it was purchased (over the counter).Consider potential locations where you could control access of medications. Identify and briefly describe one of these locations and then explain the camp’s procedures to assure secured storage, control, and administration of **staff** medications specific to that location.
5. **Medication and Administration, Rental Groups:** Please explain how and when you advise rental group leaders regarding your camp’s expectations about medication storage.
6. **Healthcare Policies and Provider Licensing**:Healthcare policies are to be reviewed at least every 3 years by a licensed healthcare professional, and camps must also have access to a licensed provider based on type of camp mode*.* Identify both the person who last reviewed the camp’s healthcare policy as well as the person who will be your healthcare provider, and types of licenses they hold and then: **(a)** Please describe how you will confirm that the licenses for both the policy reviewer and healthcare provider are current and valid within the state(s) in which the camp operates. What is your source for confirmation? If camp operates in multiple states, is the license reciprocal to all states? **(b)** What is the date of last review?
7. **Confidentiality of Camper Information:** A parent has shared confidential information about their camper (for example: has night terrors, is highly anxious, and is allergic to peanuts)*.* Please describe the system your camp will use to disseminate this information and to keep it confidential. Include **(a)** who decides on who receives information and what information; **(b)** how is the information disseminated; and **(c)** how the information is kept confidential.

**Aquatic Supervisor Verification**: Watercraft activities include all use of small craft (e.g., canoes, sailboats, rowboats, kayaks, rafts, paddleboards, personal watercraft, motorboats, and fishing boats). It also includes boardsailing, tubing, waterskiing, rafting and so on.**(a)** Please list ALL the watercraft activities that you offer. **(b)** Please describe what written documentation you require for the supervisors of each watercraft activity, and **(c)** Please describe how you verify that documentation.

1. **Daily Accountability of Campers**: **(a)** Please describe how staff know daily who is in their activity or grouping. **(b)** Please explain how and when campers are accounted for daily and who performs this task. **(c)** Please indicate how frequently during the day this task is performed.
2. **Accountability of Campers**: If someone does not arrive to an activity or grouping, **(a)** Please describe what the counselor is to do next? (Response should include the care of other campers in group and details of who is informed and how.) After it is determined that a camper’s whereabouts are unknown, **(b)** please describe the steps prior to activating your full missing person search.
3. **Leased, Rented, or Chartered Vehicles:** Camps who lease, rent, or charter vehicles need to communicate with the vendors used and obtain specific safety information and documentation. Consider your transportation vendor(s), the types of vehicles obtained, and the uses of those vehicles**. (a)** Please describe the type of written documentation obtained from the vendor that confirms their regular maintenance and safety checks for those vehicles. **(b)** If driver(s) are provided by the vendor, please describe the process and/or documentation used for verifying the acceptable driving record and experience of all drivers provided by the vendor.
4. **Behavior Communication:** You have trained your staff in behavior management and discipline and the techniques have been tried. If a camper continues to act inappropriately (disturbing other campers) and staff involved are extremely frustrated. **(a)** Please list who they (the staff) turn to for support. **(b)** Please describe what the next step will be. **(c)** Please list any behavioral incidents, if any, result in the camp contacting a parent. **(d)** Please name the person and position of the individual who contacts the parent. **(e)** Please describe how and where this behavior incident is documented.
5. **Health and Wellness: Parent Notification:** Parents or guardians must have a clear understanding of the camp’s policies for when they will be notified if their camper becomes ill or injured. **(a)** Please describe when and where parents/guardians are given your written policy on notification of situations involving an illness or injury to their camper. **(b)** Please describe how they will be notified and by whom. **(c)** Please describe how this communication is documented. **(d)** For illness, please explain when a parent/guardian is notified. (e**)** For an injury, please explain when a parent/guardian is notified.
6. **Watercraft Guard:** Watercraft activities include all use of small craft (e.g., canoes, sailboats, rowboats, kayaks, rafts, paddleboards, personal watercraft, motorboats, and fishing boats). It also includes boardsailing, tubing, waterskiing, rafting, and so on. Many watercraft activities can be guarded by a certified lifeguard. However, an instructor rating in the watercraft activity is also acceptable. **(a)** Please share how you determine if a watercraft activity will be guarded by a lifeguard, current instructor rating in the craft or other acceptable method. **(b)** If rental groups participate in watercraft activities, please describe who is responsible for providing a certified guard/watercraft instructor, and **(c)** Please describe how this is communicated to the rental group.
7. **Watercraft Guard Rescue Skills Rehearsed**: Please share your process for evaluating the rescue skills of your watercraft guards specific to each activity they are guarding (i.e., canoe rescues for those guarding canoeing, paddleboard rescues for those guarding SUP, water ski for those guarding at a water ski activity).