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**2020 Annual Accreditation Report Questions**

**SAMPLE REVIEWER COMMENTS**

Note: The standard numbers to which each question refers are listed after the question. Questions may reference several standards. It is important to reference the ***Accreditation Process Guide, 2012 Edition/2019 Edition*** as you respond to the questions.

1. **Modes of Operation**: What modes (day camp, resident camp, camps serving rental groups, and/or short-term resident programs) does your camp currently offer?

**NOTE: If you have noted changes in modes, site, leadership or owner, during the last season, please contact the ACA staff member with whom you work!**

1. **Additional Modes**: (1) Are you adding any additional modes of operation for 2020? (For example: Are you adding a day camp program to your existing resident camp program? Or will you start renting your camp to others?) (2) If YES: (a) Which mode(s) will you add? (b) Describe how you will verify compliance with applicable mandatory standards for the additional mode(s) of operation. Review the list of mandatory standards, if needed:

[ACAcamps.org/staff-professionals/accreditation-standards/accreditation/mandatory-standards](https://www.acacamps.org/staff-professionals/accreditation-standards/accreditation/mandatory-standards)

*You’ve added rentals in the shoulder season. Explain how you will verify compliance with the groups on mandatory standards, for example, using the waterfront, what is required of them in order to offer swimming?*

1. **New Site(s):** Is the camp operating at a new site and/or adding an additional location(s) to the currently accredited program site for 2020? YES/NO

If YES, (1) Please describe the new site/location in detail. (Is this an additional site? Is this new site currently accredited by ACA? (2) What type of facility is the new site — school, park, etc.? (3) How will you verify that the new site/location complies with applicable ACA standards?

*v.2012 APG – SF.3, SF.5, SF.9, SF.11, TR.1, OM.1, OM.7, OM.8*

*v.2019 APG – AD.1.1, FA.3.1, FA.6.1, FA.10, AD.13.1, AD.18.1, ST.22.1, AD.19,.1, ST.23.1*

*You’ve mentioned you are on the site of an ACA accredited camp, what is the name of that camp?*

1. **Leadership in Maintaining Annual Compliance**: Describe your camp’s staffing related to the accreditation process (1) positions, (2) training for those staff members and for others, and (3) experience of those staff members. And describe the process used to maintain the continuity and integrity of accreditation this year?

*v.2012 APG – page 13*

*v.2019 APG – page 24*

*You’ve mentioned who the staff are involved with maintaining accreditation, tell me more about their experience with standards.*

1. **Ownership:** (1)In the past year, has the camp had a change in ownership or other change that resulted in turnover of the leadership staff who oversee camp operations? (2) Do you anticipate such a change in ownership or staffing in 2020? YES/NO. If either is true, (3) please describe the change in detail. (When did/will the change occur? To and from what individuals and/or entities? What relationship has the new owner to the previous owner or former camp leadership?)

*You’ve added a new site, have you notified Tori Barnes, ACA Standards Manager, of this change.* [*tbarnes@acacamps.org*](mailto:tbarnes@acacamps.org)

*OR*

*You have listed Brookstone School as the location of your new arts program, please tell me more about the site- are they an accredited ACA Site? Have you run programs there before? What are your arrangements for using the site?*

1. **Contact with Local Emergency Officials**: This standard requires annual contact with your local officials. (1) List the officials you will contact for 2020. (2) Please describe how you will make contact for 2020 and what information will be included in your communication. (3) Do your local officials acknowledge your contact in some way? (4) If so, what is their response?

v.2012 – SF.3.1

v.2019 – AD.1

*In your letter to EMS, how do you confirm they have the necessary information?*

*OR*

*In your letter to local authorities, since you have multiple entrances to camp, how do you verify where they are to access camp in the event of an emergency?*

1. **Healthcare Policies**: Healthcare policies need to be reviewed by a licensed healthcare professional. (1) How often are your healthcare policies reviewed and updated? (2) What is the date of their last review (when were they last reviewed)? And (3) What is the licensure of the healthcare professional who reviews the healthcare policies?

*v.2012 – HW.11.1*

*v.2019 – HW.9.1*

*You have verified that your policies are reviewed annually, who does the review? And what is their licensure (i.e., M.D)?*

1. **Healthcare Policies**: The standard HW.9.2B asks you to think about your healthcare policy and who is authorized to carry out the healthcare in your camp. In the language of ACA standards, the “healthcare administrator” coordinates all healthcare functions and develops the healthcare plan, while the “healthcare provider” manages the day-to-day operations of healthcare. (1) Do you have a healthcare administrator who is a different person than your healthcare provider in your camp? (2) If YES, please briefly describe the responsibilities for each of the two roles. (3) If NO (meaning the healthcare provider and administrator are the same person), please write a brief summary of the responsibilities for the combined role at your camp.

*v.2012 – HW.11.2, HW.12.1*

*v.2019 – HW.9.2B*

*I wasn’t sure from your explanation, is the EMT who is in camp daily also the “healthcare administrator” who coordinates all your healthcare functions?*

1. **Sharing Camper Information with Appropriate Staff:** Families share sensitive medical and behavioral information about their children. (1) How do you determine which staff members need to be made aware of individualized needs related to sensitive medical and behavioral information about campers? (2) How do you share the information, so the confidentiality of campers is protected while giving staff the information that they need to keep campers safe?

*You describe how you identify and collect this camper information, how is this shared with staff?*

1. **Annual Staff Screening:** When hiring seasonal staff specify, (1) how do you verify that the check of the National Sex Offender Website has been completed? (2) what is your process for the submission of a disclosure statement from staff? and (3) how do you verify that a criminal background check has been conducted?

*v.2012 – HR.4, HR.4.1, HR.4.2, HR.4.3*

*v.2019 – AD. 25 – 27*

*The report from Crimecheck, how do know they check the NSOPW website?*

1. **General Activity Supervision Ratios – For Rental Groups:** For rental groups, (1) what minimum ratios of staff on duty to supervise campers do you advise? (2) Where (for example, in cabins, at showers, at what activities) are you advising that a minimum of two staff members be present? (3) Are there any exceptions or times when fewer staff are required? And (4) When are rental groups notified of these supervision ratios?

*v.2012 – HR.8, HR.8, HR.9.1*

*v.2019 – ST.35*

*You identify when and how you notify Rental Groups, however, do you have any exceptions to ratios?*

**12. General Activity Supervision Ratios – For Day, Resident, and Short Term Programs:** Identify the age of the majority of your campers. Using this age group: (1) What is the overall ratio of staff supervising campers in living areas and overall camp activities? (2) List 3 exceptions (if you have them) to this ratio of segments during the day when greater or fewer staff are required for supervision, and name the segment of the day and the exception. And (3) List 3 activities, locations, or situations (if you have them) where a minimum of 2 staff members must be present.

*v.2012 – HR.8.1, HR.9.1, HR.9.2*

*v.2019 – ST.35.1, ST.35.2, ST.35.3*

*Thanks for offering your ratios and exceptions to those ratios, do you have any times where 2 staff members are required? If so, please include those in your response.*

1. **Supervisor Training:** Staff who instruct, monitor, and evaluate other staff require training to do so. Describe the training you provide for these supervisors: (1) Describe the training for supervisors related to conducting regular staff observations. (2) Describe the training for supervisors related to documenting their observations of other staff. And (3) Describe the training for supervisors related to reinforcing or correcting other staff members’ behavior as needed.

*v.2012 – HR.19.1, HR 19.2, HR.19.3*

*v.2019 – ST.27*

*If, from an observation, there is a need to correct staff behavior, how do you train your supervisors for that scenario?*

1. **Supervisor Training**: Written staff evaluations or observations are an integral part of ensuring that staff are performing at an acceptable level and delivering the program quality that you desire. Describe your evaluation/observation process. Include: (1) when evaluations and observations take place in your season, (2) the type of written documentation made regarding evaluations and observations, and (3) how these observations are communicated to the staff member.

*v.2012 APG – HR.19.3, HR.20.1, PA.2.1*

*v.2019 APG – ST.34*

*You’ve described your evaluation forms and when they are used, I’m not clear on how this information is then disseminated to the staff member. Please clarify. Thanks!*

1. **Public Providers:** A vendor, public facility, or provider is described as:When a third party is providing equipment and access to a program site or facility, with persons other than the camp staff responsible for the site, equipment, and supervision of the activity. Staff may accompany a group and may assist with supervision of campers but are not responsible for the supervision of the activity. This also includes the use of another camp’s facility. (1) Does your camp use any vendor or public providers? (2) If yes, name one activity for which you use a vendor or public provider. (3) If yes, describe how you confirm with the vendor that they meet the applicable ACA standards? And, (4) describe how and by whom your campers are supervised at that activity?

*v.2012 – PD.38.1, PD.38.2, PD.38.3, PD.39.1, PA.30.1, PA.31.1, PA.32.1*

*v.2019 – AD.45.1, AD.45.2, AD.45.3, AD.46.1, AD.47.1, AD.47.2*

*You have listed two vendors (rafting and museum trips), when you are on these trips, who supervises the campers (select one)?*

1. **Specialized Activities:** Specialized activities are those activities that involve at least one of the following: Camper use of equipment, animals, or tools, which requires supervision by someone trained in their use; camper use of fire or heat producing equipment; the use of injury-protection equipment, such as helmet, goggles, or padding; requires a specialized skill set or knowledge. (1) Please list ALL the specialized activities (excluding aquatics) that you offer. (2) Indicate the activities, if any, at which two or more staff are required.

*v.2012 APG – PD.12.1, PD.13.1, PD.14.1, PT.1, HR.9.1*

*v.2019 APG – ST.8.1, ST.9.1, ST.10.1, ST.16.1, ST.35.1, ST.35.2, ST.41.1, ST.41.2, ST.41.3*

*I see images on your web site showing campers doing wood burning, is this a current activity?*

*OR*

*Do any of these specialized activities you have listed require two or more staff be present?*

1. **Specialized Activity Supervisor:**Select one of the specialized activities (excluding aquatics) that you offer. Describe (1) what written documentation you require for the supervisor of that activity and (2) how you verify that documentation.

*v.2012 APG – PD.12.1, PD.13.1, PD 14.1, PT.1.1*

*v.2019 APG – ST.8.1, ST.9.1, ST.9.2, ST.10.1, ST.10.2, ST.16.1*

*How do you verify what you have listed for your riding supervisor?*

*OR*

*How else do you confirm the qualifications of your equestrian supervisor? Their resume does not meet the standard. Might you have letter of recommendation or brochure from another employer of theirs?*

1. **Aquatic Activities and Ratios:** Please (1) list ALL the aquatic activities that you offer and (2) provide the ratio of staff members to campers at each activity. (3) Indicate the activities, if any, at which two or more staff are required for administering them.

*v.2012 – PT.15.1*

*v.2019 – ST.42.1, ST.42.2*

*You have said that all activities fall within ACA guidelines, to clarify how that breaks down, please offer the specific ratios you use at your aquatic activities.*

1. **Aquatic Supervisor Verification:**Select one of the aquatic activities that you offer. Describe (1) what written documentation you require for the supervisor of that activity, and (2) how you verify that documentation.

*v.2012 – PA.1.1*

*v.2019 – ST.11.1*

*You have mentioned what you require for the lifeguards, please outline what is required of the waterfront director (supervisor).*

1. **Security (intruder, active threat):** Describe your current camp security plan for either intruders or active threats including preventive measures, training, and rehearsal.

*v.2012 APG – OM.7*

*v.2019 APG – AD-18. ST.22*

*When are these rehearsed? Is it with just staff or are campers included in the rehearsals?*

1. **Emergency Communication to Parent/Guardian:** As camp professionals you want to be prepared for emergency situations (i.e., Illness, weather, schedule change) and have a plan for communicating with your camp community. Parents/guardians are a critical part of that community. In order to keep parents/guardians informed in emergency situations, (1) who will contact parents/guardians, and (2) how will a parent or guardian be informed of minors directly served by the camp.

*v.2012 APG – OM11.2, OM13.2, HW.10.1*

*v.2019 APG – AD 21.2, HW.8*

*Just to clarify, are there times when you will contact parents/guardians regarding medical situations? Transportation?*