

China Spring Youth Camp

Placement Packet

SECTION TO BE PROVIDED TO

PARENTS/LEGAL GUARDIANS



225 China Spring Rd, Gardnerville, NV 89410
P.O. Box 218, Minden, NV 89423
Tele: (775) 265-5350 or 265-5811 Fax: (775) 265-7159

We have been informed your child was committed to China Spring Youth Camp. In an effort to facilitate the intake process, we are requesting the following documents be completed and given to your child's probation officer prior to his/her arrival.

We understand this may be the first time your child will be away from home for an extended period of time. Because of this, we understand you may have concerns about what we do at China Spring. Before asking for detailed information about your child, let us take a minute to explain what the China Spring program is about and what you and your child can expect.

China Spring Youth Camp is a progress based program where the youth's behavior and adherence to the rules will determine the length of time in the program. We are dedicated to helping mid-level offenders between the ages of 12 and 18 develop skills, knowledge and experience to promote health and resiliency, stop the progression of problems caused by delinquent behavior, interpret, and avoid high-risk behavior patterns in an emotionally safe, comforting, challenging and nurturing environment.

We have no bars on the windows or locks on the doors. We do have alarms and security policies, but our philosophy is one of honor, trust and accountability. We are dedicated to helping your child define whom they are and what they will do when released. We provide structure and programs to help your child become a productive member of your family and community.

The staff is available to assist you and your child. The Case Manager is the person who is responsible for your child's coordination of treatment and your child will be assigned a Case Manager upon arrival. The Case Manager is the staff with whom you will have the most contact. Your child is expected to follow the China Spring's rules which will help them progress through the program. Please note that this program focuses on progress rather than a set time frame. Active parent engagement is vital to your child's success, and we are committed to involving you throughout their time in Camp. Together we can create a supportive environment that fosters growth and development.

The following is a list of services and programming provided by the camp:

Medical Services

Your child will receive medical, vision, and dental care deemed to be in his/her best interest and directed by our facility nurse and/or doctor. You may be billed for services from medical entities who provide service to your child. If, at any time, your child feels ill, s/he should notify a staff member. They will immediately help your child with minor problems and initiate a referral to the facility nurse. The youth can also initiate a nurse request at any time during their time at China Spring Youth Camp. The facility nurse handles minor medical requests twice weekly. In the event your child needs more serious attention, we will refer him/her to the facility's doctor. In all cases, when a referral is made to a medical doctor, you will be notified and will be asked to provide transportation to a medical doctor of your choosing. We will also use the best qualifying facility for your child's dental and vision needs, this will vary depending on your child's specific situation. If it is an emergency, or you are not physically able to transport your child to a physician of your choosing, the facility may provide transportation. For this reason, the attached medical information sheet must be filled out in its entirety. Please be informed that the facility will provide the insurance information to the service provider. Any costs not covered by insurance will be the responsibility of the parent/guardian. All prescriptions will be filled at the Walmart Pharmacy. The parent will be relied on to help with medical, dental and vision transports when your child is in the Transition Stage of the program. As they transition back to your care, so will their medical needs. It will be your responsibility to provide any needed OTCs on their home visit passes during the last stage of the program. If your child is on a prescription medication that requires monthly management by a professional, your child will be seen by our contracted personnel. You can be phoned into these visits if you would like to be involved. Any proposed changes to medications will require your written consent.

Medical Costs

Please remember that the parent or guardian will be responsible for the costs associated with treatment and services for any health condition that existed before the child's placement at China Spring Youth Camp, regardless of whether your insurance covers the services during your child's stay at Camp. Depending on the circumstances, other medical costs may also be billed to the parent or guardian. When possible, Camp will work with you to establish your child as a patient with new providers and to schedule appointments. You will typically be billed directly by the provider.

Educational Program

Your child will be required to participate in an educational program as part of his/her individual treatment plan. The educational program is operated by the Douglas County School District through Jacobsen High School. Credits your child earns will be transferable to the school s/he attends after leaving the facility. The Jacobsen High School staff with input from your child's Case Manager will develop educational goals. Your child will be taking a placement test upon his/her arrival into the facility. This test along with a review of your child's past school history, the completion of a personal interview with your child, your input, and your child's input will be used to formulate the most appropriate educational plan.

Wilderness Program

A wilderness program fosters personal growth through outdoor adventures, teamwork, skill building, promoting resilience, self-discovery, and connection with nature. Your child may be involved with the wilderness program. The Wilderness Program includes activities such as hiking, swimming, camping, fishing, rafting, trail construction, snow shoeing, and cross-country skiing.

Youth Development System

The basic program of the facility, called the Youth Development System, is based upon psychosocial principles of adolescent growth. The Youth Development System is designed to help your child learn, grow, and experience progress while also providing a system of rewards and incentives for behavior we want to reinforce. As such, the Youth Development System is directed at achieving positive changes in your child's attitudes, values, thinking processes, as well as behavior.

The China Spring Youth Camp utilizes a system for tracking your child's progress throughout the Youth Development System program, which is divided into three stages. The stages are designed to provide structure, guidance, support and feedback concerning your child's behavior and progress in the program. It is designed to grant increased responsibilities and privileges, maintain motivation and increase self-esteem as your child progresses through the program and toward his/her eventual return to the community.

Orientation Stage

The orientation stage refers to the initial phase where your child will acclimate to China Spring's environment. During this time, they adapt to new routines, build relationships with staff, and learn Camp rules/expectations. This stage is crucial for establishing a sense of safety, belonging, and setting the foundation for personal growth/development throughout the program. It is expected that your child will remain in Orientation Stage approximately 30 to 45 days.

It is important to note while your child is in Orientation Stage you will not have any phone contact or visits until s/he has been here for 30 days or promoted to the next level whichever comes first. However, your child is encouraged to write letters to family and can receive letters as early as his/her first day in the facility. Additionally, on the day your child arrives to Camp, you will receive a phone call from their assigned case manager and your child informing of arrival and will have the opportunity to ask any questions about the program.

Adjustment Stage

Your child will be expected to actively engage in personal development activities, guided by their individualized treatment plans. This includes:

- **Skill Building:** Focus on developing specific skills through various programs and workshops tailored to their needs.
- **Teamwork and Collaboration:** Emphasis on working together in group activities to enhance communication and cooperation.
- **Self-Reflection:** Encouraging participants to reflect on their experiences, set personal goals, and identify areas for growth as outlined in their treatment plans.
- **Increased Responsibility:** Providing opportunities for participants to take on more responsibilities, promoting independence and accountability.
- **Emotional Growth:** Fostering emotional resilience by navigating challenges and learning to manage feelings effectively, in alignment with their therapeutic goals.

Overall this phase aims to deepen their engagement and facilitate meaningful personal and social development while ensuring progress on their treatment plans.

Transition Stage

The aim of the transition stage, where your child can return home on the weekends, is to facilitate the integration of skills learned in Camp into their home environment.

- **Reinforcement of Skills:** Allowing youth to practice coping strategies and interpersonal skills with family members.
- **Family Engagement:** Encouraging open communication and involvement of family in the treatment process to strengthen support systems.
- **Real-Life Application:** Providing opportunities for youth to apply what they've learned in a familiar setting, helping them adapt their new skills to everyday life.
- **Monitoring Progress:** Assessing how well youth can manage challenges at home, which helps inform future treatment planning.
- **Building Confidence:** Boosting self-esteem as youth demonstrate their ability to navigate home life while applying positive behaviors

Leadership Program

The Leadership Program is where select residents demonstrate readiness to take on greater responsibilities and mentor their peers. Not every resident reaches this stage, as it requires:

- **Demonstrated Growth:** Participants must show significant progress in personal development, emotional regulation, and interpersonal skills.
- **Peer Mentorship:** Residents in this stage are encouraged to guide and support others, fostering a sense of community and teamwork.
- **Leadership Skills:** Engaging in activities that enhance leadership abilities, such as problem-solving, decision making, and conflict resolution.
- **Role Modeling:** Acting as positive role models for younger or less experienced residents, showcasing the values and behaviors promoted throughout the program.
- **Goal Setting:** Collaborating with staff to set advanced personal and professional goals, furthering their development.

Contraband

Your child may not be in possession of any item not specifically listed on the required belongings list in this packet. We understand there may be times when you want to bring or send your child “treats” or gifts, but your child will not be allowed to receive these. Administration or counselors will give you special instructions to follow during the holidays. Exceptions are not made for birthdays or other occasions. Your child may not carry or have in his/her possession any money, food, gum, or any other item not approved by the facility’s administration.

Visiting

During your child’s stay, you will have an active role in your child’s treatment program. As such, visitation privileges are offered in a fashion consistent with your child’s behavior and progress in his/her treatment plan. In-facility family visits will be limited to parents, grandparents, and/or legal guardians only. Visiting will be allowed once per week if the resident is not eligible for a home pass. The Case Manager will call and inform you have visiting hours. Your presence in the facility must be pre-approved through the Case Manager.

Exceptions to the visiting guidelines are rarely granted and are to be requested to the Case Manager. Due to resource demands, your child’s phone call will be limited to ten minutes which will be initiated by Camp staff. As with in-facility visits your child may only speak to parents, grandparents, and/or legal guardians, and court appointed advocates.

Family Systems Course (Targeted Case Management/Family engagement)

Both you and your child will be assigned a case manager. Case management is designed to support youth by coordinating tailored services to meet individualized needs.

- o **Assessment:** Identifying the specific needs and strengths of the youth and their family.
- o **Planning:** Developing a comprehensive service plan that outlines goals and necessary resources.
- o **Coordination:** Connecting families with various services, such as mental health support, educational resources, and community programs.
- o **Monitoring:** Regularly reviewing progress and adjusting the plan as needed to ensure effectiveness.
- o **Advocacy:** Acting as a liaison between the youth, family, and service providers to ensure the youth receives appropriate care.

The Parent Support Group meets every Friday from 5pm-6pm at Camp to provide a nurturing environment for parents and guardians. This group offers a space for sharing experiences, challenges, and successes related to their children's journeys. Led by trained facilitators, discussions focus on effective communication strategies, coping mechanisms, and resources available to support families. Participants can connect with others facing similar situations, fostering a sense of community and understanding. The group aims to empower parents, enhance their support skills, and encourage collaborative approaches to promoting their child’s growth and well-being throughout their time at Camp. Participation is mandatory and reported to Probation and the Courts monthly.

Mail

Your child will be allowed to correspond with parents/guardians, family members, lawyers, court appointed advocates, and Probation Officer. The suggested list is not inclusive and may consist of additional individuals who have a direct positive influence upon your child. Mailing address is : 1640 US Hwy 395 N #2605 Minden, NV 89423

If you have questions or concerns, please do not hesitate to contact the facility. Your questions/concerns will be directed to those best able to address the issue.

(Please keep this letter for your reference)

DAILY SCHEDULE

The following is an example of the schedule your child will follow on any given day:

Wake Up	6:00 a.m.
Breakfast and med call	6:15 a.m. to 6:55 a.m.
Chores and/or Group Counseling	6:30 a.m. to 7:15 a.m.
School Begins and/or Group Counseling	7:20 a.m. to 11:20 a.m.
Lunch and med call	1125 p.m. to 1200 p.m.
School Resumes	1:30 p.m. to 2:30 p.m.
Group counseling/physical fitness	2:30 p.m. to 5:00 p.m.
Dinner and med call	5:00 p.m. to 6:00 p.m.
Downtime /Counseling	6:00 p.m. to 7:00 p.m.
Showers/Chores	7:00 p.m. to 8:00 p.m.
Hygiene, wind down, and med call	8:00 p.m. to 9:00 p.m.
Lights Out	9:00 p.m.

VISITING RULES

Please remember this is a controlled environment and the rules are necessary for a safe, secure facility.

1. Photo ID (i.e. Driver's License) is required upon arrival.
2. Friday visits are from 4:00 p.m. to 5:00 p.m. for both facilities.
3. Parents/Grandparents/Guardians, ONLY, are allowed to visit.
4. Any visitor under the influence of an intoxicant will not be allowed on Facility property. Local law enforcement will be notified.
5. All visitors are subject to search.
6. No unauthorized visitors are allowed on facility grounds.
7. Visitors must park in the designated parking area.
8. Case Manager will inform where to go for visiting
9. Visitors may not give anything directly to a resident. If you have something for a resident, it must be given to staff immediately upon arrival.
10. The following are not allowed under any circumstance:
 - Food
 - Beverages (this includes water bottles)
 - Cell Phones
 - Weapons
 - Prescription Drugs
 - Illegal Drugs
 - Purses or bags
11. China Spring is a NON SMOKING facility pursuant to NRS 202.2491.
12. You must provide vehicle information, including license plate number upon arrival.

Violations of the visiting rules will result in future visits, passes or other privileges to be forfeited by you as the guardian or by your child. The rules are clearly known and violations will not be tolerated.



PERSONAL BELONGINGS LIST

Send only what is listed. All other items will be refused.

Please pack items in a disposable box, bag or duffel bag (no suitcases)

All clothing items must be:

- ☑ Sized to fit; no baggy clothing will not be accepted. Clothing must be logo/brand free.
- ☑ Expensive items are discouraged and may be refused.
- ☑ It is advisable to leave tags on all new items and to save receipts in case items are refused.
- ☑ All items must be black, grey, or white.

All Hygiene/Health products are to be:

- ☑ Must be in original packaging; non-aerosol, non-alcoholic.
- ☑ Perfume scents and expensive items are discouraged and may be refused.
- ☑ Labels are to be intact (medications without prescriptions labels will be refused).
- ☑ No over the counter medications will be accepted without doctor's order.
- ☑ Camp will provide dental floss, sunblock, athlete's foot products & OTC's (Over the Counter Medications)

Hygiene	<ul style="list-style-type: none"> ☑ Deodorant (non-aerosol) ☑ Ethnic/Special hair products (with approval) ☑ 1 Toothpaste ☑ 1 Toothbrush (Holder okay) ☑ 2 Wash Cloth (Solid Color) ☑ 2 Towel (solid color) ☑ 1 Unscented Lotion ☑ Acne Product(s) (Discretionary) 	<ul style="list-style-type: none"> ☑ 1 Shampoo ☑ 1 Conditioner ☑ 1 Comb/Brush ☑ 3 Lip Balm ☑ 1 Bar Soap (Holder okay) ☑ 1 Body Wash ☑ 3 Hair Tie (no rubber bands or metal) Feminine Products (Discretionary)
Writing	<ul style="list-style-type: none"> ☑ 3 Pencils, non-mechanical and no metal ☑ 1 High Lighter ☑ 5 Binder s 	
Personal Items	<ul style="list-style-type: none"> ☑ 1 Bible or Other Religious Book 	<ul style="list-style-type: none"> ☑ Stuffed animal-must be appropriate, no metal or electronics i.e. buttons, or lights) ☑ 3 small family photos (pets ok)
Footwear	<ul style="list-style-type: none"> ☑ 1 Slippers ☑ 1 Work Boots No steel toe ☑ 1 Athletic Shoes White/Black/light grey/No logos ☑ 1 Shower Shoes Non-slip 	

Clothing	<input checked="" type="checkbox"/> 7 Under shirts (black/white/grey/tan)	Girl's Dorm Specific Items
	<input checked="" type="checkbox"/> 7 Pairs of underwear (black/white/grey/tan)	
	<input checked="" type="checkbox"/> 7 Pairs of socks (black/white/grey)	
	<input checked="" type="checkbox"/> 2 Sweaters	
	<input checked="" type="checkbox"/> 2 Pairs sweatpants	
	<input checked="" type="checkbox"/> 2 Athletic shorts (black/grey)	
	<input checked="" type="checkbox"/> 1 Pajama pant	
	<input checked="" type="checkbox"/> 1 Winter Jacket	
	<input checked="" type="checkbox"/> 1 Hat (beanie or ball cap depending on the season)	
	<input checked="" type="checkbox"/> 1 Swimsuit	
	<input checked="" type="checkbox"/> 2 Wire-free bras (black, white, grey, tan)	
<input checked="" type="checkbox"/> 2 Sports Bra (black, white, grey, tan)		



HIPPA PRACTICES
Effective August 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

You are receiving this notice in accordance with the Health Information Portability and Accountability Act (HIPAA), a federal law that governs the privacy of your health information. You are receiving this notice because China Spring Youth Camp, an entity of Douglas County, provides limited health care services to youth at the facility through contracted medical professionals.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the information privacy practices followed by China Spring Youth Camp.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you may receive while at China Spring Youth Camp. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose your health information and describes your rights and our obligations regarding the use and disclose of that information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment

We, along with any physicians and other medical professionals who provide you with care, may use your health information to provide you with medical treatment or services. They may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems, which could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in their offices may share information about you and disclose information to people who do not work in the office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you, which we have.

For Payment

We, along with any physicians and other medical professionals who provide you with care, may use and disclose health information about you so the treatment and services, including those services received at China Spring Youth Camp, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about a service you received to your health plan administrator so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations

We, along with any physicians and other medical professionals who provide you with care, may use and disclose health information about you in order to run our facility and make sure you receive quality care. For example, your health information may be used to evaluate the performance of medical staff contracted by China Spring Youth Camp in caring for you. Health information about all or many of our residents may also be used to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders

We may contact you as a reminder your child has an appointment for treatment or medical care at the office.

Treatment Alternatives

We may tell you about or recommend possible treatment options or alternatives, which may be of interest to you.

Health-Related Products and Services

We may tell you about health-related products or services which may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes. **Please note that your information will not be shared for marketing purposes or be sold without your written permission.**

You may revoke your disclosure information consistent with the above policies at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that already occurred. If you revoke your Consent, we cannot use or disclose your information for purposes of treatment, payment, or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Address Public Health or Safety Issues

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Required by Law

We will disclose health information about you when required to do so by federal, state or local law.

Research

We may use and disclose health information about you for research projects which are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, or other information, which reveals who you are, or will be involved in your care at the office.

Organ and Tissue Donation

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donating bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other governmental authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable

We may use or disclose health information about you in a way which does not personally identify you or reveal who you are.

Family and Friends

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences, which are in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed and written authorization (different from the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed consent and a special written Authorization, which complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information that we maintain:

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask the denial be reviewed. If law requires such a review, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend this information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information which:

1. We did not create, unless the person/entity which created the information is no longer available to make the amendment;
2. Is not part of the health information we keep;
3. You would not be permitted to inspect and copy;
4. Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing. The request must state a time period, which may not include dates more than six years prior to your request. Your request should indicate in what form you want the list (for example, on paper, or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask we not use or disclose information about a surgery you had. **We are not required to agree to your requested restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit the "Request for Restriction on Use/Disclose of Medical Information".

Right to Request Confidential Communication

You have the right to request we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice, even if you have agreed to receive it electronically, and can ask us to give you a copy of this notice at any time. To obtain such a copy, contact the China Spring Youth Camp Director.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of this notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. More information can be found by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. To file a complaint with our office, contact the China Spring Youth Camp Director. You will not be penalized for filing a complaint.

NON-DISCRIMINATION NOTICE

In accordance with Federal Civil Rights Law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Attention Parent: Pages 1-10 of this packet are yours to keep. The following pages need to be reviewed, signed and submitted to the Juvenile Probation Office to be provided to Camp at the time of intake.

**This Section Contains Forms
to be Completed by Parent/Guardian
and Submitted to Camp
prior or at the time of Intake
by the JPO.**



CONSENT TO USE OR DISCLOSE HEALTH INFORMATION

I authorize China Spring Youth Camp, an entity of Douglas County, to use and disclose my medical information for the purposes of Treatment, Payment, and Health Care Operations.

Treatment includes activities performed by a health care provider, nurse, office staff, and other types of health care professionals providing care to you, coordinating or managing your care with third parties, and consultations with and between other health care providers. This consent includes treatment provided by a physician who provides services by telephone as an on-call physician.

Payment includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities, which may include review of health care services for medical necessity, justification of charges, pre-certification and pre-authorization.

Health Care Operations includes the necessary administrative and business functions of China Spring Youth Camp, and the offices of the medical professionals with whom we contract.

You have the right to revoke this Authorization at any time, provided you do so in writing and except to the extent we have already used or disclosed the information in reliance on this Authorization.

Unless revoked earlier or otherwise indicated, this Authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

You may review the "Notice of Privacy Practices," available from the China Spring Youth Camp Director, for additional information about the uses and disclosures of information described in this Consent prior to signing this Consent.

Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the Notice may change also. A summary of the Notice will be posted in our office indicating the effective date of the Notice in the upper right hand corner. We will provide you a copy of the Notice then in effect with your intake paperwork. We will also provide you with a copy of the Notice then in effect upon your request.

As more fully explained in the Notice, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment, and health care operations purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency treatment. Physicians and other medical professionals who provide services to China Spring Youth Camp are required to use and disclose your protected health information consistent with the Notice.

I understand I have the right to revoke this Consent provided I do so in writing, except to the extent China Spring Youth Camp has already used or disclosed the information in reliance on this Consent. I further understand that I have the right to examine the Notice of Privacy Practices and receive a copy of said Notice upon request.

Signature of Resident or Person Authorized by Law

Date



HIPAA

CHINA SPRING YOUTH CAMP AUTHORIZATION FOR RELEASE OF INFORMATION

Child's Name: _____ Date of Birth: _____

I understand my records are protected under Federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), and the restrictions regarding confidentiality of juvenile records as outlined in NRS Chapter 62H, and cannot be disclosed without my written consent unless otherwise provided for by law or regulation.

I also understand I may revoke this consent at any time except to the extent action has been taken in reliance on it, and in any event this consent expires automatically as described below.

I understand this consent authorizes either written or verbal transfer of the referenced information below. I waive on behalf of the above named child and myself all provisions of law relating to disclosure of confidential information, and release the Douglas County and China Spring Youth Camp from any liability, which may arise from this authorization.

I HEREBY AUTHORIZE:

- A. Any physician, hospital, institution, psychologist, social worker, school, or state, county, and federal agency having appropriate medical, psychiatric, psychological, social case, educational, vocational, and/or employment records, reports and/or evaluations pertaining to the resident named below, to disclose such records to the China Spring Youth Camp, so they may process this case for medical services and/or treatment services.
- B. The China Spring Youth Camp to release to any physician, hospital, institution, psychiatrist, psychologist, social worker, school or state, county and federal agency, any information pertaining to the resident named below which may be pertinent to a better understanding and more thorough evaluation of this medical service and/or treatment service.
- C. The China Spring Youth Camp to prepare certified copies of this authorization for the purpose of obtaining information from multiple sources. Such copies are to contain the statement: "I CERTIFY THIS COPY TO BE A TRUE COPY OF THE ORIGINAL", and be certified as to a true copy by the China Spring Youth Camp.

It is understood by the undersigned the authorization for disclosure contained herein shall include information pertaining to services and related benefits which may have been rendered or paid under any applicable health insurance coverage or any other health or medical protection plan, and any such information in the possession of any such provider of health or medical insurance coverage pertaining to the resident below may be disclosed to the China Spring Youth Camp.

I understand this authorization is valid while my son/daughter is a resident at China Spring Youth Camp and for a period of one (1) year after the discharge of the child.

Resident

Parent/Guardian or Primary Caretaker

State of Nevada)
)ss
County of _____)

On _____, 20__ before me,

(Notary's Name)



CONSENT FOR MEDICAL ATTENTION

I, _____, parent or legal guardian of
minor child, _____ do hereby consent to any medical care determined
necessary by China Spring Youth Camp staff and/or a medical service provider to be necessary for the
welfare of my child while said child is under the care of China Spring Youth Camp. I further consent to
disclosure of identifying information and medical history to the physician, nurses, emergency medical
personnel or hospital evaluating my condition. I further give my consent for China Spring Youth Camp staff
to give my child prescribed or over-the-counter medication on a daily and/or occasional basis. All
medications will be administered according to the medications' label instructions. This consent shall
terminate upon discharge from the program. In addition, I give my consent for China Spring Youth Camp to
share communication with my current health provider including, but not limited to: physician, mental health
provider, dentist/orthodontist, optometrist etc.

Parent/Guardian/Authorized Representative Signature

Date

Witness Signature

Date



MEDICAL INSURANCE INFORMATION SHEET

*Provide a legible copy of the front and back of your child's insurance cards (including dental and prescription if separate).

PRIMARY MEDICAL

Insurance Carrier: _____

Policy Holder Name: _____

SECONDARY MEDICAL If your child is covered by another insurance carrier, please complete the following

Insurance Carrier: _____

Policy Holder Name: _____

PRESCRIPTION COVERAGE

Prescription Carrier _____

Policy Holder Name: _____

DENTAL COVERAGE

Primary Insurance Carrier: _____

Policy Holder Name: _____

INSURANCE AUTHORIZATION

I, _____
(Print Name)

Authorize and assign China Spring Youth Camp and its representatives to use my insurance for the benefit of my Son/Daughter who is covered under said insurance policy. I also understand I am financially responsible for any cost not covered by insurance, including but not limited to deductibles, co-payment amounts and non-covered services. In accordance with NRS 62B.110, when a child who is under the jurisdiction of the Juvenile Division of the District Court receives ancillary services administered or financed by Douglas County, including but not limited to, transportation or psychiatric, psychological, or medical services, the county is entitled to be reimbursed from the parent of the child for such services.

Guardian Signature

Date



Over the Counter Medication Consent Form (OTC)

Name: _____
 Known Allergies: _____

Date of Birth ____/____/____

Over the counter medications may be administered to your child by China Spring Youth Camp staff.
OVER THE COUNTER MEDICATIONS: (Please indicate with your initials each OTC that may be administered)

Symptoms	Medication	Parent Initial
Itching, rash	Hydrocortisone/Cortisone Cream- 4x Daily*	
Minor cuts, scrapes, burns	Neosporin/Antibiotic Ointment- 4x Daily*	
Cold Sore Treatment	Campho-phenique- 4x Daily	
Oral sore, canker sores	Orajel- 4x Daily Salt water swish 4x Daily	
Itching/burning feet	Anti-Fungal Cream- 2x Daily (B/N) for 30 days. Change socks with new medication and after sweating*	
Vaginal itching/burning	Vagisil/Feminine itch cream- 4x Daily	
Minor Burns	Burn cream *	
Sun Burns	Aloe Vera Gel	
Stye, eye infection	Stye Cream/ointment	
Cold Sore Treatment	Campho-phenique	
Heartburn/stomach ache	Antacids* Omeprazole- (1) Tablet Daily * Must have nurse order.	
Stomach ache related to dairy	Dairy Relief	
Chapped lips, extreme dry/chapped skin	Vaseline/Petroleum Jelly/Aquaphor- 4x Daily	
Sore throat pain	Salt Water Gargle/Cough and Sore Throat Drop	
Sinus Congestion	Sinus Decongestion*	
Cough (no congestion)	Cough and Sore Throat Drop	
Cough and Cold	Cough and Cold Tablets *	
Severe Cold and Flu	Alka Seltzer*	
Common allergies runny nose, itchy throat, sneezing, itchy watery eyes	Allergy Plus Chlorphen* Loratadine	
Non-life threatening allergic reaction (IE Rash, minor swelling)	Diphenhydramine (1 tab)- Update Nurse on findings	
Diarrhea or symptoms of diarrhea	Anti-Diarrheal	
Nausea; vomiting	Stomach Relief	
Anti-inflammatory, pain reliever, headache reliever, fever reducer	Ibuprofen or Tylenol	
Constipation, hard stool	Stool Softener and Fiber Laxative * Must have nurse order	
Ingrown toe nails, infected wounds on feet/hands	Epsom Salt/Soak- 2x daily	
Acne	1 dab iodine or 1 dab acne spot cream	
Dry/Irritated Eyes	Eye Drops	

By signing below, you are giving China Spring Youth Camp permission to administer the medications checked above as required and agree that all known allergies are listed above. You are also acknowledging that you will not hold China Spring Youth Camp or its staff responsible for any claims arising out of the implementation of the Center's Standing Medical Orders and/or treatment procedures for your child

Client Signature _____

Date _____

Parent/Guardian _____

Date _____

Witness _____

Date _____



DAMAGE RESPONSIBILITY NOTICE

I acknowledge that my child will be held financially responsible for any damage they may cause to Douglas County property during their residency at China Spring/Aurora Pines. This includes, but is not limited to, any intentional or unintentional harm to facilities, equipment, or any other property.

I understand that the camp will assess the damage and determine the costs associated with repairs or replacements. This will ensure that the camp can maintain a safe and welcoming environment for all residents.

Guardian Signature: _____ Date: _____



PUBLICITY WAIVER/RELEASE FORM

Parent/Legal Guardian Information

Name: _____
(Print)

Child's Name: _____
(Print)

Permission Statement

Please check one option:

GRANT permission for my child's name or picture to be used in connection with activities, including but not limited to: wilderness trips, intramural athletics, organized sports, or charitable, social, or publicity events associated with China Spring/Aurora Pines.

DO NOT GRANT permission for the use of my child's name or picture in the aforementioned activities.

By signing this form, I waive any restrictions regarding the confidentiality of juvenile records as outlined in NRS 62.355.

Guardian Signature: _____ Date: _____



PROGRAMS AND ACTIVITIES
PERMISSION, RELEASE AND INDEMNITY AGREEMENT

Child's Name: _____ Date _____

I, _____ am the parent, or have been
(Print Guardian Name here)

appointed legal guardian by court order, of the above named minor child.

I further state, the above named minor child is physically able to participate in the activities selected below:

Initial

- I give permission for the above named minor child to participate in the Recreational Programs and Activities of the Camp, which includes but is not limited to football, basketball, volleyball, baseball, yoga, swimming, and other recreational activities in and about the Camp and Community.
- I further give permission for above named minor child to participate in the activities of the Camp's Wilderness Program, which includes but is not limited to hiking, basic mountaineering, survival techniques, swimming, backpacking, camping, ropes course, cross-country skiing, snowshoeing, rafting, kayaking, and fishing, in and about the Camp, Wilderness Areas and Parks of Nevada and California. As such, I further give permission for the above named minor child to be taken by Camp Staff to the state of California for the purpose of participating in said activities.
- I further give permission for the above named minor child to participate in the activities, training and care of animals within the Camp's Animal Program, which includes but is not limited to dogs, birds, and any other domestic animal(s), which may be in and about the Camp and Community.

I have been advised of the various dangers that the above named minor child may be exposed to during their participation with these programs, which includes but is not limited to severe weather conditions, physically demanding conditions, and unanticipated animal-caused injuries. I also acknowledge that I have been advised that the above named minor child may be exposed to actions, events, and environments that may be hazardous to his/her person and/or property, including danger to life and/or limb. I understand that I am solely responsible for any medical costs that may directly or indirectly result from my child's participation in the above program(s).

NOW, THEREFORE, having been fully advised of the dangers inherent to these various program(s) in which I grant permission for the above named minor child to participate in, I do hereby, for the above named minor child, myself, my spouse, heirs, executor or administrator, and personal representatives:

- Assume the risks of the minor child participating in said programs and take full responsibility for any personal injury, including death, to the above named minor child, which may occur directly or indirectly, associated with the above named minor child's participation in the various programs mentioned above.
- Fully and forever release and discharge China Spring Youth Camp, Douglas County, the Ninth Judicial District Court, and the officers, employees, agents and servants of these entities, from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the above named minor child's participation in the various programs mentioned above, whether resulting from the negligence of the above named entities and the agents thereof or otherwise.

- Agree to indemnify and hold harmless China Spring Youth Camp, Douglas County, the Ninth Judicial District Court, and the officers, agents, employees and servants of these entities, with respect to any and all claims, injuries, and costs associated with my child's participation in these program(s).
- Agree to defend and to pay any attorney's fees or associated costs as a result of any claim or action brought against China Spring Youth Camp, Douglas County, the Ninth Judicial District Court, and the officers, agents, employees and servants of these entities, for any acts or conduct on the part of the above named minor child of whatever kind or nature whatsoever, while in, on or about any such Douglas County vehicle, or at any and all Douglas County premises or facilities.
- Agree that it is my intent, having read and having been fully informed of all of the above that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

In case of an emergency, please notify:

_____ Name

_____ Name

_____ Telephone Number

_____ Telephone Number

I further agree, in case of injury and/or illness, the Camp staff shall have authority to act in the child's best interest.

_____ Relationship to Child

_____ Signature of Parent / Legal Guardian

_____ Date

Address: _____

Telephone Number _____

Dated this date _____ day of _____, 20____, at _____ o'clock.

*A valid photo identification of the applicant and the parent or guardian (if applicable) shall be presented to and a copy of shall be attached to this agreement.



ROPES CHALLENGE COURSE RELEASE OF LIABILITY

Individuals who suffer from high blood pressure, heart disease, back problems, emotional instability, pregnancy or acrophobia should not go on high ropes without consulting their physician.

In consideration of being allowed to participate in any way in the China Spring Youth Camp Challenge Course Program, related events and activities, _____, the undersigned, I acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE PARTICIPANT or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS China Spring Youth Camp, Douglas County, and their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE PARTICIPANT OR OTHERWISE, to the fullest extent permitted by law ("Releases"); and,
5. I understand that the use of equipment furnished by China Spring Youth Camp constitutes an acceptance of the equipment. I agree to pay for any damage done to the equipment, property or property of others.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature

Age

Date Signed

FOR PARENTS/GUARDIANS OR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify me, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases. My consent is on behalf of myself, my spouse, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the released individuals and entities from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE PARTICIPANT, to the fullest extent permitted by law.

Parent/Guardian Signature

Emergency Phone Number

Date Signed



C.H.O.I.C.E.S. PROGRAM MEDICAL INFORMATION FORM

1) Are there any physical limitations, which would prevent full participation, including:

- | | | |
|---|--|---|
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Sprains/Dislocations |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Venereal Disease (STD) | <input type="checkbox"/> Concussion/Head Injury |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Pregnancy (Current) | <input type="checkbox"/> Chronic Cough |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Pregnancy (Recent) | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Recent Injuries | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Recent Illness | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Bedwetting/Incontinence |
| <input type="checkbox"/> Allergies (Food) | <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Allergies (Medication) | | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Allergies (Insect, etc.) | | |
| <input type="checkbox"/> OTHER? | | |

PLEASE EXPLAIN ANY ABOVE PROBLEM (Dates, Frequency, Severity, Extent of Limitation)

2) Are there any psychological tendencies, which we should be aware of (fear of heights or water, suicide attempts, drug/alcohol addiction, depression, etc.)?

3) Please list all prescription drugs, which the child is required to take, as well as the doctor who prescribed them, and the amount/frequency of administration. Staff will hold these for the duration of the trip. PLEASE BE SURE TO SEND YOUR CHILD'S MEDICATION WITH THEM, IN A SUFFICIENT AMOUNT TO LAST FOR THE DURATION OF THE TRIP.

4) Wilderness Program staff carry a well-stocked first aid kit at all times, which contains the following over-the-counter medications. Please check those medications, which you, as parent or legal guardian, give us permission to administer to your child in the event of illness:

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Pepto-Bismol |
| <input type="checkbox"/> Ibuprofen (Advil, Midol) | <input type="checkbox"/> Rolaids/antacid |
| <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Pseudoephedrine (Sudafed) |
| <input type="checkbox"/> Dramamine (Motion Sickness) | <input type="checkbox"/> Mylanta/laxative |

Signature of parent/guardian _____ Date _____

5) The Wilderness Program staff has been trained in the administration of *EPINEPHRINE* (a prescription drug), which reverses the effects of severe life threatening systemic (whole body) allergic reactions to substances such as bee stings or food allergies. An individual's past history is often not a reliable indication of future reactions. Therefore, we request permission to administer *EPINEPHRINE* in the event your child has a life threatening allergic reaction while in our care.

I/We _____ give CAMP Wilderness Program Staff permission to administer *EPINEPHRINE* to _____ in the event of a systemic allergic reaction.

PLEASE CONTACT US IF ANY INFORMATION CHANGES OR DEVELOPS



COMMITMENT FACE SHEET
(Please fill out ALL information completely)

Juvenile's Name _____
 Social Security Number _____
 Date of Birth _____
 Age _____ Current Grade _____
 Birthplace _____
 Religious Affiliation _____ Race/Ethnicity _____
 Hair _____ Height _____ Tattoos _____
 Eyes _____ Weight _____ Scars _____

Is your son/daughter _____
 Currently receiving income? _____
 Yes (list Income) _____
 No _____

Guardian at Commitment _____ Relationship: _____ Date of Birth _____
 Phone Numbers: Home _____ Work _____ Cell _____
 Mailing Address _____ City _____ State _____ Zip _____
 Physical Address _____ City _____ State _____ Zip _____
 Employment _____ SSN _____
 Driver's License # _____ State _____ Expiration _____
 Other _____

Parent/Guardian _____ Relationship: _____ Date of Birth _____
 Phone Numbers Home _____ Work _____ Cell _____
 Mailing Address _____ City _____ State _____ Zip _____
 Physical Address _____ City _____ State _____ Zip _____
 Employment _____ SSN _____
 Driver's License # _____ State _____ Expiration _____

Financial Info	<u>Income of Parent(s)</u>	<u>Expenses</u>
	Monthly Gross _____	House Payment/Rent _____
	Child Support _____	Medical Bills _____
	State Assistance _____	Utilities _____
	Food Stamps _____	Additional Monthly Bills _____
Disability _____		

Spanish Speaking Household? Yes / No

Vehicle Information: List all vehicles in which you may drive to the facility for visits and used to transport a resident in and out of the facility at any other time.

Make	Model	Color	License Plate #



Zero Tolerance Policy

China Spring Youth Camp has a Zero Tolerance Policy against all forms of sexual abuse and sexual harassment. The protection of the facilities youth against all forms of sexual abuse and sexual harassment is important. All employees, staff, residents, contract employees, contract services personnel, volunteers and visitors are subject to the Zero Tolerance Policy.

How do I report sexual abuse and/or sexual harassment?

Residents of the facility have the right to report sexual abuse and/or sexual harassment free of retaliation and consequence. Reports can be filed in the following ways:

- 1) Tell a trusted staff member, request a supervisor, or request to speak to a member of Administration. Administration accepts phone calls 24 hours a day.
- 2) Complete a Grievance form and place in the secured box.
- 3) Ask staff to make a private phone call and contact one of the listed outside agencies provided during intake.
- 4) Use the dorm phone to select a pre-programmed number:
 - a. Line 1: Internal PREA Message Line for PREA Compliance Manager. This is checked by message and email by the PREA Compliance Manager.
 - b. Line 2: Contact Family Support Council for Victim Services, Emotional Support, or to contact your designated advocate. 775-782-8692.
 - i. Physical Address: 1255 Waterloo Lane, Gardnerville, NV 89410
 - ii. Mailing: P.O. Box 810 Minden, NV 89423
 - c. Line 3: Contact the Reno Crisis Call Center 1-800-992-5757
 - i. 900 N. Virginia St. Reno, NV 89557
 - d. Line 4: Douglas County Sheriff's Office Investigations 775-782-9905
 - i. Mailing Address: P.O. Box 218 Minden, NV 89423
- 5) Residents may also request a private phone call to their parents, JPO, attorney, or other guardian.
- 6) Parents/Guardians or other third parties may report on behalf of a resident using any of the contact numbers provided on the website, including contacting Douglas County Sheriff's Office.

Additionally, the PREA Compliance Manager or designee will provide on-going PREA Education to residents of China Spring Youth Camp about their protection from sexual abuse and sexual harassment. The curriculum will be designed to be age appropriate and take into consideration any limitations the resident may have.

Emotional Support Services/Victim Advocacy

Internal:

Residents are introduced to the Camp' Mental Health Professional(s) within the first fourteen (14) days. The Camp has more than one clinician that can provide internal support and be available upon request.

If you would like to see the Psychologist, please make this request to your Case Manager and they will write a referral for you. Staff may also refer you as well.

External:

If you would like emotional support services outside of the facility, please request an advocate through your case manager. The Camp and Family Support Council work collaboratively to meet individual resident needs. Once an advocate is established, residents may contact them by setting up an appointment through their case manager, mail, or by using the pre-programmed dorm phone line, line 2.

**Important Note: Support services information for different counties within Nevada is posted in the dormitory. You will also receive a printed copy of this information upon intake. This and any other information related to your rights and PREA will be provided to you upon request.*

What happens after I make a report?

Immediate action will be taken to protect a resident upon learning of a potential risk. The facility will take the necessary precautions to keep you safe. This may include but is not limited to changing a room assignment or re-assigning a staff member to work in another location.

- Depending on the circumstances and nature of the report, you will be interviewed and receive a formal conclusion within (90) days of the report being filed.
- You may have reasonable access to an attorney, parent/guardian, probation officer or other support services.
- Follow-up services will be provided in the event a sexual abuse has occurred, free of charge.

Resident Education Acknowledgement

As a resident of the facility, you will receive ongoing education about sexual abuse and sexual harassment. You will also have access to educational and reporting material posted throughout the dormitory.

My signature below confirms that I have been informed of China Spring Youth Camp Zero Tolerance Policy regarding sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the facilities policy and procedures for responding to such incidents. I acknowledge that upon intake, I reviewed the video, "What You Need to Know about PREA." I also understand if I falsely report sexual abuse or sexual harassment with the intent to manipulate the reporting policy, consequences up to and including failure of placement may occur.

Resident Signature

Date



**CHINA SPRING YOUTH CENTER
Family questionnaire**

Thank you for completing this family questionnaire. Parents or guardians may choose to fill it out together or complete separate copies—whichever works best for you.

Please remember that it's perfectly fine to have differing opinions; what matters most is that your responses are thoughtful, sincere, and honest. Research shows that having a comprehensive understanding of a child's circumstances is crucial for effectively supporting them in making positive changes.

It's also important to note that you don't need to know every detail about your child's behaviors or challenges. Treatment is a journey of discovery rooted in honesty and courage, and this questionnaire serves as a valuable starting point.

While there are several pages, most consist of ample blank space for you to express your thoughts. Don't worry about spelling or grammar—just begin writing!

Please list all family members and/or anyone else in household:

Name	Living in Home?	Sex/Age	Relationship to Client

Youth's Living Arrangements (Check all that apply in the last year)

- | | |
|--|---|
| <input type="checkbox"/> Lives w/both parents | <input type="checkbox"/> Community residential facility |
| <input type="checkbox"/> Lives w/foster family | <input type="checkbox"/> Correction facility |
| <input type="checkbox"/> Lives w/one parent | <input type="checkbox"/> Homeless shelter |
| <input type="checkbox"/> Lives w/other relatives | <input type="checkbox"/> Living in motels/hotels |
| <input type="checkbox"/> Lives alone | <input type="checkbox"/> On the street |
| <input type="checkbox"/> Other living arrangements | <input type="checkbox"/> Often on runaway status |
| <input type="checkbox"/> Approved adults/friends | <input type="checkbox"/> Other Institutional setting |
| <input type="checkbox"/> Private residence | <input type="checkbox"/> Unapproved negative friends |

Check the areas of concern with the client:

- | | | |
|---|--|--|
| <input type="checkbox"/> Has had encounters w/law | <input type="checkbox"/> Poor academic perform | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Hard to control | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Frequent Fighting |

- Runs away
- Death of family/friend
- Destruction of objects
- Hurts animals
- Substance abuse or experimentation
- Poor sleeping/nightmares
- Frequent Lying
- Stealing
- Truancy
- Assaultive behaviors

List other agencies and treatment programs that you are working with now or in the past:

Name	Date Entered	Completed?	Yes / No	Contact Person

SCHOOL

Does the youth have a hard time concentrating or staying on task without constant reminders or consequences? Yes No If yes, explain and give examples:

Does the youth get "picked on" or get victimized a lot by other youth? Yes No

Is the youth the aggressor and picks on other youth? Yes No

Overall, what types of problems does he/she experience in social situations?

Are there any school behavior problems? If so, please explain:

School and school counselor name _____

SUICIDE: Has the youth ever expressed suicidal thoughts or engaged in behaviors that may be considered intentionally self-destructive? Examples of such behaviors include, but are not limited to, self-harm (e.g., cutting), substance overdose, self-asphyxiation, provoking physical harm, reckless driving, or engaging in dangerous activities.

Yes No If yes, explain:

HISTORY OF NEUROLOGICAL PROBLEMS:

Has the youth ever been involved in an accident, fall, sporting activity, car accident, or physical assault where there was a blow to the head? Yes No

Did the blow result in loss of consciousness? Yes No

Has the youth lost consciousness due to blood loss, or medical problems? Yes No

How long was the youth unconscious?

Did the youth see a doctor for this incident. Yes No If yes, what was the finding?

Has the youth ever had seizures? Yes No

Were these seizures drug or alcohol related? Yes No

Has the youth been treated for these seizures? Yes No

IMMEDIATE FAMILY HISTORY

Has the youth ever been or currently is a victim of domestic violence? Including sexual assault?
Yes No If yes, please explain:

Is there a family history of a restraining/no-contact court order? Yes No
If yes, please explain why and for how long:

Biological Father

Has father been treated for any addiction? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Does he have a history of mental illness? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Biological Mother

Has mother been treated for any addiction? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Does biological mother have a history of mental illness? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Step Father

Has stepfather been treated for any addiction? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Does he have a history of mental illness? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Step Mother

Has stepmother been treated for any addiction? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Does she have a history of mental illness? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Siblings

Has a sibling been treated for any addiction? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

Does sibling he/she have a history of mental illness? Yes No If yes, what was the diagnosis and outcome of treatment?

How was/is it being treated?

EXTENDED FAMILY HISTORY OF ADDICTION OR MENTAL ILLNESS:

Long term multi-generational family history is very important to understanding and treating a youth's addictions and mental health needs. Please briefly explain the biological mother's and father's family history of addictions and mental health issues:

1. What mental health or substance abuse issues exist or existed in the mother's side of the family, and for whom?

2. What mental health or substance abuse issues exist or existed in the father's side of the family, and for whom?

Please complete the following form with information about the youth's current medications and recent health appointments.

Current Medications

Please list any current medications the youth is taking:

<u>Medication Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Start Date</u>	<u>Reason Prescribed</u>
-------------------------------	----------------------	-------------------------	--------------------------	---------------------------------

1. _____

2. _____

3. _____

4. _____

Date of last dental appointment: _____

Location of last dental appointment: _____

Date of last vision appointment: _____

Location of last vision appointment: _____

Please ensure all fields are completed accurately. If you have any additional information or concerns regarding the youth's health, please feel free to include them below.

Additional Notes/Comments:

YOUR OPINION AND FEELINGS

Instructions: This is your page to simply summarize your personal opinion and feelings about the youth and your family. Please be honest, and help us to see the bigger picture. This will help us help you.

How does your family get along?

Describe one really good time and one really bad time in your family:

What kind of family problems are you experiencing within the home?

How can this program help you and your family at home?

What else, if anything, should we know about your young person and the family so that we can really help you throughout this process?

Thanks for taking the time to complete this questionnaire, it will really help!



**Douglas County
School District**

EMPOWER PREPARE INSPIRE CONNECT

Stoddard and Jewel Jacobsen High School

Physical: 225 China Springs Rd.
Gardnerville, Nevada 89410
Mailing: 1638 Mono Ave
Minden, Nevada 89423
Tel: 775-265-5433
Fax: 775-265-6434

Dear Parents:

From time to time Jacobsen High School schedules field trips for their classes. Such trips can be a valuable learning experience and add interest to their subject areas.

In order to avoid a last minute rush of getting parental permission for each field trip, we are asking your approval for your student to go on school sponsored field trips. These trips will always be in camp vehicles and supervised by school personnel and camp staff.

Thank you for your cooperation.

Sincerely,

Gavin Ward
Principal

My child, _____ has ___ does not have ___ my permission to go on school sponsored field trips for the school year 2024-2025.

In the event my child, _____ becomes ill or injured and I cannot be reached, I hereby consent to any diagnostic or medical treatment and hospital services that may be deemed necessary by my family physician, _____, or any physical designated by him/her or the emergency room physician.

Signature of Parent or Guardian

Date

Daytime Phone (in case of emergency)

NEVADA DEPARTMENT OF EDUCATION CODE OF HONOR

There is a clear expectation that all students will perform academic tasks with honor and integrity, with the support of parents, staff, faculty, administration, and the community. The learning process requires students to think, process, organize and create their own ideas. Throughout this process, students gain knowledge, self-respect, and ownership in the work that they do. These qualities provide a solid foundation for life skills, impacting people positively throughout their lives. Cheating and plagiarism violate the fundamental learning process and compromise personal integrity and one's honor. Students demonstrate academic honesty and integrity by not cheating, plagiarizing or using information unethically in any way.

What is cheating?

Cheating or academic dishonesty can take many forms, but always involves the improper taking of information from and/or giving of information to another student, individual, or other source. Examples of cheating can include, but are not limited to:

- ◆ Taking or copying answers on an examination or any other assignment from another student or other source
- ◆ Giving answers on an examination or any other assignment to another student
- ◆ Copying assignments that are turned in as original work
- ◆ Collaborating on exams, assignments, papers, and/or projects without specific teacher permission
- ◆ Allowing others to do the research or writing for an assigned paper
- ◆ Using unauthorized electronic devices
- ◆ Falsifying data or lab results, including changing grades electronically

What is plagiarism?

Plagiarism is a common form of cheating or academic dishonesty in the school setting. It is representing another person's works or ideas as your own without giving credit to the proper source and submitting it for any purpose. Examples of plagiarism can include, but are not limited to:

- ◆ Submitting someone else's work, such as published sources in part or whole, as your own without giving credit to the source
- ◆ Turning in purchased papers or papers from the Internet written by someone else
- ◆ Representing another person's artistic or scholarly works such as musical compositions, computer programs, photographs, drawings, or paintings as your own
- ◆ Helping others plagiarize by giving them your work

All stakeholders have a responsibility in maintaining academic honesty. Educators must provide the tools and teach the concepts that afford students the knowledge to understand the characteristics of cheating and plagiarism. Parents must support their students in making good decisions relative to completing coursework assignments and taking exams. Students must produce work that is theirs alone, recognizing the importance of thinking for themselves and learning independently, when that is the nature of the assignment. Adhering to the Code of Honor for the purposes of academic honesty promotes an essential skill that goes beyond the school environment. Honesty and integrity are useful and valuable traits impacting one's life.

Student Signature _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____

Questions or concerns regarding the consequences associated with a violation of the Code of Honor may be directed towards your child's school administration and/or the school district.

Resources: Cheating policies from Clark and Washoe County School Districts' secondary schools;
Foothill Community College

NRS 62B.510 Rights of child placed in detention facility.

Except as otherwise provided in [NRS 62B.520](#), a child who is placed in the care and custody of a detention facility within this State has the right:

1. To receive information concerning his or her rights set forth in this title.
2. To be treated with basic human dignity and respect, without intentional infliction of humiliation.
3. To have fair and equal access to services, placement, care, treatment and benefits.
4. To a program of education that meets the requirements of law and is appropriate for the developmental maturity of the child.
5. To receive adequate, healthy and appropriate food.
6. To receive adequate, appropriate and accessible basic necessities, including, without limitation, shelter, clean clothing and personal hygiene products and facilities.
7. To have access to necessary medical and behavioral health care services, including, without limitation:
 - (a) Dental, vision and mental health services;
 - (b) Medical and psychological screening, assessment and testing; and
 - (c) Referral to and receipt of medical, emotional, psychological or psychiatric evaluation and treatment as soon as practicable after the need for such services has been identified.
8. To be free from:
 - (a) Abuse or neglect, as defined in [NRS 432B.020](#).
 - (b) Corporal punishment, as defined in [NRS 388.478](#), except the reasonable use of force that is necessary to preserve the order, security or safety of the child, the public, the staff of the detention facility or other children who are detained in the detention facility.

(c) The administration of psychotropic medication unless the administration is consistent with the policies established pursuant to [NRS 62B.530](#).

(d) Discrimination or harassment on the basis of his or her actual or perceived race, ethnicity, ancestry, national origin, color, religion, sex, sexual orientation, gender identity or expression, mental or physical disability or exposure to any communicable disease.

(e) The deprivation of food, sleep, exercise, education, pillows, blankets or personal hygiene products as a form of punishment or discipline.

(f) Being searched for the purpose of harassment or as a form of punishment or discipline.

(g) Being restricted from a daily shower, clean clothing, drinking water, a toilet or reading materials relating to the education or detention of the child as a form of punishment or discipline.

9. To have reasonable access and accommodations to participate in religious services of his or her choice when reasonably available on the premises of the detention facility or to refuse to participate in religious services.

10. To communicate with other persons, including, without limitation, the right:

(a) To have regular contact through visits, telephone calls and mail with:

(1) Biological children;

(2) Parents;

(3) Guardians;

(4) Attorneys; and

(5) Other adults with whom the child has established a familial or mentoring relationship, including, without limitation, clergy, caseworkers, teachers, mentors and other persons, upon approval of the detention facility.

(b) To communicate confidentially with:

(1) Any agency which provides child welfare services to the child concerning his or her care;

- (2) Attorneys, legal services organizations and their employees and staff;
- (3) Ombudspersons and other advocates;
- (4) Members of the clergy; and
- (5) Holders of public office, and people who work at a state or federal court.

↳ Except as otherwise provided by specific statute, a communication made pursuant to this paragraph is not a privileged communication.

(c) To report any alleged violation of his or her rights pursuant to [NRS 62B.525](#) without being threatened or punished.

11. To participate, in person, by telephone or by videoconference, in all court hearings pertaining to the circumstances which led to the detention of the child.

(Added to NRS by [2017, 744](#))

NRS 62B.515 Duty of detention facility to provide notice and copies and post written copy of rights. A detention facility shall:

1. Inform the child of his or her rights as set forth in [NRS 62B.510](#);
2. Provide the child with a written copy of those rights;
3. Provide an additional written copy of those rights to the child upon request;
4. To the extent that it is practicable, provide a written copy of those rights to the parent or guardian of the child; and
5. Post a written copy of the rights set forth in [NRS 62B.510](#) in a conspicuous place inside the detention facility.

(Added to NRS by [2017, 746](#))

NRS 62B.520 Reasonable restrictions on exercise of rights by child. A detention facility may impose reasonable restrictions on the time, place and manner in which a child may exercise his or her rights set forth in [NRS 62B.510](#) if such restrictions are necessary to preserve the order, security or safety of the child, the public, the staff of the detention facility or other children who are detained in the detention facility.

(Added to NRS by [2017, 746](#))

NRS 62B.525 Authorized manner for child in detention facility to raise and redress a grievance.

If a child believes that any of his or her rights set forth in [NRS 62B.510](#) have been violated, the child may raise and redress a grievance through, without limitation:

1. A member of the staff of the detention facility;
2. A probation officer or parole officer;
3. An agency which provides child welfare services to the child, and any employee thereof;
4. A juvenile court with jurisdiction over the child;
5. A guardian ad litem for the child;
6. An attorney for the child; or
7. The use of any appropriate procedure which has been established by the Division of Child and Family Services to address grievances for children, both in and out of detention

NRS 62B.530 Detention facilities to establish policies concerning accessibility, administration and concurrent use of psychotropic medication for children.

Each detention facility shall establish appropriate policies to ensure that children who are detained in the detention facility have timely access to and safe administration of clinically appropriate psychotropic medication. The policies must include, without limitation, policies concerning:

1. The use of psychotropic medication in a manner that has not been tested or approved by the United States Food and Drug Administration, including, without limitation, the use of such medication for a child who is of an age that has not been tested or approved or who has a condition for which the use of the medication has not been tested or approved;
2. The concurrent use by a child of three or more classes of psychotropic medication; and
3. The concurrent use by a child of two psychotropic medications of the same class.

NRS 432B.020 “Abuse or neglect of a child” defined.

1. “Abuse or neglect of a child” means, except as otherwise provided in subsection 2:

- (a) Physical or mental injury of a nonaccidental nature;
- (b) Sexual abuse or sexual exploitation; or
- (c) Negligent treatment or maltreatment as set forth in [NRS 432B.140](#),

↳ of a child caused or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm.

2. A child is not abused or neglected, nor is the health or welfare of the child harmed or threatened for the sole reason that:

(a) The parent of the child delivers the child to a provider of emergency services pursuant to [NRS 432B.630](#), if the parent complies with the requirements of paragraph (a) of subsection 3 of that section; or

(b) The parent or guardian of the child, in good faith, selects and depends upon nonmedical remedial treatment for such child, if such treatment is recognized and permitted under the laws of this State in lieu of medical treatment. This paragraph does not limit the court in ensuring that a child receive a medical examination and treatment pursuant to [NRS 62E.280](#).

3. As used in this section, “allow” means to do nothing to prevent or stop the abuse or neglect of a child in circumstances where the person knows or has reason to know that a child is abused or neglected.

(Added to NRS by [1985, 1368](#); A [2001, 1255](#); [2003, 1149](#))

NRS 388.478 “Corporal punishment” defined.

“Corporal punishment” means the intentional infliction of physical pain, including, without limitation, hitting, pinching or striking.

(Added to NRS by [1999, 3237](#))—(Substituted in revision for NRS 388.5225)

NRS 62B.525 Authorized manner for child in detention facility to raise and redress a grievance.

If a child believes that any of his or her rights set forth in [NRS 62B.510](#) have been violated, the child may raise and redress a grievance through, without limitation:

1. A member of the staff of the detention facility;
2. A probation officer or parole officer;
3. An agency which provides child welfare services to the child, and any employee thereof;
4. A juvenile court with jurisdiction over the child;
5. A guardian ad litem for the child;
6. An attorney for the child; or
7. The use of any appropriate procedure which has been established by the Division of Child and Family Services to address grievances for children, both in and out of detention.

(Added to NRS by [2017, 746](#))