

China Spring Youth Camp



China Spring Youth Camp

Placement Packet

SECTION TO BE PROVIDED TO

PARENTS/LEGAL GUARDIANS

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 minimum six-month placement. 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, security policies and security cameras, 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. Upon arrival in Camp, a Case Manager will be assigned to your child. The Case Manager is the person who is responsible for your child's coordination of treatment. The Case Manager is the staff with whom you will have the most contact. The Case Manager and staff have a real concern for the welfare of your child, but under no circumstances will they accept inappropriate behavior. Their job is to teach your child to become a more responsible person. They will expect your child to act responsibly and will not accept excuses for irresponsible behavior.

The following is a list of services and programing provided by the Camp:

Medical Services

Your child will receive medical 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 you have any questions or concerns regarding medical bills, please feel free to contact Administration. 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 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. 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. Any medical bills sent to you by medical personnel will be your responsibility to pay in full. All prescriptions will be filled at a Pharmacy of the Camp's choosing.

Mental Health Services

We currently have two licensed LCSWs, one holds a LADC-Supervisor License as well. These services will include CASII and MHE Screenings, Psychological Referral Review, Co-Occurring Groups, Child and Family Team Meetings, and Clinical Treatment Review. If a resident is in need of external mental health services, this will be reviewed with both the Juvenile Probation Officer and Family prior to.

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. For those who have completed High School, receiving a diploma, we do have on-line college courses available for those who qualify.

Wilderness Program

Your child may be involved with the wilderness program. The Wilderness Program includes activities such as hiking, camping, fishing, fly-fishing, kayaking, trail construction, and snowshoeing. They may have the opportunity to participate in a Wilderness 101 course.

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, concurrently, the program is enriched with privileges and an incentive based reward system. 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 four 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

This stage is also known as the "Reluctant Beginner." It is expected that your child will remain in Orientation Stage approximately 30 to 45 days. This stage is to help your child adjust to the routine of the program policies and procedures, become acquainted with staff and residents, and feel like s/he is part of the China Spring Youth Camp. Upon completion of the Orientation Stage, your child will know the program expectations well enough to function independently and be motivated to attain higher levels of program responsibility.

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 Adjustment, whichever comes sooner. However, your child is encouraged to write letters to family and is able to receive letters as early as his/her first day in the facility.

Adjustment Stage

Residents in this stage are referred to as “Enthusiastic Learners.” Your child will spend the most time at this stage. The majority of the individualized programs and contracts will be developed and accomplished as your child works toward more responsibilities, privileges, and advancement to the next stage. Your child will also receive a Treatment Plan, authored by his/her Case Manager, which will address past behavioral and cognitive issues.

It is expected your child will do well at times and have problems at other times. It is from this problem identification your child will become aware of the patterns of behavior and communication, which may have contributed to his/her placement at China Spring Youth Camp. Your child will develop and attain goals to solve and approach problem situations. At all times your child is expected to be accountable for his/her choices and actions.

Transition Stage

Residents in this stage act as “Cautious Performers.” When your child is performing independently, progressing toward achieving personal goals, demonstrating responsible and consistent behavior, is motivated and is a positive influence, s/he will then be granted Transition Stage status.

Transition Stage is designed to give your child more responsibility and a chance to demonstrate his/her ability to successfully function at the facility and in the community. Your child will continue to work on his/her contract, and identifying areas, which have caused conflict in your child’s life. Special emphasis will be placed on family interactions. In Transition Stage, your child will begin the reintegration back into your home. Your child will be allowed to return home every other weekend and have only limited phone contact with friends.

Honor Stage

The Honor Stage is designed to help your child separate from the facility. Your child will, therefore, spend his/her time focusing on their return to family and community, and leaving the group. During this stage, your child will be expected to act as a “Competent and Committed Performer”. Your child will also be eligible to return home every weekend and have limited contact with friends.

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 once per week. When your child is eligible for in camp visits, the Case Manager will contact you and place you on an approved list.

Exceptions to the visiting guidelines are rarely granted and are to be requested through the Case Manager. Your child may receive an incoming phone call, if s/he was unable to receive an in-facility visit. You may call a Case Manager to set up these phone calls Monday through Friday between 8:00

a.m. and 4:00 p.m. Due to resource demands, your child's phone call will be limited to ten minutes. As with in-facility visits your child may only speak to parents, grandparents, and/or legal guardians. Incoming phone calls will not be allowed during school hours. Outgoing phone calls are only made by a case manager or through permission from Administration.

The Parent Project Course (Targeted Case Management/Family Engagement)

Your child will get assistance in addressing many issues during his/her placement in the facility; one of these issues will be your child's reintegration into the family. It is our sincere desire to make this transition as smooth as possible. One of the steps we have taken to assist you with your child's return home is to provide Targeted Case Management. Targeted Case Management places focus on parent/guardian engagement in available community resources, places focus on aspects of the residents' treatment goals related to family and combines the two areas together.

The Parent Project is a program designed to Empower Parents & Transform Teens.

- Learn how to never argue with your child again!
- Prevent or intervene in alcohol or drug use!
- Improve school attendance and performance!
- Find resources to help your family!

This is a 10 Week Series, offered throughout the year. Dates will vary; please contact a Case Manager. Call: 775.265.5350

Mail

Your child will be allowed to correspond with parents/guardians, family members, lawyers, and Probation Officers. The suggested list is not exclusive and may consist of additional individuals who have a direct positive influence upon your child. These are case-by-case and will be approved by a Case Manager or Administration.

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.

Sincerely,



Wendy C. Garrison, Director

(Please keep this letter for your reference)

China Spring Youth Camp



DAILY SCHEDULE

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

Wake Up	5:00 a.m.
Breakfast	5:30 a.m. to 6:30 a.m.
Clean Up (Dorm & Kitchen)/Group	
Counseling	6:30 a.m. to 7:15 a.m.
School Begins	7:30 a.m. to 11:40 a.m.
Lunch/Chores	12:00 p.m. to 1:30 p.m.
School Resumes	1:30 p.m. to 2:30 p.m.
Counseling/Work Details/Treatment	
Issues/Physical Education/Reflection Time	2:30 p.m. to 4:30 p.m.
Dinner	4:30 p.m. to 6:00 p.m.
Study Hour/Programming/Counseling	6:00 p.m. to 7:00 p.m.
Showers/Chores/Programming	7:00 p.m. to 8:00 p.m.
Letter Writing/Group & Individual	
Counseling	8:00 p.m. to 9:00 p.m.
Lights Out/Bedtime	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. Visits are Fridays for both facilities. A case manager will contact you to schedule your visits.
3. ONLY Parents/Grandparents/Guardians 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 and vehicles are subject to search.
6. No unauthorized visitors are allowed on facility grounds.
7. Visitors must park in the designated parking areas.
8. All visitors will report to the Gymnasium.
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 circumstances:
 - 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 by you or your child will result in future visits, passes or other privileges being forfeited. The rules are clearly posted. Violations will not be tolerated.

RESIDENT PERSONAL BELONGINGS LIST

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

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

All clothing items must be:

- 1) Sized to fit your child; baggy clothing will not be accepted. Clothing **must be logo/brand free**.
- 2) Expensive items are discouraged and may be refused.
- 3) It is advisable to leave tags on all new items and to save receipts in case items are refused.

All Hygiene/Health products are to be:

- 1) In clear plastic containers; Non-aerosol, Non-alcoholic.
- 2) Perfume scents and expensive items are discouraged and may be refused.
- 3) Labels are to be intact (medications without prescriptions labels will be refused).
- 4) No over the counter medications will be accepted without doctor's order.
- 5) Camp will provide Dental Floss, Sunblock, Athlete's Foot Products & OTC's (Over the Counter Medications)

Hygiene/Health Items:

<input type="checkbox"/>	Deodorant (non-aerosol)	2	
<input type="checkbox"/>	Shampoo	2	
<input type="checkbox"/>	Conditioner	2	
<input type="checkbox"/>	Toothpaste	2	
<input type="checkbox"/>	Toothbrush (holder okay)	1	
<input type="checkbox"/>	Face Wash (non-alcohol)	1	
<input type="checkbox"/>	Body Wash	1	
<input type="checkbox"/>	Kleenex	2	
<input type="checkbox"/>	Towel (solid neutral color)	2	
<input type="checkbox"/>	Wash Cloth (solid neutral color)	2	
<input type="checkbox"/>	Comb/Brush (no metal)	1	
<input type="checkbox"/>	Feminine Napkins/Tampons (Girls only)	3	
<input type="checkbox"/>	Hair ties (non-metal)	3	
<input type="checkbox"/>	Prescription Medications		Mandatory: 30 day supply

Writing Materials/Misc.:

<input type="checkbox"/>	Pen (black ink ONLY - Honors Stage)	3
<input type="checkbox"/>	Pencil (not mechanical, no metal)	3
<input type="checkbox"/>	Highlighter	1
<input type="checkbox"/>	Binders	3
<input type="checkbox"/>	Bible	1
<input type="checkbox"/>	Family Picture (No Frame)	1
<input type="checkbox"/>	Lined paper (no spiral)	
	<u>Footwear</u>	
<input type="checkbox"/>	Slippers	1
<input type="checkbox"/>	Work Boots (no steel toe)	1
<input type="checkbox"/>	Work Gloves	1
<input type="checkbox"/>	Athletic Shoes (White, Black or light grey, NO logos)	1
<input type="checkbox"/>	Casual Shoes (White, Black or light grey, NO logos)	1
<input type="checkbox"/>	Shower Shoes (non-slip)	1

Male Specific Items:

(Upon Intake, hair must be of natural color)

<input type="checkbox"/>	Sweat Pants (black/grey)	2
<input type="checkbox"/>	Sweat Shirts (black/grey) (no hood)	2
<input type="checkbox"/>	Shorts (black) mid-thigh	2
<input type="checkbox"/>	Athletic Socks (white/black)	12
<input type="checkbox"/>	Underwear (white/black/grey ONLY - standard)	12
<input type="checkbox"/>	T-shirts (white/black) crew neck	7
<input type="checkbox"/>	Pajamas (shirt with pants - modest)	2
<input type="checkbox"/>	Bath Robe (modest) (cotton/terry)	1
<input type="checkbox"/>	Winter Coat (season specific)	1
<input type="checkbox"/>	Beanie (black/grey) (season specific)	1
<input type="checkbox"/>	Baseball Style Cap (black/grey) no logos	1
<input type="checkbox"/>	Bathing Suit (shorts) (bathing suit is needed year round)	1
<input type="checkbox"/>	Stuffed Animal (small)	1

Female Specific Items:

(Upon Intake, hair must be of natural color)

<input type="checkbox"/>	Sweat Shirt (black/grey) (no hood)	2
<input type="checkbox"/>	Sweat Pants (black/grey)	2
<input type="checkbox"/>	Shorts (black) mid-thigh	2
<input type="checkbox"/>	Athletic Socks (white/black)	12
<input type="checkbox"/>	Underwear (white/black/grey ONLY standard)	12
<input type="checkbox"/>	T-shirts (white/black) crew neck	7
<input type="checkbox"/>	Bra (white - no wires)	2
<input type="checkbox"/>	Sports Bra (white/grey/black)	2
<input type="checkbox"/>	Winter Coat (season specific) no logos	1
<input type="checkbox"/>	Beanie (black/grey) (season specific)	1
<input type="checkbox"/>	Baseball Style Cap (black/grey) no logos	1
<input type="checkbox"/>	Pajamas (shirt with pants - modest)	2
<input type="checkbox"/>	Bath Robe (modest) (cotton/terry)	1
<input type="checkbox"/>	Bathing suit (one piece- modest) (bathing suit is needed year round)	1
<input type="checkbox"/>	Stuffed Animal (small)	1

If you have any questions about this list, please call Administration 775-265-5350.



NOTICE OF PRIVACY 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 disclosure 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. We 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 and payment 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 that your child has an appointment for treatment or medical care.

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 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 Consent to disclose 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.

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.

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 written request for a Medical Record Amendment/Correction. 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 a written 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 written 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 provide you with a copy of our current notice after any changes upon your request. You are entitled to a copy of the 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 1-12 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 include 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. 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 when I turn 18 years old or at any time, 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

STATEMENT AUTHORIZING RELEASE OF CONFIDENTIAL MEDICAL AND/OR MENTAL HEALTH INFORMATION

Patient Name:	
Date of Birth:	
Social Security Number:	
Health Information Requested:	Medical and/or Mental Health information relating to the current health and mental health condition of the patient, including but not limited to, ongoing medical and mental health treatment, medical diagnoses, prognoses, injuries and illnesses.
Information Requested From:	All medical and mental health care providers of patient
Information to be Released to:	China Spring Youth Camp

Release of Confidential Medical Records

I, _____, understand that I have the following rights with respect to this authorization:

The information being addressed is medical and mental health information. This information is confidential and protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Public Law 104-191. 45 CFR 160 et. seq.

China Spring Youth Camp is prohibited from re-disclosing the information unless China Spring Youth Camp obtains a separate authorization from me or the disclosure is specifically required or permitted by law.

By signing this document, I, _____, am authorizing my medical and mental health care providers to release to China Spring Youth Camp true and correct information and/or a true and correct copy of any and all records relating to myself, my medical and/or mental health condition, care, treatment, diagnosis and prognosis.

I understand that these records contain confidential information. By signing this document, I am waiving my right to keep these records confidential from China Spring Youth Camp.

This authorization for release of confidential information shall remain in effect from _____/_____/20____ and until _____/_____/20____ or until such time as I withdraw this authorization by written notice delivered to and received by my medical and/or mental health care providers, whichever occurs first.

Dated this _____ day of _____, 20____.

Patient's Signature

Printed Name of Patient

Dated this _____ day of _____, 20____.

Patient's Parent Signature

Printed Name of Patient's Parent

Signature Witnessed by:

Signature of Witness

Printed Name of Witness



**STATEMENT AUTHORIZING RELEASE
OF CONFIDENTIAL MEDICAL AND/OR MENTAL HEALTH INFORMATION**

Name:	
Date of Birth:	
Social Security Number:	
Health Information Requested:	Medical and/or Mental Health information relating to the current health condition of the patient, including but not limited to, ongoing medical and mental health treatment, medical and mental health diagnoses, prognoses, injuries and illnesses.
Information Requested From:	China Spring Youth Camp
Information to be Released to:	Parent/Guardian, Juvenile Probation Officer, Juvenile Court

Release of Confidential Medical Records

I, _____, understand I have the following rights with respect to this authorization:

The information being addressed is medical and mental health information. This information is confidential and protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Public Law 104-191. 45 CFR 160 et. seq.

I am NOT required to sign this release or to authorize the release of my medical information.

China Spring Youth Camp is prohibited from re-disclosing the information unless China Spring Youth Camp obtains a separate authorization from me or the disclosure is specifically required or permitted by law.

By signing this document, I, _____, am authorizing China Spring Youth Camp to release to my parent/guardian, JPO, and/or Juvenile Court, true and correct information and/or a true and correct copy of all records relating to medical and/or mental health condition, my care, treatment, diagnosis, prognosis and myself.

I understand these records contain confidential information. By signing this document, I am waiving my right to keep these records confidential from my parent/guardian, JPO, and/or Juvenile Court. Except as otherwise required or permitted by law, they may not re-disclose this confidential information without my written consent in a separate document.

This authorization for release of confidential information shall remain in effect from _____/_____/20__ and until_____/_____/20__ or until such time as I withdraw this authorization by written notice delivered to and received by my medical and/or mental health care providers, whichever occurs first.

Dated this _____ day of _____, 20__.

Patient's Signature

Printed Name of Patient

Dated this _____ day of _____, 20__.

Patient's Parent Signature

Printed Name of Patient's Parent

Signature Witnessed by:

Signature of Witness

Printed Name of Witness



**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.

Dated this _____ day of _____, 20____

Print full name

Signature of Parent/Guardian or Designee

State of Nevada

County of _____

Subscribed and Sworn/affirmed to before me

This _____ day of _____ 20____ by _____

Notary Public





AUTHORIZATION FOR EMERGENCY MEDICAL/GENERAL MEDICAL/MENTAL HEALTH CARE

I, _____ am the parent or
(Print Name of parent/guardian)

legal guardian of _____, a minor child. I reside at
(Print name of child)

(Street address) (City) (State) (Zip Code)

My telephone numbers are:

Home _____ Work _____ Cellular _____

I hereby appoint Wendy Garrison, Director, China Spring Youth Camp, Gardnerville, Nevada, or an agent or employee of China Spring Youth Camp acting on her behalf, as my legal representative (power of attorney) to act in my place to do any of the following acts with respect to **emergency medical, general medical or mental health care** for the above named child:

1. To obtain emergency medical/general medical/mental health care including admission to hospitals or other institutions.
2. To consent to, refuse to consent to, or withdraw consent to any care, test, surgery, services or procedures to maintain, diagnose or treat a physical or mental condition.
3. To sign such medical forms as may be necessary to carry out such decisions, including insurance forms, to talk to health care personnel who are treating the child and examine medical records related to the child's care.

Dated this _____, day of _____ 20 _____

(Signature of parent/guardian)



MEDICAL INSURANCE AND MEDICAID INFORMATION SHEET

***Mandatory:** Provide a legible copy of the front and back of your child’s insurance cards (including dental, MEDICAID and prescription card if separate).

(Please mark one)

My son/daughter does not have insurance coverage. My son/daughter does have insurance coverage.

PRIMARY MEDICAL and/or MEDICAID

Insurance Carrier: _____

Policy Holder Name & Number: _____

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

Insurance Carrier: _____

Policy Holder Name & Number: _____

PRESCRIPTION COVERAGE

Prescription Carrier _____

Policy Holder Name & Number: _____

DENTAL COVERAGE

Primary Insurance Carrier: _____

Policy Holder Name & Number: _____

INSURANCE AUTHORIZATION

I, _____
(Print Name)

Authorize and assign China Spring Youth Camp and its representatives to use my insurance or Medicaid for the benefit of my Son/Daughter who is covered under said insurance policy.

Parent/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.

Publicity Waiver: This is for permission for my Child's name or picture to be used in connection with activities such as, but not limited to: wilderness trips; intramural athletics; organized sports; or charitable, social or publicity events in the name of or on behalf of China Spring/Aurora Pines. I hereby waive the restrictions regarding confidentiality of juvenile records as outlined in NRS 62.355.

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.

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

In case of an emergency, please notify:

Name

Name

Telephone Number

Telephone Number

Dated this date: _____ day of _____, 20 _____

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 leasers 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's Signature

Phone No.

Date Signed



CSYC 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"/> Asthma/Breathing Problems | <input type="checkbox"/> Concussion/Head Injury |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Venereal Disease (STD) | <input type="checkbox"/> Chronic Cough |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Pregnancy (Current) | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Recent Injuries | <input type="checkbox"/> Pregnancy (Recent) | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Recent Illness | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Bedwetting/Incontinence |
| <input type="checkbox"/> Allergies (Food) | <input type="checkbox"/> Migraine Headaches | <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) In Camp we carry a well-stocked first aid kit & Medical Cart in the dorms at all times, which contains the following Over-the-counter medications.

Please check those medications, which you, as parent or legal guardian, do not 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"/> Diamode (Anti-Diarrheal) | <input type="checkbox"/> Anti-Histamine (Chloratab) |
| <input type="checkbox"/> Decongestant (Mucinex ER) | <input type="checkbox"/> Stool Softener |
| <input type="checkbox"/> Dramamine (Motion Sickness) | <input type="checkbox"/> Mylanta/laxative |
| <input type="checkbox"/> Fiber | <input type="checkbox"/> Dairy Aid |
| <input type="checkbox"/> Salt Water Gargle | <input type="checkbox"/> Vaseline |
| <input type="checkbox"/> Iodine | <input type="checkbox"/> Creams (Feminine, Anti-fungal, Oral, Antibiotic, Hemorrhoid) |



- 5) The 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 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 Staff permission to administer
EPINEPHRINE to _____ In the event of a systemic allergic reaction.

Parent/Guardian Signature

Date

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 _____

E-mail address: Home _____ Work _____

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 _____

Spanish Speaking Household? Yes / No

Please fill out the below completely regarding your son/daughter's clothing sizes.

YOUTH CLOTHING SIZES			
Pants Size:	Shirt Size:	Shoe Size:	Jacket Size:

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 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, residents of China Spring Youth Camp will receive on going PREA Education about their protection from sexual abuse and sexual harassment from the PREA Compliance Manager or designee. 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's Mental Health Professional within the first 14 days. The Camp Mental Health Professional will orient the resident to resources available in and out of camp. The mental health professional can provide internal support and can also provide an external advocate upon request.

If you would like to see someone that is available on the resource list, 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 occurs, 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

Staff Signature

Date



CONTRACEPTIVE (BIRTH CONTROL) INFORMED CONSENT FORM
(Females Only)

Youth's Name: _____ Date: _____

China Spring Youth Camp's program includes providing information on prevention of Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STDs), and Pregnancy to participants, in addition to offering contraceptives to our female population. They will be offered an educational course facilitated by the Douglas County Community Health Nurse and after participation, they are offered a contraceptive of their choice.

In the program, all contraceptives will be administered by a medical professional and is offered to your daughter free of charge. If for some reason your daughter is not able to benefit from one of the chosen contraceptives, we will discuss other options of birth control with her. When your daughter is released from China Spring Youth Camp, we will help her set up a schedule to continue receiving the contraceptives in her home community.

Further information regarding any contraceptive may be obtained by contacting Camp Administration, who can refer you to a medical professional.

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

Legal guardian by Court Order, of the above named youth.

I acknowledge the above named youth will participate in China Spring Youth Camp's Contraceptive Program.

I understand and acknowledge there may be various side effects and risks associated with the administration of a contraceptive.

I further state, the above named youth is physically able to participate in the Contraceptive Program.

By signing this form, I understand and I accept the potential risks linked with the use of a contraceptive, and I wish to continue using the form of birth control I choose.

Youth Signature

Date

By signing below, you are acknowledging your daughter will receive contraceptive education and will be offered and consenting your daughter being placed on a contraceptive of her choosing while at China Spring Youth Camp.

Parent/Guardian Signature

Date

**China Spring Youth Camp
Staff Code of Conduct**

Staff must not engage in any activity, behaviors, or statements, which fundamentally violate the rights of any person, staff, or resident of China Spring Youth Camp.

I. General

- A. Staff will report any violation to their supervisor or the Director.
- B. Failure to report violations may result in disciplinary action.

II. Standard of Conduct

- A. A facility employee is a conspicuous representative of county government; as such an employee's conduct is closely scrutinized.
- B. Since the conduct of an employee on or off duty may reflect directly upon the department, an employee must at all times conduct himself/herself in such a manner, which does not bring, nor tend to bring discredit to himself/herself, the facility or the County of Douglas.

III. Loyalty

- A. Employees shall maintain such loyalty to the facility and their associates as is consistent with professional ethics.
- B. Habitual revelation of personal or sensational facts about others, rumors or reports of an intimate nature, chatty talk or any subject matter of gossip is prohibited.
- C. If any such activity, behavior, or statement is observed or experienced by any staff, then that staff must immediately report this information to the Supervisors, Assistant Director, or the Director.

IV. Insubordination

- A. Employees shall not be insubordinate.
- B. Intentional failure or refusal of any employee to obey a lawful order given by a Supervisor shall be insubordinate.

V. Performance of Duty

- A. All employees shall perform their duties as required or directed by law, departmental rule, policy or order by a Supervisor.
- B. All lawful duties required by competent authority shall be performed promptly as directed.

VI. Misuse of Position

- A. Staff is prohibited from using their position for private gain or advantage.
- B. No employee shall use for private gain or advantage the County or District Court's time, facilities, equipment, money, materials, or the prestige and influence of their position.
- C. No employee shall accept or receive any consideration or compensation for an act which they would be required or expected to perform as a part of their duties.
- D. No employee may receive from any current or ex-resident or their family any gift, consideration or compensation.
- E. No employee, contractor or entity of China Spring Youth Camp may allow a youth to grant power of attorney to the operator, a contractor or staff member.

VII. Conflicts of Interest

- A. Any conflict of interest must immediately be reported following chain of command
 - 1. The Director will be informed of any conflict of interest of subordinate staff.
 - a. Conflicts of interest with a youth, shall result in the staff being removed any decisions regarding promotions, programming and discipline.
 - b. It does not remove the responsibility of supervision.
 - c. If the Director has a conflict of interest, the Director shall report such conflict to the District Court Judge.

- B. Staff of the Camp may not benefit from any activity or property of the Camp or County
 - a. Employees may not use the youth to their personal gain.
 - b. Youth may not perform work at employee's homes.
- C. Employees may not remove any property of the Camp without the approval of the Director.
 - 1. Employees may not remove food or items from the Camp.
 - 2. Camp keeps an inventory of items and follows County policy for removal or destruction.
 - 3. Employees will receive permission, from the Director, to remove boxes or other trash.
- D. Employees may not use Camp or County Property in their personal time.
 - 1. Camp property such as Barbeque, vehicles, equipment, machines etc., may not be removed from the Camp; except for which purposes are expressly approved by the Director.
 - 2. Camp property may be used for County use.
 - 3. Camp property may be donated to a nonprofit with the express permission of the Director and all provisions of the County for such donation shall be followed.

VIII. Cooperation:

- A. All employees shall establish and maintain a high spirit of cooperation within the Camp and with other county agencies.
- B. Cooperation among staff, herein, and other essential personnel is critical to the smooth operation of Camp.

IX. Restricted Communications:

- A. Employees of this Camp, while in a duty capacity, shall not engage in conversation, allow themselves to be interviewed or make any statements concerning any matter currently being investigated by this Camp, unless as a matter of official duty or by the approval of competent authority.

X. Confidentiality:

- A. Employees shall maintain confidentiality of information, which has been entrusted to them and designated as such.
 - 1. Staff may not reveal the identity of any current, past or future resident of the facility.

XI. Reporting unethical, corrupt or illegal behaviors

- A. Employees shall report without reservation any corrupt or unethical behavior, which could affect either residents, employees, or the integrity of the Camp.
- B. Reports shall follow chain of command except those of sexual harassment, harassment, or criminal nature.
- C. Sexual harassment shall follow Douglas County reporting mechanism, reference DC policy.
- D. Criminal Behaviors are to be immediately, reported to the Director.
- E. Director shall report to the Sheriff's Department.

XII. Conduct toward Superior, Subordinate, and other Employees

- A. Employees shall treat supervisors, subordinates, and co-workers with respect.
- B. Employees shall be courteous and civil in their relationships with one another.
- C. Employees shall not ridicule or criticize one another.
- D. Employees shall not ridicule or criticize orders, policies, directives or programs issued by competent authority.
- E. Workplace violence and bullying will not be tolerated.
- F. These rules are to apply to all County Officials and their employees.

XIII. Criticism of Orders

- A. Employees shall not criticize or ridicule the Camp, its policies or other employees where the talking, writing or expression tends to impair the operation of the Camp by interfering with its efficiency, interfering with the ability of supervisors to maintain discipline or having been made with reckless disregard for truth or falsity.
- B. Orders or policies which an employee believes need adjusting, or clarification are to be referred through chain of command so that all issues may be addressed on an efficient basis.
- C. This is not meant to discourage participation by employees to participate in policy or operations, but to keep communication open, honest and professional.

XIV. Issuing Orders

- A. Orders shall be issued in a clear and understandable language and in pursuit of Camp business.
- B. No Employee shall issue any order, which is in violation of any law, ordinance or which is beyond the scope of their authority.

XV. Reporting for Duty

- A. Employees shall report for duty at a specified time and place, and in attire appropriate to their assignment.
- B. Employees shall be fully dressed and have all equipment clean, serviceable and ready to begin duty at said specified time and place.
- C. Inability to comply shall be reported to the employee's immediate superior as early as possible in advance of the specified time.
- D. When reporting, the employee will report in detail to his superior why they are unable to comply with the requirements of this section.

XVI. Untruthfulness

- A. No employee shall knowingly make a false statement or misrepresentation to fellow employees, Judicial Officers, subordinates or superiors.

XVII. Removal or Alteration of Official Records Prohibited

- A. An employee shall not remove or alter any official record of the Camp except as directed by his superiors in accordance with established Camp procedures, or under due process of law or by order of competent court.

XVIII. Tampering of Evidence

- A. An employee shall not falsify, withhold, alter or destroy evidence of any kind.
- B. This does not apply to destruction of evidence pursuant to a written Court Order, statute or directive from competent judicial authority.

XIX. Official Correspondence

- A. Employees of the Camp shall not engage in official Camp correspondence, or use Camp letterhead without the permission of the Assistant Director/Director.
- B. Letterhead is not stationary, it is official correspondence and for personal use.
- C. Letters of Reference, unless issues by Administration, are personal in nature and therefore not to be issues on Camp letter head.
 - 1. If you wish to issue a letter of reference for a person in an official capacity, that letter is to be made part of their personnel file.
 - 2. Permission from the Assistant Director/Director is required.
 - 3. Letterhead gives the appearance of being sanctioned by the Administration; therefore, is limited in its use by those things which are official or approved.

XX. Change of Address or Phone Number

- A. Employees shall, within twenty-four hours of occurrence, report any change in their address or phone number to Administration.

B. Contact information must be kept up to date with the County and Camp Administration to ensure communication is timely and not misdirected.

XXI. Alcohol

A. No employee shall consume any alcoholic beverage within eight (8) hours of reporting for a normally scheduled duty shift.

B. Should an employee be contacted during their off-duty time and requested or directed to report for emergency assignment, said employee shall report any consumption of alcohol within the previous eight (8) hours.

XXII. Use of Controlled Substances/Reporting Medications

A. No employee of the Camp shall report for or be on duty while under the influence of any controlled substances, drugs or other medications which could adversely affect their ability to perform his job, create safety issues or undermine public trust and confidence.

B. Employee's must report their limitations, medications or other issues which may interfere with an employee's ability to perform their duties.

XXIII. Sleeping on Duty

A. Employee shall not sleep while on duty.

B. Employee's must not allow other employee's to sleep on duty.

C. Employee sleeping on duty or allowing others to sleep on duty will be reported using chain of command or on call Administrator for direction.

XXIV. Fraternalization

A. Camp employees shall maintain a professional and civil attitude when dealing with residents, persons under investigation, parents, their co-workers, their spouses, relatives or friends.

1. Staff is prohibited from sharing information about their families, friends, relationships with the youth

2. Staff is prohibited from showing pictures, social media, or other identifying information about themselves, family, friends or relationships

3. Staff is expected to maintain confidentiality as it relates to their own lives and the lives of those in their family, friends and relationships.

B. Camp employees shall not establish relationships, fraternize with, give, or accept any gratuity, service, favor, or special treatment from any such individual.

C. Employee shall not commit or omit any act, special favor or treatment which would compromise the staff's ability to supervise, discipline or control any person.

XXV. Hours of Duty

A. Employees of the Camp shall have regular hours assigned.

B. Filling shifts may require contact after an employee's shift to fill shift call outs.

C. Regardless of time of day, the employee who received a call from Camp should respond (within a reasonable timeframe) with either a "Yes" or "No" to the shift needing to be filled.

1. A "No" response is not subject to progressive discipline.

2. Failure to call back is not a professional means of responding to a request and may be subject to discipline, if the ignoring was intently, patterned or identified as a means of subverting the progress of filling the shift.

D. Employees shall not change the dates or times of their assigned duty nor exchange duty shifts/hours with another employee without prior approval of his/her immediate supervisor.

E. Shift Trades are to be submitted through the electronic scheduling system.

1. Unaccepted shift trades or those not approved are not valid and staff are held to

their originally assigned shift.

XXVI. Physical Fitness

A. Employees should maintain their physical condition for their wellbeing and the ability to perform job related functions.

B. Employees who have a condition, for which they have written medical or professional guidelines to control the condition, is responsible for following those directions, and for reporting to competent authority, any change in the condition, inability to follow the guidelines or any circumstances, which would affect their ability to perform assigned duties.

XXVII. Graffiti

A. No employee of the Camp shall deface, write upon, annotate, or otherwise alter any document, photo, memo, computer program, document or other paper prepared by any other person, without the express permission of that person or Director.

B. Such prohibition shall apply to walls, vehicles, personal property or any other surface not the property of the person doing the act.

C. Violation of this section shall result in disciplinary action up to and including termination.

XXVIII. Presentation and Hygiene

A. Employees shall maintain the highest standards of personal hygiene, grooming and neatness while on duty or otherwise representing China Spring Youth Camp and Douglas County.

XXIX. Duty to Report

A. All China Spring employees have an affirmative duty to report any knowledge of or information pertaining to possible staff misconduct, unethical practices, negligence, criminal conduct, malfeasance, fraud, or conflict of interest.

B. Employees are free to report without fear of reprisal.

C. Douglas County is establishing a fraud, waste, and abuse program with a hotline for employees to call.

1. In the meantime, employees are encouraged to report to the County Manager or Douglas County District Attorney's Office.

D. Reports will be investigated.

1. Time frame will include an initial response within twenty-four hours of receiving a report.

a. Updates to investigations are given to those with a need to know.

2. Delegation

a. Administration will handle internal investigations.

b. Sheriff's Department will handle criminal investigations or make a determination for the Camp to conduct internal investigation.

c. Human Resources, County Manager, and/or District Attorney's Office will conduct sexual harassment investigations.