

MAKER FARM LLC 12 Bancroft St in Pepperell, MA 01463

WRITTEN PROCEDURES FOR THE BACKGROUND REVIEW OF STAFF

Staff members of the Maker Farm LLC camp programs are drawn from these sources:

- 1) Local teaching artists known to the camp director and community
- 2) Agricultural and animals experts
- 3) School teachers
- 4) Senior students of the camp director's school-year activities
- 5) Maker Farm LLC year-long staff (such as our Licensed Riding instructors)

All employees have been known to the Camp Director for more than 2 years. An employment application must be filled out which includes the prior year work and/or school history which details a potential employee's prior placements. Names and phone numbers of a contact person and/or supervisor from that job/school site must be made available. Health records and immunization records of each employee must be up to date and provided. A medical sign off form must be signed by an employee's parent if under 18 years of age. Although all staff are drawn from people immediately known to the Camp Director, a CORI background check and SORI is still run on each person considered for the Program staff. This check is performed under the direction and at the request of the Camp Director. Should the check reveal any problems deemed serious enough to prevent a person from working in a youth-oriented environment, the Camp Director will see that they are not employed.

Staff Person - any individual employed by a recreational camp for children:

1. MA Resident A. Prior work history for previous five (5) years including, a name, address and phone number of a contact person at each place of employment. B. Three (3) positive reference checks from individuals not related to the staff person. C. Obtain criminal offender record information and juvenile report (CORI/Juvenile Report) from the Massachusetts Department of Criminal Justice Information Services (DCJIS). D. Sex offender registry information (SORI) check from the Massachusetts Sex Offender Registry Board (SORB).
2. Out of State Resident - Staff person whose permanent residence is outside MA A. Prior work history for previous five (5) years including, a name, address and phone number of a contact person at each place of employment. B. Three (3) positive reference checks from individuals not related to the staff person. C. Obtain CORI/Juvenile Report from the Massachusetts DCJIS. D. SORI check from the

Massachusetts Sex Offender Registry Board. E. Obtain a criminal record check, or equivalent where practicable, from the staff person's state of residence. Information can be obtained from the state's criminal information system, local chief of police, or other local authority with relevant information. Additionally, a national background check (e.g. - fingerprints) will also be acceptable. The availability and process for obtaining criminal history information from the other states can be found at

<http://www.mass.gov/eopss/crime-prev-personal-sfty/bkgd-check/cori/request-rec/requesting-out-of-state-criminal-records.html>. The Commonwealth of Massachusetts Executive Office of Health and

Human Services Department of Public Health Bureau of Environmental Health Community Sanitation Program 250 Washington Street, Boston, MA 02108-4619 Phone: 617-624-5757 Fax: 617-624-5777 TTY:

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617-624-5286

3. International Resident - Staff person who currently lives outside of the United States A. Prior work history for previous five (5) years including a name, address and phone number of a contact person at each place of employment. B. Three (3) positive reference checks from individuals not related to the staff person. C. Obtain CORI/Juvenile Report from the Massachusetts DCJIS. D. Obtain a criminal record check, or equivalent where practicable, from the staff person's country of residence. Information can be obtained from the country's criminal information system, local chief of police, or other local authority with relevant information. E. International staff(s) who have previously been in the United States: obtain a SORI check from the Massachusetts Sex Offender Registry Board.

Note on Permanent Staff: If there is no interruption in the staff person's employment by the camp or organization operating the camp from the time of the initial background check, a new criminal or sex offender history is required at a minimum of every three years. This applies only to permanent employees of the same camp/organization. Any break in employment service at any time during the year requires a new criminal history and SORI check for the staff person. An individual returning from one summer to the next, but not employed during the year is not considered a permanent staff person; therefore the camp must complete new criminal history and SORI checks.

Note on Returning Staff: Returning staff may use references on record with the camp from the preceding year to satisfy the requirements of 105 CMR 430.090 However, if there is a gap in employment with the camp for at least one camp season, new references shall be required.

Where practicable means, if the out of state or foreign jurisdiction notifies the camp in writing that no criminal background check or recognized equivalent is available from the jurisdiction, then the prospective staff person/volunteer, if s/he has completed all other requirements of 105 CMR 430.090, is deemed to be in compliance with 105 CMR 430.090. In addition, provided that the camp operator documents: (1) that s/he has timely requested the criminal history check from the appropriate jurisdiction (proof of mailing by certified mail) and that the requested authority failed to answer in writing; and (2) the completion of, at a minimum, all other requirements of 105 CMR 430.090; and (3) for international staff screened by an agency, a certification by the agency that a thorough background check was completed and that no criminal report from the staff person's local jurisdiction is available, then the prospective staff member, is deemed to be in compliance with 105 CMR 430.090.

Volunteers -

any person who works in an unpaid capacity at a recreational camp for children: 1. All Volunteers A. Prior work or volunteer history for previous five (5) years including a name, address and phone number of a contact person at each place of employment or place of volunteer service. B. Obtain CORI/Juvenile Report from the Massachusetts DCJIS. C. SORI check from the Massachusetts Sex Offender Registry Board. Criminal records and SORI checks must be kept separate from general camp paperwork and must only be accessed by individuals that are authorized to review it. If camps store the information at a location different from the camp, for example in a central office, the camp must arrange for the documents to be at the camp for the initial inspection for licensure. If the documents are not on site at the time of the inspection, it will be necessary for the camp to arrange another time for the inspector to review the documents.

If you have questions about the CORI or SORI check process, or about the information a camp receives from the DCJIS or SORB, please contact the appropriate agency below:

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Department of Criminal Justice Information Services 617-660-4600 <https://www.mass.gov/how-to/cori-forms-and-information.html>

Sex Offender Registry Board 978-740-6400 <https://www.mass.gov/orgs/sex-offender-registry-board>

STAFF ORIENTATION – PRE-PROGRAM SESSION: Prior to the Program season, the staff is assembled for training. This training will include, but is not limited to: 1) The philosophy and educational method of the

Maker Farm LLC camps 2) The policies concerning discipline, child abuse, and sexual abuse 3) A review of tasks 5) A complete tour of the program facilities 6) All program emergency procedures including:

✓ Medical emergencies Fire Lost Member Lightning Safety and Natural disaster plans

✓ Program evacuation procedures and Contingency plans for campers

Child abuse recognition & reporting

✓ Understanding the First Aid & Emergency Medical Response procedures

✓ Overview of necessity of injury and illness reporting and how to recognize heat exhaustion and heat stroke.

✓ As an added precaution, our health advisor will also review hand washing techniques and use of Epi-pen.

✓ As a result of the training, all staff will be asked to sign a form stating that they have attended the review, understand and accept all that is being asked of them.

Child Abuse & Neglect: Training & Reporting STAFF TRAINING: In the pre-program training session for the staff, all members will review with Camp Director the policies regarding reporting of possible abuse cases; the policies concerning when a staff member is accused of abuse and issues regarding signs of abuse as noted below. At the conclusion of the review, all staff members are to sign a statement noting that they understood the content, and they agree to comply with all policies as noted. This form is kept on file with the Camp Director.

SIGNS of ABUSE: 1. SLAP MARKS (hand prints)

2. BRUISES (black & blue spots)

3. CUTS of all shapes and sizes

4. WELTS (caused from belts, loop shaped, from cords)

5. SWOLLEN LIMBS

6. SPLIT LIPS

7. LOOSE OR MISSING TEETH

8. BLACK EYES

9. BROKEN BONES or DEFORMITIES.

10. HEAD INJURIES.

11. BITE MARKS.

12. BURNS; caused by cigars/cigarettes, hot boiling water/oil, irons or hot utensils.

13. FEAR ON THE PART OF THE VICTIM; afraid to say how they got hurt, afraid of older people.

withdrawal, not wanting to associate with others. attitude change. mood swings. (These signs are not limited to sexual abuse and may indicate other problems or conditions.)

PROCEDURES FOR REPORTING NEGLECT:

1. All signs of abuse must be reported to the Camp Director and Health Officer.

2. Any signs of possible abuse must be reported by the Health Officer within 24 hours to: local police, County Dept. of Health and Department of Social Services (DSS)

3. All allegations of Child Abuse by a program staff member must be reported to the Camp Director, and Health Officer. The Camp Director will report the abuse to the above services and parents.

WRITTEN FIRE DRILL PLAN (105 CMR 430.210)

(A)) SEE ATTACHED FIRE EVACUATION PLAN-- FIRE DRILL GUIDELINES

1. A fire drill will be conducted the first day of each camp session (each session being one week).

2. The Camp Director(s) is responsible for enacting fire evacuation plan (Evacuation Director)

3. Children occupying or present in any part of the premises will be with the Camp Director or adult camp staff.

4. At the first sign of fire or danger the following will happen.

a. Notify anyone in the immediate area of danger

b. Activate hand crank siren (portable handheld fire alarm) both indoors and outdoors.

c. Notify the Evacuation Director and all other staff immediately of the nature and place of the fire. The Evacuation Director will immediately call the fire department by dialing 911 and giving the following information: Building name and address Nearest cross street (The Farm on Bancroft St near Route 113)

) Location of the fire in the building and known information about the fire/smoke caller's call-back telephone number.

For the immediate safety of staff and campers:

a. Close doors to confine the fire/smoke, but do not lock them

b. Staff will gather all the children and lead them out of the building via the safest exit.

- c. All children will then be taken to the outdoor riding arena where attendance will be taken.
- d. All occupants will be notified by voice/cell phone/ hand speaker.
- e. Firefighters will be notified if anyone is left in the building. At the first instance or possibility of fire or smoke, any occupant shall notify the nearest staff person. The staff person shall notify the Evacuation Director, who will notify all the other staff by voice/group text.bullhorn/camp alarm (portable handheld fire alarm). It is expected that from the first instance of alarm to the conclusion of roll and identification of all missing staff/children shall take no more than 3 minutes.

EMERGENCY PROCEDURES

The Camp Director and Adult Staff are responsible at all times for campers. A headcount of campers at each camp will be conducted on the hour and between all transitions of building and camp spaces during the camp day.

A camp check-in (between 9 and 9:15am) and a camp check-out (3-3:15pm) master list will also be kept by the Camp Director and Adult Staff. Campers must be signed in and out by a parent or person listed on camper's registration form. All campers aged 5 and 6 will be assigned a Counselor in Training or Counselor for regular attendance check in- and walking with camper on the farm grounds.

A. Missing Member Procedure

1. In the event that a member is noted as missing, the Camp Director must be notified immediately. She will: Check all activity areas and check the immediate vicinity

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2. If the member is not found, the rest of the staff is notified. All campers are gathered in the cafeteria (in rain) or outdoor playground (if cafeteria is in use) until the missing member is found.

3. If the missing member is not found, the authorities and parents will be called immediately.

B. Camper Release: Campers will be released only to parents or parent-designated individual in writing or listed on registration forms.

C. Parents Right of Review: Parents have a right to review procedures for staff background checks, camp health care policies, discipline policies and grievance procedures upon request.

DISASTER PLAN I.

EVACUATION

1. The Camp Director shall be the Evacuation Director.
2. Children occupying or present in any part of the premises will be with the Camp Director or Adult Staff.
3. At the first sign of danger the following will happen.
 - a. Notify anyone in the immediate area of danger
 - b. Notify the Evacuation Director and all other staff immediately of the nature and place of the danger, including a stranger on the property. The Evacuation Director will immediately call the appropriate authorities by dialing 911 and giving the following information: Building name and address (The Farm on Bancroft St/Rte 113) Location and nature of the danger in the building, known information about the danger and caller's call- back telephone number
 - c. Evacuation director will gather all the children and lead them out of the building via the safest exit. (all rooms have evacuation routes posted at door)
 - d. All children will then be taken to the riding arena- outdoor in fine weather, indoor in inclement weather.
 - e. In case of intruder on premises, all children barricaded in nearest classroom or building until intruder has been apprehended by police.
4. All occupants will be notified by one of the following methods: Voice or camp alarm (hand siren). If fire, building alarms will sound.
5. All children and staff will meet at the indoor or outdoor riding arena. A headcount will be taken. Authorities will be notified if anyone is left in the building.
6. At the first instance or possibility of danger, any occupant shall notify the nearest staff person. That staff person shall communicate by voice, this staff person shall notify the Evacuation Director. Camp Director shall immediately gather the group of children around them and walk them out of the building by the safest exit available. At the same time, the Evacuation Director shall notify the proper authorities by phone. The Assistant Evacuation Director(s) shall insure that the restroom is clear of all campers. It is expected that from the first instance of alarm to the conclusion of roll and identification of all missing staff/children shall take no more than 3 minutes.

II. TORNADO OR HIGH WINDS

1. Campers will assemble and quickly walk to the lower barn (basement of large barn) Campers will stay in

area far removed from windows and entrance. Campers and staff will enter the lower barn and remain until it is safe to come out. Camp Director will take attendance.

2. If there is not time to go to the lower barn, campers shall lie flat in a ditch or low ground point.

3. Tornado and high wind alerts will be carefully watched using smart devices. If strong inclement weather is expected and there is sufficient notice, parents are reached for early pick up or may keep their child at home.

III. FLASH FLOOD As camp location is located on hill with built in and natural drainage, this is a highly unlikely scenario.

1. Evacuate low-lying areas-go to higher ground.

2. Avoid small rivers or streams, low spots, canyons, dry riverbeds, etc.

3. Do not try to walk through flowing water more than ankle deep. Campers will gather in the lower barn or indoor riding arena of the in all emergencies which are not fire related.

IV. LIGHTNING

1. When inside avoid using the telephone (except for emergencies) or other electrical appliances

2. When outside go to safe shelter immediately. If you feel your hair standing on end, squat down with your head between your knees. Do not lie flat. Avoid isolated trees or other tall objects, bodies of water, sheds, or fences

3. All campers and staff will go to shelter PRIOR to nearby lightning. First sound of thunder, INSIDE!

V. WILDFIRE

1. Listen to local radio or television stations and stay updated via smartphones for updated emergency information

2. Follow the instructions of local officials. Wildfire can change direction and speed suddenly. Local officials will be able to advise you of the safest escape route, which may be different than you expect.

3. If you are trapped: Crouch in a pond or river. You cannot outrun a fire. Lie flat and cover your body with wet clothing or soil. If water is not around, look for shelter in a cleared area or among a

bed of rocks. Breathe the air close to the ground through a wet cloth to avoid scorching lungs or inhaling smoke.

ACTIVITY SAFETY AND GENERAL SUPERVISION

1. General Supervision upon arrival, all campers will begin a short, starter activity as campers arrive.
2. Please review traffic plans.
3. The Camp Director and staff are at the program site before the program is due to start.
4. The ratio of staff to campers is at least 2:10 for ages 7 under. 1:10 for ages above 7.
5. While it is the Camp Director who oversees the activity schedule, any staff member may alter or cut back an activity if weather conditions warrant it.
6. At all times, staff is expected to carefully observe that all members are safe from harm due to activity, their surroundings, from other members, and from themselves. If, in the opinion of a staff member, a member becomes disrespectful or uncooperative, and verbal reminders are unsuccessful, the member is referred to another staff member who may be able to intervene. In the event that this does not succeed, the member is excluded from the activity and must sit on the sidelines where he/she can be seen and supervised. If all these attempts do not succeed with the member, then the parent or guardian is called. Continued lack of discipline can result in suspension or expulsion from the program.

FACILITY OPERATION

1. Water Supply: Our water supply is from the town water supply. Campers are asked to bring their own water bottles from home. There are also sealed bottles of single-serve water available in the camp-designated refrigerators.
2. Emily Piper, owner and camp director, maintains the buildings and grounds.
3. Lightning Risk Assessment: At the first sign of lightning, all outdoor activities are brought inside.
4. Transportation:
5. Housing: We are a day program and provide no overnight housing facilities.
6. Food: Our campers are expected to bring their own snack, lunch and beverage in a labeled paper bag or lunch box. Maker Farm LLC is a nut-free zone. This is clearly related to parents in multiple email notifications.
7. General Operation & Maintenance: Waste Disposal: All waste is disposed in a maintained

Large garbage can(s) outside of the building. All chairs are wiped clean and floors swept each day. Washrooms are wiped clean throughout the day by staff.

SUPERVISION OF ACTIVITIES

A. General Supervision; Discipline: All campers are under the supervision of the Camp Director and staff at all times. (Staff is aged 16 and above) The camper to staff ratio will be 10:2 for ages 7 and below and 10:1 for ages over 7. Support counselors in training under age 16 are not included in this ratio—they are used for program clean up and assisting with projects but are not in a supervisory position. The Camp Director and supporting staff will be the first line of supervision for members in the program. They are required to keep in sight each of the campers and to provide those members with supervision and leadership. In addition to the Camp Director there will be some activity leadership by the other staff members, however, the group always stays intact and within eyesight of each other.

B. Discipline: The Maker Farm method of discipline calls for constant supervision, clear understanding and imparting of necessary rules, and a friendly and loving concern and attitude manifested to the campers. When at times this does not invoke the hoped for response, counselors are encouraged to first explain to the offending member the necessary rule and reason for it. We see the breaking of a rule as a means of further training rather than a reason for immediate punishment. If these methods fail to evoke the hoped for response, usually because of uncontrolled temper or emotions, a camper will be asked to sit out of an activity for a short period of time. When the camper has calmed down, they will be allowed to continue in the activity. In more serious cases such as physically hitting or biting, use of racial slurs, attempting to leave the supervision of the program, theft or vandalism the parents will be notified and a solution sought that all can agree on. If no solution is possible, or in the judgment of the camp administration the camper's continued presence at camp jeopardizes the camper's own or other campers' health, safety, or enjoyment of the camp, the member will be dismissed from the program. Staff under no circumstances may hit, harass, verbally or physically abuse a child. Members may not be deprived of food or given any corporal punishment. A member who willfully vandalizes, destroys, or "tears up" an area may be required to physically repair or clean up whatever mischief he/she has done.

430.191: Requirements for Discipline

Discipline and guidance shall be consistent and based upon current American Academy of Pediatrics Childcare Guidance on effective discipline or other guidance approved by the Prohibitions

- (1) Corporal punishment, including spanking, is prohibited;
- (2) No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse;
- (3) No camper shall be denied food, water or shelter;
- (4) No child shall be punished for soiling, wetting or not using the toilet.

C. Between Activity Supervision: During and between activities, campers are always under the direct supervision of the Camp Director and staff members.

D. Supervision during transportation: Staff members are present.

E. Supervision in Emergencies: Refer to Emergency Information. Members are to always be under the supervision the Camp Director and/or staff members.

CONTINGENCY PLANS

I. REGISTERED CHILD WHO FAILS TO ARRIVE FOR THE DAY'S ACTIVITIES WITHOUT PRIOR NOTICE OF ABSENCE.

1. Double check attendance
2. Call parents/guardians/contact person re: absence

II. MISSING CHILDREN FROM PICK UP POINT AT THE END OF THE DAY.

1. Double check attendance
2. Check with Camp Director and notes re: earlier pick up
3. Check grounds in accordance with lost camper plan
4. Call parents/guardians/contact person re: absence
5. Call police if child still cannot be accounted for

III. FOR UNREGISTERED CHILDREN ARRIVING AT CAMP.

1. Check with the child's parents if still on site
2. Find out who he/she arrived with. Obtain contact information from forms or from child.
3. Contact the child's parent/guardian if the child's phone number is obtained.
4. Request that child be removed from camp until proper registration forms and medical

information are obtained.

Unrecognized person at camp:

- If an unknown or unrecognized person enters the premises staff will:
 1. Immediately inquire about the purpose for being at the camp and to clarify any misunderstanding regarding the location being sought
 2. Confirm if the person has any authorization, such as from a parent/guardian, to be at the location
 3. If necessary, explain politely to the person that they are not permitted and escort them off the premises
 4. Ensure that the person leaves the premises immediately
 5. Notify the person in charge of the incident
 6. Notify the camper's parent/guardian of the incident
- If the person refuses to leave the premises, becomes aggressive or violent or attempts an unauthorized removal of a child, the person in charge will:
 1. Call emergency personnel (911, if available) to report the incident and request immediate assistance
 2. Alert other staff to the situation, order all premises secured and locked
 3. Ensure that no person enters or exits the premises until the local Police have arrived
 4. Provide a main point of contact for staff, parent/guardian and the Police (camp director)
 5. When resolved, write a detailed report of the incident indicating dates, times and persons involved

TRAFFIC CONTROL PLAN

Please review traffic plan information sheet. All campers must sign-in with the camp director. At pick-up, children must be walked to their vehicle by a parent or guardian or staff member. For any parent needing to stay for a few minutes, they will be asked to park in a designated area away from the traffic flow. A SLOW CHILDREN sign will be placed in all traffic areas.

EMERGENCY COMMUNICATION SYSTEM In case of an emergency, campers and staff will be notified via voice and camp alarm system. We have a hand held (hand crank) portable fire alarm/tornado warning tool. Once the alarm is sounded, all staff are expected to check their phones for an emergency group text message detailing emergency. This device can be used indoor, in a window to alert outdoor staff and campers or outdoors.

The Camp Director and staff will always have on their persons their cell phone, in case of emergency. All staff members will have each other's contact information saved in their phones.

GENERAL MEDICAL PROCEDURES

1. It is the responsibility of the Health Officer to oversee the cleanliness and the maintenance of the infirmary. It is also his/her responsibility to see to the upkeep of the appropriate records of health and accidents for Commonwealth, county, and insurance purposes.

2. All forms of medications (both prescription and non-prescription) are to be left with the Health Officer (HCS) who will see to it that they are administered in accord with the prescribed or recommended dosage. Parents or guardians may pick up the medications at the end of the program day or at the end of the member's enrollment period.

a. All prescription medications are to be kept in the care of the Program Health Officer in a locked box. The package containing the medications should have:

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i. Complete name of the patient

ii. Date the prescription was filled

iii. Expiration date

iv. Directions for administration/use with precautions if any

v. Name and address of dispensing pharmacy

vi. Name of physician prescribing the medication

vii. Medication MUST be in original labeled container.

b. All non-prescription medications will also be kept with the Program Health Officer. The package containing the medications should have:

i. Complete name of the patient

ii. Appropriate authorization (parent/guardian and/or individual's physician) for use and description of administration or use with any appropriate cautions.

iii. Medication MUST be in original labeled container.

3. Administration of Medication

a. Under normal circumstances, all medications must be administered by the Health Officer.

b. The Health Officer will remind the member of the time to take the medication and be read/or

read the name of the medication, dosage and other instructions for use when administering the medication.

c. At the time of the medication, the Health Officer must note in the program health record the time of the medication and that the correct medication and dosage was given to the correct person. The Health Record should note the name of the patient, the medication, time of self medication, name and signature of the witness, the date, and dosage administered.

d. In case of an error with a camper's medications, the Camp Director will contact the parents of the child, their primary care provider and the health consultant.

e. If a camper demonstrates signs/symptoms of the potential side effects of any medication, the Camp Director will contact the parents of the child, their primary care provider and the health consultant.

4. It is the policy of the camp to encourage parents to administer any necessary medication to their camper before the camper arrives or after the camper leaves the camp. However, when necessary, the Health Officer will administer medicines at camp.

5. All injuries, whether minor or major, are to be reported to the Health Officer and Camp Director.

a. All required health records are kept on file in the program office.

b. The infirmary is in the unused porch with bed at the Cottage . It is near the bathroom, contains a bed and storage for medical supplies. Minor injuries are treated and are recorded in the daily health log. Members not needing rest are then allowed to return to regular activities. Rest is allowed on designated bed in the infirmary. If camper needs to be monitored and is not contagious, camper should be placed in a comfortable corner of the camp space in which the Health Officer is present.

c. Major injuries are held in the camp infirmary or place of injury until appropriate assistance arrives (either emergency transport or parent/guardian). The child's parent/guardian is contacted immediately by the administration. All such situations are also recorded in the program health log.

d. The lavatories are located directly in the main activity space and is readily accessible to the campers at all times.

e. All water for drinking, etc., is obtained through the campers own water bottles from home or sealed single-use water bottles.

6. Parents sign the following two statements allowing emergency authorization for medical care: "In the event reasonable attempts to contact me at the above phone numbers are unsuccessful, I hereby give my consent for the administration of any medical or dental treatment deemed necessary by Emily Piper or medical personnel of their choosing on the above child." "This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed summer program activities, excluding those noted above by me. In the event that I am unable to be reached in the case of an emergency, I hereby give my permission to the physician selected by the summer program director to hospitalize, secure proper treatment for, and to order an injection, anesthesia or surgery for my child, as named above."

FOR CAMPERS REQUIRING EPI-PENS

A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if the camper is capable of self-administration and both health care consultant and camper's parent or guardian have given written approval.

A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may RECEIVE an epinephrine auto-injection from someone who may give injections within their scope of practice or from a camp employee if both the health care consultant and camper's parent/guardian have given writing approval and the employee has completed a training developed with the camp's health care consultant in accordance with requirements in 105 CMR 430.160

PLEASE NOTE: Maker Farm staff manage epi-pens in a labeled red pouch which is carried with staff to all camp activities. This pen may be left at camp or brought to and from home each day.

FOR CAMPERS REQUIRING INSULIN INJECTIONS

A diabetic camper that requires his or her blood sugar be monitored, or require insulin injections may self-monitor and/or self-inject if the camper is capable of self-monitoring or injecting and both the health care consultant and camper's parent/guardian give written approval.

Self-injection must take place in the presence of the health care consultant or supervisor who may support the camper's process of self-administration.

The circumstances under which the health care consultant and/or parent/guardian must be notified.

These must include mechanisms for timely notification of a parent/guardian when medication was not

administered in accordance with the prescription (E.g. medication not available, missed dose, dose refused) and a procedure to ensure these circumstances are identified if they occur.

For diabetic campers, The Maker Farm provides the camper with an adult staff member who is assigned to regularly check in with the camper. A full medical plan is in writing and is discussed in person with the parent or guardian and is reviewed with the health care consultant. An area for juices and approved snacks is designated for the camper.

EMERGENCY PROCEDURES

1. Nearest staff person renders immediate aid to victim while using voice, or other available staff person or camper to notify any one of the health officer. Any staff person is free to call 911 if in their opinion the situation calls for immediate professional assistance.
2. The responding health officer assumes control of the situation, continues to render aid, and sends someone to call 911 (if this has not already been done) if in their opinion the circumstances warrant.
3. Parents are notified according to the phone numbers listed on the camper's application form.
4. Camper is transported by EMS to hospital of choice unless determined emergency is time sensitive/life threatening in which case the nearest appropriate hospital is chosen.
5. If parents or other identified guardians/relatives cannot be contacted, the Health Officer responding to the incident will go to the hospital with the child leaving second adult supervisor in charge of the rest of the campers. At least two health officers are present at camp each day.
6. Camp Director will provide to the hospital the signed parental permission form to allow emergency medical aid.

Procedures for Utilizing First Aid Equipment

1. Location of First Aid Kit(s) and manuals: located in every building and art space including EpiPen bags are brightly colored and always accessible.
2. First Aid is administered by nearest staff person until one of the Health Supervisors reaches the scene.
3. First Aid Kits are maintained by Emily Piper.
4. Sharps containers are located in each camp activity area.
5. CPR kits are also available in all camp areas in First Aid Kits.

Plan for Injury Prevention and Management

1. Camp Director will survey the physical property daily for signs of hazards and report to Maker Farm

LLC.

2. Camp Director will clean up any unsanitary areas.
3. All counselors, during orientation, will be encouraged to report any hazards or unsanitary conditions found in their daily completion of duties to the Camp Director.
4. The Camp Health Officer will report to the Camp Director any hazards or unsanitary conditions found through the normal completion of his/her duties. i.e. if a camper gets injured, the report should indicate how this could be avoided in the future.
5. The Camp Director shall make every reasonable effort to provide a physical camp space that is free from hazards and kept up in a sanitary condition. This may also be done by following guidelines and suggestions by the Health Dept. and/or Inspectional Services Dept.
6. Procedures for Reporting Serious Injury, In-patient Hospitalization, Death of a Camper or Staff Person to the Department of Public Health Reporting of any of these conditions will be done by the Camp Director to the Department of Public Health within 24 hours of the occurrence.

Procedures for Informing Parents When First Aid is Administered to Their Children, Including Time Frame and Documentation

1. When first aid is administered to a child in a non-serious situation, the parents will be called beforehand for permission to render aid.
2. When first aid is administered to a child in a serious situation, the parents will be called immediately afterward for further follow up and information about the injury.
3. In a serious situation, if the primary caregiver cannot be reached by phone, each of the emergency numbers will be called in order as listed on the camper's application.
4. If parents still have not been reached, they will be notified at the end of the day when they arrive to pick up the camper.
5. Parents will have access to all documentation of the injury and any aid given.

Plan for Infection Control and Monitoring

1. Bathrooms, sinks, toys and doorknobs will be cleaned and sanitized on a regular basis.
2. Campers who are clearly sick and/or infectious will be separated from other campers. Parents will be notified and asked to pick up their child. (Kept in a well-ventilated area with separate exit route).
3. The Camp Health Officer will in the normal administration of his/her duties watch for signs of

infection and sickness among the campers.

4. All staff will be encouraged to monitor the campers in their group for signs of infection and/or sickness and to report such findings to the Camp Health Officer.

REGULAR TICK-CHECKS: As campers and staff spend a great deal of time outdoors, we encourage regular camp tick checks and encourage parents to check at home as well. We keep areas in which campers play well-mowed to aid in tick prevention. In the summer, there are fewer ticks than in Spring and Fall months.

Procedures for the Clean-up of Blood Spills

1. Any staff person coming in contact with blood or other bodily fluids should be wearing plastic (no latex due to acute allergies) gloves.

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2. Blood spills will be picked up by staff members following this procedure: Staff person dons plastic gloves. Paper towels are laid over the spill to absorb the blood. Additional paper towels are laid over the spill until absorption has ceased. Using gloved hands, the staff person will wipe up the spill with the absorbent paper towels and dispose of in a red double bagged trash container. The spill area will be sprayed with a disinfectant, allowed to sit for 30 seconds, and then wiped with paper towels again. This is disposed of in a marked double-bagged trash container. A blood spill kit is available in the infirmary.

Emergency Plan for the Evacuation of the Program or Facility

DISASTER PLAN (see previous section)

Plan for Administering Medication (prescription and non-prescription). Include location and instructions for storage.

1. All medication will be administered by the Camp Health Officer , Camp Director (also a HCS) or parent or guardian of camper.

2. A signed permission form from the parents must be on file before any medication is administered.

3. Prescription medication must be identified by the camper, the label must contain the camper's name, the name of the prescription, name of doctor authorizing, doctors phone number, time(s) of day the medication is to be administered and under what circumstances, and the amount of the medication to be given. All medication (prescription and non-prescription) need to be received in their original containers.

4. All medication will be stored in a locked cabinet or box in the camp infirmary. Any medications that need to be refrigerated will be stored in a locked box inside the camp refrigerator. Again, parents are encouraged at all times to administer medications either at home during non-camp hours or to come to the camp to administer.

Plan for Returning or Destroying Unused Medication when no Longer Needed

1. At the end of a campers stay with us in summer camp, the medication will be returned to the parent on the campers last day of camp.
2. All prescription medication not returned to the parents at the end of camp will be kept in a locked cabinet for 1 week after the end of camp and then be disposed of- medications will be kept in their original containers. Leave drug names visible to help identify the contents if they are accidentally swallowed. Cross out other personal information on labels to make it unreadable. Camp Director will contact the Pepperell Board of Health for a list of current local medical waste kiosks (such as Walgreens) and dispose of medical waste at one of these sites.

Plan for the Care of Mildly Ill Campers

1. Campers who are mildly ill will be asked to lie down in the camp's infirmary. This includes campers who are a) lethargic, b) complaining of abdominal pains, c) complaining of high fever, d) showing symptoms of sore throat or difficulty swallowing, or e) complaining of any other sickness or unspecified injury.
2. Parents will be notified and they may choose to pick the camper up.
3. Campers who are mildly ill who stay at the camp will be asked to rest and made comfortable as much as possible. The Camp Director or Health Officer will monitor the camper until they feel better or the parents pick them up.

Procedure for Identifying and Protecting Children with Allergies and/or Other emergency Medical Information

1. This information is given to the camp by the parents and the child's physician will be noted on the record of the child at camp.
2. All campers and staff members will be made aware of each others' allergies unless parent or guardian asks for discretion.
3. Staff will see to it that campers with allergies or other emergency medical information will be

restricted to activities that do not aggravate the allergy or other medical situation.

4. Latex and nuts are prohibited at Maker Farm camps.

Exclusion Policy for Serious Illnesses, Contagious Disease and Reportable Diseases to Board of Health

We will follow the directions and guidance of the Board of Health regarding serious illnesses, contagious and/or reportable diseases.

Exclusion policy for serious illnesses, contagious disease, reportable diseases to Board of Health

1. If campers show signs of illness, contagious disease, or reportable diseases to Board of Health the following guidelines should be employed:

a. For any apparently serious illness, the procedure for a medical emergency will be followed, and transportation by ambulance to Nashoba Valley Medical Center as needed.

b. A camper with suspected contagious disease must be removed from the activity area to a more isolated, but supervised location, as soon as possible when it is safe to do so. The camper must be monitored by a staff member at all times until picked up by their parents, another authorized individual, or by ambulance. Campers with suspected contagious disease may not return to participation in camp programs until they have been examined and cleared by a medical professional. If the camper has a complaint that appears serious, or is becoming more severe and persistent, the camper should be removed from program activities and their parent(s) notified.

c. It is preferred that the camper be picked up by a parent unless other arrangements can be made. Children who's condition appears to serious or worsening, and who cannot be picked up by a parent, may need to be referred to Nashoba Valley Medical Center for evaluation.

When in doubt about a camper's condition, and the best course of action to follow, the camp Health Care Consultant should be contacted for advice.

Camper Pick-up Policy at the End of the Day

1. Normally campers are picked up at the end of the day by a parent or legal guardian. Pick up by any other individual will take place only if a signed letter of notification is presented by the parent allowing another individual to pick up the camper or is registered online.

2. If there are any doubts, a phone call home or to one of the emergency numbers will be made to verify pick-up.

3. Each day the camper will verbally identify his/her pick-up person and will be signed out.
4. Please note camp procedures for unrecognized individuals at camp under UNRECOGNIZED PERSON AT CAMP.

Distribution of Health Care Policy

Staff and parents will be given a copy or attachment via email of this Health Care Policy. It will also be available on the website www.themakerfarm.com.

Other Medical Procedures:

Emergency Outbreak Procedures: In case of outbreak of illness, efforts will be made to remove from the program any member or staff or camper showing signs or symptoms of the illness. Parent or guardian will be called. Person will be moved to a safe out-of-doors location supervised by Health Care Supervisor. If inclement weather, camper or staff will be placed in a safe, well-ventilated designated indoor area away from other campers and staff with its own exit. (Cottage Porch)

A. All parents will be notified and any activities that may be contributing to the illness will be suspended.

B. **Camper Medical History/Screening:** The Health Officer will review the health records of each camper to see that each is complete and up-to-date. Any forms which are missing or have inadequate information will be brought to the attention of the parent or guardian.

C. **Existing Health Conditions/Restrictions:** The Program Health Officer will bring to the attention of the staff any health condition or restriction that may affect or restrict a member's participation in activities. Members and parents will also be encouraged to inform staff of any condition or restriction that applies.

D. **Medical Log:** A medical log will be kept by the Program Health Officer of any treatment given for any illness, injury, or accident. The Health Officer will also maintain all appropriate records of health emergencies and accidents as required by the Commonwealth. These records are to be kept in the Camp Director's office. They should be available for inspection at any time. The medical log shall contain a record of all camper and staff health complaints and treatment. The medical log shall list the date and time, name of patient, complaint, and treatment for each incident. The medical log shall be maintained in a readily available format and shall be signed by an authorized staff person. (A) All medical records and logs shall be readily available to the health care supervisor, camp nurse or camp doctor or other health personnel. Please note: All medical records and logs shall be made available upon request to authorized representatives of the Department and of the Board of Health which licenses the camp. The

Department and the Board of Health shall maintain the confidentiality of information relating to individual campers and staff. Printed and alphabetized health forms will be available at the start of camp. This registration tool contains all pertinent health information.

E. Illness, Injury & Abuse Reporting: All member and staff injuries, illnesses, reportable diseases, and abuse that require reporting to the Pepperell Health Department and/or the local police department will be done so within 24 hours according to Commonwealth law.

F. Program Sanitation: Sanitation will be the responsibility of the Camp Director in conjunction with the Health Officers who will insure that the maintenance personnel keep the program area clean and sanitary

G. SUN AND HEAT GUIDE All campers are asked to wear sunscreen of SPF 15 or greater to camp. Staff cannot apply sunscreen without parental written permission. Staff will attempt to keep campers indoors or in shade at all times. Sun exposure will be restricted according to weather. All indoor camp areas are equipped with air conditioning or are heavily fanned for hot days. Campers will be kept indoors or in full shade with water play activities on days where the temperature reaches above 90 degrees. Campers will also be encouraged to stay hydrated. Horseback riding instruction is first activity of each morning before the summer heat for horse camps. Horse campers are in barn and shaded areas in hot afternoon sun.

QUICK GUIDE TO FIRST AID:

Abrasions, Cuts, Lacerations, Punctures When dealing with a break in the skin, wear barrier gloves. Clean well with soap and water. If there is active bleeding, apply pressure and elevate the involved body area. Dress with a band-aid or suitable sterile dressing. IF BLEEDING IS SEVERE, apply direct pressure and elevate, as above. Apply a pressure dressing. If bleeding cannot be controlled with these measures, call 911. Notify responsible family member.

Animal bite Wash thoroughly with soap and water, then rinse with running water. Apply sterile dressing. Notify parent. If the animal is a household pet, obtain information from the owner, if the owner can be determined. Otherwise, note the location of the animal, in order to report this information.

Athlete's foot, rashes: the camper should be excluded from swimming, and contact with other campers limited, until treatment is initiated. Medical clearance should be obtained before the child is allowed to return. Blisters If intact, apply a loose dressing. If broken, clean with soap and water, apply a dry sterile

dressing.

Choking If camper appears to be choking, check whether he can cough or speak. If not, hold the camper and apply five sharp blows between the shoulder blades. If this is unsuccessful, apply the Heimlich maneuver (see attachment). Call 911.

Convulsions Help camper to ground or soft surface. Do not restrain the camper. Remove nearby objects to protect camper. If vomiting occurs, turn the camper onto his side. Do not attempt to place any objects in the camper's mouth. When convulsion is ceased, the camper will be sleepy and/or non communicative. Loosen clothing, allow camper to rest. Call 911.

Closed head injury If unconscious, do not move camper; call 911. If conscious, apply cold compress to involved area, keep camper in cool area. If vomiting, confusion, or difficulty walking occur, call the parent.

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Diarrhea There are several reasons why a camper might have diarrhea. This includes stomach upset, food poisoning, and other reasons. Allow camper to use bathroom facilities. When diarrhea has ended, allow camper to rest, with bathroom facilities close by. If diarrhea persists, call parent.

Heat related illnesses Children are prone to illnesses related to excessive heat. The source of the problem is usually inadequate hydration. Be sure that campers have plenty of opportunities to drink water. Heat exhaustion is manifested by fatigue, dizziness, headache, profuse sweating, thirst, and agitation. Treat heat exhaustion by bringing the camper to a cool or shady area, and giving the child fluids. Allow child to rest. Heat stroke is a more serious problem, manifested by exhaustion, disorientation or confusion, hot dry skin. Campers with heat stroke need to be managed in hospital. Call 911

Insect bites and stings Be aware of campers who may have allergies to bites and stings. If medication is prescribed for these campers, be sure to administer it immediately. Otherwise, apply ice. If there is a stinger imbedded, attempt to remove it with tweezers, then cover area with a bandage. Sometimes, campers may have an allergic reaction to a bite or sting. They will experience difficulty breathing, swelling, and redness. Call 911 immediately if this occurs.

Nosebleed Seat camper with head forward. Apply light pressure to nostrils, and apply a cold compress. If you are unable to halt bleeding, call 911.

Poison ivy, oak, or sumac Wash with soap and water. Apply calamine lotion. Contact parent.

Sore throat Check temperature. Contact parent.

Sprains and strains Allow camper to rest, and elevate involved area. Apply ice. Contact parent. Stomach aches, abdominal pain There are many reasons why a camper might complain of a stomachache. Allow the camper to rest in a cool area. If he appears to be sweating, or is cool or clammy, refer to instructions for heat exhaustion or stroke.

Sunburn Campers should use a sun block of SPF 15 or greater when outside. Apply moisturizing lotion to involved areas. Keep camper in a wellshaded area.

Toothache Contact parent.

Prescription medications The health care supervisor may dispense medications from the camper's health care provider if it is sent to camp in the original container, with dispensing instructions on the bottle.

Written permission should be obtained from the camper's parent and health care provider.

Vomiting There are several possible reasons why a camper might vomit. The reasons include stomach upset, food poisoning, as well as heat exhaustion, sunstroke, and others. Have child rest. Keep head raised. After vomiting has ended, try small sips of water. Advance as tolerated. If vomiting persists, call parent.

ADDENDUM: Sanitary Barnyards and Animal and Camper Care Maker Farm LLC is the home of a variety of equine and barnyard animals who interact with campers. All animal pens, pastures and stalls are cleaned daily with manure removal at a distance from camp activities. Campers are encouraged to interact with our animals. Campers are also required to wash hands at nearby hand washing stations after animal and soil interaction. Handwipes, sinks and portable handwashing stations are located at barnyard. Staff will oversee all animal activities and hand washing.

Camp description: Maker Farm camps are art, horse, theater and farm workshops all with an agricultural and animal-based twist with no more than 20 campers registered per themed camp. Most themed camps range from 8-16 campers. Multiple camps run simultaneously, but no more than is licensed by the Board of Health and Planning Board. Emily Piper, owner of Maker Farm LLC, is the Camp Director and lead instructor. She is present at all times and is in charge of all campers and all daily activities. She is assisted by her CORIed staff at all times. Camp is from 9-3pm each

day. We also do not provide any food for mealtimes.

Camp Director: Emily Piper is the owner of Maker Farm LLC. She has taught agriculture, art, music and theater to children for more than 20 years. She taught mural, music and theater for the Chicago School District in their Excellence Academy Programs for 3 years. She also taught theater at the Northbrook Theater Camps while living in Chicago. Emily has worked at five different camps in her career and has taught numerous arts programs in schools and privately. She has owned and run The Maker Farm Camps in Westford, MA for 8 years. This year, she will be assisted at the Bancroft location by Stephanie Scenna as secondary Camp Director and Health Care Supervisor. She is fully CORIed, has CPR and First Aid instruction and is an employee of North Middlesex School District.

Stephanie has been known to Emily Piper and/or worked at the farm location for more than two years and is familiar with all camp locations, policies and procedures and are CPR and First Aid qualified. Her work histories are available for review at anytime.