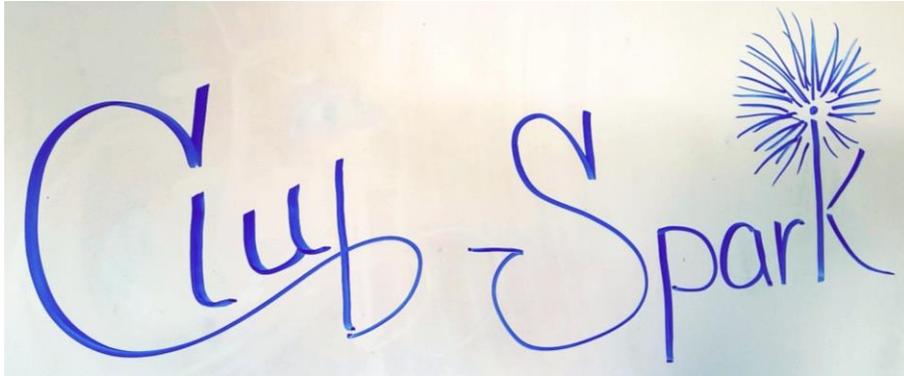




*Consultants for Children, Inc.*

Helping Children Reach Their Full Potential



## Family Manual

2016

[www.SparkClubs.com](http://www.SparkClubs.com)

[www.ConsultantsforChildren.com](http://www.ConsultantsforChildren.com)

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## I. Welcome to Club!

We are delighted that you and your family have chosen to send your child to Club Spark. Though the family will not be attending club, we believe your participation directly impacts the success of your child's experience. Preparing your child for club requires much time and effort, but truly helps us provide a positive club experience.

We suggest that your preparation begin from the time of registration, with encouragement and support. Empower your child with the belief that he/she is ready to discover new things, be social, and make new friends. Discuss with your child the different aspects of club life, such as being with a counselor, sharing space on the bus, all the different club activities, and the many other children he/she will meet. It might also be valuable to share and discuss with your child what goals will be worked on over the time at club.

This handbook is designed to provide you with information that will help your child have a fun and valuable experience. We hope your child has a wonderful time and enjoys all that Club Spark has to offer.

## II. About Club Spark

All information you provided in the intake about your child will be used to determine your child's readiness and the goals that we will focus on throughout the summer. Please note that your child cannot start Club until the treatment plan is made. When your child is accepted into Club there will be an introductory phone call from staff to go over important guidelines and for you to give us any additional information.

Please note that participation is not guaranteed, however we will do our best to accommodate you. It is our priority to provide a safe and therapeutic environment for every child and staff member, as well as the community. If at any point your child presents with severe aggression or elopement issues, and we determine that your child is not fit to be with us, you will be asked to pick up your child early. In this case there is likelihood that services may be suspended or canceled, while a treatment plan is updated and the staff working with your child are trained. We may suggest that your child receive in-office services or in-home services to provide your child with the care he/she may need. In the case that your child needs more than one on one supervision or a male technician, accommodation is not guaranteed. All of these happenings will be at the discretion of the directors.

**Summer Session:** We will have two five-week sessions; you are able to sign up for either one, or both. The days of the week that you choose must be the same during each session. We know that there are certain activities that you would like your child at, but consistency is such a big part of your child's life, and our planning process. If you would like us to consider special acceptations, please let us know.

**Winter and Spring Sessions:** These sessions are typically over a two-week period associated with school breaks. You are able to chose the days your child attends, however, the minimum days is set at three.

**Money:** The only money needed at club is the \$3.50 daily activity fee that is to be paid in advance. If activity fees are not paid in advance your child will not be able to participate in the week's activities.

**Valuables/Personal Items:** We ask that you leave all valuables at home. If it is not necessary for club and has monetary or sentimental value, it is best to leave it behind. Your child will be sharing space with many other children and always on the move; things get lost and left behind. Consultants for Children, Inc. is not responsible for lost or stolen items.

**Cell Phones/Electronics:** Cell phones are not allowed at club. Please leave all electronics such as iPods, hand held gaming systems, computers, and DVD's at home as well. If your child needs the support of an electronic communication device, please inform the coordinator prior to club, as this will be extremely beneficial to the relationship your child will build with his/her club counselor.

**Preferred Toys/Games:** We love having children play games and activities, however we ask that games, like Pokemon and other similar activities, stay at home, as they can be a distraction from the planned activities. On park days these activities would be okay to bring, but please keep in mind we may ask that they stay at home if there are any issues. If your child has a preferred toy that helps them, we suggest bringing this toy to aid the therapist and help your child.

**Visitors:** Personal visits by family and friends are not allowed during the club sessions. This can contribute to distractions and negative behaviors in your child, as well as others in the group. There are some exceptions to this rule, but they must be arranged with the coordinator prior to club.

**Pictures:** If you want to see what's going on everyday at club, you can. Each day we upload pictures of the day's activities to a secure website for the families to view. Instructions to access these photos will be provided at check-in.

**Medication:** When you arrive at Check-In, you must give the medication to your child's counselor. Please have one dose of medications in the proper bottle with administration instructions. Consultants for children cannot administer a medication; your child must be able to take their own medications.

**Lunch:** We do ***not*** serve lunch at club. Your child will need to eat prior to arriving in the morning and you must provide your child with a lunch, drinks, and water everyday. We eat around 11:00am everyday. If your child typically eats at a different time please let us know. Also let us know if there is anything specific that your child needs for feeding.

### **III. Drop off and Pick Up**

All children are transported to and from activities on our company buses. We have a 28-passenger and a 15-passenger bus. All staff driving these buses are appropriately licensed and insured through our company.

#### **Drop Off**

Drop off will be at 265 South Harlan Street, Lakewood, CO 80226. Your child should be dropped off no earlier than **8:50am**. Our staff need time to prepare for all the children in the morning and will not be able to take your child from you until 8:50. Please sign your child in when you put them on the bus. The bus will be leaving at 9:05am everyday. If you have not dropped off your child by **9:05am**, and have not made a phone call to the coordinator, the bus will leave without your child. The coordinator can be reached at 720-785-4544 or 720-272-1289.

#### **Pick up**

Pick up will be at the same place as drop off. Participants will only be released to a Parent, Legal Guardian, or Emergency Contact. An Emergency Contact must have valid picture identification for the child to be released. Pick up must happen at **2:00pm** everyday (unless otherwise arranged). The child may not return to the program if two or more late pick-ups occur. Sick participants or participants experiencing behavioral issues must be picked up within one hour of the notification call.

### **IV. Costs**

#### **Registration Fee**

A non-refundable registration fee of \$65/child must be submitted with your application. Please write checks payable to Consultants for Children, Inc, or pay online [www.consultantsforchildren.com](http://www.consultantsforchildren.com) by clicking on the "Funding Source" tab. Write Club Registration fee in the invoice number box. Sibling registration is \$25. \*If you are fully funded by CWA this fee will be refunded.

#### **Daily Fee**

Consultants for Children, Inc. accepts many types of insurances and funding sources, in the case that we aren't a provider for you insurance, or you don't have coverage, private pay will then be discussed.

#### **Activity Fee**

**Winter and Spring Session** activity fees will be directly associated with the cost of scheduled activities.

**Summer Session** requires that an activity fee of \$3.50 be paid for everyday your child attends.

These fee cover the entry cost into the activities in the community. The Director of Club Spark works with all companies to get activity fees as low as possible.

## V. What To Bring

The following is a list of items your child needs to bring with him/her to extended club. Please have all items kept together in a bag or backpack that is clearly marked. Also please mark all personal items (cups, clothes, shoes, etc) with your child's name in permanent ink. Dress for the weather – it is better to be over-prepared than under.

### Must Have's:

- Sunscreen (please send your child with sunscreen applied and extra to reapply)
- Bagged lunch; water; drinks
- Extra diapers, wipes, and rash lotion (if applicable)
- Swimming apparel and towel (when applicable)

### Other Possible Item's:

- Extra change of clothing
- Any medications needed that are clearly labeled with written instructions. Please hand to a staff member; this should not be placed in child's bag. \*Your child must be able to self administer medications
- Favorite toys, games, etc that staff can use as reinforcement

**BASED OFF THE SEASON, PLEASE DRESS YOUR CHILD APPROPRIATELY FOR OUTSIDE PLAY, INCLUDING SAFE AND COMFORTABLE SHOES**

## VI. Financial Policy

Below is your copy of the Financial Policy you signed in the registration packet.

- ❖ The client's guardian (or client, if not a minor) is ultimately responsible for the payment for treatment and care.
- ❖ Consultants for Children, Inc. (CFCI) will verify the client's eligibility and coverage for services rendered by CFCI staff.
- ❖ The client's guardian (or client, if not a minor) understands that CFCI will do our best to obtain insurance coverage and benefit information and that your insurance may deny a service that they previously stated was a covered benefit.
- ❖ CFCI will bill the client's insurance for services rendered by CFCI Staff.
- ❖ It is the client's guardian's (or client, if not a minor) responsibility to provide the most current and updated information regarding insurance before services are rendered.
- ❖ The client's insurance policy is a contract between the client's guardian (or client, if not a minor) and the insurance company, and CFCI is not able to modify coverage, copayments or deductibles.
- ❖ The client's guardian (or client, if not a minor) is responsible for payments of copays, coinsurance, deductibles and all other services that are not covered or not payable by their insurance.
- ❖ If your insurance denies any part of the claim, the client's guardian (or client, if not a minor) agrees to pay the full balance.
- ❖ Non-payment of copays, coinsurance, deductibles, or any other amounts, may result in billing charges, collection activity, and discharge from CFCI.

### PAST DUE BALANCES AND COLLECTIONS

- ❖ All invoices are due within 15 days.
- ❖ Invoices are emailed electronically to the client's guardian (or client, if not a minor)
- ❖ Past due accounts greater than 90 days are subject to a \$10 per invoice late fee and will accrue interest at the rate of 18%
- ❖ If you need special payment arrangements, please contact our Billing Department at 720-839-2873.
- ❖ Outstanding balances more than 180 past due may be turned over to an outside collection agency.

### RETRUNED CHECK FEES

- ❖ Any returned checks will incur a fee of \$20.00

### ACKNOWLEDGEMENT

I have read and understand the financial policy described above. I agree to pay, promptly and in full, any amounts due to the provider, including co-payments, deductibles, and amounts due for non-covered or services that are not payable by my insurance.

## VII. Contract for Services

Below is your copy of the Contract for Services you signed in the registration packet. *Please note that Sibling registration terms are different in reference to a \$25 registration fee and \$25 a day charges.*

I hereby authorize the my child, \_\_\_\_\_, to participate in Club Spark as defined below, conducted and consulted by the staff of Consultants for Children, Inc. (here-in-out referred to as "Technician(s)") and their Director, Germaine Seufert, M.A., NCC, LPC, CBIS.

1. TERM: I, the parent, understand that the term of this contract is beginning on \_\_\_\_\_.
2. I, the parent, understand that Consultants for Children, Inc. cannot guarantee my child a spot in Club Spark. Consultants for Children, Inc. must maintain safety of those participating in club, as well as the community. The intake filled out by me, the parent, will be used to determine my child's readiness for club, and I assure its accuracy. If my child is accepted into the program, this does not mean that he/she will not be removed from club if his/her behavior is unsafe. Consultants for Children, Inc. may then suggest in office or in home treatment; it's at my digression whether my child will be participating in alternate services.
3. I, the parent, understand either party may terminate this contract at any time. 24 hours notice must be given to cancel a scheduled day at Club Spark.
4. OBTAINING INFORMATION FROM OTHERS: I, the parent, have agreed to release my child's medical, educational and psychological records to the Technician. The purpose of releasing records is to receive my child's diagnosis, medical history, and evaluation of current intellectual and adaptive functioning. This information will be used to plan the future therapy for my child.
5. SERVICE PROVIDER: I, the parent, understand that Technicians providing services vary in degree of experience, education, and training. I also understand that the Technician holds no responsibility for the treatment staff not employed by Consultants for Children, Inc.
6. TECHNIQUES USED: I, the parent, understand that the goal of Club Spark is to teach and build social skills, and community safety. These techniques may include, but are not limited to: ABA, Behavior Modification, TEACCH, RDI, Floor Time, Play Therapy, and Verbal Behavior.
7. Research has shown that the techniques in the above named therapies are effective with children who are developmentally disabled.
8. I, the parent, understand that the techniques will not necessarily produce observable results during the course of Club Spark attendance, especially for those attending minimal days. The subsequent short and long-term application of the techniques has benefited other children with similar diagnoses as my child, and Consultants for Children, Inc. expects them to benefit my child. However, I understand that my child may or may not benefit, and that my child may experience some distress and may even experience more difficulties during and after participation.
9. TECHNICIANS DUTIES: I, the parent, understand that the Technician will co-create goals and treatments for my child's therapy progress with the parents and other professionals.
10. I, the parent, understand that the Technician will not be working on holidays, if this falls on a weekend, then the Technician will not work the day before or after. I will verify the schedule with the Coordinator.
11. The Technician agrees to work with enthusiasm, patience and appropriate discipline, arrive on time for each of her scheduled therapy sessions and meetings, leave the work area clean and organized when completed work, and help prepare stimulus materials as required by the therapy process.
12. I, the parent, understand that I will need to pack a lunch, water, sunscreen and appropriate clothing each day.
13. I, the parent, understand and agree to the Sick Children Guidelines provided to me in my club manual.
14. FEES: Check the applicable payer
  - a. Third Party Payer: I, the parent, understand that Consultants for Children, Inc. is under contract by a third party to provide the above described services and this third party is also paying for these services. Consultants for Children, Inc. may be required by the third party payer to charge me for co-pays, co-insurance or other fees. I agree to pay \$3.50 per day activity admission fees for my child. I will never be asked to pay admission fees for my child's Technician.
  - b. Private Payer: I, the parent, understand that Consultants for Children, Inc. is charging \$\_\_\_\_\_ per day for Club Spark and agree to pay the daily fee, plus \$3.50 per day activity admission fees for my child. I will never be asked to pay admission fees for my child's Technician.
15. I, the parent, understand that my \$65 registration fee is non-refundable. The only exception being if my child is fully funded by the CWA Waiver.
16. I, the parent, understand I am responsible for activity admission fees of \$3.50 per day for my child. I must provide this fee at the beginning of each week, or my child will not be able to participate in the activities. If my child misses a day, or adds a day the monies will be exchanged that week. I will never be asked to pay admission fees for my child's Technician.

I, the parent, understand that if, at any time, I have questions, and I may write, email or call the Technician at 265 South Harlan Street, Lakewood, CO 80226-2261, (720) 785-4544, [socialskills@cfcico.com](mailto:socialskills@cfcico.com).

## VIII. Disclosure Statement and Notice of Privacy Practices

Below is your copy of the Disclosure Statement you signed in the registration packet.

This Disclosure Statement provides you (the parent/guardian) with the information regarding the Supervising Therapist for your program. There likely will be additional therapists working with your family. If you want any information about the additional therapists, you are asked to request the information from them directly about their License(s), Degree(s) and Professional Affiliations. The rest of the information contained in this Statement is true for all therapists working for Consultants for Children, Inc.

**Supervising Therapist Name:** Germaine Seufert, M.A., NCC, LPC

**License:** Licensed Professional Counselor, State of Colorado, #4416

**Degrees:** B.A. – Psychology from Metropolitan State College of Denver, 2000

M.A. – Counseling Psychology and Counselor Education from University of Colorado at Denver, 2003

**Professional Affiliations:** Family and Child Early Interventions – Board Member

American Association for Marriage and Family Therapy – Member

National Board Certified Counselor – National Certified Counselor

### Regulatory Agency Information

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy. Any questions, concerns, or complaints regarding the practice of mental health may be directed to: **Mental Health Grievance Board, 1560 Broadway, Suite 1370, Denver, CO 80202 (303-894-7766)**. You are entitled to receive information about methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. Either party may terminate therapy at any time. You may seek a second opinion from another therapist or may terminate therapy at any time. You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board. Reports and other records pertaining to therapy will be kept confidentially on file at 265 South Harlan Street, Lakewood, CO 80226.

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential. Information disclosed is privileged communication and cannot be disclosed. There are exceptions to the general rule of confidentiality, which are listed in the Colorado statutes (C.R.S. 12-43-218). You should understand the information provided by you during therapy is legally confidential except where there is a life-threatening situation and/or an abuse of a child. Also, information may be shared with your insurance company, associated managed care organization, federal or state funding agency, attorneys or collection agency for purposes of reimbursement. A form titled “Release of Information” will be signed by you, the client, prior to my being able to give out any information regarding you, your family, your treatment or any other information.

### Authorization to Use and Disclosure of Protected Health Information

By signing below, you are consenting to the use of protected health information, including, but not limited to therapy notes by Germaine Seufert, M.A., NCC and Consultants for Children, Inc. for your treatment and to the disclosure of such information to third parties, including, but not limited to insurance carriers or health plans for payment purposes, other care providers in cases of necessary or requested referrals, or to government agencies in accordance with statutory provisions listed above or if necessary to fulfill any legal obligations to warn of immediate peril to you or others.

Also, you are consenting to limited disclosure of the fact of your status as a patient including, but not limited to, third party notification for payment purposes (banks, credit providers, etc.), incidental contact with mail carriers or the like for delivery of posted mail (appointment reminders, reports being sent to you, invoices, etc.). If you wish to receive such communications at an alternative location or address, please request such accommodations in writing.

Any disclosures of the above-described nature will be limited to that reasonably necessary to accomplish the required goal and without unduly compromising your confidences or privacy.

If you wish to restrict the use or disclosure of your private medical information, please request such a restriction in writing. I, Germaine Seufert and Consultants for Children, Inc., am not required by law to agree to such restrictions, but will make reasonable efforts to accommodate such requests. If I do honor a request to restrict disclosure of certain information, that restriction will be effective until revoked in writing by you.

Any other disclosures of medical information will be made only with your prior, specific written authorization. Such authorization may be revoked in writing prior to the disclosure of authorized information.

You may, at any time, make a written request for an accounting of disclosures of protected health information for the six years preceding the request or such lesser time requested. Such accounting will be provided within 60 days after receipt of the written request and will not include an accounting of disclosures made for purposes of treatment, payment or health care operations or status disclosures discussed above (such as mailing of appointment reminders). Such accounting will be provided one time per 12-month period without cost or fee. For additional requests within any 12-month period, a reasonable fee will be charged for the time and supplies required to fulfill the request.

### **Right to Inspect, Copy, or Amend Protected Health Information**

You have the right to inspect and have copied, at your expense, your protected health information, with the exception of therapy notes, written request for as long as such records are maintained by me, Germaine Seufert and Consultants for Children, Inc.. You may also request a summary or explanation of information in lieu of actual inspection or copying. If you make such a request, you will be responsible for the reasonable costs to prepare the summary or explanation.

You may request in writing that protected information be amended. I, Germaine Seufert and Consultants for Children, Inc., will act upon this request within 60 days of receipt. I will not amend protected information that was not created by myself unless you provide a reasonable basis to believe that the originator is no longer available to act upon the request, is not part of the designated record set, is not available for inspection by law, or is accurate and complete.

### **Notice Requirements**

I, Germaine Seufert, am required to abide by the terms of the notice currently in effect. I, Germaine Seufert, shall treat any and all protected health information in accordance with the notice currently in effect. I, Germaine Seufert, reserve the right to change the terms of this notice, in accordance with applicable laws, and to make such changes effective for all protected health information. Written notice of any such changes will be personally delivered to or mailed to you upon implementation

### **Emergencies**

I do not have the same access as clinicians in agency settings. Therefore, in case of an emergency situation in which there is imminent concern regarding life and death, please call 911. In the case of any other clinical emergency/urgency, please call my voice mail (720) 272-1289 and leave a message as to where you can be reached. I will try to return your call regarding any clinically urgent matter the day I receive your message. If at any time we decide your needs have intensified and you require someone who is available 24-hours per day, I will refer you to an appropriate clinician and/or treatment agency.

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If you are a parent seeking therapy for your minor child or children, your signature authorized Germaine Seufert and Consultants for Children, Inc. to treat the following listed children: (ie. your child).

I have been informed of the license, degrees, and credentials of my therapist. I have also read the preceding information on the Disclosure Statement and Notice of Privacy Practices, understand my rights and responsibilities as a patient/client (or parent of a minor) and am receiving this copy of this form, here in the Club Spark Manual.

## **IX. Incident Reporting Policy**

### **Policy:**

All staff will be trained on incident reporting at orientation and will be reviewed on an annual basis. The incident reporting process will be reviewed regularly, and updated as needed.

### **Purpose:**

To ensure all staff can identify an incident and understand when and how to report an incident. To maintain proper compliance and documentation. To ensure proper communication with clients, staff and resource coordinators.

### **Definitions:**

Critical incidents are defined as:

- Physical injury to or by the individual that requires treatment/admission to a hospital
- Emergency mental health treatment
- Death
- Misappropriation of property and/or Theft
- Required involvement of Law Enforcement
- Required report of Abuse (Child or Dependent Adult)
- Prescription medication error or pattern of errors that could lead to physician treatment
- Involves a member's location being unknown by provider staff who are assigned protective oversight

Minor incidents are defined as:

- Application of first aid or CPR
- Bruising
- Seizure activity
- Injury to self/others/property
- Prescription med error
- Restraint use

### **Reporting:**

Minor Incidents:

- The staff who were directly involved at the time of the incident or who first became aware of the incident prepare and sign the incident report.
- The staff will complete the incident report as soon as possible after enlisting assistance and/or taking necessary immediate action to restore calm, safety, or protection.
- The Incident Report form is a "fill-in" form outlining what is to be recorded about any incident.
- The staff member who writes the incident report will send the form to the Compliance Department within 6 hours of incident. If this cannot be done within 6 hours, the staff member will submit the form as soon as possible, noting the reason for a delay.
- The Compliance Department will complete the steps described below under, "The Compliance Department will".

Critical Incidents:

- The staff who were directly involved at the time of the incident or who first became aware of the incident will notify their supervisor, either an Administrative Supervisor or Lead Technician, immediately and complete incident report as soon as possible after enlisting assistance and/or taking necessary immediate action to restore calm, safety, or protection.
- The staff will then complete the incident report as soon as possible.
- The Incident Report form is a "fill-in" form outlining what is to be recorded about any incident.
- The staff member who writes the incident report will send the form to the Compliance Department within 6 hours of incident. If this cannot be done within 6 hours, the staff member will submit the form as soon as possible, noting the reason for a delay.
- The Compliance Department will complete the steps described below under, "The Compliance Department will".

### **The Compliance Department will:**

- Submit the critical incident to the appropriate entities when necessary by the end of the next work day following the incident.
- Assure that the consumer and/or their legal guardian and the consumer's case manager are sent a copy of the incident report by the end of the next work day following the incident, and sign and return a signed copy back to Consultants for Children, Inc.
- Assure that the incident report is completed correctly and timely. If these cannot be completed because necessary information such as law enforcement or child/dependent adult protective service reports are not yet available, the incident resolution should be updated and completed within 30 calendar days following the incident.

- Save a copy of the incident report both in the client’s file and in the company’s tracking and trending file.
- Follow Mandated Reporter requirements.

**Overview:**

- Quality Management Director maintains a “master file” of all incidents reports from throughout the agency.
- Department Managers will conduct quarterly reviews of incident reports. They will identify potential causes and trends. Based on this analysis they will develop action plans to reduce risk or increase improvement and prevention.
- Effectiveness of improvements will be measured by review of the actions plans and review of incident reports during subsequent quarterly reviews.

**X. Sick Child Policy**

Deciding when a child is too sick can be a difficult decision for parents to make. When trying to decide, use the guidelines below and seek the advice of your health care provider.

No need to cancel--- If your child has any of the following symptoms, they should probably go to their session/appointment.

- sniffles, a mild runny nose with minimal drainage, mild cough without a fever
- vague complaints of aches, pains, or fatigue

Need to cancel—If your child has any of the following symptoms, please cancel your child’s session/appointment and possibly make a doctor’s appointment.

*There may be many more health issues which would merit exclusion but these are the most common.*

CHICKEN POX (Varicella)	Chicken pox blisters appear in crops and are infectious until ALL blisters are dried and crusted over (usually 5-6 days after start of rash). Keep child home until no longer contagious.
COLDS	A runny nose it not necessarily cause to keep your child home. Keep them home with a runny nose AND a fever, bad cough, headache or nausea, or if the child is too tired or too uncomfortable to function.
DIARRHEA	Keep children home for persistent watery stools especially if the child looks or acts ill. Persistent diarrhea, especially if accompanied by fever and cramps, should be evaluated by your health care provider.
EARS.	Drainage from the ear and/or ear pain should be evaluated by your health care provider. Untreated ear infections can cause temporary and/or permanent hearing loss
EYES	Thick mucus, pus, or clear liquid draining from the eye may be contagious. One or both eyes may also appear extremely red and feel irritated, itchy, or painful. The eyelid may be swollen and the eye may be sensitive to light. Wait until the drainage and symptoms have cleared. You may need to get a prescription for eye drops from your health care provider.
FEVER	A child must be fever free for 24 hours. Cancel your appointment for a temperature of 100 degrees Fahrenheit or higher within the last 24 hours.
FRACTURES OR SURGERY	Please notify your team if your child needs any modifications to physical activity, length of appointment, or mobility needs. You may be asked to provide written information from your health care provider regarding limitations and special needs.
LICE, SCABIES	Please notify Consultants for Children if your child has head lice. For a noted infestation of lice and nits (eggs), your child may not attend an appointment until he/she has been treated.
NASAL DISCHARGE And/or CHRONIC COUGH	These conditions may be contagious and may require treatment. Your child should be seen by your health care provider for evaluation especially if symptoms also include fever and a large amount of mucous drainage.
RASH	Any skin rash of unknown cause may be contagious or require medical treatment, especially with fever and itching. Consult with your health care provider. You may be asked to present a medical excuse from your physician stating that the rash is not contagious (or no longer contagious).
SORE THROAT	A sore throat, especially with fever or swollen neck glands may be contagious. If infected, please notify Consultants for Children to reschedule.
VOMITING	An ill child who is vomiting should remain home for 12-24hrs after the episode and until child has tolerated at least two normal meals. If related to a head injury, a vomiting child should be seen by a physician or in an emergency room. Please report the head injury to Consultants for Children.

## **XI. Camp Activities**

### **Movies**

Regal Cinemas at River point puts on a \$1 movie program during the summer. We schedule the morning at the movie and lunch and play time at the park after the movie. Popcorn is the only item that will be purchased this day.

### **Museums**

There are many museums in the Greater Denver Area including the Children's Museum, Museum of Nature and Science, and Littleton History museum.

### **Art Lab**

The Sheridan Recreation Center has a Creativity Lab, we love taking the group here to use their imagination and make new discoveries.

### **Bowling**

All the kids love going bowling! We typically bowl one or two games. Please remember to provide socks this day for your child.

### **Monkey Bizness**

Monkey Bizness is in Centennial, CO. It is a giant room of bouncy castles and slides. Please remember to provide socks this day for your child.

### **Parks**

There is an array of parks near the office, depending on the weather; we may play outside on playgrounds or in the snow. Please keep in mind that your child always needs to be dressed for the weather.

### **Libraries**

We use our local libraries to help with the academic part of treatment plans, as well as a learning experience for how to be appropriate in a place where talking isn't what you are supposed to do. All the libraries that we go to have a children's play area and typically, we listen to story time.

### **Swimming**

Apex Center in Arvada has a large aquatics area, with shallow pools and many activities. There are many splash pads in the area, as well as water parks associated with Denver Recreation Centers. Our staff supervises each child while we play in the water. Please provide your child with a swimsuit and towel for this activity.