



<b>Policy Number:</b>	<b>3.36</b>	<b>Original Date Issued:</b>	August 1, 2000
<b>Section:</b>	Compensation & Benefits	<b>Date Reviewed:</b>	October 10, 2013
<b>Title:</b>	Camp Attendance	<b>Date Revised:</b>	October 10, 2013
<b>Regulatory Agency:</b>			

**I. POLICY:**

Children’s Healthcare of Atlanta (Children’s) supports employee participation in and provides compensation for attendance at outside Camps which support the Children's mission and at which staff member participation would benefit Children's.

In view of this, with the approval of the employee’s Department Director, employees may be compensated to attend Camp sessions, which have been pre-approved as supporting the Children’s mission. (see Attachment A, “Pre-approved Camp List”)

Camp attendance approval is determined on individual, case-by-case basis.

**II. PROCEDURE:**

1. Employee completes the Camp Attendance form (See Attachment B, “Camp Attendance” form) and submits to the camp director for signature, then assigned manager for approval and also to the department director/designee.
2. If an employee's request meets the Director/designee's approval for their assigned area, meets the department’s staffing and operational needs, and is on the Pre-approved Camp List (attachment A), the Camp Attendance Form (attachment B) should be completed and submitted to The Office of General Council, Insurance Department at least two weeks prior to the start of the camp for notification of appropriate insurance carriers.
3. Employees approved to attend camp will receive their regular base rate for hours worked at camp not to exceed their normal work schedule. Report Xpress users should code the employee’s hours with the pay code of CMP.
4. Employees who are not approved to attend camp but who wish to attend camp sessions on their own time can request the time off without pay or by requesting PTO. Time off should be evaluated and approved based on the department staffing needs.

5. Employees are responsible for notifying Children's immediately in the event they are involved in any injury or alleged injury to a camper or camp attendee, damage to property or injury to themselves. In such event, the employee is to notify their assigned manager as well as the camp director
6. The Pre-approved Camp List is reviewed annually by the system Camp Oversight Committee made up of Children's leaders who may add, delete or modify any listed camps. If a camp is not on the list and you would like to have it added, please complete the Request to Add a New Children's Owned Camp to the Children's Camp Policy form or the Request to add a Non-Children's Owned Camp to the Children's Camp Policy form and forward with all required signatures to the Director, Patient Family Services for review by the Committee.

### **III. FRATERNIZATION:**

1. Children's staff and volunteers of all pre-approved camps that do not have a pre-existing relationship with a camper may not fraternize with campers (baby sitting, phone calls, private lessons, contact through the internet, etc.) outside of Camp supervised activities or the Camp setting.
2. Contact with campers outside the Camp setting includes face to face contact as well as correspondence through phone calls, letters, emails or virtual social networking sites.
3. Any exception to this policy requires advance written approval from the Camp Director and the employee's Department Director. Such approval will be conditioned upon the understanding and agreement that the Children's employee will not be acting in his or her capacity as a Children's employee during any contact outside Camp activities, unless otherwise stated in writing.
4. The Camp Director and the employee's Department Director must be made aware of any pre-existing relationships.
5. Children's staff may not offer gifts or money to campers or their families during or outside of Camp and will not make personal disclosures to campers in an attempt to influence individual beliefs, values or lifestyles.

## **CHILDREN'S HEALTHCARE OF ATLANTA PRE-APPROVED CAMP LIST**

Camps which support Children's mission and have potential to be approved for participation by Children's staff include:

- Adventure Amputee Camp - for children with amputations
- Blue Skies – for children with life threatening diseases and their families
- Camp Acheaway – for children with juvenile arthritis
- Camp Big Heart - for mentally challenged children and adults
- Camp Blaze – for children with spinal cord injuries
- Camp Braveheart – for children with cardiac illnesses
- Camp Breathe Easy - for children with asthma
- Camp Courage - for children with craniofacial disorders
- Camp Carpe Diem– for children with epilepsy
- Camp Hardgrove – for children with brain injury
- Camp Horizon - for abused and neglected children
- Camp Independence - for children with renal disease and solid organ transplants
- Camp Ke-a-Later – for children with Thalassemia
- Camp Crazy Legs – for children with spina bifida
- Camp Kudzu - for children with diabetes (formerly Georgia Diabetes Camp, Inc)
- Camp Walk'n'Roll - for children with muscular dystrophy and related disease
- Camp New Hope - for children with sickle cell disease
- Camp No Limb-itations – Family Amputee Camp
- Camp Oasis – for digestive healthcare
- Camp OO-U-La - for severe burn patients
- Camp Second Chance - for children with solid organ transplants
- Camp Sunshine / Sunshine Kids Foundation - for children with cancer
- Camp Stars - for bereaved children
- Camp You B You – for children with autism spectrum disorders
- Camp Strong4Life – for overweight children
- Camp WannaKlot - for children with hemophilia
- Camp Weekaneatit – for children with Celiac Disease
- FOCUS / Camp Infinity – for children with disabilities
- The Lighthouse Retreat - for children with cancer and their families
- Marcus Family Camp



## CAMP ATTENDANCE FORM – Attachment B

Please complete the following information:

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Professional Designation, if applicable: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

The mission and vision of the Camp: \_\_\_\_\_

Date of the Camp: \_\_\_\_\_

Dates and hours that you plan to attend: \_\_\_\_\_

Description of the activities/services you intend to provide to the camp: \_\_\_\_\_

Role at camp: \_\_\_\_\_

Contact name and address at the camp. (This should be the name of the individual at the camp that would receive any verification of insurance, etc. from Children's):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

### APPROVAL:

\_\_\_\_\_  
Signature of Camp Director

\_\_\_\_\_  
Department Manager

**Employees must have the form first signed by the Camp Director of the camp you will be attending, then signed by your department manager.**

**If approved, forward this document to the Office of the General Counsel at least two weeks prior to camp. Fax the document to 404-785-7514 or mail to 1711 Tullie Circle, Atlanta, GA 30329.**