



Thank you for your interest in the South East Consortium Teen Life program. The following information will provide you with insight into this unique and fun life skills program offered by SEC. Please review the information listed in this letter which will give you a basic understanding of the program. If you decide your teen meets the eligibility requirements and you wish to pursue registration, please contact the office to register. Registration is not available on our RecDesk site this Summer. If you are new to South East, your teen will have to be OPWDD eligible, and you will be required to make an appointment with your teen for a brief in-take interview to assess your teen's readiness for Teen Life Program and to finalize registration.

The Teen Life program is developed for teens, ages 14 to 25, who have outgrown our summer day camp. With this in mind, we have designed a program that takes the fun of going out into the community and applies functional daily living skills. We will also be learning about environmental sustainability through gardening and composting this summer. The opportunity to apply these skills and knowledge as we build them will allow us to scaffold and progress further towards our goals. Our individuals will work on socialization, executive functioning/independent living, daily living skills, self-regulation (social & emotional), wellness and fitness.

We have many additional fun activities planned throughout the week like water day, field day, BBQ, game tournaments, arts and crafts, sport activities, hikes and swimming. There will be at least one trip per week where your teen will visit different places of interest in the surrounding communities. Because of the nature of this program, individuals need to demonstrate behaviors that are conducive to participating in community settings and functioning within groups.

Teen Life Season: First Day of Teen Life starts Tuesday, July 5th and runs through Friday, August 5th (24 Days).

Days and Times: Teen Life will take place M-F 9:00am -3:30pm, unless otherwise noted. For Special trips time may be extended.

Location and Transportation: Pick-up and drop-off will be at different locations depending on the day. Please be sure to review your weekly program calendar carefully!

Eligibility: Teens between the ages of 14 and 25, who are diagnosed with a Developmental Disability who reside in one of the component municipalities and is eligible for reimbursement under New York State/Medicaid Wavier guidelines, will be given priority. Individuals must demonstrate behaviors that are appropriate for functioning within the community and follow group instructions. Due to staffing limitations South East cannot accept any teen requiring specialized health care or supervision. Unfortunately, we will not provide 1:1 staffing for the Summer Teen Life Program.

Participants residing in Pelham qualify for transportation to and from program through Pelham Recreation.

Program Cost: Cost per Individual \$1,000.00. Additional money (on average of \$20) is needed weekly for special admission cost. The total expense incurred by SEC for your teen to attend camp is approximately \$3500.00. Interpretation of Medicaid Wavier regulations permit SEC to assess families a cost of \$1,000.00 based on expenses related to internal transportation, consumable supplies, food, special entertainment and admission costs.

Family Orientation: A family orientation meeting will be held in-person at the SEC Office on May 26th from 6:30PM-8:00PM. We will discuss the program in detail and will be available to answer any questions and concerns that parents have. Orientation is mandatory for families and individuals who are new to the Teen Life Program.

COVID-19 Policy:

While we are excited to once again return to in-person programming this summer, we would like to inform you that we continue to follow the OPWDD guidelines on mask wearing. Currently, individuals and staff in our program will need to wear a mask inside in congregate settings where six (6) feet of distance cannot be maintained. Currently, masks need to also be worn on SEC vehicle and when transporting to venues. While outside and able to practice social distancing we will not require masks, unless required by a location we are visiting. Please note that policies are ever changing, and we will continue to update you of changes that may occur.

Counselors will be provided with PPE (hand sanitizer, alcohol wipes, non-latex rubber gloves, extra disposable masks, etc.) and additional supplies will be made available to them as needed.

Each of our three groups will have a maximum of 10 individuals able to enroll. Your teen will be grouped with the same cohort each day, along with the same staff. These groupings will be organized by taking age, ability and previous relationships into account. Program groupings are final, barring any extraneous circumstance.

If you have any questions or concerns regarding these dates, please let me know immediately.

If you have any questions, please feel free to contact me at 914-698-5232 or email emcguinness@secrec.org.

I look forward to a wonderful and safe summer!

Erin McGuinness
Program Supervisor

South East Consortium



South East Consortium Teen Life Medication Authorization Form

In accordance with the Nurse Practice Act and the State Education Law, staff personnel may not dispense medication -whether prescribed or over-the-counter to a participant unless it is authorized by the participant's parents **and** their physician.

This form allows the administrative staff to store your participant's medication and to supervise your teen in self-administration of their own medication. Please complete a separate form for each individual medication and submit it with your teen's medication in its original container to the program director.

Please Note: Emergency medication (e.g. EpiPen, Benadryl, albuterol inhaler) may be carried by your child instead of being stored at the program site.

Date: ____ / ____ / ____

I hereby grant permission to the administrative staff to store and to supervise the self-administration of my teen's medication as detailed below by our physician.

Teen's Name: _____ Grade in September: _____

Address: _____

Parent/Guardian(s)' names: _____

Parent/Guardian #1 Cell: ____ - ____ - ____ Home: ____ - ____ - ____ Work: ____ - ____ - ____

Emergency Contact Name: _____

Check all that apply:

- I would like my teen to carry their EpiPen/Benadryl/ inhaler (circle one) at all times.
- I would like my teen's EpiPen/ Benadryl would like my teen's EpiPen/Benadryl/inhaler (circle one) to be **carried** by camp staff.
- I am providing a second EpiPen / Benadryl / inhaler (circle one) to be **carried** by camp staff.

Parent/Guardian signature: _____

► *This portion must be completed by your teen's physician.*

Date: __/__/__

_____ is to receive _____
teen's name medication

for _____
indication

Dose: _____ Route: _____ PRN or Frequency: _____

Notes:

Physician's Name: _____ Signature: _____

Phone: ____ - ____ - ____ Address: _____

South East
Consortium



South East Consortium Teen Life Program Sunscreen Authorization Form

Chapter 242 amended NYS Public Health Law permitting a child to possess and use sunscreen at program when all the following apply:

- (1) It is used to protect against overexposure to the sun.
- (2) It is approved by the FDA for over-the-counter use.
- (3) The parent or guardian provides written permission for the child to carry sunscreen.

Please complete and sign this form if you would like your teen to use, carry and/or would like assistance applying sunscreen during program hours.

Individual's name: _____

Sunscreen Permission:

- I consent to have my teen carry and use sunscreen she/he has brought to program, which is FDA approved for over-the-counter use to avoid overexposure to the sun.

Parent/Guardian Signature: _____

Print Name: _____ *Date:* ___/___/___

- I consent to have a staff member assist with the application of sunscreen when my teen is unable to do so, or if my teen requests the assistance.

Parent/Guardian Signature: _____

Print Name: _____ *Date:* ___/___/___

Teen Life Program

Off-Site Permission Slip

The New York State Department of Health requires all camps to have written permission for individuals to participate in any off site camp activities such as swimming at the Hommocks Pool Complex, and any other community trips.

Please complete the form below and return it to the South East Consortium by June 13th, 2022. Only individuals with signed permission slips will only be allowed to participate in the aforementioned activities. If you have more than one individual participating in camp, please fill out one form per individual.

South East Consortium Teen Life Program Off-Site Activity Permission Slip

I give my teen _____ permission to participate in the Teen Life Off-Site Program conducted at Hommocks Pool Complex, and other various locations throughout the community and beyond, throughout the summer of 2022. I understand the following:

- Individuals will be supervised by program staff as well as qualified lifeguards at the swim facility.
- Individuals will at this time be required to wear a mask on SEC vehicles, and any public transportation that is utilized.

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Please return by June 13th, 2022 to:

South East Consortium For Special Services Inc.
740 West Boston Post Road, Suite 316
Mamaroneck, New York 10543
Fax number (914) 698-7125