

Children's Oncology Camp Association
Gold Ribbon Visit Worksheet Report

Camp _____

Date of Visit _____

Standard	Title	Document Seen	Document Not Seen	Observed in Practice	Visitor and/or Director Comment
GENERAL					
1.1.P.i.	Program Operation Accreditation				
1.1.P.ii.	Program Operation Standards				
1.1.S.i.	Site/Facility Accreditation				
1.1.S.ii.	Site/ Facility Standards				
CLINIC AFFILIATION					
2.1	Cooperation with Health Care Providers				
ADMINISTRATION					
3.1	Mission Statement				
3.2	Parent/Agency Information				
3.3	Admin & Program Accountability				
3.4	Evaluation Process				
3.5	Professional Liability Coverage				
3.6.i.	Confidentiality Policy				
3.6.ii.	Child Protection Training				
3.6.iii.	Staff and Camper Privacy				
3.7	Camper Intake/ Application				
STAFFING					
4.1	Staff Training				
4.2	Guest and Staff Orientation				
4.3	Health Care Policies				
4.4	Staff/Volunteer Medical History				
HEALTH CARE					
5.1	Camper Eligibility				
5.2	Health Care Protocols-SIGNED				
5.3	Medical Emergency Plan				
5.4	End of Life Orders				
5.5	Accidental Death				
5.6	General Health Practices				
5.7	Personal Hygiene Procedures				

5.8	Pharmacological Inventory				
5.9	Medical Administration				
5.10	Record Retention				
5.11	Treatment Protocols				

PSYCHOSOCIAL SUPPORT

6.1	Mental Health Professional				
6.2	Communication in case of death				
6.3.1	Memorial Service				
6.4	Graduate Campers				

Visitor Name _____

Email _____

Visitor Signature _____

Phone _____

Visitor Name _____

Email _____

Visitor Signature _____

Phone _____

Director Name _____

Email _____

Director Signature _____

Phone _____

Date _____

Additional Visitors / Directors comments please use additional pages: