



CAMP CLAPHANS

A camp for kids with
developmental disabilities



At the
J.D. McCarty Center
Norman, OK

Celebrating 10 years

Dear parents and guardians

My name is Bobbie Hunter and this is my seventh summer as director of Camp Claphans at the J.D. McCarty Center (JDMC). I have a bachelor's of science degree in education from Southeastern Oklahoma State University and have been an employee at the McCarty Center since 2012. I started working here as a direct-care specialist in July 2012. Once I started working with the kids that JDMC serves, I knew I would never do anything else.

I worked my way up to recreational activities specialist in 2014 and started my job as Camp Director in 2017. Having the opportunity to work with kids with disabilities is the most rewarding job. My only hope is that I can impact the life of these children half as much as they have impacted my life. And I am so excited to be a part of the 10th year of Camp Claphans!

The summer of 2022 was very successful for the camp, and I cannot wait for a whole new adventure in 2023!

Our camp serves children with special needs, ages 8 to 20, who are developmentally, socially and/or physically delayed. Camp Claphans offers structured and well-thought out programming in order to make an everlasting impression on campers' social, recreational, and self-confidence development. We do our best to place campers into sessions with similarly developing peers to encourage social skills, cooperation and self-esteem. If there is a specific week that you would like your child to attend or another camper that your child would like to have in his/her camp week, please specify this on the camp application.

Camp Claphans has a 1-to-1 staff to camper ratio, registered dietitians on site to address dietary needs for campers and a physician and nurses available to assist with medical needs.



Camp staff members also work with JDMC therapists and psychological clinicians to ensure campers' social and emotional needs are being fulfilled. Our staff members are typically university students working toward a degree in allied health care fields, education, recreation, nutrition and other related fields. Prior to camp, our staff members attend intensive on-site training. They are trained in First Aid/CPR, ADL assisting techniques, safety guidelines and addressing maladaptive behavior.

We have special events planned for the 10th anniversary of the camp, and I'm also happy to announce that some of our most popular evening activities will be returning, such as the talent show, dance party and astronomy club stargazing nights!

As in previous years, we are offering parents the opportunity to experience a very special part of camp. Wednesday afternoon, prior to the pick-up time, we will wrap up camp with an awards ceremony to acknowledge each of our campers with a unique award that is specific to their talents and personalities. We will also show a video showcasing all the fun activities at Camp Claphans!

Please take a moment to read this catalog where you'll find information about camp sessions, activities for the summer and facility details. You also will find our camp registration forms at the end of this catalog.

If you have any additional questions about Camp Claphans, please contact me at 405-207-2865 or by email at bhunter@jdmc.ok.gov.

Sincerely,
Bobbie Hunter
Camp Director



Camp costs & sessions

Camp Claphans received a grant that covers tuition costs for each child, so there is no charge for kids who attend our camp.

The camp program consists of four-day, three-night camp sessions for children. Each session begins Sunday afternoon and ends Wednesday afternoon. Campers stay in cabins located on the J.D. McCarty Center property.

Campers sleep in a wheelchair-accessible, climate-controlled cabin, shared by other campers and counselors. Each camper is assigned to a counselor for the week. The camper/counselor ratio is always 1:1. Camper's medical needs are overseen on-site by nurses. A physician also is available to assist with medical needs.

Camp sessions are limited to 12 campers: Six boys and six girls divided into two cabins.

Registration

To make sure we will be able to meet each child's needs at camp, we will need to know some information in advance. Please fill out the registration application located in the back of this catalog.

Please submit an application as soon as possible. There are 72 spots available for camp each summer, and the camp fills up fast! We take applications on a first-come, first-served basis.

In order to process a registration application, we will need the application completed in full.



**Registration starts
Jan. 23, 2023, and
applications are
due March 3, 2023.**

Camp programs

While at camp, kids can try horseback riding, archery, arts and crafts, swimming, games, fishing and canoeing! The fun doesn't stop at dinnertime. During the evening, we will have talent shows, dance parties, stargazing and more.

At the end of the week, we take our campers on a field trip to a local water park. In case of inclement weather, we will have an alternate field trip planned.



Camp schedule

Camp sessions start on Sundays and end on Wednesdays. Here's our schedule for 2023.



**Week 1 — June 4-7
Week 2 — June 11-14
Week 3 — June 18-21
Week 4 — June 25-28
Week 5 — July 9-12
Week 6 — July 16-19**





Enrollment process

If your child is able to be placed into a camp session, you will receive an enrollment packet in the mail. The packet must be completed and returned as soon as possible to ensure placement into a camp session. Placement is based on a first-come, first-served basis and meeting the established selection criteria.

■ **A selection committee will review each application and make a determination if the applicant and Camp Claphans are appropriate for one another.**

■ The camp director will notify the camper's family of the selection committee's decision.

■ An enrollment packet will be sent to the camper's family. Included in this packet will be: release forms; requests for the camper's physical exam that has been completed in the last year and signed by a licensed physician; the camper's vaccination/immunization records that includes the date of his or her last Tetanus shot; and a copy of the camper's insurance card. Your child's spot in a camp session will not be secured until this information is received.

Please note: Vaccinations are required for campers.

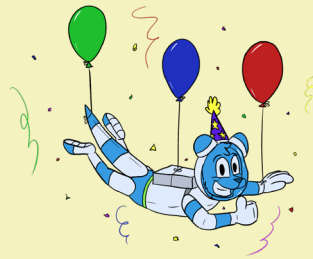
■ The completed enrollment packet, along with all supporting documents, must be returned to camp staff as soon as possible.

■ Once the completed enrollment packet is received, a confirmation letter will be sent to the camper's family with detailed information about the assigned camp session dates and times. A packing list and any other pertinent information will also be included.

■ Deadlines: Camp registration begins Jan. 23, 2023. The application deadline is March 3, 2023. If an application is received after March 3, it will not be processed unless there is availability.



Our selection criteria



Children must have a diagnosis befitting our camp. Campers will be placed into a session by taking into consideration social skills, activity level, sensory needs and developmental age. By doing this, we hope to promote friendship, cooperation and social skills building among campers.

■ Children must be between the chronological ages of 8 to 20.

■ Children must be socially appropriate, not exhibiting maladaptive behaviors, which warrant removal from a group activity or setting.

■ Camp Claphans is only able to serve a limited number of campers each summer; thus, each application goes through a thorough selection process. All applications undergo medical and behavioral review prior to being approved for camp. Selection of campers is based on a number of factors, including the child's medical history, behavioral history and the child's ability to participate and gain from the camp program.

■ Final approval is decided by a committee made up of experienced staff members of various applicable backgrounds. This committee will make determinations based on the above criteria and other information as deemed appropriate.

■ The guardians of approved campers will be scheduled for a phone interview to discuss their child and the camp program in more detail. If an application is not selected, we will notify the family as soon as possible.

■ At this time, Camp Claphans cannot accommodate campers with chronic or severe aggressive, disruptive or destructive behavior. To gain the most from our camp program, a camper must be able to follow instructions and adhere to safety rules.



Follow us on Instagram:
[@campclaphans](https://www.instagram.com/campclaphans)



Health & safety

Your camper's safety is our top concern. Camp Claphans adheres to the safety policies of the J.D. McCarty Center. Here are some of our safety procedures:

- Camp Claphans is staffed by a qualified camp director and nurse 24 hours a day. In addition, a local physician is on call should those services be needed.
- Campers receive a health screening at check-in, where the camp nurse evaluates for illness, injury or communicable diseases, verifies health information and collects all medications.
- Campers will be assisted in taking all medications, including vitamins or topical medications.
- All medications at camp remain locked in the nurse's station and are administered by the camp nurse.

***A note about medication:** Medications that are brought to camp must be in the original container (prescription and nonprescription), not expired, have the camper's name listed on it and the label must include the dosage amount and frequency of administration.

Contact info

For more information about camp or registration, please contact Camp Director Bobbie Hunter at 405-307-2865 or email bhunter@jdmc.ok.gov.

For information about working or volunteering at camp, contact Volunteer Coordinator Jennifer Giamelle at 405-573-5342 or email jgiamelle@jdmc.ok.gov.

Important dates

Please note these deadlines for summer 2023:

Jan. 23 — Camp registration opens.

March 3 — Camp applications due.

April 24 — All enrollment forms must be submitted. Here are the items needed in the packet: **Vaccines/immunizations record**; documentation of physical exam; insurance card; medication sheet; photo/video release form; authorized release of camper; off-site activities authorization; and camper's shirt size.

Camp namesake

Camp Claphans is named in honor of Sammy Jack Claphan, a citizen of the Cherokee Nation and an Oklahoma native.

Sammy Jack played football for the University of Oklahoma and graduated with a degree in special education. Afterward, he played in the NFL for the Cleveland Browns and the San Diego Chargers.

After retiring from football, Sammy Jack returned to Oklahoma and became a coach and a special education teacher. In 1994, he was inducted into the American Indian Athletic Hall of Fame.

Sammy Jack died in 2001. He was 45.



We want to thank volunteer Adam Cobble for contributing graphics to this catalog.

Adam is a graphic artist and photographer. He has volunteered at the camp since it opened in 2013.



Registration application

Please return completed applications to us by:

- Email: bhunter@jdmc.ok.gov
- Fax: 405-307-2801

● Mail:

J.D. McCarty Center
Attn: Camp Claphans
2002 E. Robinson St.
Norman, OK 73071

This application is meant to assist Camp Claphans in creating the best possible experience for campers with special needs. Please complete the sections as they apply to your child. Thank you!

Camper name: _____

Address: _____

City: _____ State: _____ ZIP _____ Phone: _____

Age: _____ Date of birth: _____ Male: _____ Female: _____

Parent or guardian: _____

Email: _____ Camper's shirt size: _____

Health insurance information:

Carrier: _____ Group number _____ ID number _____

Name of primary insured: _____

Relationship to camper: _____

Primary care doctor: _____

Phone: _____ Date of last examination: _____

Emergency contacts:

*** Please list someone other than the parent/guardian listed above, and someone who will know how to contact you if we are unable to reach you.**

Name: _____ Phone: _____

Relationship to camper: _____

Name: _____ Phone: _____

Relationship to camper: _____

Camp sessions: Please mark all the sessions your camper is available to attend, and we will do our best to place them in the most appropriate group of campers:

☐ June 4-7 ☐ June 11-14 ☐ June 18-21 ☐ June 25-28 ☐ July 9-12 ☐ July 16-19

For office use only:

RCV NRS PSY

Camper's diagnosis: *(Check all that may apply)*

- ☐ Asthma ☐ Down syndrome ☐ Autism Spectrum Disorder ☐ Cerebral Palsy ☐ Epilepsy
- ☐ ADHD ☐ Diabetes: Type I or II ☐ Heart condition ☐ Blind ☐ Dyslexia ☐ Obesity
- ☐ Traumatic brain injury ☐ Seizure disorder ☐ Hypertension ☐ Developmental delay
- ☐ Visual impairment ☐ Deaf ☐ Communication delay ☐ Learning disability ☐ Spina Bifida
- ☐ Intellectual disability ☐ Hearing impaired ☐ Muscular dystrophy ☐ Multiple sclerosis
- ☐ Spinal cord injury: Quadriplegic or paraplegic ☐ Other
- ☐ Breathing difficulties:

*Trach: Specify type _____

*Any important surgeries, hospitalizations or medical complications that may affect the child's camp experience?

Medical information:

Vision

- ☐ Sighted/ Normal ☐ Night blindness ☐ Legally blind
- ☐ Partially sighted ☐ Color blind ☐ Other _____

Hearing

- ☐ Normal ☐ Partial hearing ☐ Legally deaf
- ☐ Normal with aid ☐ Partial hearing with aid ☐ Other _____

Communication

Is the camper able to understand and communicate his/her needs to others? (Ex. Food, drink, bathroom, help) ☐ Yes ☐ No

- ☐ Verbal ☐ Communication board ☐ PECS ☐ Gestures
- ☐ Non-verbal ☐ Electronic device ☐ Sign language ☐ Other

If other, please explain: _____

Mobility

- ☐ Ambulatory (no assist) ☐ Wheelchair- power ☐ Wheelchair- manual
- ☐ Cane(s) ☐ Walker

Seizure activity

☐ None

☐ Petit Mal
(absence)

☐ Grand Mal
(generalized tonic/clonic)

☐ Complete Partial
c) (staring)

Frequency: _____ Duration: _____

Date of last seizure? _____

How is the seizure treated?

☐ Regular/scheduled meds

- ☐ Emergency meds

☐ Both

Please describe the camper before, during and after the seizure:

Transfers

☐ Standby

- Two person

- ☐ Mechanical lift

☐ Other _____☐ Independent

- Stand and pivot

☐ One person total lift

☐ None

Adaptive devices

☐ None

□ AFO's

- Leg braces

□ Prosthesis

☐ Helmet

- Glasses

- ☐ Hearing aids

- Splint

☐ Other _____

*Parents/guardians will be asked to instruct camp staff on how to use special adaptive equipment when child arrives to camp.

Other medical items to be aware of:

- Shunt

☐ Rods

☐ Other _____

Swimming

Can the camper swim with supervision? ☐ Yes ☐ No

Please describe your child's swimming experience and routine, including any required equipment:

Behavior:

General disposition: (Check all that may apply)

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Generally easygoing | <input type="checkbox"/> Unsure of new situations | <input type="checkbox"/> Wanders |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Shy/withdrawn | <input type="checkbox"/> Helpful |

Is this your child's first time staying away from home? _____

What does your child like? What is he/she afraid of?

In your opinion, what is your child's developmental age? _____

Please indicate how often your camper exhibits the following behaviors and the consequences:

Behavior	How many times does behavior occur? Daily or monthly?	What causes behavior?	How do you address this behavior?
Self-harm			
Bangs head			
Grabs, pinches, hits others			
Touches others inappropriately			
Throws things			
Gets into personal belongings			
Runs away			
Climbs on furniture			
Uses inappropriate language			
Spits on others			
Dumps food or liquids			
Strips clothing			
Other			

Personal care information:

Eating

☐ No Assist ☐ Partial assist ☐ Total assist

Please describe any assistance required for feeding:

List adaptive equipment needed for feeding:

Diet

☐ Normal ☐ Chopped food ☐ Blended/ puree ☐ Diabetic
☐ G-Tube only ☐ G-Tube and oral foods

Food allergies or special dietary needs: _____

Does the camper have any difficulty swallowing? ☐ Yes ☐ No

List any strongly liked or disliked foods:

Toileting

Bladder control: ☐ No assist ☐ Needs reminder ☐ Occasional accidents
 ☐ Incontinent ☐ Total assist

Bowel control: ☐ No assist ☐ Partial assist ☐ Total assist

Please explain home toileting routine:

Does your child wear:

☐ Underwear ☐ Pull-ups ☐ Diapers ☐ Pull-ups at night only
☐ Other _____

Bathroom aids:

☐ Urinal ☐ Toilet chair ☐ Catheter ☐ Other _____

Menstrual care

☐ Non-applicable ☐ No assist ☐ Needs reminder ☐ Partial assist ☐ Total assist

Please explain any assistance needed: _____

Washing/ showering

☐ No Assist ☐ Partial assist ☐ Total assist

Please describe bathing routine:

Dressing

☐ No assist ☐ Partial assist ☐ Total assist

Please describe dressing routine:

Sleeping

Sleep walks? ☐ Yes ☐ No

Needs to be awakened or turned during the night? ☐ Yes ☐ No

Other information : _____

Medication information:

Does the camper have any allergies? ☐ Medication ☐ Food ☐ Other

If yes, please list:

Does the camper take any medication? ☐ Yes ☐ No

If yes, please list:

The following non-prescription OTC medications may be used on an as-needed basis to manage illness and injury.

Please check all that apply. Camp ClapHans has permission to give camper the following:

- ☐ Laxatives for constipation (Ex-Lax) ☐ Aloe vera gel, topical ☐ Calamine lotion, topical
☐ Bismuth Subsalicylate for diarrhea (Pepto-Bismol) ☐ Lice shampoo or cream (Nix or Elimite)
☐ Antibiotic cream, topical ☐ Sore throat spray ☐ Generic cough drops
☐ Diphenhydramine antihistamine/allergy medicine (Benadryl) ☐ Antihistamine/allergy medicine
☐ Dextromethorphan cough syrup (Robitussin DM) ☐ Guaifenesin cough syrup (Robitussin)
☐ Acetaminophen (Tylenol) ☐ Pseudoephedrine decongestant (Sudafed)
☐ Phenylephrine decongestant (Sudafed PE) ☐ Ibuprofen (Advil, Motrin)

Consent:

This health history is correct as far as I know. My child has my permission to engage in all camp activities, including horseback riding, unless exceptions noted:

I give my permission for medications to be administered by the nurse and understand that WRITTEN INSTRUCTIONS ARE REQUIRED. This includes prescription and non-prescription drugs, as well as topical or external applications. Medications are to be labeled and given to the nurse at the start of camp; no medications can be left with your child for self-medication.

In the event of injury, I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.

Signature of Parent/ Guardian _____

Date _____

Note: Parents/guardians, please send a current photo of your child with this application.

