

Children's Camp Facility and Staff Description

Instructions

Complete the items that are applicable to the camp's operation; use additional sheets if necessary. Submit the completed form and other required application materials to the local health department (LHD) at least 60 days prior to camp operation. Information that is not available should be identified as "Pending." For expired certifications, the date of scheduled re-certification courses may be listed when staff are registered to attend. Pending information and confirmation of staff re-certification must be sent to the LHD when available.

Facility

Facility Name: _____
 Facility Code: _____ Date Open: ___/___/___ Date Close: ___/___/___ Are 20% or more of the campers developmentally disabled? Yes No

Activities available to campers

For activities identified with a "*", please further specify the activity in the space provided.

<input type="checkbox"/> Amusement Parks	<input type="checkbox"/> Classroom Instruction	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Roller Skating/Blading	<input type="checkbox"/> Other Water Activities*
<input type="checkbox"/> Aquatic Theme Parks	<input type="checkbox"/> Cooking	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Ropes/Challenge Course	<input type="checkbox"/> Other* _____
<input type="checkbox"/> Archery	<input type="checkbox"/> Dancing/Acting	<input type="checkbox"/> Mountain Boarding	<input type="checkbox"/> Skate Boarding	_____
<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Nature Study	<input type="checkbox"/> Sports	_____
<input type="checkbox"/> Bicycling	<input type="checkbox"/> High Adventure*	<input type="checkbox"/> Organized Games (Play)	<input type="checkbox"/> Swimming – On-Site	_____
<input type="checkbox"/> Boating/Canoeing/Rafting	<input type="checkbox"/> Hiking	<input type="checkbox"/> Petting Zoo	<input type="checkbox"/> Swimming – Off-Site	_____
<input type="checkbox"/> Camp Trips	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Riflery	<input type="checkbox"/> Swimming – Wilderness	_____

Camper Capacity

For each session, select the camp type, specify the number of days in the session and provide camper capacity information. Use separate session rows if both a day camp and overnight camp operate at the same time. **Use actual attendance data from last season.** If the camp did not operate last season, use estimates and check this box . Attach additional sheets if needed.

	Camp Type		Number of Days	Age Group												
	Day	Overnight		1 to 5		6 & 7		8 to 12		13 to 15		16 & 17		CITs **		
				male	female	male	female	male	female	male	female	male	female	male	female	
Session 1	<input type="checkbox"/>	<input type="checkbox"/>														
Session 2	<input type="checkbox"/>	<input type="checkbox"/>														
Session 3	<input type="checkbox"/>	<input type="checkbox"/>														
Session 4	<input type="checkbox"/>	<input type="checkbox"/>														
Session 5	<input type="checkbox"/>	<input type="checkbox"/>														
Session 6	<input type="checkbox"/>	<input type="checkbox"/>														
Session 7	<input type="checkbox"/>	<input type="checkbox"/>														
Session 8	<input type="checkbox"/>	<input type="checkbox"/>														
Session 9	<input type="checkbox"/>	<input type="checkbox"/>														
Session 10	<input type="checkbox"/>	<input type="checkbox"/>														

** A counselor-in-training (CIT) must be 15 years old at a day camp and 16 or 17 years old at an overnight camp. CITs that do not meet the minimum age requirements must be accounted for as a camper.

Camp Director

Name of Camp Director: _____ Date of Birth: ___/___/___
 Education: _____
 Qualifying Experience: _____

A "State Central Register Database Check" form (LDSS-3370) and a "Prospective Children's Camp Director Certified Statement" form (DOH-2271) must be completed by the Camp Director and submitted to the LHD with this form.

Camp Health Director

Name of Camp Health Director(s): _____
 Attach additional sheets if more than one Health Director is used.
 Qualifications (certification, licenses, etc.) Doctor Nurse Practitioner Physician Assistant RN LPN EMT Other _____
 NYS License Number: _____ For day camps only: Will the Health Director be located on-site or off-site? On-site Off-site

Certifications

List the Course Provider, Course Title and certification issuance date for each certification held by the Camp Health Director or Designated Assistant. (See Section 7-2.8 for requirements)

Certifications	Staff Possessing Certification	Course Provider	Course Title	Issue Date
CPR	<input type="checkbox"/> Health Director <input type="checkbox"/> Assistant			/ /
First Aid	<input type="checkbox"/> Health Director <input type="checkbox"/> Assistant			/ /

Aquatics Director

Name of Camp Aquatics Director: _____ Date of Birth: ____/____/____

Certifications

List the Course Provider, Course Title and certification issuance date for each certification held by the Camp Aquatics Director. (See Section 7-2.5(e) for minimum qualifications)

Certifications	Course Provider	Course Title	Issue Date
Lifeguard Supervision and Management*			/ /
Lifeguarding			/ /
Progressive Swimming Instructor			/ /
CPR*			/ /
First Aid			/ /

* The Camp Aquatics Director must possess these certifications to qualify.

Aquatic Experience (check qualifying experience below)

- One season of previous experience as a camp aquatics director at a New York State children's camp.
- Two seasons of previous experience consisting cumulatively of at least 12 weeks as a children's camp lifeguard, as specified in Section 7-2.5(g), at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time.
- At least 18 weeks of previous experience as a lifeguard, as specified in Section 7-2.5(g)(2), at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time.

Other Staff Requirements

Subpart 7-2 of the New York State Sanitary Code (Children's Camps) specifies minimum staff ratios and qualifications for counselors, lifeguards, progressive swimming instructors, riflery instructors, and additional first aid and CPR certified staff. When staff are required to possess special certification, a course standard or criteria is specified in the regulation. Certification courses which have been reviewed and meet or exceed the Children's Camp Code standard/criteria, are listed on New York State Department of Health (NYSDOH) "fact sheets." The fact sheets are available from the LHD and at the NYSDOH's website at www.health.ny.gov. Camp operators are responsible for ensuring that required staff are present and possess acceptable certification. A LHD may require a children's camp operator to document staff ratios and qualifications by submitting a Children's Camp Additional Staff Qualifications form (DOH-367a) and/or copies of certification cards. Copies of all required certifications must be maintained on file at the camp.

Written Safety Plan, Facility Additions/Modifications, and Itinerary of Camp Trips**1. Written Safety Plan as required by Section 7-2.5(n)**

- Plan attached
- Previously submitted on ____/____/____. This plan remains up to date and complete.
- Update to plan attached

2. Facility Addition/Modifications

Provide a list of additions or modification to the camp that have been made since last season or that are planned prior to this season. Include additions or modifications to buildings (cabins, kitchens, dining halls, infirmary, assembly areas, privies and toilets, etc.), potable water and sewage disposal systems, swimming pools, bathing beaches, activity areas (challenge course, archery and rifle ranges, etc.), emergency access and egress roads and any other camp facilities.

- List attached
- No Addition/Modifications
- Not Applicable. Camp did not operate last season.

3. Itinerary of Camp Trips

Attach a list of camp trips. Describe the activities that will take place (swimming, canoeing, hiking, etc.) and include the trip date(s) when known.

- List attached
- No trips

Section 7-2.5(p) requires a written statement or brochure outlining the rights and responsibilities of campers and camp operators to be provided to parents or guardians of campers by the camp operator with any enrollment application forms and/or enrollment contract forms. Either a statement or brochure prepared by the camp and approved by the permit-issuing official or the Department of Health brochure "Children's Camps in New York State" may be used. Please check the appropriate box below for the brochure sent with your application materials.

- A statement (brochure) which has been submitted to the DOH and approved
- "Children's Camps in New York State" Brochure (#3601)

I certify that the information given in this form is true.

Signature of Camp Operator: _____

Print Name: _____ Title: _____ Date: ____/____/____