

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. Questions should be directed to the LHD that has jurisdiction in the county that the camp is located.

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

- Activities available to campers:** For activities identified with a "*", please further specify the activity in the space provided.
- Amusement Parks Camp Trips Hiking Organized Games (Play) Sports Other*
 - Aquatic Theme Parks Classroom Instruction Horseback Riding Petting Zoo Swimming - On-Site
 - Archery Cooking Ice Skating Riffery Roller Skating/Blading Swimming - Off-Site
 - Arts and Crafts Dancing/Acting Martial Arts Roller Skating/Blading Swimming - Wilderness
 - Bicycling Gymnastics Mountain Boarding Ropes/Challenge Course Other Water Activities*
 - Boating/Canoeing/Rafting High Adventure* Nature Study Skate Boarding

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 columns 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 the box. Attach additional sheets if needed.

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

** 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.

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.

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 camp 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			/ /

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
Lifeguarding			/ /
Progressive Swimming Instructor			/ /
CPR			/ /
First Aid			/ /

Number of seasons of experience worked as a lifeguard or aquatics director: _____ Lifeguard: _____ Aquatics Director: _____

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, progress swimming instructors, riflery instructors, and additional first aid and CPR certified staff. When staff are required to possess special certification, a course standard is specified in the regulation. Other certification courses are reviewed for equivalency and those, which meet or exceed the Children's Camp Code standard, are listed on Department of Health "fact sheets" and may be used to fulfill certification requirements in addition to the code standard. The fact sheets are available from the local health department and at the New York State Department of Health's internet website at www.health.state.ny.us. Camp operators are responsible for ensuring that required staff are present and possess acceptable certification. Local health departments may require a children's camp operator to document staff ratios and qualifications by submitting a Children's Camp Additional Staff Qualifications form (DOH-367 a) 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
- Update to plan attached
- Previously submitted on ____/____/____ I affirm that this plan remains up to date and complete.

Signature of Camp Operator: _____

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.

Check the box indicating the brochure that is provided to parents/guardians with the enrollment application forms and/or enrollment contract forms.

- 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: ____/____/____