



*Department of Public Health*  
Monroe County, New York

**Adam J. Bello**  
County Executive

**Marielena Vélez de Brown, MD, MPH**  
Acting Commissioner of Public Health

**Dear Children's Camp Operator:**

In an attempt to push out the 2024 application packet, I may be missing new guidance from the NYSDOH at this time. The 2024 fact sheets have not been released yet but I do not anticipate major changes. If you are not aware, a new bill was passed by New York State in December requiring Children's Camps to have an automated external defibrillator (AED) program, trained staff and an AED on site. I have requested guidance from NYSDOH but have not received anything at this point. This requirement will be in effect for this camp season. I will share any guidance and updated fact sheets as soon as I receive them. Link to the law is: [NYS Open Legislation | NYSenate.gov](https://www.nysenate.gov/legislation/bills/2024/1000)

At the following website <https://www.monroecounty.gov/eh-child> you will find a checklist and all Children's Camp Forms for the 2024 camp season which are required to be submitted. Please utilize this checklist as you complete your packets. **All Original signed documents and an updated Safety Plan must be submitted as a complete application package at least 60 days prior to the anticipated opening date. Delayed or incomplete submittal of documents will delay the start date of camp.**

**All 2024 camp correspondence can be directed to [camps@monroecounty.gov](mailto:camps@monroecounty.gov)**

Enclosed you will find one copy each of Form DOH-3965, "Application for Permit to Operate" for your camp. Forms DOH-367, "Children's Camp Facility and Staff Description Form" and Form DOH-367a are available on the website. The State Register Central Clearance (DSS-3370) and the Prospective Children's Camp Director Certified Statement Relative to Convictions of a Crime or the Existence of a Pending Criminal Action (DOH-2271) forms are available on the website. Please sign all forms as applicable.

All forms and supplemental Children's Camp information can also be found at:  
<https://www.health.ny.gov/environmental/outdoors/camps/>

In the application packet is a blank DOH-3965 must complete all applicable areas on the form. Also, please enter the maximum number of campers you expect to attend any session of your camp or estimate this year's enrollment if camp is new in the Capacity box.

Complete one DOH-367 and DOH-367a for each camp you operate. On Form DOH-367, break down that total number into male/female age groups under "Camper Capacity" for each session. Complete all remaining portions of the DOH-367 which state the name and qualifications for the Camp Director, Health Director and Aquatic's Director along with all sections of Form DOH-367a. Provide valid certifications for primary/core staff used to meet the minimum requirements and ratios for certification based on the type of camp, camper capacity and camp activities (additional certifications for additional staff do not need to be provided yet should be on-site for review during inspections).

The "State Register Central Clearance" (DSS-3370) and the "Prospective Children's Camp Director Certified Statement Relative to Convictions of a Crime or the Existence of a Pending Criminal Action" (DOH-2271) **forms must be completed by the Camp Director listed on the DOH-367. This includes a camp director who have been screened previously. A full 28 year address history with no gaps in time period is required. In the "From" and "To" fields for Dates you must include both the MONTH AND YEAR in sequence starting with your current**

**residence. The signed original forms must be returned to our office no later than 60 days prior to the first day of camp operation.**

**Safety Plans:** New Camp Operations must complete a safety plan and all camps should review their plans and update as needed. Safety plans can be submitted by printing it and submitting it with your application package. Due to the large file size, safety plans will not be accepted via email. Safety Plan Templates are located on the Monroe County web page

<http://www2.monroecounty.gov/files/health/eh/ChildrensCampSafetyPlan.zip>

A fact sheet on the "NYS Sex Offender Registry Search Procedures for Children's Camps" is available at: <https://www.health.ny.gov/environmental/outdoors/camps/#facts>. Your protocol/procedure for complying with the law must be included in your safety plan.

**Please review the NYSDOH Children's Camp Code (7-2)** (See NYSDOH webpage for most recent version <http://www.health.ny.gov/environmental/outdoors/camps/>) **as well as the CPR, First Aid, Lifeguard, Progressive Swimming Instructor and Aquatic Director fact sheets** (<https://www.health.ny.gov/environmental/outdoors/camps/#certs>) **to ensure you have staff with acceptable certifications. We recommend that you have your staff trained in the appropriate certifications well before your anticipated opening date to avoid delays in opening your camp due to lack of required trained staff.**

**REMINDER**

**\*\*\*CPR CERTIFICATION FOR NYS CHILDREN'S CAMPS & NYS BATHING FACILITIES IS VALID FOR ONE (1) YEAR FROM THE DATE OF CERTIFICATION, REGARDLESS OF EXPIRATION DATE ON CARD. \*\*\***

**All required insurance forms are required before a permit can be issued.**

All camps must have a disclosure statement on the camper's application or on a camp brochure stating that the camp is permitted by the Monroe County Department of Public Health and that records of the inspections are on file for review. The enclosed brochure titled "Children's Camps in New York State" can be used to meet this requirement.

**The fee for a permit is \$200.00, payable at the time of application.** Municipal operations and organizations for charitable, philanthropic or religious purposes are exempt from this fee. Enclose your payment made out to the "Monroe County Department of Public Health".

Your complete application package, certifications, and safety plan will be reviewed by Health Department staff. Each camp will be assigned to Health Department staff who will work with you to obtain a permit. Prior to opening of camp the Health Department you may be subject to a pre-operational inspection. Should you have any questions regarding Children's Camp Regulations feel free to contact me at [Camps@monroecounty.gov](mailto:Camps@monroecounty.gov) or 585-753-5579.

Sincerely,



Scott Hallock  
Associate Public Health Sanitarian



# Department of Public Health

Monroe County, New York

Adam J. Bello  
County Executive

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Acting Commissioner of Public Health

## **CHILDREN'S CAMP REQUIRED FORMS**

**\*All forms and documents must be submitted 60 Days prior to the anticipated opening date. \***

- 1. **DOH 3965 or 3915 "Application for a Permit"**. (Mail signed original).
- 2. **Proof of Coverage for Worker's Compensation & Disability Benefits**  
(See back of DOH 3965 or 3915 for acceptable documents).
- 3. **LDSS - 3370 "Statewide Central Register Database Check"** with a **complete 28 year address history with no time gaps** for Camp Director (Mail signed original).
- 4. **DOH 2271 "Statement relative to conviction of a crime"** for Camp Director  
(Mail signed original).
- 5. **DOH - 367 & DOH - 367a "Children's Camp Facility and Staff Description"**  
**For Each camp complete ALL SECTIONS of both DOH-367 & DOH -367a.** (Mail signed originals).

**Only list the Primary/Core staff used to meet the minimum requirements and ratios for certification and training based on the Type of Camp, Camper Capacity and Camp Activities. Provide copies of valid training certifications (or certified training roster) for listed Primary/Core staff:** Medical Certification, \*CPR, First Aid, Lifeguard, Progressive Swimming Instructor, Camp Aquatics Director Certs, and Specialized Activity Certs. **Certifications for additional camp staff do not need to be provided with this application yet must be on-site for review during inspections.**

**\*CPR certification is valid for 1 year from the date of certification, regardless of expiration date on card. See Enclosed Fact Sheets for Acceptable Training Providers & Certification Titles**

- CPR Requirements (all camps) – In addition to the camp health director or designee(s), one (1) staff member for each 200 campers shall possess a current acceptable CPR certification.
- Day/Traveling Camps First Aid Requirement - One (1) staff person for each 200 campers shall possess a current acceptable First Aid Certification.
- Overnight Camps First Aid Requirement - In addition to the camp health director or designee(s) one (1) additional First Aid staff for each 200 campers must be maintained and be available **on-site at all times** during the camp session.
- **For Overnight Camps The qualified designated Health Director shall remain on-site at all times (Doctor, Nurse Practitioner, Physician Assistant, RN, LPN or EMT)**
- **Accepting an RN or other Medical license in lieu of first aid certification (for on-site staff) - A nursing or medical certification is valid in place of first aid training only for three years after the initial certification. After this time period job duties which are consistent with first aid training (such as controlling bleeding, stabilizing fractures, controlling communicable diseases, responding to sudden illnesses...) must be provided and will be evaluated to support justification for acceptance in lieu of first aid certification. Please plan accordingly when hiring staff and supply this information with your application.**

6. Submit an Updated Safety Plan. See link to Safety Plan templates:  
<http://www2.monroecounty.gov/files/health/eh/ChildrensCampSafetyPlan.zip>
- If you are a NEW Camp or if the physical location of your previously permitted camp has changed a NEW Safety Plan must be submitted using the template.
  - For **NEW Camps** Complete an “Activity Appendix” for **all** activities listed on “DOH-367”. For **EXISTING Camps** with previously approved safety plans - Complete an “Activity Appendix for all **new activities** listed on the “DOH-367”.
  - ALL Camps - Complete a “Camp Trip” Appendix for each field trip.
  - Submit Safety Plan
7. Aquatics Certifications. See fact sheets available at:  
<https://www.health.ny.gov/environmental/outdoors/camps/#certs>  
Provide hard cards as proof of certification as noted in item #5.
- Camp Aquatics Director – A Camp Aquatics Director must oversee all swimming activities that occur at swimming pool and bathing beaches operated as part of a children’s camp. See “**Camp Aquatics Director**” Factsheet for qualifications.
  - When a camp utilizes a swimming facility that provides aquatic supervision, the camp still needs to provide their own Lifeguard at a ratio of 1 to 75 campers.
  - An amusement park “wave pool” requires that campers have their swimming assessed by a certified Progressive Swimming Instructor in a pool prior to entering the wave pool. Only campers classified as “swimmers” are allowed to use the wave pool. The camp must also provide their own lifeguard(s) for supervision in the wave pool, at a ratio of 1 to 75 campers even though the facility provides their own lifeguards.
  - A lifeguard is not required when the camp only utilizes aquatic amusement activities that allow only one or two bathers at a time and when the water level is less than chest deep (water slide, splash pad).
8. List of date(s) and location(s) of All Field Trips.
9. NYS Sex Offender Registry  
(See Factsheet available at: <https://www.health.ny.gov/environmental/outdoors/camps/#facts>) - Results of this search must be available during all inspections (Do not submit with application).

**Additional fact sheets and documents for review are available at**  
<https://www.health.ny.gov/environmental/outdoors/camps/#facts>

**Children’s Camp Code (Part 7-2) NYSDOH webpage:**  
<https://regs.health.ny.gov/content/subpart-7-2-childrens-camps>

**Mail or Email Completed Children’s Camp Application Packet to:**  
**Monroe County Dept of Public Health – Children’s Camps**  
**111 Westfall Road - Room 1020**  
**Rochester, New York 14620**  
[camps@monroecounty.gov](mailto:camps@monroecounty.gov)

# CAMP AQUATICS DIRECTOR

## for NYS Children's Camp Bathing Facilities

### Fact Sheet – March 2024

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

A camp aquatics director must oversee all swimming activities that occur at swimming pools and bathing beaches operated as part of a children's camp. This person shall supervise lifeguards and other required staff during swimming activities and implement the camp safety plan. The camp aquatics director must:

- Be at least 21 years of age.
- Have a minimum of:
  - One season of previous experience as a camp aquatics director at a New York State children's camp; or
  - Two seasons of previous experience consisting of at least 12 weeks as a children's camp lifeguard which had more than one lifeguard supervising it at a time; or
  - 18 weeks of previous experience as a lifeguard at a swimming pool or bathing beach, which had more than one lifeguard supervising it at a time.
- Hold an accepted and current cardiopulmonary resuscitation (CPR) certificate as listed on the Fact Sheet entitled "[Cardiopulmonary Resuscitation \(CPR\) Certification for NYS Children's Camps and NYS Bathing Facilities](#)."
- Annually review and document the review of the camp's safety plan for swimming.
- Possess current certification in a training course for lifeguard supervision and management as described below:

<b>Acceptable Lifeguard Supervision and Management Courses</b>	
(Certifications are valid for the time period specified by the provider, but may not exceed three years from the date of course completion.)	
Provider	Certification Title
<p><b>American Red Cross (ARC)</b></p> <p>Lifeguard Management (LGM) certifications:</p> <ul style="list-style-type: none"> <li>– LGM is only offered online. In-person testing is required and obtained through ARC Lifeguarding Instructors that are ARC Authorized Providers.</li> <li>– Certification expiration date is based on the LGM certificate, not the in-person testing certificate date. Certifications without an expiration date are not valid.</li> </ul> <p>Lifeguarding Instructor or Lifeguarding Instructor Trainer r.24 certifications:</p> <ul style="list-style-type: none"> <li>– Certificates including a combination of Lifeguarding Instructor r.24 and Lifeguarding Instructor Trainer r.24 are acceptable.</li> <li>– Certificates are valid for the time period specified in parentheses after the certification title.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lifeguard Management – certifications must be accompanied by a separate certification indicating in-person testing session.</li> <li>➤ Lifeguarding Instructor</li> <li>➤ Waterfront Lifeguarding Instructor</li> <li>➤ Lifeguard Instructor Trainer</li> <li>➤ Lifeguarding Instructor r.24</li> <li>➤ Lifeguarding Instructor Trainer r.24</li> </ul>
<b>American Aquatics Safety Training</b>	<ul style="list-style-type: none"> <li>➤ Aquatic Supervisor (Lifeguard Management, Pool Activity Leader)</li> </ul>
<b>Boy Scouts of America</b>	<ul style="list-style-type: none"> <li>➤ Aquatics Instructor, BSA</li> </ul>
<b>YMCA</b>	<ul style="list-style-type: none"> <li>➤ Lifeguard Supervisor</li> </ul>

An Aquatics Director may not perform lifeguard duties unless currently certified as a qualified lifeguard or assess swimming ability unless currently certified as a progressive swimming instructor (see corresponding Fact Sheets available at [www.health.ny.gov](http://www.health.ny.gov) or from your local health department).

# Camp Trip Swimming Program Safety Certifications for NYS Children’s Camps

## Fact Sheet – March 2024

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view the most current certification list)

When swimming is conducted during a camp trip to an aquatics facility that is supervised by qualified lifeguard(s), the camp must supply one additional lifeguard or a staff member possessing training in Children’s Camp Swimming Program Safety for each 75 campers at the swimming activity (see [Aquatic Certifications Fact Sheet](#) for a list of qualified lifeguard certifications). A camp supplied lifeguard or staff trained in swimming safety is not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.

The following courses have been accepted by the Department as meeting or exceeding course standards for training in Children’s Camp Swimming Program Safety specified in [Section 7-2.11\(a\)\(4\)\(iv\)\(a\)](#) of the State Sanitary Code:

Provider	Certification Title*
<p><b>American Red Cross (ARC)</b> Lifeguard Management (LGM) certifications:</p> <ul style="list-style-type: none"> <li>– LGM is only offered online. In-person testing is required and obtained through ARC Lifeguarding Instructors that are ARC Authorized Providers.</li> <li>– Certification expiration date is based on the LGM certificate, not the in-person testing certificate date. Certifications without an expiration date are not valid.</li> </ul> <p>Lifeguarding Instructor or Lifeguarding Instructor Trainer r.24 certifications:</p> <ul style="list-style-type: none"> <li>– Certificates including a combination of Lifeguarding Instructor r.24 and Lifeguarding Instructor Trainer r.24 are acceptable.</li> <li>– Certificates are valid for the time period specified in parentheses after the certification title.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lifeguard Management – Certifications must be accompanied by a separate certification indicating in-person testing session.</li> <li>➤ Lifeguarding Instructor</li> <li>➤ Waterfront Lifeguarding Instructor</li> <li>➤ Lifeguard Instructor Trainer</li> <li>➤ Lifeguarding Instructor r.24</li> <li>➤ Lifeguarding Instructor Trainer r.24</li> </ul>
<b>American Red Cross on Long Island</b>	➤ Pool Activity Leader
<b>American Aquatics Safety Training</b>	➤ Aquatic Supervisor (Lifeguard Management, Pool Activity Leader)
<b>Boy Scouts of America</b>	➤ Aquatics Supervision
<b>YMCA</b>	➤ Lifeguard Supervisor

\* Certifications are valid for the time period specified by the certifying agency but may not exceed a consecutive three-year period from course completion.



# CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION

(including Automated External Defibrillator (AED) training)  
for NYS Children's Camps and NYS Bathing Facilities

## Fact Sheet – March 2024

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view the most current certification list)

The New York State Sanitary Code (SSC) requires certain staff to possess a valid two-rescuer CPR certification in a course accepted by the Department as providing an adequate level of training and certification in the use of an AED as follows:

- **Children's Camps (Subpart 7-2 of the SSC)** - CPR certification is required for the health director and other staff specified in sections 7-2.8 and 7-2.11(a)(5), aquatics director, lifeguards, and certain trip and activity leaders<sup>1</sup>.
- **Swimming Pools and Bathing Beaches (Part 6 of the SSC)** - CPR certification is required for all lifeguards (Supervision Levels I, IIa, IIb).
- **Children's Camps and Ocean Surf Beaches** – AED certification is required for at least one staff at children's camps and at least one lifeguard at ocean surf beaches.

**CPR certifications** are valid for one year from the date of certification, regardless of expiration date on card.

**For AED certification only**, certifications are valid for two years from the date of course completion.

Accepted Courses	
<i>Lifeguard Certifications listed on the Aquatic Certifications Fact Sheet with the notation "Separate certificate for CPR is not required in the first year of certification" are also acceptable CPR certifications for the first year of the lifeguard certification.</i>	
Provider	Certification Title
<b>American Heart Association</b>	<ul style="list-style-type: none"> <li>➤ BLS Instructor</li> <li>➤ BLS Provider (Course title - Basic Life Support) – Certification must be accompanied by a separate certification verifying completion of an in-person skills assessment.</li> </ul>
<b>American Lifeguard Association</b>	<ul style="list-style-type: none"> <li>➤ CPR/AED for the Professional Rescuer Instructor Led</li> </ul>
<b>American Aquatics and Safety Training</b> *Certifications containing "Recertification" in the title are also valid	<ul style="list-style-type: none"> <li>➤ CPR/AED for BLS Providers*</li> <li>➤ CPR/AED for the Professionals*</li> <li>➤ CPR/AED for Lifeguards*</li> <li>➤ CPR/AED, Advanced First Aid*</li> </ul>
<b>American Red Cross</b> *Any certification title containing the following wording is acceptable, including "Review" or "Challenge": <ul style="list-style-type: none"> <li>• "CPR/AED for Professional Rescuers"; or</li> <li>• "Basic Life Support"</li> </ul>	<ul style="list-style-type: none"> <li>➤ CPR/AED for Professional Rescuers*</li> <li>➤ Basic Life Support*</li> </ul>
<b>Ellis &amp; Associates</b>	<ul style="list-style-type: none"> <li>➤ Health Care Provider BLS (CPR &amp; AED)</li> </ul>
<b>Emergency Care and Safety Institute</b>	<ul style="list-style-type: none"> <li>➤ Health Care Provider CPR &amp; AED</li> </ul>
<b>Health &amp; Safety Institute (HSI)</b>	<ul style="list-style-type: none"> <li>➤ Basic Life Support – Certification must include the statement "In-Person Skill Practice and Evaluation"</li> </ul>
<b>Heart &amp; Stroke Foundation of Canada</b>	<ul style="list-style-type: none"> <li>➤ BLS HCP Heartsaver (C) Provider</li> <li>➤ BLS Provider</li> <li>➤ Healthcare professional/AED (C) 5H</li> </ul>
<b>National Safety Council</b>	<ul style="list-style-type: none"> <li>➤ Basic Life Support for Healthcare &amp; Professional Rescuers</li> </ul>
<b>New York City Department of Parks &amp; Recreation</b>	<ul style="list-style-type: none"> <li>➤ Municipal CPR: Basic Life Support</li> </ul>
<b>Regional Emergency Medical Services Council of New York City</b>	<ul style="list-style-type: none"> <li>➤ CPR PLUS</li> </ul>
<b>St. John Ambulance Canada</b>	<ul style="list-style-type: none"> <li>➤ CPR Level C &amp; AED</li> </ul>

<sup>1</sup> A trip leader of a camp trip that includes an activity where emergency medical care is not readily available or an activity such as wilderness hiking, rock climbing, camping, horseback riding, bicycling, swimming and/or boating shall possess or be accompanied by staff who possess certification in a course listed on this Fact Sheet. An activity leader of an activity on the camp property where other CPR certified staff is not readily available shall possess or be accompanied by staff who possess certification in a course listed on this Fact Sheet.

# FIRST AID CERTIFICATIONS

for NYS Children’s Camp Staff

## Fact Sheet – March 2024

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

[Subpart 7-2](#) of the State Sanitary Code requires the health director, other staff specified in section 7-2.8, and certain camp trip and activity leaders<sup>1</sup> to possess valid certification in first aid. The courses listed below have been accepted by the Department as being equivalent to or exceeding first aid course standards specified in Section 7-2.2(m). Some medical personnel may possess training and experience that is equivalent to or exceeds this certification requirement. Documentation demonstrating training should be submitted to the local permit-issuing official for evaluation.

Acceptable certifications for camp CPR staff are listed on the Fact Sheet titled [Cardiopulmonary Resuscitation \(CPR\) Certification for NYS Children’s Camps and NYS Bathing Facilities](#).

<b>Accepted Courses</b>	
<i>(First Aid certifications are valid for the time period specified by the provider, but may not exceed three years from the date of course completion.)</i>	
<b>Provider</b>	<b>Certification Title</b>
<b>American Red Cross</b>	<ul style="list-style-type: none"> <li>➤ Emergency Medical Response – Title may include “Review” or “Challenge.”</li> <li>➤ Responding to Emergencies – Any certification title containing the wording “Responding to Emergencies” is acceptable, including “Review” or “Challenge.”</li> <li>➤ Wilderness and Remote First Aid</li> </ul>
<b>American Safety &amp; Health Institute</b>	<ul style="list-style-type: none"> <li>➤ Advanced First Aid – Certification must be accompanied by a Recognition of Participation in the ASHI training program approved by the New York State Department of Health.</li> <li>➤ Wilderness First Aid</li> </ul>
<b>Canadian Red Cross Society</b>	<ul style="list-style-type: none"> <li>➤ Standard First Aid &amp; CPR</li> </ul>
<b>Emergency Care and Safety Institute</b>	<ul style="list-style-type: none"> <li>➤ Advanced First Aid</li> <li>➤ Emergency Medical Responder</li> <li>➤ Wilderness First Aid BSA (16 hours) (course title – Boy Scouts of America Wilderness First Aid)</li> <li>➤ Wilderness First Aid Basic</li> <li>➤ Wilderness First Aid Standard</li> <li>➤ Wilderness First Aid Advanced Level</li> </ul>
<b>National Association for Search and Rescue</b>	<ul style="list-style-type: none"> <li>➤ Wilderness First Aid</li> </ul>
<b>National Registry of Emergency Medical Technicians<sup>2</sup></b>	<ul style="list-style-type: none"> <li>➤ Emergency Medical Responder</li> <li>➤ Emergency Medical Technician</li> <li>➤ Advanced Emergency Medical Technician</li> <li>➤ Paramedic</li> </ul>
<b>National Safety Council</b>	<ul style="list-style-type: none"> <li>➤ Emergency Medical Response</li> <li>➤ Advanced First Aid (course title – Advanced First Aid, CPR &amp; AED)</li> </ul>
<b>National Ski Patrol</b>	<ul style="list-style-type: none"> <li>➤ Outdoor Emergency Care Technician</li> </ul>
<b>New York State Department of Health</b>	<ul style="list-style-type: none"> <li>➤ Certified First Responder</li> <li>➤ EMT</li> <li>➤ Advanced EMT</li> <li>➤ EMT - Critical Care</li> <li>➤ Paramedic</li> </ul>



<b>Accepted Courses</b>	
<i>(First Aid certifications are valid for the time period specified by the provider, but may not exceed three years from the date of course completion.)</i>	
<b>Provider</b>	<b>Certification Title</b>
<b>NOLS Wilderness Medicine Institute</b> <i>(Formerly Wilderness Medicine Institute of the National Outdoor Leadership School)</i>	<ul style="list-style-type: none"> <li>➤ Wilderness Advanced First Aid</li> <li>➤ Wilderness First Responder</li> <li>➤ Wilderness EMT</li> </ul>
<b>St. John Ambulance Canada</b>	<ul style="list-style-type: none"> <li>➤ Medical First Responder</li> <li>➤ Emergency Medical Responder</li> <li>➤ Standard First Aid</li> </ul>
<b>SOLO Wilderness Emergency Medicine</b>	<ul style="list-style-type: none"> <li>➤ Wilderness First Aid</li> <li>➤ Wilderness First Responder</li> <li>➤ Wilderness EMT</li> </ul>
<b>Wilderness Medical Associates</b>	<ul style="list-style-type: none"> <li>➤ Wilderness Advanced First Aid</li> <li>➤ Wilderness First Responder</li> <li>➤ Wilderness EMT</li> <li>➤ Wilderness First Aid</li> </ul>

<sup>1</sup>A trip leader of a camp trip that includes an activity where emergency medical care is not readily available or an activity such as wilderness hiking, rock climbing, camping, horseback riding, bicycling, swimming and/or boating shall possess or be accompanied by staff who possess certifications in one of the above acceptable courses; for camp trip swimming activities where emergency medical care is readily available, the certifications listed below may be substituted.

An activity leader of an activity on the camp property where other staff certified in first aid in accordance with Section 7-2.8 of Subpart 7-2 is not readily available, shall possess or be accompanied by staff who possess certifications in one of the above acceptable courses.

<sup>2</sup>Most states utilize the National curriculum for their EMT certifications. Individuals that can provide proof that their state utilizes the National curriculum may be accepted. EMT certifications from states that do not utilize the National curriculum may be accepted on a case-by-case basis.

**At a SUMMER DAY CAMP, when the camp’s program does not include equestrian, bicycling, challenge course, rock climbing, boating, riflery, archery, motorized recreational vehicles, wilderness hiking/activities, and similar activities; and emergency medical care is available within 10 minutes, the following certifications may be substituted for the above courses.**

**These certifications may not satisfy the requirement for camp CPR certified staff. Acceptable certifications for CPR are listed on the Fact Sheet titled [Cardiopulmonary Resuscitation \(CPR\) Certification for NYS Children’s Camps and NYS Bathing Facilities](#).**

<b>Provider</b>	<b>Certification Title</b>
<b>American Heart Association</b>	<ul style="list-style-type: none"> <li>➤ Heartsaver First Aid – Optional Module “Exam” must <b>not</b> be marked out.</li> <li>➤ Heartsaver First Aid CPR AED – Optional Module “Exam” must <b>not</b> be marked out.</li> <li>➤ Heartsaver Pediatric First Aid CPR AED – Optional Modules “Pediatric First Aid” and “Exam” must <b>not</b> be marked out.</li> </ul>
<b>American Lifeguard Association</b>	<ul style="list-style-type: none"> <li>➤ Community First Aid Instructor Led – Certificate must include words “Instructor Led.”</li> </ul>
<b>American Aquatics &amp; Safety Training</b> Certification titles that include “Recertification” are acceptable.	<ul style="list-style-type: none"> <li>➤ Advanced First Aid</li> <li>➤ CPR/AED, Advanced First Aid</li> </ul>

At a SUMMER DAY CAMP, when the camp’s program does not include equestrian, bicycling, challenge course, rock climbing, boating, riflery, archery, motorized recreational vehicles, wilderness hiking/activities, and similar activities; and emergency medical care is available within 10 minutes, the following certifications may be substituted for the above courses.

These certifications may not satisfy the requirement for camp CPR certified staff. Acceptable certifications for CPR are listed on the Fact Sheet titled [Cardiopulmonary Resuscitation \(CPR\) Certification for NYS Children’s Camps and NYS Bathing Facilities](#).

Provider	Certification Title
<b>American Red Cross</b>	<ul style="list-style-type: none"> <li>➤ Adult and Pediatric First Aid/CPR/AED – Title may include “Review” or “Challenge”</li> <li>➤ First Aid/CPR/AED – Title may include “Review” or “Challenge”</li> <li>➤ CPR/AED for Professional Rescuers with First Aid – Title may include “Review” or “Challenge”</li> <li>➤ Lifeguarding/First Aid/CPR/AED – Title may include “Review”</li> </ul>
<b>American Safety and Health Institute (ASHI)</b> Certification must be accompanied by a Recognition of Participation in the corresponding ASHI training program approved by the New York State Department of Health	<ul style="list-style-type: none"> <li>➤ Basic First Aid<sup>3</sup></li> <li>➤ Pediatric CPR, AED, and First Aid<sup>3</sup></li> </ul>
<b>Ellis and Associates</b>	➤ Standard First Aid
<b>Emergency Care and Safety Institute</b>	➤ First Aid for NY Day Camps, Basic Level
<b>EMS Safety Services Inc. (EMS Safety)</b>	<ul style="list-style-type: none"> <li>➤ First Aid<sup>3</sup> (course title – First Aid)</li> <li>➤ CPR, First Aid<sup>3</sup> (course title – CPR, AED and First Aid)</li> </ul>
<b>Health &amp; Safety Institute (HSI)</b> Certification title may include “CPR AED”	<ul style="list-style-type: none"> <li>➤ Adult First Aid</li> <li>➤ Pediatric First Aid</li> </ul>
<b>Medic First Aid</b> Certification must be accompanied by a Recognition of Participation in Medic First Aid training program approved by the New York State Department of Health	➤ PediatricPlus CPR, AED, and First Aid <sup>3</sup>
<b>National Safety Council</b>	➤ First Aid (course title – First Aid OR First Aid, CPR & AED)

<sup>3</sup> This certification is no longer offered by the course provider. Existing certifications are valid for two years from the date of certification.

# Learn-to-Swim Programs for NYS Children's Camps

## Fact Sheet – March 2024

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

[Subpart 7-2](#) of the State Sanitary Code allows non-swimmers to enter water that is chest deep or greater when participating in a learn-to-swim program that has been determined to use a supervision protocol which protects campers from injury or drowning. The following programs have been determined to be acceptable:

Acceptable Programs*
American Red Cross
Boy Scouts of America
Orchard Park Recreation
PADI
Starfish Aquatics
YMCA

- Instructors must possess current certification as a [progressive swimming instructor](#) (PSI) in the program being utilized to teach swimming.
- Qualified lifeguards must supervise learn-to-swim programs. A PSI may not perform lifeguard duties unless currently certified as a qualified lifeguard (see "[Aquatic Certification](#)" fact sheet) and he/she is not concurrently performing teaching duties.
- A Buddy System and Board System (or equivalent) of supervising and checking bathers must be implemented during all swimming activities including learn-to-swim programs.

\* Children's camps may utilize learn-to-swim programs that are not listed above to teach swimming at camp; however, non-swimmers must be restricted to water that is less than chest deep at all times.

**Level III and IV Aquatic Supervision Staff  
CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATIONS  
For NYS Bathing Facilities**

**Fact Sheet – March 2024**

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

Level III and IV Aquatic Supervisory Staff are required to possess an American Red Cross (ARC) CPR or equivalent (except when staff is employed at bathing facilities that are part of a temporary residence or campground). As a result of changes in ARC’s curriculum, the code standard “Community CPR” is no longer taught. Acceptable certification equivalents are listed below.

**CPR certifications are valid for 1 year from the date of certification, regardless of the expiration date shown on the card.**

<b>Accepted Courses</b>	
CPR certifications listed on the Fact Sheet entitled “ <a href="#">Cardiopulmonary Resuscitation (CPR) Certification for NYS Children’s Camps and NYS Bathing Facilities</a> ” exceed the requirements for Level III and IV CPR courses and are acceptable.	
<b>Provider</b>	<b>Certification Title</b>
<b>American Heart Association</b>	<ul style="list-style-type: none"> <li>➤ Heartsaver CPR AED*</li> <li>➤ Heartsaver First Aid CPR AED*</li> </ul> <p>*Optional modules “Child CPR AED,” “Infant CPR,” and “Exam” must <b>not</b> be marked out, and certification must be accompanied by a separate certification verifying completion of an in-person skills assessment.</p>
<b>American Red Cross</b> Certification title may include “Review” or “Challenge”	<ul style="list-style-type: none"> <li>➤ Adult CPR/AED with Pediatric CPR*</li> <li>➤ Adult and Pediatric CPR/AED* - Any certification title containing the wording “Adult and Pediatric CPR/AED” is acceptable.</li> </ul> <p>*Certification must be accompanied by a separate certification verifying completion of an in-person skills session.</p>
<b>Emergency Care and Safety Institute</b>	<ul style="list-style-type: none"> <li>➤ Adult, Child, Infant CPR</li> <li>➤ Adult, Child, Infant CPR/AED</li> </ul>
<b>Health &amp; Safety Institute (HSI)</b> Certification title may include “Adult First Aid” or “Pediatric First Aid”	<ul style="list-style-type: none"> <li>➤ CPR AED*</li> <li>➤ Pediatric CPR AED*</li> </ul> <p>*Certification must only have “ADULT/CHILD/INFANT” box checked and must include the statement “In-Person Skill Practice and Evaluation.”</p>

# NYS Bathing Facilities Supervision Level III Aquatic Staff Certification Required for Instructional Activities

(Not applicable to Children’s Camps)

## Fact Sheet – March 2024

(Go to [www.health.ny.gov](http://www.health.ny.gov) to view most current certification list)

The New York State Sanitary Code (SSC) requires Supervision Level III staff to possess aquatic injury prevention and emergency response certification when assisting required lifeguards (Supervision Level IIa) during instructional activities, in accordance with Section 6-1.23(a)(6) of [Subpart 6-1](#) of the SSC. Instructional activities include, but are not limited to, learn-to-swim programs, physical education classes and swim team practices. One Supervision Level III staff must be provided for each required lifeguard engaged in instructional activities.

<b>Accepted Courses</b>	
(Certifications are valid for the time period specified by the provider, but may not exceed three years from the date of course completion.)	
<b>Provider</b>	<b>Certification Title</b>
<p><b>American Red Cross (ARC)</b></p> <p>Lifeguarding Management (LGM) certifications:</p> <ul style="list-style-type: none"> <li>– Lifeguard Management (LGM) is only offered online. In-person testing is required and obtained through ARC Lifeguarding Instructors that are ARC Authorized Providers.</li> <li>– Certification expiration date is based on the LGM certificate, not the in-person testing certificate date. Certifications without an expiration date are not valid.</li> </ul> <p>Lifeguarding Instructor or Lifeguarding Instructor Trainer r.24 certifications:</p> <ul style="list-style-type: none"> <li>– Certificates including a combination of Lifeguarding Instructor r.24 and Lifeguarding Instructor Trainer r.24 are acceptable.</li> <li>– Certificates are valid for the time period specified in parentheses after the certification title.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lifeguard Management – Certifications must be accompanied by a separate certification indicating in-person testing session.</li> <li>➤ Lifeguarding Instructor</li> <li>➤ Lifeguard Instructor Trainer</li> <li>➤ Lifeguarding Instructor r.24</li> <li>➤ Lifeguarding Instructor Trainer r.24</li> </ul>
<p><b>American Aquatics Safety Training</b></p>	<ul style="list-style-type: none"> <li>➤ Aquatic Supervisor (Lifeguard Management, Pool Activity Leader)</li> </ul>
<p><b>East Aurora Union Free School District</b></p>	<ul style="list-style-type: none"> <li>➤ East Aurora Union Free School District Level Three Aquatic Supervisor Course</li> </ul>
<p><b>Buffalo Public Schools</b></p>	<ul style="list-style-type: none"> <li>➤ Second Set of Eyes</li> </ul>

In addition to the training, Level III Aquatic Supervisory staff must:

- Be a minimum of 18 years;
- Possess a current American Red Cross Community Cardiopulmonary Resuscitation (CPR) or equivalent certification, not to exceed one year;
- Possess competencies as specified in Section 6-1.31(c)(1)(iii) of the SSC.

# 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](http://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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:**

Local health departments (LHD) may require children’s camp operators to document staff ratios and qualifications by submitting this form and /or copies of certification cards. Complete the applicable items and submit this form for review as directed by the LHD that has jurisdiction in the county where the camp is located. Use additional sheets if necessary. 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. Copies of all required certifications must be maintained on file at the camp. All code citations refer to Subpart 7-2 of the New York State Sanitary Code.

Facility Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_

Date Open: \_\_/\_\_/\_\_ Date Close: \_\_/\_\_/\_\_

**Progressive Swimming Instructor (PSI):** Required for assessing camper swimming ability. Refer to Section 7-2.5(f).

Staff Name	Provider	Course Title	Issue Date
			/ /
			/ /
			/ /

**Lifeguard Certification:** Required for camps with swimming activities. Refer to Sections 7-2.5(g) and 7-2.11(a) for minimum qualifications and ratios.

See DOH fact sheets for acceptable certifications.

**Lifeguarding-** Certifications must be acceptable for the bathing facility type used.

**CPR-** Certification required for each Lifeguard. Certification may not exceed one year in duration.

Staff Name and Date of Birth	Provider / Course Title	Issue Date	Provider / Course Title	Issue Date
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
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/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /

**Additional First Aid and CPR Staff:** Required for all camps as specified in Section 7-2.8.

See DOH fact sheets for acceptable certifications.

**First Aid** – A minimum of one staff for each 200 campers\*

**CPR-** A minimum of one staff for each 200 campers.\* Certification may not exceed one year in duration.

Staff Name and Date of Birth	Provider / Course Title	Issue Date	Provider / Course Title	Issue Date
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /

\*Trip and Activity Leaders may also require certification in First Aid and CPR depending on the activity and location. Refer to Sections 7-2.5(h) and 7-2.5(i).

**Counselor Data:** Required for all camps. List the number of counselors proposed for the camp session with the most campers. Refer to Sections 7-2.5 and 7-2.11 for counselor qualification and ratio requirements.

Staff Ages	Counselors	
	Male	Female
16 (Day camps only)		
17		
18 & Over		

**Riflery Instructor:** Required for all camps with riflery activities. Refer to Section 7-2.5(j).

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Certification: \_\_\_\_\_

Date Issued: \_\_\_/\_\_\_/\_\_\_

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

Signature of the individual operator or official operating person: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**THIS STATEMENT IS RELATIVE TO CONVICTION OF A CRIME  
OR THE EXISTENCE OF A PENDING CRIMINAL ACTION.**

Name (children's camp director) \_\_\_\_\_ Date of Birth Mo / Day / Yr \_\_\_\_\_

Address STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Have you ever been convicted of a crime (i.e., a misdemeanor or a felony) or do you presently have a criminal action pending against you?  YES  NO

If YES, for each such conviction or pending action provide the following information:

1. The date of the incident which resulted in the criminal conviction or charge:	Mo / Day / Yr	
2. The date of the conviction or charge:	Mo / Day / Yr	
3. The crime you were convicted of or are presently charged with:		
4. The nature of the incident which resulted in the criminal conviction or charge:		
5. The city, county and state you were convicted in or are presently charged in:	CITY COUNTY STATE	
6. The name of the court you were convicted in or are presently charged in:		
7. The penalties imposed as a result of the conviction (i.e., fine, jail term, restitution, etc.):		
8. For each of the penalties imposed, list the date the penalty was complied with (i.e., date fine or restitution was paid in full, date jail term was completed, etc.):		
Date(s) Of Fine	Restitution Paid in Full	Date(s) Jail Term Completed
Mo / Day / Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mo / Day / Yr
Mo / Day / Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mo / Day / Yr

I \_\_\_\_\_, certify under penalty of perjury that the above information is complete and accurate. Print Name

Signature of Children's Camp Director \_\_\_\_\_ Mo / Day / Yr \_\_\_\_\_

## GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A, B, G, & H. If you have any questions, contact the local health department that issues your permit.

## SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

### Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.
- F. Tanning Facility: enter the total number of tanning devices.

**Facility Status:** Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

**Facility Type:** From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

### Facility Types:

#### Agricultural Fairgrounds

#### Bathing Beaches

- Freshwater River
- Impoundment/Pond
- Lake
- Ocean Surf
- Other Saltwater

#### Campground/Recreational Vehicle Park

#### Children's Camps

- Day Camp
- Day Camp – Developmentally Disabled
- Day Camp – Municipal
- Day Camp – Traveling
- Overnight Camp
- Overnight Camp – Developmentally Disabled
- Overnight Camp - Municipal

#### Food Service Establishment

- Restaurant
- Caterer
- School
- Institution
- State Office for the Aging (SOFA) – Prep Site
- State Office for the Aging (SOFA) – Satellite Site
- Summer Feeding Program (USDA) – Prep Site
- Summer Feeding Program (USDA) – Satellite Site

#### Mass Gathering

#### Migrant Farm Worker Housing

- Farm Labor Housing

#### Mobile Home Parks

#### Mobile Food

#### Recreational Aquatic Spray Grounds

- Indoor
- Outdoor

#### Swimming Pools

- Indoor
- Outdoor
- Indoor/Outdoor
- Wave Pool – Indoor
- Wave Pool – Outdoor
- Wave Pool – Indoor/Outdoor
- Aquatic Amusement – Indoor
- Aquatic Amusement – Outdoor
- Aquatic Amusement – Indoor/Outdoor
- Spa

#### Tanning Facility

#### Temporary Food

#### Temporary Residences

- Labor Camps other than Migrant
- Interior Corridor – Single Story
- Interior Corridor – Two Story
- Interior Corridor – Three Story
- Interior Corridor – Four or more Story
- Exterior Corridor – Single Story
- Exterior Corridor – Two Story
- Exterior Corridor – Three Story
- Exterior Corridor – Four or more Story
- Cabin or Bungalow Colony

#### Vending Food Machines

#### State Agency Licensed Facilities

- State Licensed Inspected Facility
- State Owned Operated Facility
- Day Care Center – Residential
- Day Care Center – Non-Residential

**Water Supply/Sewage System:** Check "public" if the facility is serviced by a municipal or public system. Check "private" (onsite) if the system(s) and its operation is onsite and only for this facility. A water/sewage system that is commonly used by several establishments (i.e.: a mall operation) would be a public system.

**Operations under this registration:** Provide the number of specific operations that apply to this registration. Complete even if the primary or main operation of the facility was identified under the facility type. A swimming complex with one spa, one beach, one indoor and two outdoor pools would report a facility type swimming pool-indoor and enter 1 for spa, 1 for bathing beach, 1 for indoor pool and 2 for outdoor pools in the operations under this registration Section A. For tanning facilities enter the number of beds and booths. Some facilities with multiple operations require separate applications, (i.e., a food service operated at a swimming pool complex would require a separate swimming pool and food service application, and would report their specific operations on the appropriate application forms).

**Expected Opening/Closing Date:** Enter the expected opening and closing dates (i.e., June 1 is 06/01). If the operation is year-round, enter 01/01 for opening and 12/31 for closing.

**Days of Operation:** Check each box for the day(s) the facility will be open under routine operation.

**Hours of Operation:** Enter the hour the facility is expected to open and close under routine operation. Circle AM or PM as appropriate.

#### SECTION B: Operator/Owner Information

**Name of Legal Operator or Operating Corporation (Person in Charge):** Enter name of the legal entity that operates the facility. If the facility is operated by a corporation, enter the name of the operating corporation and the name of the person in charge of the day to day operation. Provide the name(s) of the corporate officers/partners in Section F.

**Permanent Address of Operator and Telephone Number:** Enter the mailing address including street, city, state and zip code where the legal operator wants to receive mailed correspondence. Enter the telephone and fax number of the legal operator.

**Employer Identification/Social Security Number:** Enter the **Employer Identification or Social Security Number** of the operator of the facility.

**Email Address and Fax No.:** Enter the email address and fax no. where important health and safety alert messages should be sent during an emergency.

**Name of Owner:** Enter the name of the owner of the facility if different from the operator.

**Permanent Address of Owner and Telephone Number:** Enter the mailing address and telephone number of the owner if different from the operator.

#### SECTION C: Complete only for temporary food service establishments, regulated under Subpart 14-2 NYSSC

#### SECTION D: Complete only for mobile food service vehicles or pushcarts, regulated under Subpart 14-4 NYSSC

Check the appropriate type of unit. If motorized, provide the license plate number. Provide the name and address of the commissary where the food is prepared. Attach a separate list of the types of food(s) and/or beverages to be served.

#### SECTION E: Complete only for food/beverage vending machines, regulated under Subpart 14-5 NYSSC

Attach a list of the number and type of food dispensing machines including the address and telephone number of each site under this permit.

#### SECTION F: Partners and Corporation Officers

If a facility is operated by a partnership or corporation, provide the name, title, permanent mailing address and telephone number of all corporate officers or partners involved in the operation or ownership of the facility.

#### SECTION G: Workers' Compensation and Disability Insurance

Provide copies of appropriate forms documenting compliance with the Worker's Compensation Law for (1) both Workers' Compensation and New York State Disability Insurance coverage, **or** (2) exemption from coverage.

#### SECTION H: Signature

Provide the signature of the individual operator, a corporate officer or other authorized identified official in Section F. Please print the name, title and date in the space provided. **Failure to sign the form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code and is punishable by fines.**





**SECTION D: Complete for mobile food service establishments or pushcarts only.**

Type of vehicle  Motorized  Pushcart  Other (specify) \_\_\_\_\_

Motor vehicle license number (motorized vehicles only) \_\_\_\_\_

Commissary name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List on a separate sheet of paper the type of food and beverages served.

**SECTION E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.**

**SECTION F: Partners and Corporate Officers**

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.

**SECTION G: Workers' Compensation and Disability Insurance (All applicants must complete this section.)**

Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the Worker's Compensation Law:

A. Workers Compensation and Disability Insurance Coverage **Provided**

Workers Compensation

Form C-105.2 – Certificate of Worker's Compensation Insurance **OR**

Form U-26.3 – Certificate of Workers' Compensation Insurance **OR**

Form SI-12 – Certificate of Workers' Compensation Self-Insurance **OR**

GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

Disability Insurance

DB-120.1 - Certificate of Disability Benefits **OR**

Form DB-155 – Certificate of Disability Benefits Self-Insurance

B. Workers Compensation and Disability Insurance Coverage **NOT Provided**

Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

**SECTION H: Signature (Entire section must be completed by all applicants.)**

**FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.**

**Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.**

Signature of individual operator or authorized official \_\_\_\_\_

Print name of person signing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION I: FOR OFFICE USE ONLY**

Permit issuance recommended?  Yes  No Permit Effective Date [\_\_][\_\_][\_\_] Permit Expiration Date [\_\_][\_\_][\_\_]

Conditions of approval \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATEWIDE CENTRAL REGISTER DATABASE CHECK**  
*Agency Use Only*

<b>SCR USE ONLY</b>
REQUEST I.D.:

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code): (    )    -
<b>PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS</b>			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form <b><u>FOR ALL CATEGORIES:</u></b> Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. <b>MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below</b>  <i>(see reverse side for instructions) Attach additional page if necessary.</i>	
AGENCY NAME: _____				
AGENCY LIAISON: _____				
STREET ADDRESS _____				
CITY: _____	STATE: _____	ZIP CODE: _____		

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**APPLICANT/HOUSEHOLD MEMBER AREA**

**\*PLEASE TYPE OR PRINT CLEARLY**

**IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.**

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
APPLICANT						
APPLICANT MAIDEN/ALIAS/MARRIED NAME						

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr)	TO (Mo/Yr)
					/	/
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	/	/
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	/	/
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	/	/
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	/	/

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
-----------------------	------	-----------------------	------

**EIGHTEEN YEARS OLD OR OVER:**

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE
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# New York State Recommended Childhood and Adolescent Immunization Schedule

A check ✓ means that this is the earliest and best time for your child to be immunized. If your child misses the “best time” for vaccination, he or she should still be immunized as quickly as possible. Ask your doctor about getting your child caught up.

Vaccine against:	Birth	2 months	4 months	6 months	12 months	15 months	18-23 months	4-6 years	11-12 years	16 years	
Hepatitis B	✓	✓ 1-2 mo.		✓ 6-18 mo.							
Rotavirus		✓	✓	✓ <sup>1</sup>							
Diphtheria, Tetanus, Pertussis (DTaP)		✓	✓	✓		✓ 15-18 mo.		✓			
Tetanus, Diphtheria, Pertussis (Tdap) <sup>2</sup>									✓ <sup>2</sup>		
<i>Haemophilus influenzae</i> type b (Hib)		✓	✓	✓ <sup>1</sup>	✓ 12-15 mo.						
Pneumococcal Disease (PCV) <sup>3</sup>		✓	✓	✓	✓ 12-15 mo.		Ask your doctor if your child 2 years old or older should get vaccinated with PPSV23. <sup>3</sup>				
Polio (IPV)		✓	✓	✓ 6-18 mo.				✓			
Influenza				Recommended yearly for all children aged 6 months and older. Ask your doctor if your child should receive one or two doses.							
Measles, Mumps, Rubella (MMR) <sup>4</sup>				See footnote 4	✓ 12-15 mo.			✓			
Varicella (Chickenpox)					✓ 12-15 mo.			✓			
Hepatitis A					✓		✓				
Human Papillomavirus (HPV) <sup>5</sup>									✓ <sup>5</sup>		
Meningococcal Disease <sup>6</sup>		Ask your doctor if your child 2 months old or older should get vaccinated against meningococcal disease.							✓		✓

<sup>1</sup> For some types of Hib and Rotavirus vaccine, the 6-month dose is not needed.

<sup>2</sup> Tdap: Children 7-10 years old who are not fully immunized against pertussis should receive a single dose of Tdap.

<sup>3</sup> PCV = Pneumococcal Conjugate Vaccine; PPSV23 = Pneumococcal Polysaccharide Vaccine

<sup>4</sup> MMR: Children 6-11 months old who are traveling outside the U.S. should receive one dose of MMR before departure.

<sup>5</sup> The HPV vaccine includes two shots given 6 months apart. It is recommended for both boys and girls. Teens who start the series after age 15, and some children with special medical conditions, may need three doses.

<sup>6</sup> There are two vaccines that protect against meningococcal disease. Some children with special medical conditions may need both MCV4 and MenB.



# NYS Sex Offender Registry Search Procedures for Children's Camps

Fact Sheet – March 2013

Section 7-2.5(1) of the New York State Sanitary Code and Article 13-B of the Public Health Law requires children's camp operators to determine whether an employee or volunteer at the camp is listed on the New York State Division of Criminal Justice Services (DCJS) Sex Offender Registry. Checks of the Registry must be completed prior to the day the employee or volunteer starts work at the camp and annually thereafter prior to their arrival at camp. The law applies to all children's camps (day, traveling day and overnight) and to all prospective employees and volunteers at the camp regardless of their job title/responsibilities or employment status (full or part-time).

## **How to conduct a search:**

A search of the Sex Offender Registry is a free and simple service provided by DCJS. Search requests may be submitted by email, CD, fax, regular mail, and telephone depending upon the number of individuals requested to be checked against the Registry. Procedures for submitting search requests are available from DCJS at [http://www.criminaljustice.ny.gov/nsor/800info\\_cdsubmit.htm](http://www.criminaljustice.ny.gov/nsor/800info_cdsubmit.htm).

Please note that at this time, the feature on the DCJS website for conducting a web based search of the Registry does **not** satisfy the requirement for camps because the web based search only identifies Risk Level 2 and 3 offenders.

## **DCJS response:**

The DCJS prefers responding to requests to search the Registry by fax; however, they will respond by regular mail if a fax number is not available/provided. DCJS's response will indicate the total number of individuals checked against the Registry and either the names of the individuals listed on the Registry and their risk level, or that no matches were found. The list of employees/volunteers submitted to be searched will not be returned by DCJS unless specifically requested by the camp operator with the initial search request submittal. Results of search requests made by telephone will be provided during the phone call.

## **Risk Levels:**

Sex offenders are classified according to their risk of re-offending. The court may assign one of the following three risk levels:

- Level 1 – low risk of repeat offense;
- Level 2 – moderate risk of repeat offense; or
- Level 3 – high risk of repeat offense.

Note – While waiting a risk level assignment from the court, an individual is categorized as “Pending.”

## **Documentation:**

A copy of prospective employee's or volunteer's information submitted to DCJS and letter from DCJS indicating the search results must be kept on file at camp and available for review during Health Department inspections. Camps that use the telephone screening process must document the screening date, DCJS response and DCJS screener ID number.

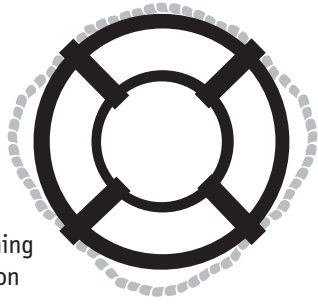
## **Additional information**

For more information regarding the Division of Criminal Justice Services Sex Offender Registry, call (518) 457-3167 or visit their website <http://www.criminaljustice.ny.gov>.

## Camp Safety

### Are the camp facilities and activities safe?

The camp operator must develop a written plan to include maintenance of facilities, provisions for training staff members and orientation of campers, supervision of campers, campsite hazards, emergency procedures and drills, safety procedures and equipment for program activities.



## Swimming

### Are waterfront personnel qualified?

### Are campers always supervised while in the water?

All waterfront activities at camps in New York State must be supervised by an experienced certified lifeguard or water safety instructor. On site, one qualified lifeguard is required for every 25 bathers. All aquatic staff are required to be trained in cardiopulmonary resuscitation (CPR).

Camps that use off-site pools or beaches operated by others must make special arrangements to provide a safe activity. Even off site, the camp remains responsible for supervising campers.

Some children's camps use sites for swimming that are not inspected by local health departments. Parental permission is required in these instances, and the camp must follow established guidelines to protect campers.

While campers are involved in aquatic activities on site, there must be one counselor for every 10 campers eight years or older; there must be one counselor for every eight children aged six and seven; and one counselor for every six children younger than six years old.

When swimming off-site, there must be one counselor for every eight campers six years or older and one counselor for every six campers younger than six years.



**Are bathing areas marked off for various swimming skills? Are campers tested to determine their level of swimming ability before participating in aquatic activities? Are nonswimmers kept in water less than chest deep? Is the buddy system used? Are campers required to wear life preservers when boating or canoeing?**

New York State regulation requires that the answers to all these questions must be "yes."

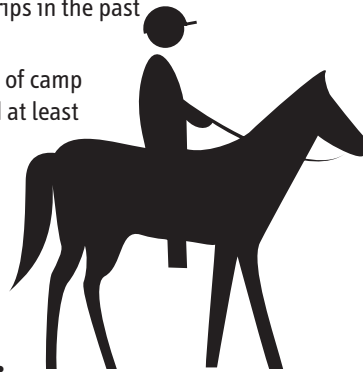
## Camp Trips

**Are camp trips supervised by counselors who have the maturity and experience to make decisions that could affect the safety of campers?**

All trips must be supervised by a trip leader who is at least 18 years old and competent in the activity. Counselors must accompany trips and all staff must review the safety plan prior to the trip.

Counselors should have the skills and expertise in the camp activity (canoeing, rock-climbing, etc.) to handle any emergency that might arise. Ask whether the camp has conducted similar trips in the past without incident.

In New York State, the drivers of camp vehicles must be licensed and at least 18-years-old. Seat belts must be worn when provided and vehicle capacities not exceeded. When transporting children in a truck, only a truck cab can be used.



## Sports and Activities

**How are activities in craft shops supervised, especially when campers are using dangerous tools, such as power saws and lathes? Are archery and rifle ranges at a safe distance from activity centers? Are spectators protected at baseball fields and similar areas? Do players wear protective equipment?**

State regulation requires that archery, riflery and horseback riding be supervised by counselors with special training in those activities.

## Fire Safety

**Are there periodic fire drills for both campers and staff? Does each floor of every building have fire exits in two different locations? Are flammable materials (gasoline, pool chemicals, etc.) stored away from activity centers and kept under lock and key? Are functioning smoke detectors located in every sleeping room?**

All of the above are mandatory in New York State.



## Location and Facilities

**Are barriers erected against such natural hazards as cliffs and swamps? Are foot trails located away from such dangerous areas and from heavily traveled roads and highways? Do the camp facilities (bunks, bathrooms, mess hall, recreation facilities) meet your aesthetic tastes and those of your child? Is the camp located in an area that will not aggravate your child's allergies? Will your child be required to perform chores, such as cleaning or cooking?**

For information on the camp's location and facilities, visit the camp or interview the camp operator by telephone, prior to making a decision to enroll your child at the camp.

## Nutrition

**Are good health practices observed in the camp kitchens, dining areas and food services? Does the camp serve food your child likes?**

At camps in New York State, food must be prepared from inspected sources. Food preparation and handling activities are reviewed to assure safe and sanitary practices. Kitchen employees must be healthy and follow hygienic practices. Potentially hazardous food must be maintained below 45°F or above 140°F.



## Rights and Responsibilities

The regulatory program of the New York State Department of Health places specific responsibilities on camp operators, and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

### Rights of Parents and Guardians

- To be informed by the camp director, or his or her designee, of any incident involving your child, including serious injury, illness or abuse.
- To review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp a permit to operate (present and past reports are available).
- To review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

### Responsibilities of the Camp Operator

- To inform you and the local health department if your child is involved in any serious injury, illness or abuse incident.
- To screen the background and qualifications of all staff.
- To train staff about their duties.
- To provide supervision for all campers 24 hours a day at overnight camps, and during hours of operation for day camps.
- To maintain all camp physical facilities in a safe and sanitary condition.
- To provide safe and wholesome meals.
- To have and follow required written plans for camp safety, health and fire safety.
- To notify the parent or guardian, with the enrollment application or enrollment contract, that:
  - the camp must have a permit to operate from the New York State Department of Health or the designated permit-issuing official;

- the camp is required to be inspected twice yearly; and
- the inspection reports and required plans are filed (address of state, county or city health department) and available for their review.

### Responsibilities of Local Health Departments

- To review and approve the required written camp plans for compliance.
- To inspect camps to assure that: (1) all physical facilities are properly operated and maintained; and (2) adequate supervision exists to provide a healthy and safe environment in accordance with the New York State Sanitary Code.
- To issue a permit to operate when the required plans and inspection results are satisfactory.
- To investigate reports of serious incidents of injury, illness and all allegations of abuse or maltreatment.
- When requested, to provide parents or guardians of prospective campers an opportunity to review inspection reports and required plans.

The time and effort spent in selecting the camp your youngster will attend is important. Keep in touch, especially if it is your child's first camp experience. If possible, visit the camp before and during the camping season.

### Information

For further information about New York State health laws relating to summer camps, call the State Health Department's Bureau of Community Environmental Health and Food Protection in Troy at 1-(800) 458-1158, ext. 27600.



# Children's Camps in New York State



In New York State, summer camps must have a state, city or county health department permit to operate legally. These permits are issued only if the camp is in compliance with the state's health regulations. The permit to operate must be displayed in a conspicuous place on the premises.

The camp must be inspected twice yearly by a health department representative. At least one inspection must be made during the time the camp is in operation. Each camp is checked to make sure that the physical facilities are safe and that supervision is adequate.

When choosing a summer camp for your child, consider the following:

### Staff Credentials/Supervision

#### What are the qualifications of the camp director?

The New York State Health Code requires that the director of an overnight camp be at least 25-years-old or hold a bachelor's degree; a day camp director must be at least 21-years-old.

All directors must have experience in camping administration or supervision. Camp directors' backgrounds are screened by the Office of Children and Family Services Central Register Database for reported incidents of child abuse and maltreatment. Their backgrounds are also screened by the Health Department for criminal convictions. Only individuals who are considered to pose no risk to campers are accepted by the Health Department as camp directors.

#### What are the qualifications of the camp counselors and how are campers supervised?

Counselors must have experience in camping and supervision of children or have completed an acceptable training course. Stringent counselor-to-camper ratios and staff qualifications are mandated for supervision of swimming, archery, riflery and camp trip activities.

At overnight camps, 80 percent of the camps' counselors must be at least 18-years-old; up to 20 percent may be 17-years-old. There must be at least one counselor for every 10 children aged eight years or older, and one

counselor for every eight children younger than eight years old.

At day camps, counselors must be 16 years of age or older. There must be a minimum of one counselor for every 12 children.

Camps that must provide at least 10 counselors may choose to use counselors-in-training (CITs) to meet 10 percent of the required number of counselors. These CITs must be at least 16 years of age at an overnight camp and 15 years of age at a day camp. They must work with senior staff, have had previous experience as a camper and complete a training program. Ask the camp operator if any of their counselors are CITs and how they are used to supervise campers.

**Ask about the camp's staff and supervision procedures, including discipline policies. Do they meet your expectations?**

### Health

**Ask about medical coverage and when you will be notified if your child becomes ill or injured. Is a doctor or nurse in residence or on call for campers at all times?**

Physicians or nursing services must be available. All summer camps in New York State are required to have a health director and a written medical plan approved by the Health Department. The written plan must include, among other things, provisions for medical, nursing and first aid services. Injuries and illnesses must be reported to the Health Department and are thoroughly reviewed.

#### Does the camp require medical records for campers?

Camps must keep current medical history reports on file for all campers. Be sure to detail your child's history of immunization, illness, disability or allergy. Specify special diets and activity restrictions. Provide instruction for any medication your child must take.





# CHILDREN'S CAMP PROGRAM

## REQUIRED REPORTING FOR INJURY AND ILLNESS

Children's camp operators must notify the local health department within 24 hours of the following occurrences:

- Camper and staff injuries or illnesses which result in death or require resuscitation, admission to a hospital or the administration of epinephrine.
- Camper or staff exposures to animals potentially infected with rabies.
- Camper injuries to the eye, head, neck or spine which require referral to a hospital or other facility for medical treatment.
- Injuries where the camper sustains second or third degree burns to 5 percent or more of the body.
- Camper injuries that involve bone fractures or dislocations.
- Lacerations sustained by a camper which require sutures, staples or medical glue.
- Camper physical or sexual abuse allegations.
- Camper and staff illnesses suspected of being water-, food- or air-borne or spread by contact.

Contact the local health department at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
between \_\_\_\_:\_\_\_\_ a.m. and \_\_\_\_:\_\_\_\_ p.m. weekdays, or call  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ after hours, weekends and holidays.



## Children's Camp Staff Requirements

Title Responsibilities	Required Minimum Ratio of Staff to Campers	Qualifications/Requirements in Addition to Listed Certifications	Overnight Camp	Day Camp	Required Certifications <sup>1</sup>				
					FA	CPR	LG	LGSM	PSI
<b>MOTOR VEHICLE TRANSPORTATION DRIVER</b>		<ul style="list-style-type: none"> <li>At least 18-years-old.</li> <li>Possess current driver's license appropriate for vehicle.</li> </ul>							
<b>STAFF</b>		<ul style="list-style-type: none"> <li>May also be driver.</li> </ul>	See COUNSELORS for additional requirements.						
<b>ONSITE SUPERVISION ACTIVITY LEADER</b>	<ul style="list-style-type: none"> <li>1:12</li> <li>1 Required for each on-site activity.</li> </ul>	<ul style="list-style-type: none"> <li>Must be competent in activity.</li> <li>At least 18-years-old for hiking, camping, rock climbing, equestrian, bicycling, swimming, or boating activities.</li> </ul>			◆				
<b>COUNSELORS</b>	<ul style="list-style-type: none"> <li>At least one counselor must accompany the activity leader when the activity occurs at a location where additional staff assistance is not readily available.</li> </ul>	<ul style="list-style-type: none"> <li>At overnight camps, for campers 8-years and older.</li> <li>At overnight camps, for campers younger than 8-years-old.</li> <li>At day camps, for all campers.</li> </ul>	<ul style="list-style-type: none"> <li>At least 18-years of age (20% may be 17).</li> <li>Have experience in camping and supervising children OR acceptable training.</li> </ul>	<ul style="list-style-type: none"> <li>At least 16-years-old.</li> <li>Have experience in camping and supervising children OR acceptable training.</li> </ul>	◆				
<b>Specialized Activities</b>	<ul style="list-style-type: none"> <li>See Section 7-2.11 of the SSC.</li> </ul>	<ul style="list-style-type: none"> <li>Additional STAFF required for specialized activities such as wilderness, equestrian, boating etc.</li> </ul>							
<b>Rest or Sleep Hours</b>	<ul style="list-style-type: none"> <li>See Section 7-2.5(c)(1)</li> </ul>	<ul style="list-style-type: none"> <li>For campers 6-years and older.</li> <li>For campers less than 6-years-old.</li> </ul>							
<b>COUNSELORS-IN-TRAINING (CTIs)</b>	<ul style="list-style-type: none"> <li>When a children's camp elects to use CTIs to assist counselors with supervision of campers.</li> </ul>	<ul style="list-style-type: none"> <li>A maximum of 10% of the staff positions required to meet supervision ratios may be filled with CTIs.</li> </ul>	<ul style="list-style-type: none"> <li>At least 16-years-old.</li> </ul>	<ul style="list-style-type: none"> <li>At least 15-years-old.</li> </ul>					

<sup>1</sup> = Obtain current NYSDOH fact sheets from your local health department for acceptable First Aid, CPR and Aquatic Certifications.

FA = FIRST AID

CPR = CARDIOPULMONARY RESUSCITATION

LG = LIFE GUARD

LGSM = LIFE GUARD SUPERVISION AND MANAGEMENT

PSI = PROGRESSIVE SWIMMING INSTRUCTOR

✓ = Health director or designee as identified in medical component of safety plan.

\* = Required.

◆ = Activity Leader or designee must possess CPR and First Aid when other camp staff who are certified in first aid and CPR are not readily available.

▲ = Trip Leader or designee must possess CPR and First Aid when a trip activity is higher risk, such as hiking, camping, rock climbing, horseback riding, bicycling, swimming or boating and/or when emergency medical response is not readily available. Two staff must possess CPR when swimming at wilderness sites.

■ = Trip leader or designee must possess lifeguard certification or acceptable training in children's camp swimming program safety when trip includes swimming. Contact your local health department for more information.

Required Submissions	Instructions
Application for a Permit to Operate Form (DOH-3915)	Instructions are included on form
Corporation Officers and Partners Form (DOH-2135)	Complete only if children's camp is operated or owned by private corporations(s) or partnership(s).
Children's Camp Fee Determination Schedule Form	Self explanatory.
Plan Review Fee Determination Schedule Form (DOH-2249)	Complete only for new building or bathing facility construction or major renovations.
Children's Camp Facility and Staff Description Form (DOH-367)	Self explanatory. Important Information.
Children's Camp Additional Staff Qualifications Form (DOH-367a)	Complete only when directed to by the local health department.
Written Safety Plan	A comprehensive written safety plan must be developed by the children's camp operator to reflect how the camp will operate in compliance with Subpart 7-2, State Sanitary Code (SSC) for Children's Camps. A template is available. The safety plan is to be used for staff and camper training, general operation of the camp, emergency procedures, etc. The safety plan should reflect the camp's policies and procedures for a safe operation.
Written Plan Checklist Form (DOH-2040) or Health Department Safety Plan Template	Use this form to assure completeness of the written safety plan.
State Central Register Database Check Form (LDSS-3370) and Prospective Children's Camp Director Certified Statement Form (DOH-2271)	Camp director completes in accordance with supplied instructions. Return to local health department.

Additional information is available from your local health department and/or the NYS Department of Health website ([www.health.ny.gov](http://www.health.ny.gov)) including:

- Subpart 7-2, State Sanitary Code(SSC) for Children's Camps
- Subpart 14-1, SSC for Food Service Establishments.
- Subpart 6-1, SSC for Swimming Pools.
- Subpart 6-2, SSC for Bathing Beaches
- Subpart 6-3, Recreational Aquatic Spray Grounds
- Brochure: "Children's Camps in New York State"
- Posters
  - "Attention Pool Staff" (chemical handling)
  - "Required Reporting" (incident reporting)
- Bat Rabies Information
- Fact Sheets:
  - First Aid, CPR and Aquatic Certifications
  - Lifeguard Supervision and Management Certifications
  - Camp Trip Swimming Program Safety Certifications
  - NYS Child Safety Act
  - Bunk Bed Guardrail Requirements
  - Water Supply Start-Up Procedures



# Requirements for Children's Camps in New York State

This brochure outlines the steps to follow to receive a permit to operate a children's camp in New York State. Listed are minimum staff requirements, required forms and the written safety plan that must be completed. Additional information is provided in Subpart 7-2 of the State Sanitary Code (SSC) and Department of Health fact sheets. Local health department staff serving the county where your proposed children's camp is to be located are available to discuss and review these requirements with you.

An application for a permit to operate a children's camp and other required documents must be submitted to the permit-issuing official at your local health department at least 60 days before children and staff are to arrive. The local health department will review your submissions and arrange a preseason inspection of the children's camp. If submissions are incomplete, items requiring additional information will be identified for correction and resubmission, which could delay proposed opening dates. The earlier the submission, the more timely the review.

The center of this brochure provides a consolidated reference to key staff positions at overnight and day camps. Additional staffing and other requirements for camps hosting 20 percent or more campers with developmental disabilities are specified in Section 7-2.25 of the SSC. Staff requirements for swimming, archery, riflery and equestrian activities are specified in Section 7-2.11 of the SSC. Children's camp operators must annually ascertain whether prospective employees and volunteers are listed on the NYS Division of Criminal Justice Services (DCJS) Sex Offender Registry prior to their arrival at camp.

## Children's Camp Staff Requirements

Title Responsibilities	Required Minimum Ratio of Staff to Campers	Qualifications/Requirements in Addition to Listed Certifications	Overnight Camp	Day Camp	Required Certifications <sup>1</sup>			
					FA	CPR	LG	PSI
<b>ADMINISTRATIVE</b> CAMP DIRECTOR • Supervises children's camp.	• 1 Required	• Bachelor's Degree	• Or at least 25-years-old. • Required	• Or at least 21-years-old. • Required				
		• At least 24 weeks of administrative or supervising experience in camping. • Submit forms LDSS-3370 and DOH-2271 for clearance.	• Must be on-site.	• Designee identified in medical component of safety plan may be on-site for the Camp Health Director.	✓			
<b>HEALTH PERSONNEL</b> CAMP HEALTH DIRECTOR • Supervises health and sanitation at children's camp. • Maintains camper's confidential medical history. • Oversees initial health screening of campers and daily health surveillance of camp occupants. • Handles health emergencies and injuries, including emergency preparedness and provisions for professional health care. • Maintains camp's daily medical log. • Reports required incidents to local health department within 24 hours.	• 1 Required	• Physician‡, nurse practitioner‡, physician assistant‡, registered nurse‡, licensed practical nurse‡, emergency medical technician or other person acceptable to the permit-issuing official.  (‡ To practice profession in New York State (NYS), must be NYS licensed.)	• Must be on-site.	• Designee identified in medical component of safety plan may be on-site for the Camp Health Director.	✓			
		• 1:200	• 1:200 ratio in addition to health director or on-site designee.	• 1:200 ratio includes the health director (when on-site) or on-site designee.	*			
Additional STAFF required to possess FIRST AID • Identified in medical component of plan as assistant(s) to health director.	• 1:200	• Note: On-site aquatic staff possessing appropriate CPR certification may be counted in this ratio.	• Note: On-site aquatic staff possessing appropriate CPR certification may be counted in this ratio.	• Note: On-site aquatic staff possessing appropriate CPR certification may be counted in this ratio.	✓			
		• 1:200	• Note: On-site aquatic staff possessing appropriate CPR certification may be counted in this ratio.	• Note: On-site aquatic staff possessing appropriate CPR certification may be counted in this ratio.	*			
<b>AQUATICS PERSONNEL</b> CAMP AQUATICS DIRECTOR • Establishes and oversees all swimming activities at the camp's pool or beach. • Supervises all staff and campers participating in swimming activities. • Responds to bathing facility emergencies. • When certified as Lifeguard, may serve as LIFEGUARD at waterfront. • When qualified to be a Progressive Swimming Instructor, may assess swimming ability. • Implements/oversees buddy system and board system or other approved bather accountability system.	• 1 Required for on-site bathing facilities.	• At least 21-years-old. • Have a minimum of: ♦ 1 season experience as a camp aquatics director at a NYS camp; or ♦ 2 seasons experience consisting of at least 12 weeks as a children's camp lifeguard at a pool or beach which had more than one lifeguard supervising it at a time; or ♦ 18 weeks of previous experience as a lifeguard at a pool or beach, which had more than one lifeguard supervising it at a time.	• At least 21-years-old. • Have a minimum of: ♦ 1 season experience as a camp aquatics director at a NYS camp; or ♦ 2 seasons experience consisting of at least 12 weeks as a children's camp lifeguard at a pool or beach which had more than one lifeguard supervising it at a time; or ♦ 18 weeks of previous experience as a lifeguard at a pool or beach, which had more than one lifeguard supervising it at a time.	• At least 21-years-old. • Have a minimum of: ♦ 1 season experience as a camp aquatics director at a NYS camp; or ♦ 2 seasons experience consisting of at least 12 weeks as a children's camp lifeguard at a pool or beach which had more than one lifeguard supervising it at a time.	*		*	
		• 1 Required for swimming ability assessment for on-site and off-site bathing facilities.	• 1 Required for swimming ability assessment for on-site and off-site bathing facilities.	• 1 Required for swimming ability assessment for on-site and off-site bathing facilities.	*			*
<b>PROGRESSIVE SWIMMING INSTRUCTOR (PSI)</b> • Assesses swimming ability of campers. • May teach swimming. • May be Camp Aquatics Director if age, experience and CPR certification requirements are met.	• 1:25 Required at on-site facilities and during camp trip swimming when off-site facility does not provide qualified lifeguards.	• Must be at least 17-years-old for on-site and camp trip swimming (50% of required total number of lifeguards on duty may be 16). • Wilderness swimming lifeguards must be at least 18-years-old. • Each guard shall not supervise more than 3400 square feet of pool area and no more than 50 yards of beach front.	• Must be at least 17-years-old for on-site and camp trip swimming (50% of required total number of lifeguards on duty may be 16). • Wilderness swimming lifeguards must be at least 18-years-old. • Each guard shall not supervise more than 3400 square feet of pool area and no more than 50 yards of beach front.	• Must be at least 17-years-old for on-site and camp trip swimming (50% of required total number of lifeguards on duty may be 16). • Wilderness swimming lifeguards must be at least 18-years-old. • Each guard shall not supervise more than 3400 square feet of pool area and no more than 50 yards of beach front.	*		*	
		• 1:75 Required for camp trip swimming when facility provides qualified lifeguards  (Not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.)	• 1:75 Required for camp trip swimming when facility provides qualified lifeguards  (Not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.)	• 1:75 Required for camp trip swimming when facility provides qualified lifeguards  (Not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.)	• 1:75 Required for camp trip swimming when facility provides qualified lifeguards  (Not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.)	• 1:75 Required for camp trip swimming when facility provides qualified lifeguards  (Not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.)	*	
<b>COUNSELORS DURING SWIMMING</b> • Supervise campers and be located at poolside, beach front, or in the water providing visual surveillance. • Assist with buddy system.	On-Site	See COUNSELORS for additional requirements.	See COUNSELORS for additional requirements.	See COUNSELORS for additional requirements.	See COUNSELORS for additional requirements.	See COUNSELORS for additional requirements.	See COUNSELORS for additional requirements.	See COUNSELORS for additional requirements.
	Off-Site							
	• 1:10 • 1:8 • 1:6							
	• 1:8 • 1:6							
<b>CAMP TRIPS</b> TRIP LEADER • Supervises campers and staff. • Must be competent in trip activity for wilderness, equestrian, aquatic and other activities requiring special skills.	• 1 Required to accompany each trip.	• At least 18-years-old. • Have participated in at least 3 similar out-of-camp trips as camp staff or have experience/training acceptable to the Local Health Department.	• At least 18-years-old. • Have participated in at least 3 similar out-of-camp trips as camp staff or have experience/training acceptable to the Local Health Department.	• At least 18-years-old. • Have participated in at least 3 similar out-of-camp trips as camp staff or have experience/training acceptable to the Local Health Department.	▲	▲	▲	
	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	▲	▲	▲
<b>COUNSELORS DURING CAMP TRIPS</b> At least one counselor must accompany the trip leader on each trip. • Assist Trip Leader. • Supervise campers.	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating. • 1:8 • 1:6

1 = Obtain current NYSDOH fact sheets from your local health department for acceptable First Aid, CPR and Aquatic Certifications.

FA = FIRST AID  
 CPR = CARDIOPULMONARY RESUSCITATION  
 LG = LIFEGUARD  
 LGSM = LIFEGUARD SUPERVISION AND MANAGEMENT  
 PSI = PROGRESSIVE SWIMMING INSTRUCTOR  
 ✓ = Health director or designee as identified in medical component of safety plan.

\* = Required.  
 ♦ = Activity Leader or designee must possess CPR and First Aid when other camp staff who are certified in first aid and CPR are not readily available.  
 ▲ = Trip Leader or designee must possess CPR and First Aid when a trip activity is higher risk, such as hiking, camping, rock climbing, horseback riding, bicycling, swimming or boating and/or when emergency medical response is not readily available. Two staff must possess CPR when swimming at wilderness sites.  
 ■ = Trip leader or designee must possess lifeguard certification or acceptable training in children's camp swimming program safety when trip includes swimming. Contact your local health department for more information.



# Sex Offender Registry Searches

A search of the Sex Offender Registry is a free and simple service provided by DCJS.

The method for submitting a search request will vary depending upon the number of individuals requested to be checked against the Registry:

- **Search requests of 30 or more** individuals *must be made by e-mail or Compact Disc (CD)*.
- **Search requests of fewer than 30** individuals *must be made by regular mail or fax, or up to five names at a time by telephone*.

## Requirements for E-mail and CD submission for Registry Searches

To submit a list of 30 or more individuals, enter the prospective employee's or volunteer's full name (last and first) and complete birth date **or** Social Security number (SSN) into an Excel spreadsheet (one item per field), and submit the spreadsheet to the Registry via an e-mail attachment or on a CD.

There are no restrictions for the number of characters for name data fields. The fields in the Excel spreadsheet must be formatted exactly as specified below.

Please note that there is no space between words in the column headings for LastName and FirstName, and an underscore is used to separate the words in the column heading for Birth\_Date.

### Birth\_Date format – Birth\_Date (must be MM/DD/YYYY):

LastName	FirstName	Birth_Date
Sample	Sam	01/05/1978

### SSN format – SSN (must be 9 numbers, no spaces or dashes):

LastName	FirstName	SSN
Sample	Sam	123456789

## E-mail submissions

The Excel spreadsheet may be attached to an e-mail and sent to [SORSearch@dcjs.ny.gov](mailto:SORSearch@dcjs.ny.gov). The e-mail must include the camp name, address, telephone and fax numbers, and contact person for DCJS to call if there are questions. In the subject line of the e-mail, type **"800 # search."**

## CD submissions

A letter containing the camp name, address, telephone and fax numbers, and the contact person for DCJS to call if there are questions must accompany CD submissions. CDs are to be sent to:

New York State Division of Criminal Justice Services  
Sex Offender Registry  
Alfred E. Smith Building  
80 South Swan St.  
Albany, New York 12210

Please write company/camp name and the date submitted on CD with permanent marker; CDs will not be returned.

A letter indicating search results, whether submitted via e-mail or CD, will be mailed or faxed to the requestor.

## Requirements for fax or regular mail submissions

Requests for fewer than 30 individuals must be made by fax or regular mail by submitting the following information to the Registry:

The prospective employee's or volunteer's full name (first and last) and one of the following: complete address, social security number, birth date, or driver's license number.

All information must be submitted on camp letterhead or other pages, each of which contain the camp name, address, telephone and fax numbers, and contact person for DCJS to call if there are questions.

Information should be faxed to (518) 485-5805, or mailed to the New York State Division of Criminal Justice Services, Sex Offender Registry, Alfred E. Smith Building 80 South Swan St. Albany, New York 12210

### **Requirements for name checks by telephone**

To check up to five names per call by telephone, call 518-457-5837 or 1-800-262-3257. When calling, you will be asked to provide your name, address and phone number. After this, provide the prospective employee's or volunteer's full name (first and last) and one of the following: complete address, social security number, birth date, or driver's license number.