

Children's Camp Written Plan Checklist

Dear Camp Operator:

Use the following checklist to determine if your written plan addresses the requirements of Subpart 7-2 of the New York State Sanitary Code (7-2.4(c)(1), 7-2.5(n), 7-2.25). Activities not provided by your camp should be checked "N/A" for "Not Applicable." All other items listed, including those already shaded in the "N/A" column, must be addressed in your plan. Please submit the completed checklist with your written plan or plan revision.

Camp Name:	Date: / /
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County:	Address:
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Required Plan Components	Camp Operator Completes			Local Health Department Remarks	Plan Segment Acceptable	
	Page	Yes	N/A		Yes	No
TABLE OF CONTENTS						

PERSONNEL:

Chain of Command						
Job Description						
Qualification/Reference Verification						

FACILITY OPERATION:

Water Supply						
On-Site Sewage Treatment System(s)						
Lightning Risk Assessment						
Transportation						
Housing						
Food Protection						
General Operation/Maintenance						
Waterfront Facility Maintenance						

FIRE SAFETY:

Evacuation Plans; Assembly Area						
Fire Prevention						
Electrical Safety						
Alarm System & Smoke Detectors						
Fire Extinguishers						
Exits & Exit Signs						
Fire Drills and Log						
Submitted To Local Fire Department						

MEDICAL PLAN:

Duties of Health Director/Personnel						
Camp Infirmary Description						
Medication Storage/Administration						
Universal Precautions						
Routine Health Care/Surveillance						
Emergency/Outbreak Procedures						
Camper Medical History/Screening						
Existing Health Conditions/Restrictions						
Medical Log						
Illness, Injury & Abuse Reporting						
Camp Sanitation						

Required Plan Components	Camp Operator Completes			Local Health Department Remarks	Plan Segment Acceptable	
	Page	Yes	N/A		Yes	No

ACTIVITIES/SUPERVISION:						
General Supervision; Discipline						
Passive Activity Supervision						
Supervision During Rest/Sleep Time						
Between Activity Supervision						
Supervision During Transportation						
Supervision In Emergencies						
Swimming						
Buddy System						
Off-Site & Wilderness Swimming						
Stream Crossing/Incidental Immersion						
Boating						
Horseback Riding						
Rope/Challenge Course						
Archery						
Riflery						
Out-of-Camp Trips						
Other Activity Plans						

STAFF TRAINING:						
Outline of Curriculum						
Tour of Camp						
Description of Camp Hazards						
Chain of Command						
Supervision and Discipline						
Child Abuse Recognition & Reporting						
First Aid/Emergency Medical Response						
Injury and Illness Reporting						
Buddy System						
Lost Swimmer Plan						
Lost Camper Plan						
Out-of-Camp Trips						
Lightning Plan						
Fire Safety/Fire Drill Procedures						
Camp Evacuation Procedures						
Activity Specific Training						
Training Attendance Documentation						

CAMPER ORIENTATION:						
Outline of Curriculum						
Tour of Camp						
Description of Camp Hazards						
Reporting of Illness & Injury Incidents						
Buddy System						
Lost Camper Plan						
Fire Drills & Evacuation						
Out-of-Camp Trips						
Lightning Plan						
Orientation Attendance Documentation						

Completed by: Camp Operator _____ Date _____	Revisions Added by: Camp Operator _____ Date _____
Local Health Department Reviewed by: _____ Date _____	Local Health Department Reviewed by: _____ Date _____
Approved: Yes No (circle one)	Approved: Yes No (circle one)