

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
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /

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: ___/___/___