

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©(1), 7-2.5(m), 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: / /

County:

Address:

Required Plan Components	Camp Operator Completes			Local Health Department Remarks	Plan Segment Acceptable	
	page	Yes	N/A		Yes	No
Table of Contents						
<b>Personnel:</b>						
Chain of Command						
Job Description						
Qualifications/Reference Verification						
<b>Facility Operation:</b>						
Water Supply						
On Site Sewage Treatment Systems(s)						
Lightning Risk Assessment						
Transportation						
Housing						
Food Protection						
General Operation/Maintenance						
Waterfront Facility Maintenance						
<b>Fire Safety:</b>						
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						
<b>Medical Plan:</b>						
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						

Return to:

ORANGE COUNTY DEPARTMENT OF HEALTH  
 124 MAIN SREET  
 GOSHEN, NEW YORK 10924

Required Plan Components	Camp Operator Completes			Local Health Department Remarks	Plan Segment Acceptable	
	page	yes	N/A		Yes	No
<b>Activities/Supervision</b>						
General Supervision; Discipline						
Passive Activity Supervision						
Supervision During Rest/Sleep						
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 Activities Plans						
<b>Staff Training:</b>						
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						
<b>Camper Orientation:</b>						
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 <b>(circle one)</b>				Approved:            Yes            No <b>(circle one)</b>		