New York City Department of Health & Mental Hygiene

Children's Camp Facility and Staff Description

Instructions: Submit copies of required documents where indicated. All fields are required except where indicated.

DC ID: _____ Accela/CAMIS/Record ID#:_____

Contact Information

Contact Person Name:_____ Contact Tel. #:_____ Ext._____

Contact Person E-mail:_____

Mailing Address: _____, _____, _____
Street Borough Zip code

Camp Facility Information

Camp Permittee/Sponsor/Organization: _____
Limited Liability Companies or Corporations must be registered with the New York Department of State or have authority to conduct business.

DBA (Assumed Name):_____

Camp Site Address: _____, _____, _____
Street Borough Zip code

Camp Operator E-mail:_____ Camp Website:_____

Camp Tel #:_____ Camp Fax #:_____

Days Open: ☐Su ☑M ☑Tu ☑W ☑Th ☑F ☐Sa Date Open: _____ Date Close: _____

Camp Type: ☑Day ☐Traveling Day ☐Overnight Operating Hours: From ____:____ ☑AM/☐PM To ____:____ ☐AM/☑PM

Building Type: ☐Owns building ☑Leases building ☐Public school building: _____
Name of DOE School

☐20% or more campers enrolled have a developmental disability ☐Operated by a Municipal Agency (NYC Parks, NYPD, etc.)

Services/Activities

Check all activities provided:

☐Amusement Parks	☐Dance	☐Petting Zoo	☐Trips
☐Aquatics Theme Parks	☐Field Sports	☐Rock Climbing	☐Trips - Overnight
☐Archery	☐Fishing	☐Ropes/Challenge	☐Wood Work/Carving
☐Arts & Crafts	☐Go Carts	☐Skating/Blading	☐Zip Lining
☐Bicycling	☐Gymnastics	☐Skateboarding	☐Other_____
☐Boating	☐Hiking	☐Sprinklers	☐Other_____
☐Bowling	☐Horseback Riding	☐Swimming Off-Site	☐Other_____
☐Classroom Instruction	☐Ice Skating	☐Swimming On-Site	☐Other_____
☐Cooking	☐Martial Arts	☐Swimming - Wilderness	☐Other_____
☐Court Sports	☐Organized Games	☐Theatre/Performance	☐Other_____

- Submit a proposed trip Itinerary. A finalized itinerary is required before permit issuance.

Safety Plan Affirmation

- New camps must submit a new NYC Camp Safety Plan. Ensure it includes an activity-specific plan for each activity checked a above.
  - ☐A new safety plan will be submitted with this application
  - ☐The safety plan was previously submitted and approved, and no updates/changes needed
  - ☐The safety plan was previously submitted and approved, and updated pages for new activities will be submitted

Operator

Operator's Name:_____ Date of Birth: _____
An individual's name is required. mm/dd/yyyy

DC ID: _____ Accela/CAMIS/Record ID#:_____

CAMP DIRECTOR

Camp Director's Name:_____ Date of Birth: _____
Provide Full Legal Name mm/dd/yyyy

Qualification:
Have they earned a bachelor's degree or higher? ☐Yes ☐ No
☐ At least 3 camp seasons (24 weeks) of previous administrative or supervisory experience in camping or a children's camp program
☐ At least 10 months of previous experience in a recreational or enrichment program for children under 16 years of age. (E.g. school-age childcare director/supervisor, sports coach/instructor, education director or teacher with field trips experience)

Camp Director's Experience: _____
Provide Organization, Title/Role and Duration

Include the following with your application for the camp director:

- Resume (if a NEW Director)
- Camp Director's Orientation Certificate
- State Central Register Database Check Form
- Prospective Children's Camp Director Certified Statement

Co-Director (Optional)

Co-Director's Name: _____ Date of Birth: _____
Provide Full Legal Name mm/dd/yyyy

Qualification:
Have they earned a bachelor's degree or higher? ☐Yes ☐ No
☐ At least 3 camp seasons (24 weeks) of previous administrative or supervisory experience in camping or a children's camp program
☐ At least 10 months of previous experience in a recreational or enrichment program for children under 16 years of age. (E.g. school-age childcare director/supervisor, sports coach/instructor, education director or teacher with field trips experience)

Co- Director's Experience: _____
Provide Organization, Title/Role and Duration

Include the following with your application for the co-director:

- Resume (if a NEW Director)
- Camp Director's Orientation Certificate
- State Central Register Database Check Form
- Prospective Children's Camp Director Certified Statement

HEALTH DIRECTOR

Health Director's Name: _____ Date of Birth: _____
mm/dd/yyyy

Qualification: ☐Physician ☐Physician Associate (PA) ☐Nurse Practitioner ☐Registered Nurse
☐Licensed Practical Nurse ☐Emergency Medical Technician ☑Other or Advance First Aid Certified

For day camps only: How will your health director be available? ☑On-site ☐Off-site - provide on-site Designee/Assistant name below

Designee/Assistant's Name: _____

Provide the current training certifications for your on-site staff below:

Certification	Staff Role	Course Provider	Course Title	Issue Date
CPR	☐ Health Director ☐ Designee/Assistant			
Advance First Aid	☐ Health Director ☐ Designee/Assistant			

Include the following with your application for the health director:

- Health Director's Medical license, if applicable
- CPR and Advance First Aid certification for on-site staff listed above

DC ID: _____ Accela/CAMIS/Record ID#:_____

AQUATICS DIRECTOR - REQUIRED FOR ANY SWIMMING, BOATING, OR AQUATICS THEM PARK ACTIVITIES

Aquatics Director's Name: _____ Date of Birth: _____
Provide Full Legal Name mm/dd/yyyy

Qualification:

❒One season (6 weeks) of experience as a camp Aquatics Director at a New York State summer camp

❒Two seasons of experience (12 weeks) as a summer camp lifeguard 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 at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time

Aquatics Director's Experience: _____
Provide Organization, Title/Role and Duration

Provide the current training certifications for the Aquatics Director below:

Certification	Staff Role	Course Provider	Course Title	Issue Date
CPR	Aquatics Director			
Lifeguard Management	Aquatics Director			

Include the following with your application for the Aquatics Director:

- Resume (if a NEW Aquatics Director)
- Aquatics Orientation Certificate
- CPR certification and Lifeguard Management Certifications listed above

INSURANCE

Include the following with your application:

- **Worker's Compensation** certificate
  Acceptable forms include, C-105.2 issued by your insurance carrier, U-26.3 issue by the NY State Insurance Fund, SI-12, and GSI-105.2, or CE-200 Exemption for unpaid/volunteer staff
- **Disability Insurance** certificate
  Acceptable forms include, DB120.1 issued by your insurance carrier, DB-155, or CE-200 Exemption for unpaid/volunteer staff

  Note: Worker's Compensation and Disability Insurance certificates must list *NYC DOHMH, 125 Worth Street, New York, NY 10013* as the certificate holder.
- Proof of **Comprehensive Liability** for illnesses/injuries must show **camp name, policy number, expiration date and coverage amount**. Acceptable forms include ACORD25 Certificate or Declaration page.
- Proof of owned/non-owner **Transportation Insurance** for use of owned or chartered vehicles (if applicable). If the transportation company's ACORD25 certificate is provided, the camp must be listed as an "additional insured." Not required if only public transportation is used.

ROOMS

List all spaces, floors and rooms that will be used.

Room Type	Floor	Room	Room Type	Floor	Room

If there is an on-site pool provide the CAMIS/Record ID #:_____

DC ID: _____ Accela/CAMIS/Record ID#:_____

BUILDINGS DEPARTMENT APPROVAL AND BUILDING CAPACITY

- New camps must submit a Letter of No Objection (LNO) or Certificate of Occupancy (CO) with an acceptable use group, such as a school, community center, childcare center, or house of worship, etc.

Maximum number of persons permitted for all floors used: _____ Campers enrolled per session: 0

COUNSELORS

Include the number of counselors for each category:

Senior Counselor Data			
Counselor Age	**16** (Day Camps Only)	**17** (Day Camps Only)	**18 +** (All Camps)
Males			
Females			
X			

CAMPER ENROLLMENT

For each session, indicate the date range and specify the number of days in the session, then provide an estimated camper enrollment based on available space and staffing.

Expected Enrollment by Age

Session #	Camp Type		# of Days	Under 2			2-5			6 & 7			8-12			13-15			16 & 17			CITs**		
	Day	Overnight		M	F	X	M	F	X	M	F	X	M	F	X	M	F	X	M	F	X	M	F	X
1	☑	☐																						
2	☐	☐																						
3	☐	☐																						
4	☐	☐																						
5	☐	☐																						
6	☐	☐																						
7	☐	☐																						
8	☐	☐																						
9	☐	☐																						
10	☐	☐																						
11	☐	☐																						
12	☐	☐																						

** 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.

ATTESTATION AND SIGNATURE

I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE:

Camp Operator/Director: _____ Date: _____
Print Name mm/dd/yyyy

Camp Operator/Director: _____
Signature

FALSIFICATION OF ANY STATEMENTS MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE OF NOT MORE THAN $500.00 OR NOT MORE THAN 60 DAYS IMPRISONMENT OR BOTH IN ACCORDANCE WITH NYC ADMINISTRATIVE CODE 10-154 AND IS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW. **A PENALTY OF NOT LESS THAN $200.00 AND NOT MORE THAN $2,000.00 MAY BE IMPOSED FOR EACH VIOLATION PURSUANT TO NEW YORK CITY HEALTH CODE 3.11 AND CHAPTERS 3, 7 AND 23 OF TITLE 24 OF THE RULES OF THE CITY OF NEW YORK.**