



NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

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Commissioner

Simone C. Hawkins
Assistant Commissioner

Bureau of Child Care
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Camp Season 2020

Dear Prospective Camp Operator:

The Department of Health and Mental Hygiene (DOHMH) welcomes all summer camp operators to the 2020 summer camp season. Camp operators must apply for a permit in order to provide care during the 2020 summer months. Beginning January 2020, operators must submit their application **at least 90 calendar days prior** to camp start date.

New applicants are encouraged to create an online account on the Department's [online licensing system](#) and submit the \$200 fee. A unique Record ID number will be created for your camp within 24 hours of the payment. You may then submit your completed initial application and enclosed documents in person to your respective [borough office](#).

Applicants may also submit their initial application and \$200 fee in person to the Administrative office at 125 Worth Street, Rm 916, New York, NY 10013. An in-person payment must be in the form of a U.S. Postal Money Order or certified bank check (made payable to NYC DOHMH.) Once submitted, a new Record ID will be created so that you can submit remaining forms and documents in person to your respective borough office. Refer to the "New Summer Camp Permit Application Procedures" document for further guidance.

If your camp is not-for-profit, submit proof of your IRS 501(c)(3) tax exemption letter in lieu of the \$200 fee.

Camps that have not yet hired a Camp Director, Health Director or Aquatics Director (if applicable), may indicate "Pending" on the Children's Camp Facility and Staff Description form. However, all of their qualifications and forms must be submitted to your respective borough office, prior to permit issuance. In addition, new Camp and Aquatic Directors must attend a free in-person orientation prior to permit issuance. Registration begins February 3rd. Attendees may register by visiting www.nyc.gov/health/register.

For general camp information or further guidance on submitting your permit application, e-mail campinfo@health.nyc.gov.

The DOHMH wishes you a successful and safe summer camp season as you continue to provide for the health and safety of children in your care.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Hawkins", with a stylized flourish at the end.

Simone C. Hawkins,
Assistant Commissioner

NEW SUMMER CAMP PERMIT APPLICATION PROCEDURES

BUREAU OF CHILD CARE

NEW OR EXISTING PROGRAMS THAT HAVE CHANGED OWNERSHIP/EIN MUST APPLY FOR A NEW PERMIT.
SUBMIT YOUR APPLICATION AT LEAST 90 DAYS PRIOR TO THE START DATE OF YOUR CAMP.

Step 1: Initial Application and Payment (Apply Online)

Create an account and pay the \$200 fee through the [online licensing system](#). A unique Record ID number will be created for your camp within 24 hours of the payment.

- ☐ Payment of \$200 (if for-profit) with a major credit card is required. Fee-exempt (not-for-profit) programs must upload a legible copy of the IRS 501(c)(3) tax exemption letter.
- ☐ Upload the completed Summer Camp Site Inspection Request Form.

OR

Initial Application and Payment (Apply In Person)

Submit the following documents in person to the Bureau of Child Care Administrative Office, located at 125 Worth Street, Room 916, New York, NY, 10013. A unique Record ID number will be created for your camp within 24 hours of the payment.

- ☐ Summer Camp Site Inspection Request Form
- ☐ Affidavit (Notarized)
- ☐ Payment or Exemption Status
 - If your camp program is for-profit, submit payment in the form of a \$200 U.S. Postal Money Order or Certified Bank Check is required.
 - Fee-Exempt programs that are not-for-profit must submit proof of 501(C)(3) tax exemption status – a Department of Treasury Letter and a letter on camp organization letterhead of “current and good-standing” with your tax exemption status

Step 2: After completing step 1, SUBMIT ALL DOCUMENTS IN THIS CHECKLIST IN PERSON TO THE [BOROUGH OFFICE](#) OF WHERE YOU OPERATE.

- ☐ Incorporation Filing Receipt/Partnership/Business Certificate
- ☐ Certificate of Occupancy (CO), or Letter of No Objection (LNO). Either of these may be obtained from the NYC Department of Buildings and must be current during camp operation. (Please note: COs, LNOs may take up to 90 days to obtain.)
- ☐ Children’s Camp Facility and Staff Description

Camp Staff Forms and Qualifications

- ☐ Camp Director’s Resume
- ☐ Camp Director's Statewide Central Register Database Check
- ☐ Prospective Children’s Camp Director Certified Statement
- ☐ Health Director’s [CPR Certification](#)
- ☐ Health Director’s [Advance First Aid Certification](#)

The following 3 documents are required if your camp provides swimming, boating or aquatic theme park services

- ☐ Aquatic Director’s Resume
- ☐ Aquatic Director’s [Lifeguard Management Certification](#)
- ☐ Aquatic Director’s [CPR Certification](#)
- ☐ Trip Itinerary and Parental Consent Form

- ☐ Certificate of Worker's Compensation Insurance
- ☐ Certificate of Disability Benefits Insurance
- ☐ Proof of Comprehensive Liability Insurance
- ☐ Proof of Motor Vehicle Insurance
- ☐ [NYC Summer Camp Safety Plan](#)

Copies of the safety plan must be retained on site.

Step 3: **New** Camp Directors and Aquatics Directors must attend an Orientation Session. You must register by visiting the "[Online Service Registration](#) web page"
After attendance, you will be given a certificate which will be required before you receive your permit.

SUBMIT YOUR APPLICATION EVEN IF YOU HAVE NOT YET ATTENDED AN ORIENTATION.

Review Article 48 of the New York City Health Code and Subpart 7-2 of the State Sanitary Code for all permit requirements at www.nyc.gov/health

RESOURCE LIST FOR SUMMER CAMP PERMIT APPLICANTS

Bureau of Child Care Borough Offices

For any questions, contact the office in the borough where your Summer Camp is located. Walk-in hours at all offices are Tuesday through Thursday, 9 a.m. to 4 p.m., or by appointment. For more information, you can also visit www.nyc.gov/health/camps.

Manhattan/Staten Island Office

125 Worth Street, 9th floor, Room 916, Box 40
New York, NY 10013
Tel: (646) 632-6305
Fax: (347) 396-8953

Bronx Office

1309 Fulton Avenue, 4th floor
Bronx, NY 10456
Tel: (347) 854-1971 or (347) 854-1972
Fax: (347) 396-8960

Brooklyn Office

195 Montague Street, 4th floor
Brooklyn, NY 11201
Tel: (718) 222-6390 or (718) 222-6399
Fax: (347) 396-8957

Queens Office

90-27 Parsons Boulevard, Suite 300
Jamaica, NY 11432
Tel: (718) 553-3981
Fax: (347) 396-8955

Administrative Office

125 Worth Street, Room 315
New York, NY 10013
Tel: (646) 632-6100 | Fax: (347) 396-8054

How to Search for a Certificate of Occupancy or Apply for a Letter of No Objection

To search for an existing Certificate of Occupancy, visit www.nyc.gov/buildings.

To amend or apply for a Certificate of Occupancy or Letter of No Objection, go online to

<http://www1.nyc.gov/site/buildings/about/forms.page>. You can also visit one of the following NYC Department of Buildings [borough offices](#):

Manhattan

280 Broadway, 3rd Floor
Tel: (212) 393-2614

Bronx

1932 Arthur Avenue, 5th Floor
Tel: (718) 960-4710

Staten Island

10 Richmond Terrace, Borough
Hall, 2nd Floor
Tel: (718) 420-5400

Brooklyn

210 Joralemon Street, 8th Floor
Tel: (718) 802-3675

Queens

120-55 Queens Boulevard
Kew Gardens
Tel: (718) 286-7620

How to Get an FDNY Certificate of Fitness

A valid Certificate of Fitness is required for operators to conduct summer camps in New York City. One employee at a summer camp program must hold a **Certificate of Fitness for Fire Alarm Systems and other Related Systems**, also called “S-95” as well as a **Certificate Fitness for the Fire Drill Conductor – “F-07/W-07”**. The NYC Fire Department issues Certificates of Fitness by providing written examinations to applicants. This Certificate is valid for three years, and must be renewed by the expiration date through payment of the renewal fee to the Fire Department. For more information, see the [FDNY Certificate of Fitness FAQ](#) Brochure, visit <http://www.nyc.gov/fdny> or call (718) 999-1988 or (718) 999-2504.

New York State Sex Offender Registry

Article 13-B of the Public Health Law requires children's Summer Camp operators to determine whether an employee or volunteer is listed on the NYS Division of Criminal Justice Services Sex Offender Registry. Operators must complete checks of the Registry prior to the day the employee or volunteer starts work at the camp. Operators must conduct these checks for all employees and volunteers each year prior to their arrival at camp. This law applies to all children's Summer Camps (day, traveling day and overnight) and to all prospective employees and volunteers at the camps, regardless of their job title/responsibilities or employment status (full or part-time). For more information about the Division of Criminal Justice Services Sex Offender Registry, call (518) 457-3167 or visit http://www.criminaljustice.ny.gov/nsor/800info_cdsuubmit.htm.

Health Academy

Summer Camp programs that prepare and serve food on site, must have a supervisor of food preparation and service complete the 15-hour *Food Protection Certificate* course. To register for the 15-hour course, visit <http://www1.nyc.gov/site/doh/business/health-academy/food-protection-online-free.page>. If food is catered by a permitted or licensed establishment, or if food is transported to a camp from the NYC Department of Education's Summer Feeding Program a supervisor must have completed the 4-hour *Soup Kitchen and Summer Camp Workers* food protection course. To register for the 4-hour course, call 311.

Additional Resources

Other New York City Agencies

Call 311, or (212) NEW-YORK from outside NYC, for information about government services. You can also visit 311 online at www.nyc.gov/311.

NYC Department of Health — Office of Public Health Engineering

For information on getting pool safety approval for a camp-grounds swimming pool, call (718) 310-3717.

NYC Department of Youth & Community Development — Summer Youth Employment Program

For information on becoming a worksite for Summer Youth Workers call the Summer Youth Hotline at (800) 246-4646.

NYC Department of Education School Foods Services — Summer Feeding Program

For information on getting food through the Summer Feeding Program, call (718) 707-4380 or (718) 707-4383. You can also register by visiting www.schoolfoodnyc.org.

NYS Worker's Compensation Board

For information on getting worker's compensation and disability insurance for paid workers, call (877) 632-4996 or visit <http://www.wcb.ny.gov/>.

Mandated Reporter Resource Center

Free online training on child abuse and maltreatment is available at <https://www.nysmandatedreporter.org/TrainingCourses.aspx>

Child Abuse:

As a mandated reporter, you are legally required to report suspected child abuse or maltreatment. Mandated reporters include school staff, medical professionals, child care providers, camp directors and others. See the [Mandated Reporter Summary Guide](#) (PDF) for more information.

To report suspicions of child abuse or neglect, call **(800) 635-1522** or **311**.
If a child is in immediate danger, call **911**.

Insurance Requirements for Summer Camps

Before the Department can issue a camp permit, you must prove compliance with [Workers' Compensation](#), [Disability Benefits Insurance](#) requirements, as well Comprehensive Liability for Illness and Injury, and Motor Vehicle Insurance for owned or non-owned transportation units.

Proof of coverage shall submitted with your permit application, be made available at the time of inspection and upon the Department's request.

1. Workers' Compensation Submit one from this list: <ul style="list-style-type: none">• Form C-105.2 (issued by your insurance carrier)• Form U-26.3 (issued by the State Insurance Fund)• Form SI-12• Form GSI-105.2• Form CE-200 (if exempt) NYC Department of Health and Mental Hygiene, 125 Worth Street, CN17A, New York, NY 10013 must be listed as the Certificate Holder.	2. Disability Insurance Submit one from this list: <ul style="list-style-type: none">• Form DB-120.1 (issued by your insurance carrier)• Form DB-155• Form CE-200 (if exempt) NYC Department of Health and Mental Hygiene, 125 Worth Street, CN17A, New York, NY 10013 must be listed as the Certificate Holder.
3. Comprehensive Liability Proof must show the following: <ul style="list-style-type: none">-Camp name and address-Policy number-Expiration date-Coverage Amount: accident and health insurance at a minimum coverage of \$1,000 for accident, \$300 for illness for each staff member or campers. <u>Traveling camps</u> shall have a minimum coverage of \$5,000 for accident, \$1,000 for illness for each staff member and camper, and a minimum liability of \$100,000 for death or injury to one person.	4. Motor Vehicle Insurance Proof must show the following: <ul style="list-style-type: none">-Camp name and address-Policy number-Expiration date-Coverage Amount: owned and non-owned vehicles shall be covered by a minimum of \$100,000 for death or injury to any one person and \$500,000 for two or more persons.

Where do I get these forms?

Contact your insurance carrier for these forms. See examples on the next two pages.

Do I have to submit new forms each time I apply?

Yes, please submit NEW forms with each permit application.

We are unable to substitute insurance forms submitted with recent permit applications. The legal entity named on the insurance forms must match the Legal Operator listed on the permit application.

Examples of acceptable certificates (continued):

DB-120.1 - Certificate of **Disability** Benefits
(issued by applicant's insurance carrier)

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier.

1a. Legal Name and Address of Insured (Use street address only)

PROVIDER'S INFORMATION

1b. Business Telephone Number of Insured

1c. NYS Unemployment Insurance Employer Registration Number of Insured

1d. Federal Employer Identification Number of Insured or Social Security Number

2. Name and Address of the Entity Issuing Proof of Coverage (Entity being listed as the Certificate holder)

New York City Department of Health and Mental Hygiene
125 Worth Street
New York, NY 10013

3. Policy Number of entity listed in item 2a

3a. Policy effective date

4. Policy cover

a. ☐ All of the employer's employees eligible under the New York Disability Benefits Law
b. ☐ Only the following class or classes of the employer's employees

Under penalty of perjury, I certify that I am an authorized representative of the insurance carrier referenced above and that the insured named has NYS Disability Benefits Law coverage as described above.

Date Signed: _____ By: _____
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number: _____ Title: _____

PROVIDER'S INFORMATION

5. Name and Address of the Entity Issuing Proof of Coverage (Entity being listed as the Certificate holder)

New York City Department of Health and Mental Hygiene
125 Worth Street
New York, NY 10013

6. Policy Number of entity listed in item 2a

6a. Policy effective date

7. Policy expiration date

8. Policy cover

a. ☐ All of the employer's employees eligible under the New York Disability Benefits Law
b. ☐ Only the following class or classes of the employer's employees

Under penalty of perjury, I certify that I am an authorized representative of the insurance carrier referenced above and that the insured named has NYS Disability Benefits Law coverage as described above.

Date Signed: _____ By: _____
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number: _____ Title: _____

Notes: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS Licensed Insurance Agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (3-04)

DB-155 - Certificate of **Disability** Benefits
Self-Insurance

FORM DB-155

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
SELF-INSURANCE COVERED
DISABILITY BENEFITS LAW
JANUARY, NY 12007
(2004-04-01)
FAX (212) 462-0400

COMPLIANCE WITH DISABILITY BENEFITS LAW
(Required by Section 205, and 206 of the Disability Benefits Law)

EMPLOYER INFORMATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER

PROVIDER INFORMATION

LOCATION OF OPERATION

ADDRESS (HOME OR MAIN OFFICE)

PROVIDER INFORMATION

There are no employees with the Workers' Compensation Law coverage who are not covered by the above named insurance carrier. I am not aware of any other employees who are not covered by the above named insurance carrier.

☐ By approved self-insurance carrier pursuant to Section 205, subdivisions 2 of the Disability Benefits Law.

☐ By a self-insurance carrier not approved pursuant to Section 205, subdivisions 2 of the Disability Benefits Law and not in compliance with authorized insurance carrier(s).

Date: _____

By: _____
Chris Wagner
NYC Executive

DB-155 (04/04)

THIS AGENT CANNOT BE USED TO VALIDATE THE WORKERS' COMPENSATION RIGHTS OR OBLIGATIONS OF ANY PARTY.

New York State Workers' Compensation Board

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Comprehensive Liability or Motor Vehicle Insurance
Comprehensive and Motor Vehicle Insurance certificates must show, Policy #, Coverage Amount, and Expiration

ACORD
POLICY-1
OP 01-01
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE INSURED INSURER, AUTHORIZED REPRESENTATIVE OF PROVIDER, AND THE CERTIFICATE HOLDER.

PROVIDER INFORMATION

1. Name of Insured

2. Address

3. City, State, Zip

4. Telephone Number

5. Fax Number

6. E-mail Address

7. Business Hours

8. Policy Number

9. Policy Effective Date

10. Policy Expiration Date

11. Policy Description

12. Policy Limits

13. Policy Deductible

14. Policy Co-insurance

15. Policy Conditions

16. Policy Exclusions

17. Policy Endorsements

18. Policy Attachments

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1) NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH PERMIT IS TO BE ISSUED	
Name of Applicant/Owner/Sponsor	Name of Summer Camp (DBA)

2) SITE ADDRESS	3) MAILING ADDRESS (If different from site address)
Building No. _____ Street _____	Building No. _____ Street _____
Borough _____ Zip _____	Borough _____ Zip _____

4) APPLICANT CONTACT INFORMATION			
Tel _____	Fax _____	Email _____	Website _____

5) PERMIT FOR WHICH YOU ARE APPLYING — Check <u>one</u>			
<input type="checkbox"/> Summer Day Camp	<input type="checkbox"/> Municipal Summer Day Camp	<input type="checkbox"/> Children's Overnight Camp	Are 20 percent or more of campers enrolled developmentally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Traveling Summer Day Camp	<input type="checkbox"/> Developmentally Disabled Summer Day Camp		

6) OPERATIONAL INFORMATION — Please complete the following:									
Expected Date(s) of Operation (MM/DD/YYYY) _____ to _____	Days Open	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN	Number of Camp Sessions _____
	Hours	Open from _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Close at _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM		

6a) SESSION DATES		
1 ST SESSION	(MM/DD/YYYY) FROM _____	(MM/DD/YYYY) TO _____
2 ND SESSION	FROM _____	TO _____
3 RD SESSION	FROM _____	TO _____
4 TH SESSION	FROM _____	TO _____

Please use another piece of paper for additional board members.

7) ORGANIZATION TYPE — If known, check whether applicant is an:	8) EMPLOYMENT IDENTIFICATION NUMBER (EIN)
<input type="checkbox"/> Individual	
<input type="checkbox"/> Incorporated Organization	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Non-Profit 501(c)(3) (Note: Must submit Proof of Current Non-Profit Status)	

9a) ORGANIZATION NAME — If known:			
Name of Individual, Partnership or Incorporated or Unincorporated Organization			
Where Incorporated	Date Incorporated	Filed in County of	Date Filed

Please attach a copy of charter or certificate of incorporation, or document showing organization as a partnership and/or Non-Profit 501(c) 3 status.

9b) OWNER/BOARDMEMBERS — If applicable

OWNER / OPERATOR / BOARDMEMBERS

Print Name	Title	Home Address

Please use another piece of paper for additional board members.

10) STAFFING — If known

PRINT NAME

HOME ADDRESS

TELEPHONE

**Camp
Operator**

**Camp
Director**

11) OTHER PROGRAMS

Do you or anyone associated with this application currently operate any other residential or commercial child care service?

☐ YES ☐ NO

If YES please identify. Select all that apply.

☐ Group Child Care

☐ School Based Child Care

☐ Other _____

☐ School-Age Child Care

☐ Family and/or Group Family

If so, what is the Permit/License/Certificate or Registration number?

Permit/License/Certificate/Registration # _____

If YES, please identify name(s) and address(es) _____

Have you or anyone associated with this application ever operated a residential or commercial child care service?

☐ YES ☐ NO

If YES please identify. Select all that apply.

☐ Group Child Care

☐ School Based Child Care

☐ Other _____

☐ School-Age Child Care

☐ Family and/or Group Family

If so, what is the Permit/License/Certificate or Registration number?

Permit/License/Certificate/Registration # _____

If YES, please identify name(s) and address(es) _____

<p>Have you or anyone associated with this application ever owned, operated, or worked at a residential or commercial child care service whose permit was suspended and/or revoked?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES, please identify name(s) and address(es)</p> <hr/> <hr/> <hr/>
--	--

12) FLOORS AND ROOMS TO BE USED FOR CARE OF CHILDREN — (Please identify the floor, room number or name and the room's anticipated use):	
FLOOR(S):	ROOM NUMBERS PER FLOOR:
<i>Please attach an additional sheet of paper to add more rooms.</i>	

13) PAST HISTORY		
<p>Have you or anyone associated with this application <u>ever</u> operated a Summer Camp other than the one related to this application?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES please identify. Select all that apply.</p> <p><input type="checkbox"/> Summer Day Camp</p> <p><input type="checkbox"/> Traveling Summer Day Camp</p>	<p><input type="checkbox"/> Municipal Summer Day Camp</p> <p><input type="checkbox"/> Developmentally Disabled Summer Day Camp</p> <p><input type="checkbox"/> Children's Overnight Camp</p>
<p>If so, what is the permit/License/Certificate or Registration number?</p> <p>Permit/License/Certificate/Registration # _____</p> <hr/> <hr/>		
<p>If YES, please identify name(s), address(es) and position held: _____</p> <hr/> <hr/> <hr/>		
<p>Have you or anyone associated with this application ever owned, operated, or worked at a summer camp whose permit was suspended and/or revoked?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES, please identify name(s) and address(es)</p> <hr/> <hr/> <hr/>	

14) SIGNATURE OF SUBMITTER	
Signature	Date (Month/Day/Year)
Print Name	Title
Relation to Applicant	

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NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE- BUREAU OF CHILD CARE

AFFIDAVIT FOR PERMIT APPLICATION

I have read the New York City Health Code regulations pertaining to child care and will comply with all regulations pertaining to child care and will comply with all requirements if issued a permit.

- A) I understand that my child care service will be subject to inspection. I shall comply with the terms of the permit of the New York City Health Code and other applicable laws and regulations.
- B) I hereby certify that any statement made on this form or information given later on in the course of an investigation of my application will be true and correct to the best of my knowledge.

If the permittee or his/her employees or agents refuse to answer questions related to this permit application after being granted testimonial or use immunity, this permit may be revoked or other appropriate action may be taken.

PRINT NAME OF OWNER/OPERATOR/BOARD MEMBER

TITLE

SIGNATURE

DATE

BUILDING NO.

STREET

BOROUGH/CITY

STATE

ZIP CODE

Sworn to before me

This ____ day of _____

Notary Public

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Children's Camp Facility and Staff Description

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

Record ID#: _____

CAMP CONTACT INFORMATION

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

Contact Person E-mail: _____

Mailing Address: _____
Street Borough Zip code

CAMP FACILITY INFORMATION

Camp Corporation/Sponsor Name: _____

DBA 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 Hours: From ____:____ ☐ AM/☐ PM To ____:____ ☐ AM/☐ PM

Camp Type: ☐ Day Camp ☐ Traveling Day Camp ☐ Overnight Camp

☐ 20% or more campers enrolled have a developmental disability ☐ Operated by a Municipal Agency

SERVICES/ACTIVITIES

Check all activities provided:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Amusement Parks | <input type="checkbox"/> Dance | <input type="checkbox"/> Petting Zoo | <input type="checkbox"/> Trips * |
| <input type="checkbox"/> Aquatics Theme Parks | <input type="checkbox"/> Field Sports | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Trips – Overnight * |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fishing | <input type="checkbox"/> Ropes/Challenge | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Go Carts | <input type="checkbox"/> Skating/Skate | <input type="checkbox"/> Working/Carving |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Boarding | <input type="checkbox"/> Zip Lining |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Hiking | <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Swimming Off-Site | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Classroom Instruction | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Swimming On-Site | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Swimming - Wilderness | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Court Sports | <input type="checkbox"/> Organized Games | <input type="checkbox"/> Theatre/Performance | <input type="checkbox"/> Other _____ |

***Submit a tentative trip Itinerary. A finalized itinerary is required before permit issuance.**

BUILDINGS DEPARTMENT APPROVAL

Check one:

- ☐ Certificate of Occupancy (CO) previously submitted. If not, attach with this application
- ☐ Letter of No Objection (LNO) previously submitted. If not, attach with this application
- ☐ Temporary Certificate of Occupancy (TCO) previously submitted. If not, attach with this application*
- ☐ Requested Updated LNO/CO from NYC Department of Buildings and will submit once received *

**Your TCO or LNO cannot be expired at the time of permit approval.*

Total # of Staff and Campers: _____ Maximum Capacity on CO/LNO: _____

Your capacity shall not exceed maximum persons permitted on the CO/LNO

OPERATOR

Operator Name: _____

CAMP DIRECTORCamp Director Name: _____, _____
Date of Birth (mm/dd/yy)Camp Director Orientation Attendance: _____
Date Attended / Registered to Attend (mm/dd/yy)

Provide the following for the camp director listed above:

- ☐ Resume (required for NEW Directors)
- ☐ State Central Register Database Check Form ☐ Prospective Children's Camp Director Certified Statement

Co-Director/Designee Name (Optional): _____, _____
Date of Birth (mm/dd/yy)Camp Director Orientation Attendance: _____
Date Attended / Registered to Attend (mm/dd/yy)

Provide the following for the co-director/designee listed above:

- ☐ Resume
- ☐ State Central Register Database Check Form ☐ Prospective Children's Camp Director Certified Statement

HEALTH DIRECTOR

Health Director Name: _____

Qualifications: ☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner ☐ Registered Nurse☐ Licensed Practical Nurse ☐ Emergency Medical Technician/Service ☐ OtherFor day camps only: if the health director will be off-site, provide name of on-site designee:

Provide the following for the on-site health director/designee listed above:

- ☐ Acceptable CPR Certificate issued within one year ☐ Medical License/Acceptable First Aid Certification

AQUATICS DIRECTOR

Required for any Swimming, Boating, or Aquatics Theme Park services.

Aquatics Director Name: _____, _____
Date of Birth (mm/dd/yy)Aquatic Orientation Attendance: _____
Date Attended / Registered to Attend (mm/dd/yy)

Provide the following for the aquatics director listed above:

- ☐ Resume (required for New Aquatic Directors)
- ☐ Acceptable CPR Certificate issued within one year ☐ Lifeguard Management/ Certificate

ROOMS

Room Type	Floor	Room	Room Type	Floor	Room
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

On-site Pool CAMIS/RECORD ID #: _____

WORKER'S COMPENSATION AND DISABILITY INSURANCE

Worker's Compensation and Disability Insurance certificates must list "NYC DOHMH, 125 Worth Street, New York, NY 10013" as the certificate holder.

Check (✓) the **Worker's Compensation** certificate that will be submitted with your application:

☐ C-105.2 ☐ U26.3 ☐ CE-200 (exempt)
☐ SI-12 ☐ GSI-105.2

Check (✓) the **Disability** certificate that will be submitted with your application:

☐ DB120.1 ☐ DB-155 ☐ CE-200 (exempt)

COMPREHENSIVE LIABILITY AND MOTOR VEHICLE INSURANCE

Proof of comprehensive liability and motor vehicle insurance must show **camp name, policy number, expiration date and coverage amount.**

☐ Proof **Comprehensive Liability** insurance is submitted with this application.

☐ This program uses owned, rented, or charter vehicles for Trips or Pick Up/Drop Off Service, proof of **Motor Vehicle Liability** insurance is submitted with this application.
☐ This program uses public transportation only.

SAFETY PLAN AFFIRMATION

Check one:

- ☐ Safety Plan previously submitted and no updates/changes needed
☐ Safety Plan previously submitted and updated pages attached
☐ A new Safety Plan is submitted with this application

CAMPER CAPACITY

For each session, indicate the date range and specify the number of days in the session and provide estimated camper capacity information.

Camp Sessions				Age Group													
Session #	Session Date Range		# of Days	0-3		4 & 5		6 & 7		8-12		13-15		16 & 17		CITs**	
	From MM/DD/YY	To MM/DD/YY		M	F	M	F	M	F	M	F	M	F	M	F	M	F
1																	
2																	
3																	
4																	
5																	

** 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.

COUNSELORS ASSIGNED

Include the number for each category:

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

ATTESTATION**I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE:**Camp Operator/Director: _____
Print Name

Date: _____

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.

Prospective Children's Camp Director Certified Statement Relative to Conviction of a Crime or the Existence of a Pending Criminal Action

Record ID#: _____

Camp Name: _____

Camp Address: _____

Borough: _____

Zip Code: _____

Camp Director's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Have you ever been convicted of a crime (i.e. misdemeanor felony) or do you presently have a criminal action pending against you?

Yes No If "Yes", submit a copy of the disposition and provide the following information:

1. The date of the incident which resulted in the criminal conviction or charge: _____
2. The date of the conviction or charge: _____
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:

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 on the other side or a separate sheet of paper, the date the penalty was complied with (i.e. date fine or restitution was paid in full, date jail term was completed, etc.)

I, _____, certify under penalty or perjury that the above information is complete and accurate.

Signature: _____ Date: ____/____/____

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Instructions for Completing the State Central Register Database Check Form

Please note that all applicants must provide their complete addresses which they have resided for the last 28 YEARS.

It is extremely important that all information on the form can be easily read, so that data entry and results are accurate. Each SCR Database Check submitted should be reviewed for completeness and legibility by the camp program. If the form is incomplete or illegible, it will be returned to you for corrections.

APPLICANT/HOUSEHOLD MEMBER AREA:

- First line: Indicate your name. Last name first.
- Second line: Any maiden names, previous married names, or aliases by which you have been known. Circle whether it's maiden or alias. Use additional lines if there is more than one maiden/married/alias name to be listed. **Indicate "NONE" if there are no maiden or alias names.**
- If there are no other household members, check off box ☐ if you live alone below the "Maiden/Alias" line.
- Remaining lines: Indicate the names of all household members. **All household members that live with you are to be listed in this area of the form, regardless if they are related or not. Include all adults, children and roommates.** (Attach an additional page if needed.)
 - First column: indicate the **relationship** to the applicant, of each person listed as spouse, child, family member, or other.
 - Third column: indicate the **sex**. Fill in either M (Male) or F (Female) for each person listed.
 - Last column: fill in **date of birth** (mm/dd/yy) for each person listed.

ADDRESS AREA:

- Indicate all addresses that you have resided for the last 28 years or since birth in date order.
- Complete addresses are required. Include building number, street name/number, city/town/village and zip code. **Post Office box numbers are not acceptable.**
- If the applicant has lived abroad, indicate country and dates of residence. If the applicant has spent time in the military, list base names and locations along with dates. **Be sure that there are no periods of time unaccounted for.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on going back 28 years or since birth. **(Attach an additional page if needed.)**

SIGNATURE AREA:

- Only the applicant's signature is required.
- The signatures should match the applicant's name. For example, William Smith should not sign Will Smith.
- All signatures must be dated (mm/dd/yyyy). **The SCR will not accept a form with a signature date more than 6 months old.**

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK

Agency Use Only

SCR USE ONLY

REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE DOHMH	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: M	PHONE NUMBER (Area Code):
PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:			<p>The particular classifications of persons who may or may not be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box are also on the reverse side of this form.</p> <p>FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ HAS SERVICES THAT APPLY. IF NONE, STATE "NONE" IN RELATIONSHIP in the fields below</p> <p>(see reverse side for instructions) Attach additional page if necessary</p>	
AGENCY NAME: New York City Department of Health & Mental Hygiene				
AGENCY LIAISON: Bureau of Child Care				
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 indicted 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**

Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH mm dd yy		
APPLICANT	DOE	JANE	F	5	9	63
MAIDEN/ ALIAS	SMITH					
	<input type="checkbox"/> ← Check this box if you live alone.					
SPOUSE	DOE	JOHN	M	2	1	54
SON	DOE	JOHNNY	M	7	7	83
DAUGHTER	DOE	JANICE	F	3	20	02

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 and older. Attach additional pages if necessary.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
10 STRAWBERRY STREET	1 FL	APPLETON	NY	10599	8/10	PRESENT
PREVIOUS STREET ADDRESS 2 LAKE PLACE	APT # PH	CITY GREENTOWN	STATE NY	ZIP 10799	FROM 5/99	TO 7/10
PREVIOUS STREET ADDRESS 378 BROAD AVENUE	APT # 12H	CITY LONGWOOD	STATE NY	ZIP 10999	FROM 1/93	TO 5/99
PREVIOUS STREET ADDRESS 123 ORANGE ROAD	APT # 6F	CITY LEMONTOWN	STATE NY	ZIP 10699	FROM 1/90	TO 12/92
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true. 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 <i>Jane Doe</i>	DATE 1/15/2018	APPLICANT'S SIGNATURE	DATE
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Camp Name: Johnny B Good Day CampRecord ID#: 42322125Camp Address: 75 South Camp Road, Down Town, NY 10699

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

SCR USE ONLY

REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE DOHMH	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: M	PHONE NUMBER (Area Code): (646) 632-6100
PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:			<p>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</p> <p>FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below</p> <p>(see reverse side for instructions) Attach additional page if necessary.</p>	
AGENCY NAME: New York City Department of Health & Mental Hygiene				
AGENCY LIAISON: Bureau of Child Care				
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 indicted 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**

Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH mm dd yy		
APPLICANT						
MAIDEN/****ALIAS						
<input type="checkbox"/> ← Check this box if there are <u>no other household members</u> .						

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 and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO PRESENT
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR

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
-----------------------	------	-----------------------	------

Camp Name: _____

Record ID#: _____

Camp Address: _____

STATE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

APPLICANT NAME: _____

[illegible]

STATE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

APPLICANT NAME:

[illegible]

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Trip Itinerary & Parental Consent

For Off-Site and Swim Trips at a Summer Camp

Record ID#: _____

Camp Name: _____

Camp Address: _____

Borough: _____

Zip Code: _____

Trip Date	Trip Destination & Complete Address	Mode of Transportation	Activities (Include Hours for Swimming)	Parental Consent
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Consent

I, _____, the parent/legal guardian of _____,

(Parent Name)

(Camper Name)

_____ hereby give permission for him/her to participate in these trips and activities.

(Camper age)

Signature: _____ Date: _____

Trip Itinerary & Parental Consent

For Off-Site and Swim Trips at a Summer Camp

Record ID#: _____

Camp Name: _____

Camp Address: _____

Borough: _____

Zip Code: _____

Trip Date	Trip Destination & Complete Address	Mode of Transportation	Activities (Include Hours for Swimming)	Parental Consent
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Consent

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