

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE Mary T. Bassett, MD, MPH Commissioner

Frank Cresciullo
Assistant Commissioner

Bureau of Child Care 125 Worth Street Suite 315 – CN68 New York, NY 10013

+1 646 632 6100 tel +1 347 396 8054fax February 23, 2017

Dear Camp Operators:

The Department of Health and Mental Hygiene (DOHMH) welcomes all summer camp operators to the 2017 camp year. Renewing and prospective camp operators should apply now for a summer camp permit to provide care during the summer months, using the DOHMH Online Licensing System.

The online system allows applicants to submit their applications and pay applicable fees. You can access the system at www.nyc.gov/dohmhpermits. New applicants will need to create an account in order to submit the required camp application documents, fees, or proof of 501(c)(3) tax exemption status. Once accounts have been created, you may go online to submit new applications, request amendments, check on the status of your applications, and make payments.

Applicants should contact 311 for Assistance with the online system or contact your respective borough office with any questions you may have. We hope you find these improvements beneficial and that these changes provide efficiencies in the associated processes and your interaction with the DOHMH as you continue to provide for the health and safety for children in your care.

Sincerely,

Assistant Commissioner

This page is intentionally left blank.



SUMMER CAMP **NEW** PERMIT APPLICATION PROCEDURES AT A GLANCE BUREAU OF CHILD CARE

SUBMIT YOUR APPLICATION AT LEAST 90 DAYS PRIOR TO THE START DATE OF YOUR CAMP.

Summer Camp Applicants must use the Citywide Licensing System to renew or apply for a new permit, pay a permit fee, and pay outstanding violations. New camps will need to create an online account to apply.

Step 1: New Permit Applicants

- Go online to www.nyc.gov/dohmhpermits
- Create an account by clicking on "New User?" in the login box
- Login using your new "User Name" and password
- Click "Select An Online Service"
- Accept Terms and Agreements, click "Continue"
- Choose "Child Care Summer Camps Fee Exempt Permit Process" <u>or</u>

"Child Care - Summer Camps Permit Process"

☐ Children's Camp Facility and Staff Description

- Complete the online application

- UPLOAD DOCUMENTS INDIVIDUALLY

After attaching each document below, choose the "type" from the drop down list and
provide a description.
☐ Initial Site Survey Form (Initial Site Inspection Request Form)
☐ Affidavit
☐ Government Issued Photo Identification
☐ If you are Fee Exempt, submit proof of fee exemption — (Proof of ACS Contract or
501(c)(3) Status) and a letter of "current and good-standing" with the U.S.
Treasury Department, otherwise you must process the non-refundable \$200
permit fee. Retain a copy of the e-mail confirmation as proof of payment.
-The BCC will schedule and conduct a site viability inspection upon receipt of your Site
Inspection Request.
-Subsequently the following forms and documents must also be uploaded INDIVIDUALLY:

Camp Director SCR Database Check Form
Camp Director Certified Statement on Criminal History
Trip Itinerary and Parental Consent Form
Workers' Compensation Insurance
Proof of Current Disability Insurance Coverage
Proof of Current Comprehensive Liability Coverage
Motor Vehicle Insurance (Camp)
Certificate of Occupancy (C of O), or Temporary Certificate of Occupancy (TCO)
or Letter of No Objection (LNO). Either of these may be obtained from the NYC
Department of Buildings and shall not be expired prior to camp's start date.
(Please note: TCO or LNO may take up to 90 days to obtain.)



SUMMER CAMP **NEW** PERMIT APPLICATION PROCEDURES AT A GLANCE BUREAU OF CHILD CARE

Submit a Summer Camp Safety Plan for review to your respective borough Office. The Safety Plan template can be downloaded from our website at www.nyc.gov/health/camps, click on "NYC Summer Camp Safety Plan - For New Camps or New Camp Directors (PDF)". A copy 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 www.nyc.gov/health/camps, click "Camp Director's Information", then click "Online Service Registration."

After attendance, you will be given a certificate with a number starting with "CLD" which will be required before you receive your permit.

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

The following documents should be reviewed before hiring staff and shall be provided to the department upon request:

- 1. Health Director Certifications (e.g. Current CPR and Advance First Aid Certifications)
- 2. Aquatic Director Certifications (e.g. Current CPR and Lifeguard Management Certifications)
- 3. Sex Offender Registry Check by NYS Division of Criminal Justice Services for all staff
- 4. Letters of Reference from most recent employers
- 5. Staff Physical Examinations

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/camps.



SUMMER CAMP SITE INSPECTION REQUEST FORM

(Pursuant to Article 48 of the Health Code of the City of New York)

PLEASE PRINT ALL RESPONSES WHERE REQUIRED

1)	NAME OF APPLICANT/OWNER/SPONSOR	:
2)	NAME OF SUMMER CAMP (DBA):	
3)	NAME OF DIRECTOR WHO ATTENDED TH	HE DIRECTOR'S ORIENTATION:
4)	SITE ADDRESS AND APPLICANT CONTAC	CT Information:
Bui	lding No.: Street:	
Bor	rough/Town:	Zip:
Tel	No.: () (Where you may be reached at all times)	Fax No. ()
E-N	Iail Address:	Website:
5) Bui	MAILING ADDRESS (If different from	n site address):
	ough/Town:	
6)	PERMIT FOR WHICH YOU ARE APPLYING	G – Check only <u>one</u> :
	Summer Day Camp Municipal Summer Day Camp Children's Overnight Camp	☐ Traveling Summer Day Camp ☐ Developmentally Disabled Summer Day Camp

Are 20 percent or more	Are 20 percent or more of campers enrolled developmentally disabled?						
□Yes		□No					
7) OPERATIONAL INF		1			To		
Days Open: 🗖 SUN	☐ MON	☐ TUES	□ WED	☐ THURS	☐ FRI	□ SAT	Hours:
Open from::	_ u AM	□ PM		Close at:	<u>:</u>	AM [□ PM
Number of Camp Sess	ions:						
A. Session Date	S:						
F	FIRST SESSIO	N: FROM:		To):		
Sec	COND SESSIO	N: FROM:		To):		
Ti	HIRD SESSIO	N: FROM:		To):		
Fo	ORTH SESSIO	N: FROM:		To):		
8) ORGANIZATION TYPE – If known, check whether applicant is an: Individual Incorporated Organization Partnership Non-Profit 501(c)(3) (Note: Must submit Proof of Current Non-Profit Status)							
9) EMPLOYMENT IDENTIFICATION NUMBER (EIN):							
10) ORGANIZATION N	AME– If knov	wn:					
NAME OF INDIVIDUAL, PA	ARTNERSHIP O	R INCORPORATE	D OR UNINC	CORPORATED OR	GANIZATION:		
Warner Lygoppon a Trans		D. Fr. Lygonn	on t man.	Ew pp ny Covny	TOTAL CANA	D. m. F	
WHERE INCORPORATED:	<u>;</u>	DATE INCORPO	OKATED:	FILED IN COUN	IY OF:	DATE F	ILED

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.

Revised: Dec 2016 Page 2 of 6

OWNER/ BOARD MEMBERS – If applicable:

			RATOR/BOARD MEMBERS	
PRINT NAME:		TITLE:	HOME ADDRESS:	
Please use ar	nother piece of pape	 er for addi	tional board members.	
	Towner Process of Prope	<i>J</i> • • • • • • • • • • • • • • • • • • •		
1) Staffing	G – If known:			
II) DIAITIW				
	NAME:		HOME ADDRESS:	TELEPHONE:
CAMP OPERATOR				()
CAMP				, ,
DIRECTOR				()
2) OTHER P	ROGRAMS:			
commer	or anyone associated cial child care serv		s application <u>currently</u> operat	e any other residential
Do you commer	or anyone associate cial child care serv	ice?		e any other residential
Do you commer	or anyone associated cial child care serv	ice?		e any other residential
Do you commer Yes If yes ple	or anyone associate cial child care serv	ice?		
Do you commer Yes If yes ple	or anyone associated cial child care served No ease identify. Select	ice?	pply	e
Do you commer ☐ Yes If yes ple ☐ Group	or anyone associated cial child care served No ease identify. Selected Child Care	ice? t all that ap	oply □ School Based Child Care	e mily Day Care
Do you commer ☐ Yes If yes ple ☐ Group ☐ School	or anyone associated cial child care served. No ease identify. Selected Child Care 1-Age Child Care	ice? t all that ap	oply □ School Based Child Card □Family and/or Group Far	e mily Day Care
Do you commer Yes If yes ple Group School	or anyone associated cial child care served. No ease identify. Selected Child Care 1-Age Child Care	t all that ap	oply □ School Based Child Card □ Family and/or Group Fareficate or Registration number	e mily Day Care

Revised: Dec 2016 Page 3 of 6

NYC DOHMH BUREAU OF CHILD CARE SUMMER CAMP SITE INSPECTION REQUEST

Have you or anyone associated with this application ever operated a residential or commercic child care service? Yes No If yes please identify. Select all that apply Group Child Care School Based Child Care Family and/or Group Family Day Care Other If so, what is the Permit/License/Certificate or Registration number? Permit/License/Certificate/Registration #: If yes, please identify name (s) and address (es):	If yes, please identify name (s) a	nd address (es):	
Have you or anyone associated with this application ever operated a residential or commercic child care service? Yes No If yes please identify. Select all that apply Group Child Care School Based Child Care School-Age Child Care Family and/or Group Family Day Care Other 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 commercic child care service? Yes No If yes please identify. Select all that apply Group Child Care School Based Child Care School-Age Child Care Family and/or Group Family Day Care Other If so, what is the Permit/License/Certificate or Registration number? Permit/License/Certificate/Registration #: If yes, please identify name (s) and address (es):			
child care service? Yes No If yes please identify. Select all that apply Group Child Care School Based Child Care Family and/or Group Family Day Care Other If so, what is the Permit/License/Certificate or Registration number? Permit/License/Certificate/Registration #: If yes, please identify name (s) and address (es):			
If yes please identify. Select all that apply □ Group Child Care □ School Based Child Care □ School-Age Child Care □ Family and/or Group Family Day Care □ Other □ If so, what is the Permit/License/Certificate or Registration number? Permit/License/Certificate/Registration #: □ If yes, please identify name (s) and address (es):		with this application <u>ever</u> operated a residential or	commercia
☐ Group Child Care ☐ School Based Child Care ☐ Group Family Day Care ☐ Other ☐ Other ☐ Family and/or Group Family Day Care ☐ Other ☐ Other ☐ Family and/or Group Family Day Care ☐ Other ☐ Other ☐ Family and/or Group Family Day Care ☐ Other ☐ Other ☐ Family and/or Group Family Day Care ☐ Other ☐ Other ☐ Family and/or Group Family Day Care ☐ Other ☐	☐ Yes ☐ No		
□School-Age Child Care □Family and/or Group Family Day Care □Other If so, what is the Permit/License/Certificate or Registration number? Permit/License/Certificate/Registration #: □ □If yes, please identify name (s) and address (es):	If yes please identify. Select all t	hat apply	
If so, what is the Permit/License/Certificate or Registration number? Permit/License/Certificate/Registration #: If yes, please identify name (s) and address (es):	☐ Group Child Care	☐ School Based Child Care	
If so, what is the Permit/License/Certificate or Registration number? Permit/License/Certificate/Registration #:	□School-Age Child Care	☐Family and/or Group Family Day Care	
Permit/License/Certificate/Registration #:	□Other		
		-	
Have you or anyone associated with this application ever owned, operated, or worked at a	If yes, please identify name (s) a	nd address (es):	
Have you or anyone associated with this application ever owned, operated, or worked at a			
residential or commercial child care service that was suspended and / or revoked? Yes No	residential or commercial child		xed at a

Revised: Dec 2016 Page 4 of 6

If yes, please	e identify name (s) and add	dress (es):
	ROOMS TO BE USED FOR Came and the room's anticip	CARE OF CHILDREN – (Please identify the floor, room pated use):
FLOOR(S):	ROOM NUMBERS PER FLOOR	:
Please attack	h an additional sheet of pa	per to add more rooms.
4) Past History		
•		
	or anyone associated with ne related to this applicatio	this application <u>ever</u> operated a Summer Camp other on?
☐ Yes	□ No	
TC 1		
If yes pleas	se identify. Select all that a	apply
	Day Camp al Summer Day Camp 's Overnight Camp	☐ Traveling Summer Day Camp ☐ Developmentally Disabled Summer Day Camp
	S r	
If so, what	is the Permit/License/Cert	ificate or Registration number?
		_
Permit/Lic	ense/Certificate/Registration	on #:

Revised: Dec 2016 Page 5 of 6

NYC DOHMH BUREAU OF CHILD CARE SUMMER CAMP SITE INSPECTION REQUEST

If yes, please identify name (s), address (es) as	nd position held:
Have you or anyone associated with this appl summer camp whose permit was suspended a	
☐ Yes ☐ No	
If yes, please identify name (s) and address	s (es):
5) SIGNATURE OF SUBMITTER:	
SIGNATURE	DATE (MONTH/ DAY/ YEAR)
PRINT NAME	TITLE
RELATION TO APPLICANT	

Revised: Dec 2016 Page 6 of 6



NYC DEPARTMENT OF HELATH 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		Dате
BUILDING NO.	Street	
BOROUGH/CITY	STATE	ZIP CODE
Sworn to before me		
This day of		
Notary Public		

This page is intentionally left blank.



Children's Camp Facility and **Staff Description**

		camp Permit ving Camp Permit	CAMIS/RECORD ID:	#:	_	
		Section A - CA	MP INFORMATION			
Camp Organization	on/Sponsor: _					
DBA Name:						
Camp Site Addres	Camp Site Address:					
				Borough Zip code		
				el. #:		
Camp Type:			□Overnight Camp	□Developmentally Disable		
Camp Type. Di	Day Camp	☐Traveling Camp		Developmentally disable		
			B - FACILITY			
Camp Tel #:		Ca	mp Fax #:			
Days Open: □Su		JW □Th □F □Sa	Hours: From	_:::		
		Section C	- Sessions			
If your program ha	as more than	1 session, provide the	e open and close dates	s for each.		
Session 1 Ope	en Date	Close Date_		Trips ltinerary submitted		
Session 2 Ope	en Date	Close Date_	□No 1	,		
•		Close Date_		,		
Session 4 Ope	en Date	Close Date_	□No 1	Trips □Itinerary submitted		
Use a separate sh	neet of paper	for additional session	ns.			
		Section D- Ser	VICES/ACTIVITIES		Į	
☐ Amusement Pa☐ Aquatics Them☐ Archery☐ Arts & Crafts☐ Aquatics Off-Si☐ Aquatics On-Si☐ Aquatics Wilde☐ Bicycling☐ Boating/Canoe☐ Bowling☐	e Parks te Swim te Swim rness Swim	☐ Classroom Instruction ☐ Cooking ☐ Court Sports ☐ Dance ☐ Field Sports ☐ Fishing ☐ Go Carts ☐ Gymnastics ☐ Hiking	☐ Horseback Riding ☐ Ice Skating ☐ Martial Arts ☐ Nature Study/Walks ☐ Off-Site Trips ☐ Organized Games ☐ Overnight Trips ☐ Petting Zoo ☐ Rock Climbing ☐ Ropes/Challenge	☐ Zip Lining		

CAMIS/RECORD ID#:	
-------------------	--

	Section E - CAPACITY			
Check one: ☐ Certificate of C ☐ Temporary Ce ☐ Letter of No O	ot exceed Certificate of Occupancy/Letter of No Objection. Occupancy (CO) attached/previously submitted rtificate of Occupancy (TCO) attached, Expiration Date://			
	Section F - STAFF			
Name of Camp (Operator _(Required) :			
Name of Camp I	Director _(Required) :			
Orientation Atte	ndance://			
Experience/Qua	lification:			
	owing with this application: ng supervisory camp experience (for New Directors)			
Orientation Atten	ctor _(Optional) :,,			
Provide the following with this application: □Resume showing supervisory camp experience				
Name of Health [Director _(Required) :			
Qualifications:	□ Physician □ Physician Assistant □ Nurse Practitioner □ Registered Nurse □ Licensed Practical Nurse □ Emergency Medical Technician □ Other (CPR Pro and Advance First Aid)			
	NYS Certificate/License# (if applicable):			
Check only one: ☐ Health Directo ☐ Health Directo				

	C	CAMIS/RECORD ID#:	
	ions must be made available up		. 5
Certifications	*Course Provider	*Course Title	Issue Date
CPR PRO			
Advance First Aid			
*Refer to the "Guideline	es for Aquatic, CPR and First Aid	d Certifications" for accepted c	ourses.
You may skip this se Theme Park services	ction if your program does no	t provide Swimming, Boating	յ, or Aquatics
Name of Aquatics Dire	ctor:	,	
Orientation Attendance	Date Attended or Will Attend		
Experience/Qualification	on:		
Provide the following: ☐Resume showing qu	alifying experience (for New Aqu	natic Directors)	
The following certificati	ions must be made available up	time of inspection:	
Certifications	*Course Provider	*Course Title	Issue Date
CPR PRO			
Lifeguard Manageme	nt		
	es for Aquatic, CPR and First Aid	d Certifications" for accepted c	ourses.
	Section G – Rooms – Do Not	Leave This Section Blank	
Room Type (e.g. Bathroom	ı, Classroom, Play Area, Pool etc.)	Floor # (e.g. 1st, basement, cellar)	Room #
	ID #:		
Pool CAMIS/RECORD	(for on-site pools only)	<u></u>	
	Section H - In	ISURANCE	

Worker's Compensation

Certificate Attached: ☐C-105.2

Issued by Insurance Carrier □SI-12 Self-Insured **□**U26.3 □GSI-105.2 Group Self-Insured NYS Insurance Fund

☐ "NYC DOHMH, 125 Worth Street, New York, NY 10013" is listed as the certificate holder.

□CE-200

Exempt

CAMIS/RECORD ID#:
Disability
Certificate Attached: DB120.1 DB-155 Self-Insured Exempt
□ "NYC DOHMH, 125 Worth Street, New York, NY 10013" is listed as the certificate holder.
General Liability
□Proof Attached (showing policy number, expiration date, coverage amount)
Vehicular Liability Does your program own, rent, or charter vehicles for Trips or Pick Up/Drop Off Service?
□Not Applicable □Yes - Proof Attached (showing policy number, expiration date, coverage amount)
Section I - SAFETY PLAN
Check one: ☐ New Safety Plan Submitted ☐ Safety Plan previously submitted, updated pages attached ☐ Safety Plan previously submitted, no updates needed
Section J - PARENT INFORMATION STATEMENT
Section 48.29 of the NYC Health Code requires a written statement be provided by each camp to all parents or guardians describing that
 the camp is licensed by the New York City Department of Health and Mental Hygiene is inspected twice yearly and includes the address where inspection reports are filed
☐ The above information will be provided to parents/guardians with the enrollment application forms and/or enrollment contract forms.
SIGNATURE
I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS FORM IS TRUE:
Signature of Camp Operator/Director:
Print Name:
PENALTY FOR FALSE OR MISLEADING STATEMENTS - MADE ORALLY OR IN WRITING - MAY RESULT IN A MONETARY VIOLATION AND/OR IN A DENIAL OR REVOCATION OF YOUR

SUMMER CAMP PERMIT.



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

SCR	USE	ONLY
OUEOTIB		

REQUEST I.D.:

STATEWIDE CENTRAL REGISTER DATABASE CHECK

				Ag	jency Use	Only								
									ASE PRINT		1			
AGENCY CODE	RES	OURCE I.D. (R	ID)	CHILD CAR	E FACILITY SY	STEM (CCFS) N	IUMBER:	CAT	EGORY USE AL	PHA CODE:	PHONE NU	MBER (Ar	rea Code):	
DOHMH								М						
PRINT BELOW	THE A	DDRESS TO	WHICH YO	DU WANT	THE RESPO	NSE RETUR	NED:			assifications of p			or nay	
AGENCY NAME:	Ne	w York C	ity Depar	tment of	Health 8	Mental H	ygiene	The	alpha codes	to complete the	e "Categ	y" box a	a	re also
AGENCY LIAISON:	Bu	reau of C	hild Care					you	r spouse, you		olk in e for any ther p SULE Y	olk ving ber 16	p your s) in you	rself, ir home
STREET ADDRESS:								MAI STA	IT = N JAME AT = "NONE"	VAS IE IC	STIAT A	APPLY e fields	. IF NOI below	NE,
CITY:			STATE:		ZIP CODE	:		,	e reverse id essal	for instructions	s) Attach a	dditiona	al page i	f
The purpose of Law is to enable the subject of a Law.	e the N	N.Y.S. Office	of Childre	n and Fan	nily Services	s to identify v	with the gre	eatest	t degree of c	ertainty, whethe	r the perso	n(s) be	ing scre	ened is
		AF	PLICAN	T/HOUS	SEHOLD	MEMBER	AREA		*PLE	ASE TYPE	OR PRIN	IT CL	EARL'	Y
Relationship Applicant	to		L	AST NAM	1E				FIRST NAM	ИΕ	SEX M/F	DAT mm	E OF BI dd	RTH yy
APPLICAN	т	DOE					JA	ANE			F	5	9	63
MAIDEN/ALI/	AS	SMI	TH											
		□ ←(Check this	s box if y	you live a	lone.								
SPOUSE		DOE					JC	OHN	1		W	2	1	54
SON		DOE					JC	ЛНС	INY		W	7	7	83
DAUGHTE	ER	DOE					JA	ENA	⊏ <i>C</i> E		F	3	20	02
Please provide y Foster Care, Far necessary.														
CURRENT STREET					APT#	CITY			STATE	ZIP	FROI			TO SENT
10 STRAW			EE I		1 FL	APPLET	ON		NY	10599	8/0			
PREVIOUS STREET 2 LAKE PL		SS			PH	GREEN'	TOWN		NY NY	^{ZIP} 10799	5/9			то ' 01
PREVIOUS STREET					APT#	CITY	10.05		STATE	ZIP	FROI			TO
378 BROA					12H	LONGN	VOOD		NY	10999 ZIP	1/89 FROI			93 TO
123 ORAN					6F	LEMON	<u>MOTI</u>	1	NY	10699	1/87			/88
PREVIOUS STREET	ADDRE	SS			APT#	CITY			STATE	ZIP	FROI	М		то
I affirm that all the dismissal from e										nents, such action	on could be	e groun	ds for d	enial or
APPLICANT'S SIG		JRE			DATE 1/15/2				S SIGNATURE	Ē		DATE		
Camp Name	e:	•							CAMIS	KRECORD II	D#:	423	22125	1
Camp Addre	<u> </u>					mp Road,	Down	Tow	_ /n, NY 10					

Camp Address:

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES OFFICE OF CHILDREN DATABASE CHECK

SCR	HICE	V

REQUEST I.D.:

	317	~ I L VV II	DL CL		gency Use		אואטאור	SE CHECK						
			ALL I	NFORMA	ATION MUS	T BE CO	MPLETE.	PLEASE PRINT	OR TYPE					
AGENCY CODE	RESO	URCE I.D. (R	ID)	CHILD CAF	RE FACILITY SYS	STEM (CCFS)	NUMBER:	CATEGORY USE ALP	HA CODE:	PHON	E NUMBER	R (Area C	ode):	
DOHMH								M		(64	6) 632	-6100		
PRINT BELOW								The particular cla screened are set	forth on the	reverse s	ide of th	is docu	ıment.	
AGENCY NAME:	New	/ York C	ity Depa	rtment c	of Health &	Mental H	Hygiene	The alpha codes on the reverse side			egory" bo	ox abov	e are a	IISO
AGENCY LIAISON:	Bure	eau of C	hild Care	e				FOR ALL CATEO your spouse, you at the present	r children an	d any oth	ner perso	on(s) in	your ho	ome
STREET ADDRESS:								MAIDEN NAME/A STATE "NONE" L	LIAS SECT	IONS TH	IAT APP	LY. IF	NONE,	,
CITY:			STATE:		ZIP CODE:	:		(see reverse side necessary.	for instruction	ons) Atta	ch additi	onal pa	ige if	
Law is to enab	le the N.	Y.S. Office ed child ab	e of Childrouse or ma	en and Fa altreatmen	mily Services	to identify utilization o	with the gr of this inforr	o are not screened eatest degree of ce nation in a discrimin	rtainty, whet	her the p er is cont	erson(s) rary to t) being he Hum	screene nan Rigl	ed is
Relationsh Applicar		Λ.	LIOAI	LAST NA				FIRST NA			SEX M/F	I	E OF B	IRTH yy
APPLICA	TN													
MAIDEN/AI	LIAS													
			← Chec	k this bo	x if you liv	e alone.								
					<u> </u>									
								for the last <u>28 YEA</u> for household mem			city and	state.	For <u>Ado</u>	ption,
CURRENT STREET	T ADDRES	s			APT#	CITY		STATE	ZIP		FROM /			o SENT
PREVIOUS STREE	T ADDRES	S			APT#	CITY		STATE	ZIP		FROM			TO /
PREVIOUS STREE	T ADDRES	S			APT#	CITY		STATE	ZIP		FROM /			ro /
PREVIOUS STREE	T ADDRES	SS			APT #	CITY		STATE	ZIP		FROM /		Т	YEAR
PREVIOUS STREE	T ADDRES	SS			APT #	CITY		STATE	ZIP		FROM /			ro /
								I understand that if		give false	statem	ents, su	MONTH uch action	
could be ground			missal fror	n employn	nent or denia	l or revoca		ense, certificate, pe CANT'S SIGNATURE	rmit, registra	ation or a		ATE		
		-										··-		
Camp Name	ə:								RECOF	RD ID#:				

This page is intentionally left blank.

STAPLE TO LDSS-3370 (IF NEEDED)

STATE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

(Use only if the space on the LDSS-3370 form is not sufficient)

APPLICANT NAME:	

Print clearly. All dates must be consecutive. Be sure to associate address histories with particular individuals

Previous Street Address	Apt #	City	State	Zip	From	То
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					MONTH YEAR	MONTH YEAR
					MONTH TEAR	MONTH TEAR
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					MONTH VEAD	MONTH VEAD
					MONTH YEAR	MONTH YEAR
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR
					/	/
					MONTH YEAR	MONTH YEAR

STAPLE TO LDSS-3370 (IF NEEDED)

STATE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE

(Use only if the space on the LDSS-3370 form is not sufficient)

APPLICANT NAME:		
	Other Household Members are (please print clearly):	

SCR Use	Relationship to			Sex	Da	te of B	irth
Only	Relationship to Applicant	Last Name	First Name	M/F	ММ	DD	YY
							-
							
							+
							-
							+
							-
							_
							-
					-		
					<u> </u>		<u> </u>
					1		
						1	↓



Prospective Children's Camp Director Certified Statement

Relative to Conviction of a Crime or the Existence of a Pending Criminal Action

	C/	AMIS/RECORD ID#:
Directo	or's Name:	Date of Birth:/
Home .	Address:Building Address	City State Zip code
	ou ever been convicted of a crime (i.e. misdemeano pending against you?	r felony) or do you presently have a criminal
Yes □	No □ If "Yes", submit a copy of the disposition	on 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 char	ged with:
4.	The nature of the incident which resulted in the crimin	nal conviction or charge:
5.	The city, county and state you were convicted in or are	e presently charged in:
6.	The name of the court you were convicted in or are pr	esently charged in:
7.	The penalties imposed as a result of the conviction (i.e.	e., fine, jail term, restitution, etc.):
8.	For each of the penalties imposed, list on the other sid penalty was complied with (i.e. date fine or restitution completed, etc.)	
I,	, certify under	penalty or perjury that the above information
	plete and accurate.	
Signat	ure: D	Pate:/
Sponso	or/Camp Name:	
Camp	Address:Building Address	City State Zip code

This page is intentionally left blank.



Trip Itinerary & Parental Consent Form For Off-Site and Swim Trips

Camp Name:	Session #:	CAMIS/RECORD ID#:	RD ID#:	
Camp Address:	(Building Addrops)	(Dorotok)		(Zip pode)
:	(Bullaing Addre			(zip coae)
*If swim trip is not an all-day event, provide hours	event, provide hours ***"It camp uses "public transportation",	on", indicate		
Trip Date & (Swim Hours)*	Trip Destination & Complete Address	Mode of Transportation**	Activities	Parental Consent
				Yes□ No□
				Yes No
				Yes No
	Parental Consent:			
	(Parent Name), the parent/legal guardian of		(Camper Name)	
(Camper Age) here	hereby give permission for him/her to participate in the trips and	and activities as indica	activities as indicated on the above itinerary.	itinerary.
Signature:		Date:		

Use additional pages as needed.

This page is intentionally left blank.



BUREAU OF CHILD CARE RESOURCE LIST FOR SUMMER CAMP PERMIT APPLICANTS

Bureau of Child Care (BCC) Administrative Office

For more information, visit: www.nyc.gov/health/childcare. Please direct questions to the office in which you plan to operate your Summer Camp. Walk-in hours at all offices are Tuesday through Thursday, from 9 a.m. to 4 p.m., or by appointment.

Fee Processing Unit

125 Worth Street, 3rd Fl, Room 315, Box 68 New York, NY 10013 Tel: (646) 632-6100

Fax: (347) 396-8054

Bureau of Child Care (BCC) Borough Offices

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

Brooklyn Office

195 Montague Street, 4th floor Brooklyn, NY 11201 Tel: (718) 222-6323

Fax: (347) 396-8957

Bronx Office

1309 Fulton Avenue, 4th floor Bronx, NY 10456

Tel: (718) 579-7775 Fax: (347)396-8959

Queens Office

90-27 Parsons Boulevard, Suite 300 Jamaica, NY 11432 Tel: (718) 480-2263/2265

Fax: (347) 396-8955

Other New York City Agencies

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

How to Search for a Certificate of Occupancy

To search for an existing Certificate of Occupancy, visit **NYC Department of Buildings** website: www.nyc.gov/buildings
For information and application **forms to amend** or apply for a Certificate of Occupancy (CO) or Letter of No Objection (LNO) visit: http://www1.nyc.gov/site/buildings/about/forms.page

How to Obtain a Certificate of Fitness

NYC Fire Department: http://www.nyc.gov/fdny

The Fire Department issues Certificates of Fitness by providing written examinations to applicants. A valid Certificate of Fitness is required by laws and regulations to conduct child care within New York City. One employee at the child care service must hold a **Certificate of Fitness for Fire Alarm Systems and other Related Systems** called, "S-95." 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, visit: http://www1.nyc.gov/site/fdny/business/all-certificates-of-fitness.page or contact: (718)999-1988 or (718)999-2504.

BCC Dec. 2016 Page 1 of 2



NYS Sex Offender Registry

Article 13-B of Public Health Law requires children's camp operators to determine whether an employee or volunteer is listed on the NYS Division of Criminal Justice Services (DCJS) Sex Offender Registry. Checks of the Registry must be completed prior to the day the employee or volunteer starts work at the camp and annually thereafter prior to their arrival at camp. The law applies to all children's camps (day, traveling day and overnight) and to all prospective employees and volunteers at the camp regardless of their job title/responsibilities or employment status (full or parttime). For more information regarding the Division of Criminal Justice Services Sex Offender Registry, call (518) 457-3167 or visit their website http://www.criminaljustice.nv.gov/nsor/800info cdsubmit.htm

How to Submit a Child Abuse Clearance Form

State Central Register for Child Abuse and Maltreatment (SCR)

As part of the initial permit application process, Camp Directors proposing to operate a summer camp must complete and submit a hard copy of the child abuse clearance form (LDSS-3370), along with the application to their respective BCC borough office. This form and instructions may be downloaded from our webpage at www.nyc.gov/health/camps (click on "Camp Directors' Information", then "Obtain a Permit to Operate a Summer Camp").



NYC Child Care Connect is an online portal that includes a group child care center directory and a free messaging service that parents and caregivers can sign up for to receive notifications about specific child care centers. Profiles include the program's approved age range, capacity, years in operation and a three-year performance summary. Visit www.nyc.gov and search for "NYC Child Care Connect"

REMINDER:

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 and others.

Call **1-800-635-1522** or **311** to report suspicions of child abuse or neglect. If a child is in immediate danger, call 911.

BCC Dec. 2016 Page 2 of 2



Examples of ACCEPTABLE Proof of Insurance for Summer Camps

C-105.2 - Certificate of Worker's Compensation (issued by applicant's insurance carrier)

C-100.2 (9-07)	Talephon Musike discussion and show housed agent discussion action. The New York Orly insurance corriers and show housed agent are authorized to insur Norm C-101.2 housease besters are NOT authorized to may it.	Approved by: (Signature)	Approved by: (Print same of subtorized representati	Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the numed must ed hat the coverage at depicted on this form.	Plane New Type the consolitions of the workers' compression polary indicated on this first, if the behavior contents to the annel on private forces or content insuled by a contition is below the behavior and private the contents below with a sew Contitions of Worker's Compression Coverage or other understoop profit and the behavior is complying with the mendatory overage requirements of the New Works' to the Worker's Compression Law.	The hormouse Carteer will also only the dress configure helder which in the graphy is convoked as in employment of personness or within 100 km fill the conversal and the configure of personness of the conversal and the conversal	This cuttion that the immuno contributioned shows in box 17 immun the brainest referenced shows in box 11 fer reduct companion made the World School March Companion. Lime (Som this or Note 10 fer reduct for the third Note 10 fer reduct of the section of the third Note 10 fer reduct of the section of the third Note 10 fer reduct of the section of the third Note 10 fer reduct of the section of the third Note 10 fer reduct of the section of the third Note 10 fer reduct of the third Note 10 fer reduction of the third Note 10 fer reduction the third Note 10 fer reduction of the third Note 10 fer reduction to the contribution of the third Note 10 fer reduction the thi		New York CITy Department of Health and Mental Hygiene 125 Worth Street 125 Worth Street New York, NY 10013	2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	Work Location of last wed (Only required Fewerenge is prefetably limited to certain locations in New York State, i.e., a Weign-Up Policy)	PROVIDER'S INFORMATION	In Legal Name & Address of Insured (Use street address only)	WORKERS' COMPENSATION BOARD CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE
www.ucb.shtu.ay.us	nations cannot the Form C-105.2. Inturance backers are NOT	(Date)	of the whether companies as placy indicated as the lense of the historic contains to be found by the condition belong the condition belong the lense and provide the condition belong the lense of the best of the lense of the le	n (O days IP spolicy is convolved that to morphyment of previous or a that cannot the policy or alterious the trained from the converge to the control the policy or alterious the trained from the converge II. Otherwise, this Configurate is madely for one year gifter that from a policy expirations due thank in box. "It", whichever is earlier or policy expiration due thank in box. "It", whichever is earlier.	instruct the business referenced above in box "la" for worker." (To use this form, New York [NN] must be fitted under Litten Ad- tion explicity. The learnance Comes or in his most appear will send holder in box "l".	M. The Propriette, Partment of Executive Officers are included, (top-duck test if incursorities included) all excluded or certain partment/different excluded.	3b. Policy Number of entity fixed in box "1a" 3c. Policy effective period	3s. Name of Insurance Currier	1d. Peder al Employer Identification Number of Incured or Social Security Number	Ic. NVS Unemployment Incurance Employer Registration Number of Incured	1b. Buiness Telephone Number of Insured	PENSATION INSURANCE COVERAGE		

GSI-105.2 - Certificate of Participation in Worker's Compensation Group Self-Insurance

TATE OF MENT YOUR TOTAL CONTRACT OF THE MENT YOUR TOTAL CONTRACT OF THE MENT YOUR TOTAL OF THE MENT OF THE MENT YOUR TATE OF THE MENT O	VOOR ATON BOALD ENGATION INSURANCE COVERAGE III Brainor Telephane Number of Innered
In Legal Name & Address of Incured (Use street address only)	1b. Businers Telephone Number of Invared
PROVIDER'S INFORMATION	le. NYS Chempleyment Leurance Employer Registration Number of Insured
Work Location of Enured (Only required freeways is specifically limited to certain locations in New York State, Le., e Wigs-Cly Pastops	14. Federal Employer Identification Number of Incured or Social Security Number
 Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) 	Sa. Name of Invarance Carrier
New York City Department of Health and Mental Physiote	3h. Policy Number of eatily listed in bex "Is"
125 Worth Street New York, NY 10013	Sc. Policy effective period to
	AL. The Properient, Partners or Euroscies Offices are included, shap deal but it of partners without all excluded or certain partners officers excluded.
This creditor shall the jumping contract places down is No. ") many to be brained reference down is No. "I. if we shall recognize the brained reference down in No. "I. if we shall recognize the brain of the Contract of the State of	ment the business referenced above in two, "15" for workers' for whether two the first form, New York (NY) must be kined under Jung JA, and pakely). The homomore Currier or in homosof apour will send order in Nov. "".
The Austrace Common the described in development of the transition of the pages to consider the an employment of presence of the Austrace Common the described in the contract of the contract	19 day: IP a policy is concried the to nonpayment of premiums or that cause the policy or extended the trian of from the county of Otherwood, the Confidence in walls for one year of the firm policy capitation date threat in how "to", which can't it settlier.
Parton Nine; Upon the constitution of the restore: compression pulsar belasted on this form, if the behavior, content to be asset on a permit, former construction permit or constitution of the restore constitution of the restore content to the permit of the restore content to the restore content to the restore to complete with the manufactor coverage requirement of the Nova Text (2) the relativistic Compression Law.	solicy indicated on this form, if the business continues to be the business must provide that outdicate holder with a new of proof that the business is complying with the mandatory bro Lee.
Under pendly of perjure, Locatify that I man and scheduled representation to Benned appeal of the incursors curiest referenced above the stand incursors curiest referenced above the stand incursors curiest performs of the standard to the curvey on depleted on their terms of the standard to the curvey on depleted on their terms of their standard terms of their stan	ability or licensed agend of the insurance curies referenced his tiern.
Approved by: (Squares) (Shari)	(Bas)
Tide	
Tolephase Number of subscined representative or licensed agons of increases carrier. Please News Only increases corriers and metr increased agons are authorized to totae Form C-105.2. Increases brokers are NOT authorized to time it.	united carrier: united to little Form C-105.2. Intermice brokers are NOT
C-105.2 (9-40)	www.wcb.stne.zy.us

U-26.3 - Certificate of Worker's Compensation Insurance (issued by the State Insurance Fund)

TO ALCOHOLOGY (ALCOHOLOGY)	DISCOMERGE APIG	THE CHITTENIN OF THE CH	MARKWACTOR	PROVIDER	VISIE New Y
ONLY AND HE GOD AND THE STATE OF THE STATE O	mant of A works of the control of th	The state of the s	CONTRACTOR NUMBER	PROVIDER INFORMATION	New York State Insurance Fund Water Companies Touches Insurance Transport Touches Touches Transport GENTFIGHT OF WORKERS COMPENSATI
HERW VOORS II	CHARLES REMIED A ARTHUR OF MERCHANIC PARCHETE, AS SIGN AND ANALYSIS OF MERCHANIC PARCHETE, AS SIGN AND ANALYSIS OF MERCHANIC PARCHETE OF ARTHUR OF ARTHUR AND ARTHUR	The state of the s	MANAGE SECTION OF THE CONTRACTOR	CENTRICATE INCOME Now York City Department of Brash and Messal Brains 12 Words Steed New York, NO. 2003;1-5	York State Insurance Fund Originates a State Insurance Fund Originates a State Insurance Insurance Originates of Moderates Compression visities CESTIFICATE OF WORKERS COMPRISATION RESIDENCE.
PODRY STATE REQUIREMENT FUND PARTY TO THE PROPERTY OF THE PARTY OF TH	CIRC OF WATER	MEN METER AND MARKET BY METER	NEOCON BUNG	able and Mestal	

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

Triaginus Manhou. Plant Nate Only insurance consters laward to find characters remains are authorized to laws On-120 (0-04).	Shar Signed	Asserding to information material by the NYTI Workers' Class Distributed States Law with respect to 10' of States employees	Talephone Number Part of Factors and According to the Conference of the Conference	The state of the s	Notice terms L. All of the regulour's employee eligible out L. Coly the filler-sign flass or flasses of the eligible point of the eligib	New York City Department of Health and Mental Hypiene 125 Worth Street New York, NY 10013	 Name and Andreas of the Society Reporting Proof of Country (Society Money Listed as the Constitute States) 	14. Liggi Stee and Address of Brassed (Due store address selfs) PROVIDER'S INFORMATION	PART 1. To be completed by Deadelity	CHRESPICATE OF INCUSANCE
Tales to the comment of the comment	By Blasses of the Walson Conference Based Superposit	action? Compensation Blood, the above remaid explicites has complished with the NYS employees.	Note the second of the second	And a very second observable to both types of the second observable and second observabl	tran data unight ke tha pugin membak transi da unight piperent da unight projection i transi que d'a transactation demoi des par da semprende a transi desse	fealth and 19. Princy North of many hand in two "IC" No Princy officer general.	Proof of Se. Sween of Samouna's Carrier and States (Carrier)	the deless of () 10 fluidos (Teleplano Postorio Material 10 (Teleplano Postorio Material 10 (Teleplano Postorio Material 10 fluidos (Teleplano Postorio	PART 1. To be completed by Disability Humble Corrier or Learned Inverser Agent of that Corrier	WINDOWS OF ENGINEERS OF ENGINEERS OF CONTRACT CONTRACT OF ENGINEERS LAW

SI-12 - Certificate of Worker's Compensation
Self-Insurance



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

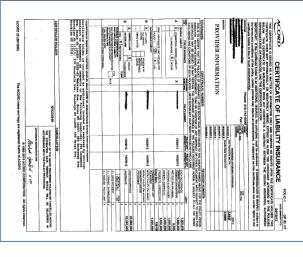




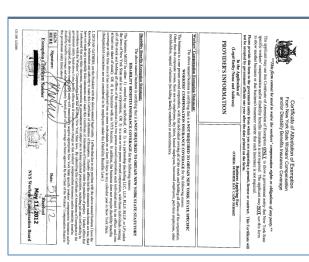
Examples of ACCEPTABLE Proof of Insurance for Summer Camps

Comprehensive Liability or Auto Insurance

Comprehensive and Auto Insurance certificates must show, Policy #, Coverage Amount, and Expiration



CE-200 - Exemption of Worker's Compensation and/or Disability Insurance



Workers' Compensation and Disability policy must

name the Department of Health and Mental Hygiene, located at 125 Worth Street, CN17A, New York, NY 10013 as the Certificate Holder.

the certificate should indicate that the camp program is an "additional insured." If a transportation service has provided their Vehicle insurance certificate,