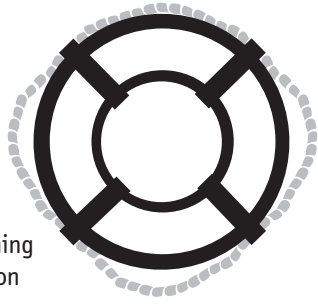


Camp Safety

Are the camp facilities and activities safe?

The camp operator must develop a written plan to include maintenance of facilities, provisions for training staff members and orientation of campers, supervision of campers, campsite hazards, emergency procedures and drills, safety procedures and equipment for program activities.



Swimming

Are waterfront personnel qualified?

Are campers always supervised while in the water?

All waterfront activities at camps in New York State must be supervised by an experienced certified lifeguard or water safety instructor. On site, one qualified lifeguard is required for every 25 bathers. All aquatic staff are required to be trained in cardiopulmonary resuscitation (CPR).

Camps that use off-site pools or beaches operated by others must make special arrangements to provide a safe activity. Even off site, the camp remains responsible for supervising campers.

Some children's camps use sites for swimming that are not inspected by local health departments. Parental permission is required in these instances, and the camp must follow established guidelines to protect campers.

While campers are involved in aquatic activities on site, there must be one counselor for every 10 campers eight years or older; there must be one counselor for every eight children aged six and seven; and one counselor for every six children younger than six years old. When swimming off-site, there must be one counselor for every eight campers six years or older and one counselor for every six campers younger than six years.



Are bathing areas marked off for various swimming skills? Are campers tested to determine their level of swimming ability before participating in aquatic activities? Are nonswimmers kept in water less than chest deep? Is the buddy system used? Are campers required to wear life preservers when boating or canoeing?

New York State regulation requires that the answers to all these questions must be "yes."

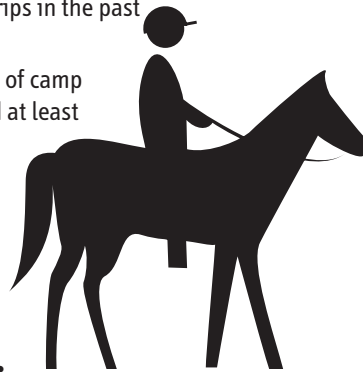
Camp Trips

Are camp trips supervised by counselors who have the maturity and experience to make decisions that could affect the safety of campers?

All trips must be supervised by a trip leader who is at least 18 years old and competent in the activity. Counselors must accompany trips and all staff must review the safety plan prior to the trip.

Counselors should have the skills and expertise in the camp activity (canoeing, rock-climbing, etc.) to handle any emergency that might arise. Ask whether the camp has conducted similar trips in the past without incident.

In New York State, the drivers of camp vehicles must be licensed and at least 18-years-old. Seat belts must be worn when provided and vehicle capacities not exceeded. When transporting children in a truck, only a truck cab can be used.



Sports and Activities

How are activities in craft shops supervised, especially when campers are using dangerous tools, such as power saws and lathes? Are archery and rifle ranges at a safe distance from activity centers? Are spectators protected at baseball fields and similar areas? Do players wear protective equipment?

State regulation requires that archery, riflery and horseback riding be supervised by counselors with special training in those activities.

Fire Safety

Are there periodic fire drills for both campers and staff? Does each floor of every building have fire exits in two different locations? Are flammable materials (gasoline, pool chemicals, etc.) stored away from activity centers and kept under lock and key? Are functioning smoke detectors located in every sleeping room?

All of the above are mandatory in New York State.



Location and Facilities

Are barriers erected against such natural hazards as cliffs and swamps? Are foot trails located away from such dangerous areas and from heavily traveled roads and highways? Do the camp facilities (bunks, bathrooms, mess hall, recreation facilities) meet your aesthetic tastes and those of your child? Is the camp located in an area that will not aggravate your child's allergies? Will your child be required to perform chores, such as cleaning or cooking?

For information on the camp's location and facilities, visit the camp or interview the camp operator by telephone, prior to making a decision to enroll your child at the camp.

Nutrition

Are good health practices observed in the camp kitchens, dining areas and food services? Does the camp serve food your child likes?

At camps in New York State, food must be prepared from inspected sources. Food preparation and handling activities are reviewed to assure safe and sanitary practices. Kitchen employees must be healthy and follow hygienic practices. Potentially hazardous food must be maintained below 45°F or above 140°F.



Rights and Responsibilities

The regulatory program of the New York State Department of Health places specific responsibilities on camp operators, and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

Rights of Parents and Guardians

- To be informed by the camp director, or his or her designee, of any incident involving your child, including serious injury, illness or abuse.
- To review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp a permit to operate (present and past reports are available).
- To review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

Responsibilities of the Camp Operator

- To inform you and the local health department if your child is involved in any serious injury, illness or abuse incident.
- To screen the background and qualifications of all staff.
- To train staff about their duties.
- To provide supervision for all campers 24 hours a day at overnight camps, and during hours of operation for day camps.
- To maintain all camp physical facilities in a safe and sanitary condition.
- To provide safe and wholesome meals.
- To have and follow required written plans for camp safety, health and fire safety.
- To notify the parent or guardian, with the enrollment application or enrollment contract, that:
 - the camp must have a permit to operate from the New York State Department of Health or the designated permit-issuing official;

- the camp is required to be inspected twice yearly; and
- the inspection reports and required plans are filed (address of state, county or city health department) and available for their review.

Responsibilities of Local Health Departments

- To review and approve the required written camp plans for compliance.
- To inspect camps to assure that: (1) all physical facilities are properly operated and maintained; and (2) adequate supervision exists to provide a healthy and safe environment in accordance with the New York State Sanitary Code.
- To issue a permit to operate when the required plans and inspection results are satisfactory.
- To investigate reports of serious incidents of injury, illness and all allegations of abuse or maltreatment.
- When requested, to provide parents or guardians of prospective campers an opportunity to review inspection reports and required plans.

The time and effort spent in selecting the camp your youngster will attend is important. Keep in touch, especially if it is your child's first camp experience. If possible, visit the camp before and during the camping season.

Information

For further information about New York State health laws relating to summer camps, call the State Health Department's Bureau of Community Environmental Health and Food Protection in Troy at 1-(800) 458-1158, ext. 27600.



Children's Camps in New York State



In New York State, summer camps must have a state, city or county health department permit to operate legally. These permits are issued only if the camp is in compliance with the state's health regulations. The permit to operate must be displayed in a conspicuous place on the premises.

The camp must be inspected twice yearly by a health department representative. At least one inspection must be made during the time the camp is in operation. Each camp is checked to make sure that the physical facilities are safe and that supervision is adequate.

When choosing a summer camp for your child, consider the following:

Staff Credentials/Supervision

What are the qualifications of the camp director?

The New York State Health Code requires that the director of an overnight camp be at least 25-years-old or hold a bachelor's degree; a day camp director must be at least 21-years-old.

All directors must have experience in camping administration or supervision. Camp directors' backgrounds are screened by the Office of Children and Family Services Central Register Database for reported incidents of child abuse and maltreatment. Their backgrounds are also screened by the Health Department for criminal convictions. Only individuals who are considered to pose no risk to campers are accepted by the Health Department as camp directors.

What are the qualifications of the camp counselors and how are campers supervised?

Counselors must have experience in camping and supervision of children or have completed an acceptable training course. Stringent counselor-to-camper ratios and staff qualifications are mandated for supervision of swimming, archery, riflery and camp trip activities.

At overnight camps, 80 percent of the camps' counselors must be at least 18-years-old; up to 20 percent may be 17-years-old. There must be at least one counselor for every 10 children aged eight years or older, and one

counselor for every eight children younger than eight years old.

At day camps, counselors must be 16 years of age or older. There must be a minimum of one counselor for every 12 children.

Camps that must provide at least 10 counselors may choose to use counselors-in-training (CITs) to meet 10 percent of the required number of counselors. These CITs must be at least 16 years of age at an overnight camp and 15 years of age at a day camp. They must work with senior staff, have had previous experience as a camper and complete a training program. Ask the camp operator if any of their counselors are CITs and how they are used to supervise campers.

Ask about the camp's staff and supervision procedures, including discipline policies. Do they meet your expectations?

Health

Ask about medical coverage and when you will be notified if your child becomes ill or injured. Is a doctor or nurse in residence or on call for campers at all times?

Physicians or nursing services must be available. All summer camps in New York State are required to have a health director and a written medical plan approved by the Health Department. The written plan must include, among other things, provisions for medical, nursing and first aid services. Injuries and illnesses must be reported to the Health Department and are thoroughly reviewed.

Does the camp require medical records for campers?

Camps must keep current medical history reports on file for all campers. Be sure to detail your child's history of immunization, illness, disability or allergy. Specify special diets and activity restrictions. Provide instruction for any medication your child must take.



Children's Camp Staff Requirements

Title Responsibilities	Required Minimum Ratio of Staff to Campers	Qualifications/Requirements in Addition to Listed Certifications	Overnight Camp	Day Camp	Required Certifications ¹				
					FA	CPR	LG	LGSM	PSI
MOTOR VEHICLE TRANSPORTATION DRIVER		<ul style="list-style-type: none"> At least 18-years-old. Possess current driver's license appropriate for vehicle. 							
STAFF		<ul style="list-style-type: none"> May also be driver. 	See COUNSELORS for additional requirements.						
ONSITE SUPERVISION ACTIVITY LEADER	<ul style="list-style-type: none"> 1:12 1 Required for each on-site activity. 	<ul style="list-style-type: none"> Must be competent in activity. At least 18-years-old for hiking, camping, rock climbing, equestrian, bicycling, swimming, or boating activities. 			♦				
COUNSELORS	<ul style="list-style-type: none"> At least one counselor must accompany the activity leader when the activity occurs at a location where additional staff assistance is not readily available. 	<ul style="list-style-type: none"> At overnight camps, for campers 8-years and older. At overnight camps, for campers younger than 8-years-old. At day camps, for all campers. 	<ul style="list-style-type: none"> At least 18-years of age (20% may be 17). Have experience in camping and supervising children OR acceptable training. 	<ul style="list-style-type: none"> At least 16-years-old. Have experience in camping and supervising children OR acceptable training. 	♦				
Specialized Activities	<ul style="list-style-type: none"> See Section 7-2.11 of the SSC. 	<ul style="list-style-type: none"> Additional STAFF required for specialized activities such as wilderness, equestrian, boating etc. 							
Rest or Sleep Hours	<ul style="list-style-type: none"> See Section 7-2.5(c)(1) 	<ul style="list-style-type: none"> For campers 6-years and older. For campers less than 6-years-old. 							
COUNSELORS-IN-TRAINING (CITs)	<ul style="list-style-type: none"> When a children's camp elects to use CITs to assist counselors with supervision of campers. 	<ul style="list-style-type: none"> A maximum of 10% of the staff positions required to meet supervision ratios may be filled with CITs. 	<ul style="list-style-type: none"> At least 16-years-old. 	<ul style="list-style-type: none"> At least 15-years-old. 					

¹ = Obtain current NYSDOH fact sheets from your local health department for acceptable First Aid, CPR and Aquatic Certifications.

- FA = FIRST AID
- CPR = CARDIOPULMONARY RESUSCITATION
- LG = LIFE GUARD
- LGSM = LIFE GUARD SUPERVISION AND MANAGEMENT
- PSI = PROGRESSIVE SWIMMING INSTRUCTOR
- ✓ = Health director or designee as identified in medical component of safety plan.

* = Required.

♦ = Activity Leader or designee must possess CPR and First Aid when other camp staff who are certified in first aid and CPR are not readily available.

▲ = Trip Leader or designee must possess CPR and First Aid when a trip activity is higher risk, such as hiking, camping, rock climbing, horseback riding, bicycling, swimming or boating and/or when emergency medical response is not readily available. Two staff must possess CPR when swimming at wilderness sites.

■ = Trip leader or designee must possess lifeguard certification or acceptable training in children's camp swimming program safety when trip includes swimming. Contact your local health department for more information.

Required Submissions	Instructions
Application for a Permit to Operate Form (DOH-3915)	Instructions are included on form
Corporation Officers and Partners Form (DOH-2135)	Complete only if children's camp is operated or owned by private corporations(s) or partnership(s).
Children's Camp Fee Determination Schedule Form	Self explanatory.
Plan Review Fee Determination Schedule Form (DOH-2249)	Complete only for new building or bathing facility construction or major renovations.
Children's Camp Facility and Staff Description Form (DOH-367)	Self explanatory. Important Information.
Children's Camp Additional Staff Qualifications Form (DOH-367a)	Complete only when directed to by the local health department.
Written Safety Plan	A comprehensive written safety plan must be developed by the children's camp operator to reflect how the camp will operate in compliance with Subpart 7-2, State Sanitary Code (SSC) for Children's Camps. A template is available. The safety plan is to be used for staff and camper training, general operation of the camp, emergency procedures, etc. The safety plan should reflect the camp's policies and procedures for a safe operation.
Written Plan Checklist Form (DOH-2040) or Health Department Safety Plan Template	Use this form to assure completeness of the written safety plan.
State Central Register Database Check Form (LDSS-3370) and Prospective Children's Camp Director Certified Statement Form (DOH-2271)	Camp director completes in accordance with supplied instructions. Return to local health department.

Additional information is available from your local health department and/or the NYS Department of Health website (www.health.ny.gov) including:

- Subpart 7-2, State Sanitary Code(SSC) for Children's Camps
- Subpart 14-1, SSC for Food Service Establishments.
- Subpart 6-1, SSC for Swimming Pools.
- Subpart 6-2, SSC for Bathing Beaches
- Subpart 6-3, Recreational Aquatic Spray Grounds
- Brochure: "Children's Camps in New York State"
- Posters
 - "Attention Pool Staff" (chemical handling)
 - "Required Reporting" (incident reporting)
- Bat Rabies Information
- Fact Sheets:
 - First Aid, CPR and Aquatic Certifications
 - Lifeguard Supervision and Management Certifications
 - Camp Trip Swimming Program Safety Certifications
 - NYS Child Safety Act
 - Bunk Bed Guardrail Requirements
 - Water Supply Start-Up Procedures



Requirements for Children's Camps in New York State

This brochure outlines the steps to follow to receive a permit to operate a children's camp in New York State. Listed are minimum staff requirements, required forms and the written safety plan that must be completed. Additional information is provided in Subpart 7-2 of the State Sanitary Code (SSC) and Department of Health fact sheets. Local health department staff serving the county where your proposed children's camp is to be located are available to discuss and review these requirements with you.

An application for a permit to operate a children's camp and other required documents must be submitted to the permit-issuing official at your local health department at least 60 days before children and staff are to arrive. The local health department will review your submissions and arrange a preseason inspection of the children's camp. If submissions are incomplete, items requiring additional information will be identified for correction and resubmission, which could delay proposed opening dates. The earlier the submission, the more timely the review.

The center of this brochure provides a consolidated reference to key staff positions at overnight and day camps. Additional staffing and other requirements for camps hosting 20 percent or more campers with developmental disabilities are specified in Section 7-2.25 of the SSC. Staff requirements for swimming, archery, riflery and equestrian activities are specified in Section 7-2.11 of the SSC. Children's camp operators must annually ascertain whether prospective employees and volunteers are listed on the NYS Division of Criminal Justice Services (DCJS) Sex Offender Registry prior to their arrival at camp.

Children's Camp Staff Requirements

Title Responsibilities	Required Minimum Ratio of Staff to Campers	Qualifications/Requirements in Addition to Listed Certifications	Overnight Camp	Day Camp	Required Certifications ¹				
					FA	CPR	LG	LGSM	PSI
ADMINISTRATIVE CAMP DIRECTOR • Supervises children's camp.	• 1 Required	• Bachelor's Degree • At least 24 weeks of administrative or supervising experience in camping. • Submit forms LDSS-3370 and DOH-2271 for clearance.	• Or at least 25-years-old. • Required	• Or at least 21-years-old. • Required					
	• 1 Required	• Physician‡, nurse practitioner‡, physician assistant‡, registered nurse‡, licensed practical nurse‡, emergency medical technician or other person acceptable to the permit-issuing official. (‡ To practice profession in New York State (NYS), must be NYS licensed.)	• Must be on-site.	• Designee identified in medical component of safety plan may be on-site for the Camp Health Director.	✓				
HEALTH PERSONNEL CAMP HEALTH DIRECTOR • Supervises health and sanitation at children's camp. • Maintains camper's confidential medical history. • Oversees initial health screening of campers and daily health surveillance of camp occupants. • Handles health emergencies and injuries, including emergency preparedness and provisions for professional health care. • Maintains camp's daily medical log. • Reports required incidents to local health department within 24 hours.	• 1:200		• 1:200 ratio in addition to health director or on-site designee.	• 1:200 ratio includes the health director (when on-site) or on-site designee.	*				
Additional STAFF required to possess FIRST AID • Identified in medical component of plan as assistant(s) to health director.	• 1:200		• Note: On-site aquatic staff possessing appropriate CPR certification may be counted in this ratio.		*				
STAFF required to possess CPR in addition to Camp Health Director or designee • Identified in medical component of plan as assistant(s) to health director.	• 1 Required for on-site bathing facilities.		• At least 21-years-old. • Have a minimum of: ❖ 1 season experience as a camp aquatics director at a NYS camp; or ❖ 2 seasons experience consisting of at least 12 weeks as a children's camp lifeguard at a pool or beach which had more than one lifeguard supervising it at a time; or ❖ 18 weeks of previous experience as a lifeguard at a pool or beach, which had more than one lifeguard supervising it at a time.		*				*
AQUATICS PERSONNEL CAMP AQUATICS DIRECTOR • Establishes and oversees all swimming activities at the camp's pool or beach. • Supervises all staff and campers participating in swimming activities. • Responds to bathing facility emergencies. • When certified as Lifeguard, may serve as LIFEGUARD at waterfront. • When qualified to be a Progressive Swimming Instructor, may assess swimming ability. • Implements/oversees buddy system and board system or other approved bather accountability system.	• 1 Required for swimming ability assessment for on-site and off-site bathing facilities.								
PROGRESSIVE SWIMMING INSTRUCTOR (PSI) • Assesses swimming ability of campers. • May teach swimming. • May be Camp Aquatics Director if age, experience and CPR certification requirements are met.	• 1:25 Required at on-site facilities and during camp trip swimming when off-site facility does not provide qualified lifeguards.		• Must be at least 17-years-old for on-site and camp trip swimming (50% of required total number of lifeguards on duty may be 16). • Wilderness swimming lifeguards must be at least 18-years-old. • Each guard shall not supervise more than 3400 square feet of pool area and no more than 50 yards of beach front.		*				*
LIFEGUARD • Actively guards bathers during swimming activities. • Responds to bathing facility emergencies.	• 1:75 Required for camp trip swimming when facility provides qualified lifeguards (Not required for aquatic amusement park activities that allow only one or two patrons in the water at a time and the activity water depth does not exceed chest deep for non-swimmers.)		• Lifeguards must meet qualifications as specified above. • When a camp trip is to a bathing facility that provides qualified lifeguards, staff possessing acceptable training in camp trip swimming program safety may be substituted for staff possessing lifeguard certification.		*				*
LIFEGUARD OR STAFF POSSESSING ACCEPTABLE TRAINING IN CAMP TRIP SWIMMING PROGRAM SAFETY • Oversees off-site swimming activity. • Implements/oversees buddy system and board system or other approved bather accountability system.	On-Site								Must meet requirements of Part 6 of the State Sanitary Code
	Off-Site								
	• 1:10	• For campers 8- years-old or older.							
	• 1:8	• For campers 6- and 7-years-old.							
COUNSELORS DURING SWIMMING • Supervise campers and be located at poolside, beach front, or in the water providing visual surveillance. • Assist with buddy system.	• 1:6	• For campers less than 6-years-old.							
	• 1 Required to accompany each trip.	• At least 18-years-old. • Have participated in at least 3 similar out-of-camp trips as camp staff or have experience/training acceptable to the Local Health Department.							
	Additional trip STAFF required for specialized activities such as swimming, wilderness, equestrian and boating.								
CAMP TRIPS TRIP LEADER • Supervises campers and staff. • Must be competent in trip activity for wilderness, equestrian, aquatic and other activities requiring special skills.	• 1:8	• For campers 6-years and older.							
	• 1:6	• For campers less than 6-years-old.							
COUNSELORS DURING CAMP TRIPS At least one counselor must accompany the trip leader on each trip. • Assist Trip Leader. • Supervise campers.									

1 = Obtain current NYSDOH fact sheets from your local health department for acceptable First Aid, CPR and Aquatic Certifications.

FA = FIRST AID

CPR = CARDIOPULMONARY RESUSCITATION

LG = LIFEGUARD

LGSM = LIFEGUARD SUPERVISION AND MANAGEMENT

PSI = PROGRESSIVE SWIMMING INSTRUCTOR

✓ = Health director or designee as identified in medical component of safety plan.

* = Required.

◆ = Activity Leader or designee must possess CPR and First Aid when other camp staff who are certified in first aid and CPR are not readily available.

▲ = Trip Leader or designee must possess CPR and First Aid when a trip activity is higher risk, such as hiking, camping, rock climbing, horseback riding, bicycling, swimming or boating and/or when emergency medical response is not readily available. Two staff must possess CPR when swimming at wilderness sites.

■ = Trip leader or designee must possess lifeguard certification or acceptable training in children's camp swimming program safety when trip includes swimming. Contact your local health department for more information.

New York State Department of Health

Automated External Defibrillator (AED)

Requirements for Children's Camps

April 2024

What is required?

[Section 3000-F](#) of Public Health Law (PHL) requires all regulated children's camps to provide an automated external defibrillator (AED) or describe reasonable access to an AED. Additionally, the legislation requires each camp to have one or more staff possessing an acceptable certificate of training in the operation and use of an AED and have an implementation plan. The following information is provided to help children's camp operators comply with AED requirements.

How many AEDs are required?

The law requires camps to make one AED available at camp or describe reasonable access to one AED available to the camp. AEDs are not required to accompany camp trips.

What is considered reasonable access?

Reasonable access means:

- The AED is kept in a location accessible to trained staff at all times the camp is in operation.
- The location of the AED should be easily identifiable by signage that is visible from the normal path of travel.

AEDs provided by facilities such as schools, parks, and other facilities/locations where the camp is held can satisfy the PHL requirement if the camp has access to the AED. It is recommended that when a camp utilizes an AED(s) provided by another facility, the camp advise the facility that they are relying on the AED to satisfy the public health law, determine if there are any unique procedures for accessing the equipment, and request to be informed if the AED will no longer be available for the camp's use.

Camps that are establishing their own AED program (also known as a Public Access Defibrillation (PAD) program) should consult with their Emergency Health Care Provider (EHCP) as required by the New York State Department of Health (NYSDOH) Bureau of Emergency Medical Services (BEMS) [Policy Statement 09-03](#) when assessing the number and placement of AEDs at the facility.

The American Heart Association implementation guidance entitled [Your On-site AED Program](#) can be consulted for additional detail regarding best practices for providing and maintaining an AED.

How many trained staff in the use and operation of AEDs are required?

The camp must provide at least one staff member possessing an acceptable certificate of training in the operation and use of an AED. Camps may wish to certify multiple people to help ensure someone is always available in an emergency.

Which AED training/certification courses are acceptable?

Acceptable training courses are those approved by a nationally-recognized organization or the state emergency medical services council in the operation of AEDs. The law defines "nationally-recognized organization" as a national organization approved by the department for the purpose of training people in use of an AED. [BEMS Policy Statement 09-03](#) contains a list of approved training providers. CPR

certifications incorporating AED training that are listed on NYSDOH's [Cardiopulmonary Resuscitation \(CPR\) Fact Sheet](#) are also acceptable. Although the law allows for training course completion within the preceding twenty-four months of the camp session, the Department recommends camp staff have an AED certification that does not exceed one year from the date of course completion, which is consistent with the Subpart 7-2 requirement for CPR certification.

What must be included in the implementation plan?

Implementation plans must identify the location(s) and/or availability of the AED and protocols for the use of the AED during cardiac emergencies. Protocols for AED use during cardiac emergencies are the responsibility of the EHCP required for the PAD program, as outlined in the [BEMS Policy Statement 09-03](#). Camps that utilize an AED where the operator of the facility provides the AED access at the location must provide details of the locations of the AED(s) and any procedures to access the equipment and alert trained staff of the emergency.

Camps that are establishing their own AED/PAD plan must include an equipment checklist. An equipment checklist may include AED maintenance, inspections and testing specified by the manufacturer. Questions about these items should be directed to the AED manufacturer. Camps utilizing an AED where the operator of the facility provides the AED access at the location are not required to have an equipment checklist.

Camp AED implementation plans must be incorporated into the camp's written camp safety plan.

Compliance with PHL [Section 3000-B](#)

PHL Section 3000-F requires camps that establish and implement their own AED plan to do so in accordance with the requirements and protections of PHL [Section 3000-B](#), including establishment of a PAD program. For guidance about complying with this section of PHL and establishing a PAD program, please refer to the [BEMS Policy Statement 09-03](#) or contact your Regional Emergency Medical Services Council (REMSCO). A list of REMSCOs and contact information is available at <https://www.health.ny.gov/professionals/ems/regional.htm>. Local health departments and State District offices that issue camps permits to operate do not have oversight of this requirement.

Other Resources:

[American Heart Association Cardiac Emergency Response Plan \(CERP\)](#)

AED Plan

Camp Name:

Date:

Prepared By:

Title:

Phone number:

Email Address:

Signature:

All regulated children’s camps are required to provide an automated external defibrillator (AED) or describe reasonable access to an AED at the camp. Additionally, each camp is required to have one or more staff possessing an acceptable certificate of training in the operation of an AED and have an implementation plan. Public Health Law Section [3000-F](#) requires AED implementation plans be done in accordance with the requirements and protections of PHL Section [3000-B](#). For guidance about complying with this section of PHL, please see Bureau of Emergency Medical Services [Policy Statement 09-03](#). The Department expects to update this policy so if this link is no longer functional, please check the [BEMS Policy Statements website](#) or contact your [Regional Emergency Medical Services Council](#).

Completion of the following information and attachment of the equipment checklist and the protocols for AED use during cardiac emergencies as specified below satisfies the implementation plan requirements for camps. Please submit the completed plan to the [local health department or State District Office](#) that has jurisdiction in the county where the camp is located for review.

A copy of the approved plan must be maintained at the camp.

For Health Department Use Only

Approved: Yes No

Reviewer:

Date:

Comments:

IMPLEMENTATION PLAN

Develop a cardiac emergency response plan that addresses the following. The American Heart Association has resources and templates for developing a cardiac emergency response plan available at <https://cpr.heart.org/en/training-programs/cardiac-emergency-response-plan-cerp>.

1. How will emergency medical services, e.g., 911, be contacted during an emergency?
2. How will CPR-trained staff will be summoned in an emergency?
3. How will the AED be accessed in an emergency?

If the camp uses an AED that is provided by the facility or location where the camp operates, it is recommended to check with the facility for protocols for the use of their AED during cardiac emergencies and tailor a plan to their camp.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) LOCATION AND ACCESS

All camps are required to possess or describe reasonable access to at least one AED at the location the camp is operated.

1. Indicate how an AED is provided and accessible at the camp:
 - Provided by camp
 - Provided by the facility or location where the camp is held. An AED is accessible to camp staff at all times the camp is in operation.
2. How many AEDs are provided on-site?
3. Specify the locations of AED(s) at the camp or at the facility/location where the camp can access the AED. If the AED(s) are provided by the facility/location, describe how the camp will access the AED(s).
4. Describe how to access an AED provided by the camp or the facility/location:

STAFF TRAINED IN AED USE

Camps must have one or more staff possessing an acceptable certificate of training in the operation and use of an automated external defibrillator (AED). Camps may wish to certify multiple people to help ensure someone is always available in an emergency.

Acceptable AED training/certification courses include:

- Certifications for courses held by the training course providers listed in the Bureau of Emergency Medical Services [Policy Statement 09-03](#) that contain AED training.
- CPR certifications specifying AED training listed on the New York State Department of Health's [Cardiopulmonary Resuscitation \(CPR\) Certification Fact Sheet](#).

5. Describe the procedure used to alert the AED-certified staff in an emergency:

Enter text here.

RESPONSE PROTOCOLS AND EQUIPMENT CHECKLIST

If "Provided by camp" was selected in #1 above, complete items 6 and 7.

6. Protocols for AED use during cardiac emergencies at the camp were developed with the Emergency Health Care Provider. Check box to attest:
7. An equipment checklist has been established, including any AED maintenance, inspections and testing specified by the manufacturer. Check box to attest:

INSTRUCTIONS: See Environmental Health Manual Procedure CSFP-146 before completing this form.

A. FACILITY INFORMATION

Camp Name: _____ Facility Code: _____
 Camp Address: _____ Date Reported ___/___/___

B. EVENT INFORMATION

eHIPS Incident Number: _____ (Note: Assigned by eHIPS)

Date of Incident ___/___/___ Time of Occurrence ___:___ (Military Time) Location where injury occurred: _____ a. In-Camp b. Out-of-Camp

Where did injury occur? _____ Specify locations marked with an asterisk: _____

a. Amusement park	e. Arts & crafts	i. Classroom	m. Horseback area/trail	q. Outdoor sports area	u. Recreational hall	y. Tenting/campsite area
b. Aquatic area*	f. Assembly area	j. Cookout area	n. Indoor sports area	r. Parking lot	v. Riflery area	z. Other*
c. Aquatic theme park	g. Bathroom/shower	k. Dining area	o. Kitchen area	s. Playground	w. Ropes/challenge course	
d. Archery area	h. Camp/trail/road	l. Drama/stage area	p. Open field/lawn*	t. Public highway/road	x. Sleeping area	

Note: For incidents with multiple victims, utilize this form for the event information and initial victim, complete section C-2 and attach form DOH-61b.

C. VICTIM INFORMATION: The shaded information is confidential and must be protected against unauthorized disclosure. For an incident with more than one victim, utilize this form for the incident and initial victim information and attach form DOH-61a for the additional victims.

1. Name of Victim (Last, First, MI): _____ Name of Parent or Guardian (Last, First, MI): _____
 Home Address: _____ Home Phone Number: (____) _____-_____

eHIPS Victim ID Number: _____ (Note: assigned by eHIPS)

Age: _____ **Sex:** Female Male **Status:** Camper Developmentally Disabled Camper CIT/Jr. Counselor Counselor Other Staff* Other* Specify* _____

What was the victim doing? _____

a. Amusement park rides	h. Classroom instruction	o. Games-organized*	v. Playground equipment activity	dd. Swimming
b. Aquatic theme park rides	i. Cooking	p. Gymnastics	w. Playing	ee. Transportation
c. Archery	j. Dancing/Acting	q. High adventure activity	x. Riflery	ff. Travel between activities
d. Arts & crafts	k. Diving	r. Hiking	y. Rollerskating/rollerblading	gg. Walking/Running
e. Bicycling	l. Eating	s. Horseback riding	aa. Ropes/Challenge course	hh. Woodcarving/Wood working
f. Boating/Canoeing	m. Fighting	t. Martial arts	bb. Sleeping	ii. Woodcutting/chopping
g. Chores	n. Free period	u. Nature study/walk	cc. Sports*	z. Other *

* Specify _____

2. Number of Victims
 Single Victim Multiple Victims (DOH-61h attached)

D. INJURY INFORMATION - Report all camper and staff injuries which result in death or which require resuscitation or admission to a hospital; camper injuries to the eye, neck or spine which require referral to a hospital or other facility for medical treatment; camper injuries where the victim sustains second or third degree burns to five percent or more of the body; camper injuries which involve bone fracture or dislocations and camper lacerations requiring sutures. Enter the information for questions D-1, D-2 and D-3 in the table below. Up to FOUR injuries can be indicated per victim. To report injuries for additional victims of this incident, use form DOH-61h.

1. Type of Injury:

a. Bite	c. Concussion	e. Dislocation	g. Internal (organ damage)	i. Puncture	k. Suffocation/drowning
b. Burn	d. Cut	f. Fracture	h. Near drowning	j. Strain/Sprain	z. Other*(specify)

2. Area Injured:

a. Abdomen	d. Back	g. Eyes	j. Hand/finger	m. Knee	p. Respiratory System	s. Wrist
b. Ankle	e. Chest	h. Face	k. Head	n. Leg	q. Shoulder	z. Other *
c. Arm	f. Clavicle (collar bone)	i. Foot	l. Hip	o. Neck	r. Spine	

3. Cause of Injury:

- a. Bite from *
- b. Collision with *
- c. Contact with heat or flame
- d. Contact with sharp object
- e. Falling/Stumbling
- f. Motor vehicle accident
- g. Poisoned by *
- h. Struck by *
- i. Submersion
- z. Other *

	Type of Injury (question D1)	*Specify (when required)	Area of Injury (question D2)	*Specify (when required)	Cause of Injury (question D3)	*Specify (when required)
First Injury						
Second Injury						
Third Injury						
Fourth Injury						

E. TREATMENT - For each person providing treatment, indicate in the below table the location and type of treatment that person provided. Up to FOUR treatment providers may be indicated. To report treatments for additional victims of this incident, use form DOH-61h.

1. Who Provided Treatment?

- a. Dentist
- b. Emergency Medical Technician
- c. First Aider*
- d. Licensed Practical Nurse
- e. Nurse Practitioner
- f. Physician
- g. Physician's Assistant
- h. Registered Nurse
- i. Victim
- z. Other*

2. Where was treatment provided?

- a. Camp infirmary
- b. Admitted to Hospital
- c. At site
- d. Dentist's Office
- e. Doctor's Office
- f. Emergency Clinic
- g. Emergency Room
- z. Other*

3. What Treatment was provided? (Indicate the primary treatment provided)

- a. Antibiotic
- b. Antihistamine/Decongestant
- c. Anti-inflammatory/analgesic
- d. Antiseptic
- e. Cast/Splint
- f. Diagnostic
- g. Epinephrine Administration
- h. Gastrointestinal (antacid, laxative)
- i. Psychotropics
- j. Resuscitation
- k. Supportive (bedrest, observation, physical therapy)
- l. Sutures,* Staples*, medical glue (indicate how many below)*
- z. Other*

	Who (question E1)	*Specify (when required)	Where (question E2)	*Specify (when required)	What (question E3)	*Specify (when required)
Treatment Provider #1						
Treatment Provider #2						
Treatment Provider #3						
Treatment Provider #4						

F. SUPERVISION AND CONTRIBUTING FACTORS

1. Supervision during incident (indicate as many as apply) _____ Specify when marked with an asterisk _____

- a. Activity inadequately addressed in the written plan
- b. Activity not addressed in the written plan
- c. Camper orientation for activity not documented/received
- d. No staff present
- e. Quality of supervision adequate
- f. Quality of supervision inadequate
- g. Staff not trained/knowledgeable as per the written plan
- h. Staff orientation/training for activity not documented/received
- i. Supervision ratio inadequate
- j. Supervision ratio correct
- k. Written plan not followed
- z. Other *

2. Contributing Factors: (Indicate as many as apply) _____ Specify contributing factors marked with an asterisk: _____

- a. Alcohol/Drug use
- b. Area/Equipment not safe
- c. Area/Equipment not maintained
- d. Area not approved for use
- e. Developmental disability
- f. Equipment not approved
- g. Horseplay
- h. Physical disability
- i. Pre-existing medical condition
- j. Required safety equipment not used/defective
- k. Topography
- l. Victim lacked necessary skill/ability
- m. Weather*
- n. None
- z. Other*

G. INVESTIGATION

Was an On-Site investigation conducted by the Local Health Department? Yes No Date of On-Site Investigation: ___/___/___

Did the Local Health Department conduct a telephone follow-up? Yes No Date of Follow-up: ___/___/___

H. NARRATIVE- When entering the narrative into eHIPS, do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Attach a description of the incident. Pertinent host, environment and agent factors should be discussed for the pre-event, event and post-event stages of the incident. (See Environmental Health Manual technical reference ADM 3 for guidance on report writing and incident investigation.) When applicable, describe camper supervision including staff to camper ratios, visual and verbal communication capabilities between campers and staff, compliance with Subpart 7-2 and the camp written plan and recommendations for administrative action against the camp.

Information received by: _____ Title: _____ Report reviewed by: _____ Title: _____

Injury Report Continued

H. Narrative

Name of Camp: _____ Camis# _____

Instructions: Please answer in full detail and use additional sheets if necessary.

During Incident:

Who was injured? _____

When? _____

Where? _____

Give a description of the incident, including supervision and activities during the incident.

How and where was the camper treated?

Any sutures/staples? _____ How many? _____

Post Incident:

Has camper returned to camp? _____ When? _____

If not, when is camper expected to return to camp? _____

Additional comments: _____

Information reported by: _____ Title: _____

Report completed by: _____ Title: _____

New York State Department of Health National Sex Offender Registry Check Requirements for Children's Camps April 2024

What is Required?

Sections [1392-a](#), [1394-a](#), and [1394-b](#) of Public Health Law (PHL) require operators of children's overnight camps, summer day camps, and traveling summer day camps, respectively, to ascertain whether an employee or volunteer is listed on the national sex offender registry using the United States department of justice national sex offender public website prior to the day such employee or volunteer commences work at said camp and annually thereafter prior to their arrival at said camp. The following information is provided to help children's camp operators comply with these requirements.

Note: These sections of PHL also require a check of the state sex offender registry pursuant to article six-C of the correction law. Please refer to the fact sheet "[NYS Sex Offender Registry Search Procedures for Children's Camps](#)" for guidance on conducting a search of the state registry.

How to Conduct a Search

1. Go to the United States Department of Justice's National Sex Offender Public Website <https://www.nsopw.gov/>.
2. Enter the individual's first and last name in the "Search by Name" field, then click on "Name Search."
3. After agreeing to the conditions of use, you will see the results of your search. The results will indicate that a national search including all states, territories, and Indian Country was performed.

Documentation

Documentation of the search must be maintained and be available for review during local health department inspections.

If a search identifies records of individuals who share a name with the employee/volunteer, the camp operator must review any records generated, and verify that the employee/volunteer is not any of the individuals identified by the search. If there are multiple pages of records, it is acceptable to print only the first page (which should specify the name checked and the date/time of search) and include a notation that all pages of records were reviewed (record the total number of pages). Alternative means of documenting the check may be accepted at the discretion of a local health department if determined to be adequate for records review.

New York State Recommended Childhood and Adolescent Immunization Schedule

A check ✓ means that this is the earliest and best time for your child to be immunized. If your child misses the “best time” for vaccination, he or she should still be immunized as quickly as possible. Ask your doctor about getting your child caught up.

Vaccine against:	Birth	2 months	4 months	6 months	12 months	15 months	18-23 months	4-6 years	11-12 years	16 years	
Hepatitis B	✓	✓ 1-2 mo.		✓ 6-18 mo.							
Rotavirus		✓	✓	✓ ¹							
Diphtheria, Tetanus, Pertussis (DTaP)		✓	✓	✓		✓ 15-18 mo.		✓			
Tetanus, Diphtheria, Pertussis (Tdap) ²									✓ ²		
<i>Haemophilus influenzae</i> type b (Hib)		✓	✓	✓ ¹	✓ 12-15 mo.						
Pneumococcal Disease (PCV) ³		✓	✓	✓	✓ 12-15 mo.		Ask your doctor if your child 2 years old or older should get vaccinated with PPSV23. ³				
Polio (IPV)		✓	✓	✓ 6-18 mo.				✓			
Influenza	Recommended yearly for all children aged 6 months and older. Ask your doctor if your child should receive one or two doses.										
Measles, Mumps, Rubella (MMR) ⁴				See footnote 4	✓ 12-15 mo.			✓			
Varicella (Chickenpox)					✓ 12-15 mo.			✓			
Hepatitis A					✓		✓				
Human Papillomavirus (HPV) ⁵									✓ ⁵		
Meningococcal Disease ⁶		Ask your doctor if your child 2 months old or older should get vaccinated against meningococcal disease.							✓		✓

¹ For some types of Hib and Rotavirus vaccine, the 6-month dose is not needed.

² Tdap: Children 7-10 years old who are not fully immunized against pertussis should receive a single dose of Tdap.

³ PCV = Pneumococcal Conjugate Vaccine; PPSV23 = Pneumococcal Polysaccharide Vaccine

⁴ MMR: Children 6-11 months old who are traveling outside the U.S. should receive one dose of MMR before departure.

⁵ The HPV vaccine includes two shots given 6 months apart. It is recommended for both boys and girls. Teens who start the series after age 15, and some children with special medical conditions, may need three doses.

⁶ There are two vaccines that protect against meningococcal disease. Some children with special medical conditions may need both MCV4 and MenB.

NYS Sex Offender Registry Search Procedures for Children's Camps

Fact Sheet – March 2013

Section 7-2.5(1) of the New York State Sanitary Code and Article 13-B of the Public Health Law requires children's camp operators to determine whether an employee or volunteer at the camp is listed on the New York State 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 part-time).

How to conduct a search:

A search of the Sex Offender Registry is a free and simple service provided by DCJS. Search requests may be submitted by email, CD, fax, regular mail, and telephone depending upon the number of individuals requested to be checked against the Registry. Procedures for submitting search requests are available from DCJS at http://www.criminaljustice.ny.gov/nsor/800info_cdsubmit.htm.

Please note that at this time, the feature on the DCJS website for conducting a web based search of the Registry does **not** satisfy the requirement for camps because the web based search only identifies Risk Level 2 and 3 offenders.

DCJS response:

The DCJS prefers responding to requests to search the Registry by fax; however, they will respond by regular mail if a fax number is not available/provided. DCJS's response will indicate the total number of individuals checked against the Registry and either the names of the individuals listed on the Registry and their risk level, or that no matches were found. The list of employees/volunteers submitted to be searched will not be returned by DCJS unless specifically requested by the camp operator with the initial search request submittal. Results of search requests made by telephone will be provided during the phone call.

Risk Levels:

Sex offenders are classified according to their risk of re-offending. The court may assign one of the following three risk levels:

- Level 1 – low risk of repeat offense;
- Level 2 – moderate risk of repeat offense; or
- Level 3 – high risk of repeat offense.

Note – While waiting a risk level assignment from the court, an individual is categorized as “Pending.”

Documentation:

A copy of prospective employee's or volunteer's information submitted to DCJS and letter from DCJS indicating the search results must be kept on file at camp and available for review during Health Department inspections. Camps that use the telephone screening process must document the screening date, DCJS response and DCJS screener ID number.

Additional information

For more information regarding the Division of Criminal Justice Services Sex Offender Registry, call (518) 457-3167 or visit their website <http://www.criminaljustice.ny.gov>.



CHILDREN'S CAMP PROGRAM

REQUIRED REPORTING FOR INJURY AND ILLNESS

Children's camp operators must notify the local health department within 24 hours of the following occurrences:

- Camper and staff injuries or illnesses which result in death or require resuscitation, admission to a hospital or the administration of epinephrine.
- Camper or staff exposures to animals potentially infected with rabies.
- Camper injuries to the eye, head, neck or spine which require referral to a hospital or other facility for medical treatment.
- Injuries where the camper sustains second or third degree burns to 5 percent or more of the body.
- Camper injuries that involve bone fractures or dislocations.
- Lacerations sustained by a camper which require sutures, staples or medical glue.
- Camper physical or sexual abuse allegations.
- Camper and staff illnesses suspected of being water-, food- or air-borne or spread by contact.

Contact the local health department at (____) _____ - _____
between ____:____ a.m. and ____:____ p.m. weekdays, or call
(____) _____ - _____ after hours, weekends and holidays.

Sex Offender Registry Searches

A search of the Sex Offender Registry is a free and simple service provided by DCJS.

The method for submitting a search request will vary depending upon the number of individuals requested to be checked against the Registry:

- **Search requests of 30 or more** individuals *must be made by e-mail or Compact Disc (CD)*.
- **Search requests of fewer than 30** individuals *must be made by regular mail or fax, or up to five names at a time by telephone*.

Requirements for E-mail and CD submission for Registry Searches

To submit a list of 30 or more individuals, enter the prospective employee's or volunteer's full name (last and first) and complete birth date **or** Social Security number (SSN) into an Excel spreadsheet (one item per field), and submit the spreadsheet to the Registry via an e-mail attachment or on a CD.

There are no restrictions for the number of characters for name data fields. The fields in the Excel spreadsheet must be formatted exactly as specified below.

Please note that there is no space between words in the column headings for LastName and FirstName, and an underscore is used to separate the words in the column heading for Birth_Date.

Birth_Date format – Birth_Date (must be MM/DD/YYYY):

LastName	FirstName	Birth_Date
Sample	Sam	01/05/1978

SSN format – SSN (must be 9 numbers, no spaces or dashes):

LastName	FirstName	SSN
Sample	Sam	123456789

E-mail submissions

The Excel spreadsheet may be attached to an e-mail and sent to SORSearch@dcjs.ny.gov. The e-mail must include the camp name, address, telephone and fax numbers, and contact person for DCJS to call if there are questions. In the subject line of the e-mail, type **"800 # search."**

CD submissions

A letter containing the camp name, address, telephone and fax numbers, and the contact person for DCJS to call if there are questions must accompany CD submissions. CDs are to be sent to:

New York State Division of Criminal Justice Services
Sex Offender Registry
Alfred E. Smith Building
80 South Swan St.
Albany, New York 12210

Please write company/camp name and the date submitted on CD with permanent marker; CDs will not be returned.

A letter indicating search results, whether submitted via e-mail or CD, will be mailed or faxed to the requestor.

Requirements for fax or regular mail submissions

Requests for fewer than 30 individuals must be made by fax or regular mail by submitting the following information to the Registry:

The prospective employee's or volunteer's full name (first and last) and one of the following: complete address, social security number, birth date, or driver's license number.

All information must be submitted on camp letterhead or other pages, each of which contain the camp name, address, telephone and fax numbers, and contact person for DCJS to call if there are questions.

Information should be faxed to (518) 485-5805, or mailed to the New York State Division of Criminal Justice Services, Sex Offender Registry, Alfred E. Smith Building 80 South Swan St. Albany, New York 12210

Requirements for name checks by telephone

To check up to five names per call by telephone, call 518-457-5837 or 1-800-262-3257. When calling, you will be asked to provide your name, address and phone number. After this, provide the prospective employee's or volunteer's full name (first and last) and one of the following: complete address, social security number, birth date, or driver's license number.