



George Latimer  
 County Executive  
 Sherlita Amler, MD  
 Commissioner of Health

**NOTICE TO APPLICANTS FOR AN ORIGINAL PERMIT  
 TO OPERATE A CHILDREN’S CAMP**

Provisions of the New York State & Westchester County Sanitary Codes require that plans and specifications be submitted to this Department for review and approval before construction or major renovation of a Children’s Camp is undertaken. Provisions of the Codes also require that a permit be obtained from this Department **PRIOR TO** the operation of a Children’s Camp. **Any Children’s Camp found operating prior to inspection shall be issued a fine and may be ordered closed until the operation is found in compliance with the Sanitary Codes.**

**A COMPLETE CHILDREN’S CAMP APPLICATION INCLUDES**

1. Application for Original Permit for a Children’s Camp
2. Certificate of Resolution for Authorization  
 Must be completed if the camp is owned by a corporation. Must be notarized.
3. Non-refundable application fee of \$200.00 if not fee exempt  
 Payment can be made in the form of check or money order made payable to Westchester County Health Department **OR** by credit card with the attached authorization form.
4. Worker’s Compensation/Disability Insurance Certification **ACORD FORM NOT ACCEPTED**  
 To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits must provide one of the following forms to the government entity issuing the permit:

CE-200, Certificate of Attestation of Exemption from NYS Workers’ Compensation and/or Disability Benefits Coverage. This form can be found at [www.wcb.ny.gov](http://www.wcb.ny.gov)

**FOR WORKERS’ COMPENSATION**

C-105.2 -- Certificate of Workers’ Compensation Insurance **OR**

U-26.3 -- State Insurance Fund **OR**

SI-12 -- Certificate of Workers’ Compensation Self-Insurance **OR**

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

**FOR DISABILITY BENEFITS REQUIREMENTS**

DB-120.1 -- Certificate of Disability Benefits Insurance **OR**

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

**Any questions concerning the forms or procedure should be directed to the local NYS Workers’ Compensation Board Office or the Bureau of Compliance, NYS Workers’ Compensation Board at 518-486-6307.**

(over)

5. Prospective Children's Camp Director Certified Statement – NYS DOH 2271  
This statement is relative to conviction of a crime or the existence of a pending criminal action. Complete, sign and return with the application package.
6. New York State Sex Offender Registry Search – LDSS 3370  
The camp director must complete the form for themselves, their spouse, their children and any other person(s) in their home at the present time. The address history must include all residences for the past 28 years. Make sure to complete all maiden name/alias sections that apply. If none, state "none". The form must be complete, signed, and returned with the camp application.
7. Children's Camp Facility and Camp Description – NYS DOH 367  
Complete the items that are applicable to the camp's operation; use additional sheets if necessary. Submit the completed form and other required application materials with the camp application. For expired certifications, the date of scheduled re-certification courses may be listed when staff are registered to attend. Confirmation of staff re-certification must be sent before the permit application can be approved. Questions should be directed to the Inspector that will be reviewing and approving the application for permitting.
8. Children's Camp Additional Staff Qualifications – NYS DOH 367a  
Children's camps must document staff ratios and qualifications by submitting this form and copies of certification cards when necessary. Complete the applicable items and submit this form with the camp application for review and approval. Use additional sheets if necessary. For expired certifications, the date of scheduled re-certification courses may be listed when staff are registered to attend. Confirmation of staff re-certification must be sent before the permit application can be approved. Copies of all required certifications must be maintained on file at the camp. All code citations refer to Subpart 7-2 of the New York State Sanitary Code.
9. Children's Camp Amusement Device Survey – HD 91  
Complete this survey for each amusement device at your children's camp. Amusement devices are defined in Part 45 of the Department of Labor (DOL) regulations and include: carnival rides; go-carts; bumper boats; water slides (with a vertical drop of 20 feet or more); climbing walls with mechanical belays; challenge courses; zip lines; and giant swings.
10. Safety Plan Attestations  
The Children's Camp Director, Health Director or Health Director On-Site Designee, and ALL TRIP LEADERS must complete the required attestation forms. These forms must be submitted with the camp application and maintained on-site and on all camp trips
11. Department of Emergency Services – O.E.M. Camp Contact Form  
Complete this form with all of the required contact information. Emergency phone numbers and email addresses must be included for before and during the camp season. All bussing information must be included. Submit this form with the camp application for review and approval.
12. Children's Camp Self Inspection Form  
Use this form to certify that a pre-operation self-inspection was conducted and the facility is in compliance with applicable Sanitary Code requirements. When possible, completed forms must be submitted with the camp application for review and approval to ensure adequate time for processing and permit issuance.

(continued)

13. Complete Children's Camp Safety Plan & Appropriate Appendix

New York State Sanitary Code Subpart 7-2, Children's Camps, requires that children's camp operators develop, review annually, update and implement a written safety plan. This plan must be submitted with the camp application for review and approval. The plan must accurately describe the camp's procedures for personnel, facility operation and maintenance, fire safety, medical, general and activity safety, staff training, and camper orientation.

**SUBMIT ALL REQUIRED DOCUMENTS PRIOR TO OPERATION TO:**

Westchester County Health Department  
Bureau of Public Health Protection  
25 Moore Avenue  
Mount Kisco, NY 10549  
(914) 864-7330

---

Bureau of Public Health Protection  
APPLICATION FOR ORIGINAL CHILDREN'S CAMP PERMIT  
(Please print clearly or type)

To the Commissioner of Health:

The undersigned hereby applies for a permit to operate or maintain a business involving the following:  
(check one or more as appropriate)

CHILDREN'S DAY CAMP  
CHILDREN'S OVERNIGHT CAMP  
CHILDREN'S CAMP SWIMMING POOL  
CHILDREN'S CAMP BATHING BEACH

CHILDREN'S CAMP FOOD SERVICE  
CHILDREN'S CAMP FROZEN DESSERT  
CHILDREN'S CAMP AQUATIC SPRAY GROUND

**WATER SUPPLY**

PUBLIC (MUNICIPAL)  
PRIVATE (ONSITE)

**SEWAGE SYSTEM**

PUBLIC (MUNICIPAL)  
PRIVATE (ONSITE)

HAS THIS CHILDREN'S CAMP PREVIOUSLY BEEN ISSUED A PERMIT:      YES      NO  
IF YES WHAT WAS THE NAME AND THE PERMIT ID: \_\_\_\_\_

1. NAME OF FACILITY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street address

\_\_\_\_\_

Municipality (Town, Village, City)

State

Zip Code

NAME & MAILING ADDRESS \_\_\_\_\_

If different from establishment \_\_\_\_\_

\_\_\_\_\_

2. OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

(If corporation, state corporation name)

ADDRESS \_\_\_\_\_

Street address

\_\_\_\_\_

Municipality

State

Zip Code

**3. TYPE OF OWNERSHIP:**

Individual

Partnership

\*Corporation\* MUST FILE A CERTIFICATE OF RESOLUTION FOR AUTHORIZATION

\*Unincorporated Association\* MUST FILE CERTIFICATE OF RESOLUTION FOR AUTHORIZATION

Municipality

Limited Liability Company (LLC)

CORPORATION OFFICERS, PARTNERS, LLC MEMBERS:

Name and Title:

Home Address:

---

---

---

4. PROOF of WORKER'S COMPENSATION & DISABILITY INSURANCE: **ACORD FORM NOT ACCEPTED**

Please provide proper documentation of Worker's Compensation and Disability Coverage explained on the cover sheet. **OR** NYS EXEMPTION Form CE-200, stating that such coverage is not required.

5. OPERATION INFORMATION

- a) Normal business hours: \_\_\_\_\_ **TO** \_\_\_\_\_
- b) Days of week establishment is **CLOSED**:  
Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday
- c) Camp operation dates: Opening date \_\_\_\_\_ Closing date \_\_\_\_\_
- d) Number of campers: \_\_\_\_\_
- e) Number of staff: \_\_\_\_\_
- f) Total number of staff (include all volunteers): \_\_\_\_\_
- g) Source of Water Supply:      Public      Central Well
- h) Sewage Disposal:      Public      Individual System
- i) Garbage and Refuse:      Public      Private Carter (Name) \_\_\_\_\_
- j) Name and Address of Pest Control Operator (Exterminator): \_\_\_\_\_

6. FOOD MANAGER'S CERTIFICATION (PLEASE PRINT CLEARLY)

Have you taken the Food Manager's Certification course:      YES      NO  
If yes, name of person who took course: \_\_\_\_\_  
Course certificate number: \_\_\_\_\_  
Date of course: \_\_\_\_\_

7. FOOD ALLERGEN CERTIFICATION (REQUIRED IF THE CAMP IS PERMITTED FOR FOOD SERVICE)

Number of certified staff: \_\_\_\_\_  
Names of certified staff: \_\_\_\_\_

8. REQUIRED EMAIL ADDRESS: \_\_\_\_\_

**I agree to comply with the requirements of the Westchester County Sanitary Code and the New York State Sanitary Code.**

**I agree to permit the taking by a duly authorized representative of the Westchester County Health Department of samples of ingredients, food, equipment, utensils, containers, or any substance on premises or in possession and used in food handling.**

AUTHORIZED SIGNATURE \_\_\_\_\_  
NAME (Print or Type) \_\_\_\_\_  
DATE \_\_\_\_\_ TITLE \_\_\_\_\_

Section 5 of the New York State Tax Law requires that you provide your Federal Employer Identification Number or Social Security Number for tax administration purposes:

FEI # \_\_\_\_\_ S.S. # \_\_\_\_\_  
Number applied for, but not yet received.  
Other. Please explain \_\_\_\_\_

---

OFFICE USE ONLY:  
Date of Inspection \_\_\_\_\_ Date of Approval \_\_\_\_\_  
Inspector's Signature & Employee Number \_\_\_\_\_  
Permit Conditions \_\_\_\_\_  
Risk Assessment \_\_\_\_\_  
Comments \_\_\_\_\_

**CERTIFICATE OF RESOLUTION  
FOR AUTHORIZATION**

The undersigned, \_\_\_\_\_ of\_\_

Name of Corporation \_\_\_\_\_, a corporation

Duly organized and validly existing under the laws of (State) \_\_\_\_\_

Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation at a meeting duly called and held on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Be it resolved that the Board of Directors, or President, if there is no Board of Directors, of (Name of Corporation) \_\_\_\_\_

With Offices at: \_\_\_\_\_

Hereby authorized (Name if person authorized): \_\_\_\_\_

To execute and deliver to the Westchester County Department of Health, for and on behalf of said Corporation, and application for : \_\_\_\_\_

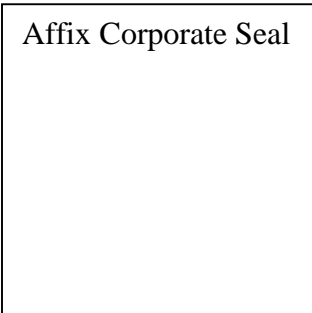
To execute and deliver any and all additional documents which may be appropriate or desirable in Connection therewith.

The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

**In WITNESS WHEREOF**, the undersigned has duly executed this certificate on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**OFFICER'S SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_



**ACKNOWLEDGEMENT**

**STATE OF** \_\_\_\_\_ )

**COUNTY OF** \_\_\_\_\_ ): ss:

One this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally came \_\_\_\_\_ of \_\_\_\_\_ the corporation referred to in the within Certificate of Resolution, who being by duly sworn did depose and say that (s)he is \_\_\_\_\_ of said corporation and that (s)he signed his/her name thereto.

\_\_\_\_\_  
\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
\_\_\_\_\_  
County

George Latimer  
County Executive

Sherlita Amler, MD  
Commissioner of Health

## Credit Card Payment Authorization Form

Sign and complete this form to authorize The Westchester County Department of Health to make a one-time charge to your credit card listed below.

By signing this form, you give this department permission to debit your account for the amount indicated, on or after the date this form is submitted to The Westchester County Department of Health.

### Please Complete the Information Below

By signing below, I, \_\_\_\_\_, authorize the Westchester County Department of Health to charge my credit card account indicated below for the amount of \_\_\_\_\_, for the fees associated with the permit to operate a \_\_\_\_\_. I understand this is a non-refundable fee and if my application is found deficient or questionable in any way, it will cause a delay in the permit approval process.

Account Type:  Visa  MasterCard  AMEX  Discover

Print Cardholder Name (as it appears on card): \_\_\_\_\_

Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Account Billing Zip Code: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Cardholder acknowledges receipt of goods and/or services in the amount indicated above and agrees to perform the obligations set forth in the cardholder's agreement with the respective issuer.**

# Children's Camp Facility and Staff Description

## Instructions

Complete the items that are applicable to the camp's operation; use additional sheets if necessary. Submit the completed form and other required application materials to the local health department (LHD) at least 60 days prior to camp operation. Information that is not available should be identified as "Pending." For expired certifications, the date of scheduled re-certification courses may be listed when staff are registered to attend. Pending information and confirmation of staff re-certification must be sent to the LHD when available.

## Facility

Facility Name: \_\_\_\_\_  
 Facility Code: \_\_\_\_\_ Date Open: \_\_\_/\_\_\_/\_\_\_ Date Close: \_\_\_/\_\_\_/\_\_\_ Are 20% or more of the campers developmentally disabled?  Yes  No

## Activities available to campers

For activities identified with a "\*", please further specify the activity in the space provided.

<input type="checkbox"/> Amusement Parks	<input type="checkbox"/> Classroom Instruction	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Roller Skating/Blading	<input type="checkbox"/> Other Water Activities*
<input type="checkbox"/> Aquatic Theme Parks	<input type="checkbox"/> Cooking	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Ropes/Challenge Course	<input type="checkbox"/> Other* _____
<input type="checkbox"/> Archery	<input type="checkbox"/> Dancing/Acting	<input type="checkbox"/> Mountain Boarding	<input type="checkbox"/> Skate Boarding	_____
<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Nature Study	<input type="checkbox"/> Sports	_____
<input type="checkbox"/> Bicycling	<input type="checkbox"/> High Adventure*	<input type="checkbox"/> Organized Games (Play)	<input type="checkbox"/> Swimming – On-Site	_____
<input type="checkbox"/> Boating/Canoeing/Rafting	<input type="checkbox"/> Hiking	<input type="checkbox"/> Petting Zoo	<input type="checkbox"/> Swimming – Off-Site	_____
<input type="checkbox"/> Camp Trips	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Riflery	<input type="checkbox"/> Swimming – Wilderness	_____

## Camper Capacity

For each session, select the camp type, specify the number of days in the session and provide camper capacity information. Use separate session rows if both a day camp and overnight camp operate at the same time. **Use actual attendance data from last season.** If the camp did not operate last season, use estimates and check this box . Attach additional sheets if needed.

	Camp Type		Number of Days	Age Group												
	Day	Overnight		1 to 5		6 & 7		8 to 12		13 to 15		16 & 17		CITs **		
				male	female	male	female	male	female	male	female	male	female	male	female	
Session 1	<input type="checkbox"/>	<input type="checkbox"/>														
Session 2	<input type="checkbox"/>	<input type="checkbox"/>														
Session 3	<input type="checkbox"/>	<input type="checkbox"/>														
Session 4	<input type="checkbox"/>	<input type="checkbox"/>														
Session 5	<input type="checkbox"/>	<input type="checkbox"/>														
Session 6	<input type="checkbox"/>	<input type="checkbox"/>														
Session 7	<input type="checkbox"/>	<input type="checkbox"/>														
Session 8	<input type="checkbox"/>	<input type="checkbox"/>														
Session 9	<input type="checkbox"/>	<input type="checkbox"/>														
Session 10	<input type="checkbox"/>	<input type="checkbox"/>														

\*\* A counselor-in-training (CIT) must be 15 years old at a day camp and 16 or 17 years old at an overnight camp. CITs that do not meet the minimum age requirements must be accounted for as a camper.

## Camp Director

Name of Camp Director: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Education: \_\_\_\_\_  
 Qualifying Experience: \_\_\_\_\_

A "State Central Register Database Check" form (LDSS-3370) and a "Prospective Children's Camp Director Certified Statement" form (DOH-2271) must be completed by the Camp Director and submitted to the LHD with this form.

## Camp Health Director

Name of Camp Health Director(s): \_\_\_\_\_  
 Attach additional sheets if more than one Health Director is used.  
 Qualifications (certification, licenses, etc.)  Doctor  Nurse Practitioner  Physician Assistant  RN  LPN  EMT  Other \_\_\_\_\_  
 NYS License Number: \_\_\_\_\_ For day camps only: Will the Health Director be located on-site or off-site?  On-site  Off-site

## Certifications

List the Course Provider, Course Title and certification issuance date for each certification held by the Camp Health Director or Designated Assistant. (See Section 7-2.8 for requirements)

Certifications	Staff Possessing Certification	Course Provider	Course Title	Issue Date
CPR	<input type="checkbox"/> Health Director <input type="checkbox"/> Assistant			/ /
First Aid	<input type="checkbox"/> Health Director <input type="checkbox"/> Assistant			/ /



**Aquatics Director**

Name of Camp Aquatics Director: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Certifications**

List the Course Provider, Course Title and certification issuance date for each certification held by the Camp Aquatics Director. (See Section 7-2.5(e) for minimum qualifications)

Certifications	Course Provider	Course Title	Issue Date
Lifeguard Supervision and Management*			/ /
Lifeguarding			/ /
Progressive Swimming Instructor			/ /
CPR*			/ /
First Aid			/ /

\* The Camp Aquatics Director must possess these certifications to qualify.

**Aquatic Experience (check qualifying experience below)**

- One season of previous experience as a camp aquatics director at a New York State children's camp.
- Two seasons of previous experience consisting cumulatively of at least 12 weeks as a children's camp lifeguard, as specified in Section 7-2.5(g), at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time.
- At least 18 weeks of previous experience as a lifeguard, as specified in Section 7-2.5(g)(2), at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time.

**Other Staff Requirements**

Subpart 7-2 of the New York State Sanitary Code (Children's Camps) specifies minimum staff ratios and qualifications for counselors, lifeguards, progressive swimming instructors, riflery instructors, and additional first aid and CPR certified staff. When staff are required to possess special certification, a course standard or criteria is specified in the regulation. Certification courses which have been reviewed and meet or exceed the Children's Camp Code standard/criteria, are listed on New York State Department of Health (NYSDOH) "fact sheets." The fact sheets are available from the LHD and at the NYSDOH's website at [www.health.ny.gov](http://www.health.ny.gov). Camp operators are responsible for ensuring that required staff are present and possess acceptable certification. A LHD may require a children's camp operator to document staff ratios and qualifications by submitting a Children's Camp Additional Staff Qualifications form (DOH-367a) and/or copies of certification cards. Copies of all required certifications must be maintained on file at the camp.

**Written Safety Plan, Facility Additions/Modifications, and Itinerary of Camp Trips****1. Written Safety Plan as required by Section 7-2.5(n)**

- Plan attached
- Previously submitted on \_\_\_\_/\_\_\_\_/\_\_\_\_. This plan remains up to date and complete.
- Update to plan attached

**2. Facility Addition/Modifications**

Provide a list of additions or modification to the camp that have been made since last season or that are planned prior to this season. Include additions or modifications to buildings (cabins, kitchens, dining halls, infirmary, assembly areas, privies and toilets, etc.), potable water and sewage disposal systems, swimming pools, bathing beaches, activity areas (challenge course, archery and rifle ranges, etc.), emergency access and egress roads and any other camp facilities.

- List attached
- No Addition/Modifications
- Not Applicable. Camp did not operate last season.

**3. Itinerary of Camp Trips**

Attach a list of camp trips. Describe the activities that will take place (swimming, canoeing, hiking, etc.) and include the trip date(s) when known.

- List attached
- No trips

Section 7-2.5(p) requires a written statement or brochure outlining the rights and responsibilities of campers and camp operators to be provided to parents or guardians of campers by the camp operator with any enrollment application forms and/or enrollment contract forms. Either a statement or brochure prepared by the camp and approved by the permit-issuing official or the Department of Health brochure "Children's Camps in New York State" may be used. Please check the appropriate box below for the brochure sent with your application materials.

- A statement (brochure) which has been submitted to the DOH and approved
- "Children's Camps in New York State" Brochure (#3601)

**I certify that the information given in this form is true.**

Signature of Camp Operator: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:**

Local health departments (LHD) may require children's camp operators to document staff ratios and qualifications by submitting this form and /or copies of certification cards. Complete the applicable items and submit this form for review as directed by the LHD that has jurisdiction in the county where the camp is located. Use additional sheets if necessary. Information that is not available should be identified as "Pending". For expired certifications, the date of scheduled re-certification courses may be listed when staff are registered to attend. Pending information and confirmation of staff re-certification must be sent to the LHD when available. Copies of all required certifications must be maintained on file at the camp. All code citations refer to Subpart 7-2 of the New York State Sanitary Code.

Facility Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_

Date Open: \_\_/\_\_/\_\_ Date Close: \_\_/\_\_/\_\_

**Progressive Swimming Instructor (PSI):** Required for assessing camper swimming ability. Refer to Section 7-2.5(f).

Staff Name	Provider	Course Title	Issue Date
			/ /
			/ /
			/ /

**Lifeguard Certification:** Required for camps with swimming activities. Refer to Sections 7-2.5(g) and 7-2.11(a) for minimum qualifications and ratios.

See DOH fact sheets for acceptable certifications.

**Lifeguarding-** Certifications must be acceptable for the bathing facility type used.

**CPR-** Certification required for each Lifeguard. Certification may not exceed one year in duration.

Staff Name and Date of Birth	Provider / Course Title	Issue Date	Provider / Course Title	Issue Date
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /

**Additional First Aid and CPR Staff:** Required for all camps as specified in Section 7-2.8.

See DOH fact sheets for acceptable certifications.

**First Aid** – A minimum of one staff for each 200 campers\*

**CPR-** A minimum of one staff for each 200 campers.\* Certification may not exceed one year in duration.

Staff Name and Date of Birth	Provider / Course Title	Issue Date	Provider / Course Title	Issue Date
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /
/ /		/ /		/ /

\*Trip and Activity Leaders may also require certification in First Aid and CPR depending on the activity and location. Refer to Sections 7-2.5(h) and 7-2.5(i).

**Counselor Data:** Required for all camps. List the number of counselors proposed for the camp session with the most campers. Refer to Sections 7-2.5 and 7-2.11 for counselor qualification and ratio requirements.

Staff Ages	Counselors	
	Male	Female
16 (Day camps only)		
17		
18 & Over		

**Riflery Instructor:** Required for all camps with riflery activities. Refer to Section 7-2.5(j).

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Certification: \_\_\_\_\_

Date Issued: \_\_\_/\_\_\_/\_\_\_

**I certify that the information given in this form is true.**

Signature of the individual operator or official operating person: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**CHILDREN'S CAMP AMUSEMENT DEVICE SURVEY**

Complete this survey for each amusement device at your children's camp. Amusement devices are defined in Part 45 of the Department of Labor (DOL) regulations and include: carnival rides; go-carts; bumper boats; water slides (with a vertical drop of 20 feet or more); climbing walls with mechanical belays; challenge courses; zip lines; and giant swings.

**Please return this survey to Westchester County Health Department with the Children's Camp Permit Application.**

**Camp Name:** \_\_\_\_\_ **County:** WESTCHESTER

**No amusement devices available at the camp.**

<b>Amusement Device Type/Name</b> List rope or challenge course elements separately. For devices other than challenge courses elements which are constructed on-site, provide the product manufacturer and serial number.	<b>Number Available</b>	<b>Amount of Liability Insurance Coverage</b>	<b>DOL Permit (Yes/No)</b>

**Person Completing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_



George Latimer  
County Executive

Department of Health

Dr. Sherlita Amler, M.D., M.S.  
Commissioner

SAFETY PLAN ATTESTATION: CAMP HEALTH DIRECTOR OR ON-SITE DESIGNEE

I, \_\_\_\_\_ Camp Health Director or On-Site Designee for  
(Print Name)

\_\_\_\_\_ confirm the following:  
(Camp Name)

1. Attest that I have read and understand the Camp Safety Plan, including all trip addendums if applicable.
2. I acknowledge that the Camp Safety Plan is to be kept onsite and available for discussion with the Westchester County Health Department upon request.
3. I acknowledge any changes or alterations to the Camp’s Safety Plan may not be instituted until reviewed and approved by the Westchester County Health Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

George Latimer  
County Executive

Department of Health

Dr. Sherlita Amler, M.D., M.S.  
Commissioner

SAFETY PLAN ATTESTATION: TRIP LEADER

I, \_\_\_\_\_ Camp Trip Leader for  
(Print Name)

\_\_\_\_\_ confirm the following:  
(Camp Name)

1. I attest that I have read and understand the Camp Safety Plan, including all trip addendums if applicable.
2. I acknowledge that in the event that campers participate in aquatic activities, not limited to swimming, rafting, boating, aquatic amusements, etc., every camper each season must be first swim assessed by a Progressive Swim Instructor recognized by New Your State DOH to determine the designation of the camper as a swimmer or non-swimmer.
3. I acknowledge that when swimming is conducted during a camp trip to an aquatics facility that is supervised by qualified lifeguard(s), the camp must supply one additional lifeguard for each 25 campers/bathers at the swimming activity and shall have their garments identified with the camp's name.
4. I acknowledge that the Camp Safety Plan is to be kept onsite and available for discussion with the Westchester County Health Department upon request.
5. I acknowledge any changes or alterations to the Camp's Safety Plan may not be instituted until reviewed and approved by the Westchester County Health Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

George Latimer  
County Executive

Department of Health

Dr. Sherlita Amler, M.D., M.S.  
Commissioner

SAFETY PLAN ATTESTATION: CAMP DIRECTOR

I, \_\_\_\_\_ Camp Director for  
(Print Name)

\_\_\_\_\_ confirm the following:  
(Camp Name)

1. I attest that I have read and understand the Camp Safety Plan, including all trip addendums if applicable.
2. I acknowledge that in the event that campers participate in aquatic activities, not limited to swimming, rafting, boating, aquatic amusements, etc., every camper each season must be first swim assessed by a Progressive Swim Instructor recognized by New Your State DOH to determine the designation of the camper as a swimmer or non-swimmer.
3. I acknowledge that when swimming is conducted during a camp trip to an aquatics facility that is supervised by qualified lifeguard(s), the camp must supply one additional lifeguard for each 25 campers/bathers at the swimming activity and shall have their garments identified with the camp's name.
4. I acknowledge that the Camp Safety Plan is to be kept onsite and available for discussion with the Westchester County Health Department upon request.
5. I acknowledge any changes or alterations to the Camp's Safety Plan may not be instituted until reviewed and approved by the Westchester County Health Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS STATEMENT IS RELATIVE TO CONVICTION OF A CRIME  
OR THE EXISTENCE OF A PENDING CRIMINAL ACTION.**

Name (children's camp director) \_\_\_\_\_ Date of Birth Mo / Day / Yr \_\_\_\_\_  
Address STREET \_\_\_\_\_  
CITY STATE ZIP \_\_\_\_\_

Have you ever been convicted of a crime (i.e., a misdemeanor or a felony) or do you presently have a criminal action pending against you?  YES  NO

If YES, for each such conviction or pending action provide the following information:

1. The date of the incident which resulted in the criminal conviction or charge:	Mo / Day / Yr	
2. The date of the conviction or charge:	Mo / Day / Yr	
3. The crime you were convicted of or are presently charged with:		
4. The nature of the incident which resulted in the criminal conviction or charge:		
5. The city, county and state you were convicted in or are presently charged in:	CITY COUNTY STATE	
6. The name of the court you were convicted in or are presently charged in:		
7. The penalties imposed as a result of the conviction (i.e., fine, jail term, restitution, etc.):		
8. For each of the penalties imposed, list the date the penalty was complied with (i.e., date fine or restitution was paid in full, date jail term was completed, etc.):		
Date(s) Of Fine	Restitution Paid in Full	Date(s) Jail Term Completed
Mo / Day / Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mo / Day / Yr
Mo / Day / Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mo / Day / Yr

I \_\_\_\_\_, certify under penalty of perjury that the above information is complete and accurate. Print Name

Signature of Children's Camp Director \_\_\_\_\_ Mo / Day / Yr \_\_\_\_\_



# 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.**

**All forms to be returned directly to Westchester County Health Department, Mt. Kisco Office.**

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.**

**MAIL YOUR COMPLETED LDSS-3370 FORM WITH THE CAMP APPLICATION TO:**

Westchester County Health Department  
Mt. Kisco Central Office  
Public Health Protection  
25 Moore Avenue, Mt. Kisco, NY 10549

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

<b>SCR USE ONLY</b>
REQUEST I.D.:

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY (Use alpha codes on reverse):	PHONE NUMBER (Area Code): ( ) -
<b>PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:</b> <b>AGENCY NAME:</b> _____ <b>AGENCY LIAISON:</b> _____ <b>STREET ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP CODE:</b> _____			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above, are also on the reverse side of this form.  <b>FOR ALL CATEGORIES:</b> Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. <b>MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below.</b> (see reverse side for instructions) Attach additional page if necessary.	

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the NYS Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**APPLICANT/HOUSEHOLD MEMBER AREA**

**PLEASE TYPE OR PRINT CLEARLY**

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
				mm	dd	yyyy
APPLICANT			<input type="checkbox"/> M <input type="checkbox"/> F			
APPLICANT MAIDEN/ALIAS/ MARRIED NAME			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

Please provide your current address and any other addresses at which you have resided for the last 28-years, including street, street number, city and state. For Adoption, Foster Care, Family and Group Family Day Care and legally-exempt Family Child Care, also include the same address history for household members 18 years of age or older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr) /	TO (Mo/Yr) /

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy) / /	APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy) / /
-----------------------	--------------------------	-----------------------	--------------------------

**EIGHTEEN-YEARS OF AGE OR OLDER:**

I understand that as a person 18 years of age or older in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider or a legally-exempt family child care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE (mm/dd/yyyy) / /	SIGNATURE	DATE (mm/dd/yyyy) / /
-----------	--------------------------	-----------	--------------------------







Department of Emergency Services  
Office of Emergency Management

## Camp Contact Form

**If your Organization has multiple camps, please make copies of this form and provide separate information for each camp.**

Camp Organization \_\_\_\_\_

Street Address \_\_\_\_\_

Town or Village \_\_\_\_\_

Camp telephone number \_\_\_\_\_

Camp e-mail address \_\_\_\_\_

Dates Camp is in session \_\_\_\_\_

**Actual location of the Camp if different from mailing address**  
(include building number and street address) \_\_\_\_\_

### Pre-Camp Season Contact Information

Contact \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

### 24-hour Contact Information (Camp Season)

**Contact #1** \_\_\_\_\_

Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

Pager \_\_\_\_\_

E-mail \_\_\_\_\_

**Contact #2** \_\_\_\_\_

Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

Pager \_\_\_\_\_

E-mail \_\_\_\_\_

## **Camp Statistics**

Maximum number of children attending camp \_\_\_\_\_

Number of staff or faculty \_\_\_\_\_

Handicapped or special needs children \_\_\_\_\_

## **Transportation**

Do you provide transportation for your campers? \_\_\_\_\_

Name of Bus Company \_\_\_\_\_

Bus Company contact \_\_\_\_\_

Bus Company phone number \_\_\_\_\_

Are buses stored at camp site during the day? \_\_\_\_\_

If not, estimated time to mobilize buses at camp \_\_\_\_\_

How long does it take to return all campers home (early dismissal) \_\_\_\_\_

Number of Private Camp Vehicle's available \_\_\_\_\_

Do you have day trips planned for your campers? \_\_\_\_\_

# Self-Inspection and Certification Form for Children's Camps

Facility Name: \_\_\_\_\_

Location: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Use this form to certify that a pre-operation self-inspection was conducted and the facility is in compliance with applicable Sanitary Code requirements prior to operation. Completed forms must be submitted with the camp application to ensure adequate time for processing and permit issuance. Selecting "Yes" indicates compliance with the standard. Please supply supplemental information identifying a schedule for compliance for any standard for which "No" is selected. Indicate not applicable (N/A) as appropriate.

**Fire Safety:** Subparts 7-2 of the State Sanitary Code.

Standard	Yes	No	N/A
Construction, additions or modifications have been approved by the health department and Uniform Code Official.			
All required fire alarm systems, smoke detectors and fire suppression systems are inspected/checked and operational.			
Required exits and smoke barrier doors are operational and free of obstructions including removal of locking devices used to secure buildings during periods of non-use.			
Required emergency lights and exit signs are present and functional.			
Electric service, wiring or electrical system components are such that an imminent fire or shock hazard does not exist.			

**Water Supply:** Municipal: \_\_\_\_\_ Onsite: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Standard	Yes	No	N/A
Potable water source, treatment, and distribution system are the same as last season; Specify treatment:			
Required start-up procedures have been completed and preoperational sample submitted for onsite supplies. Please attach sample results.			

**Sewage:** Municipal: \_\_\_\_\_ Onsite: \_\_\_\_\_

Standard	Yes	No	N/A
Sewage treatment or distribution system are the same as last season.			
Sewage system operating with no discharge on the ground surface.			

**Food Service:** Subpart 14-1

Standard	Yes	No	N/A
New construction, additions or modifications have been approved by the health department. Check N/A if you had no new construction, additions or modifications since last year.			
Menu is the same as prior season.			
Food preparation and storage areas are free of contamination by insects or rodents.			
All plumbing, sinks and equipment are operational.			
All food contact surfaces washed, rinsed and sanitized prior to opening.			

I, \_\_\_\_\_ (Print Name), certify under penalty of perjury that:

1. I conducted a complete and thorough inspection of the above indicated facility on \_\_\_/\_\_\_/\_\_\_ (Date) and the facility conforms or will be in conformance with the applicable requirements of the State Sanitary Code at the time of operation and will not present a danger to the health and safety of the occupants.
2. The local health department has been notified of all facility alterations, enlargements or improvements including but not limited to buildings, structures, water supplies, sewage disposal systems and determined none require health department inspection prior to use.

\_\_\_\_\_ ( \_\_\_/\_\_\_/\_\_\_ )

Signature

Date