

# Guide to Organized Camp Documentation Requirements



*As stated in the California Code of Regulations, Organized Camps are required to develop and maintain multiple pieces of documentation. This questionnaire is intended to provide guidance in developing comprehensive documents specific to each Organized Camp, including, but not limited to: Notice of Intent to Operate (section 30703), Written Statement regarding criminal history check (section 30704), Operating Procedures (section 30704), Health Care Plan (section 30750), Vector Control Plan (section 30736), Written Emergency Procedures (section 30753), and the Use of Lake, Stream or River Plan (section 30741).*

## CAMP OVERVIEW

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Overview is to be completed by the Director of the Organized Camp. Director means a person who is responsible for day-to-day decision making and supervision of the camp program and staff meeting the requirements of section 30751(a).

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### GENERAL INFORMATION

### REVISION DATE (IF APPLICABLE)

Camp Name

Permit Holder

Site Address

Camp Mailing Address

Phone Number(s)

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### OVERSIGHT OF CAMP

1. Who is the Director of this camp?

2. What are the Director's qualifications? (Check all that apply)

He/she is 25 years of age or older

He/she has at least 2 seasons of administrative or supervisory experience in camp activities

He/she has obtained a satisfactory criminal history record check

Other

3. Does this camp lease its facilities to user groups who utilize it 5 or more days? (Check one)

Yes

No

4. If you selected "Yes" to question number 3, please check the items below that user groups are responsible for developing/providing. NOTE: Any items that remains unchecked are to be supplied by the camp.

Qualified Health Supervisor

Health Care Plan

Counselors

Lifeguards

Food Service

Vector Control Plan

Written Emergency Procedures

ACA Accreditation or written description of operating procedures

Use of Lake, Stream or River Plan

Other

If you checked "Other," please provide details below.

\* If an assistant camp director is available, please provide their name and contact information below.

\*The Director is responsible for ensuring that all documents are supplied by the camp and/or user groups.

## CONSTRUCTION OF CAMP

1. Is the camp connected to the city sewer system or does the camp have a private on-site wastewater treatment system?

Connected to city sewer

Connected to septic or private on-site waste water treatment system

2. What is the approved potable water source?

*"Potable water" means water that complies with the standards for transient noncommunity water systems pursuant to the California Safe Drinking Water Act (Chapter 4 (commencing with Section 116270) of Part 12, to the extent permitted by federal law.*

Approved drinking water well

Approved water agency (City Water)

Small water system

Spring Fed Well

Other

If "Other" selected in question above, please describe approved potable water source here.

What is the maximum capacity of the camp? List the number of beds for campers, staff, medical personnel and those dedicated to the isolation room/infirmary.

How many toilets and showers are provided for campers? List the number of toilets and showers dedicated to campers, staff, medical personnel and those dedicated to the isolation room/infirmary.

What kinds of organized activities does the camp provide? Check all that apply. Any additional activities, please list in "Other" area below.

- All-Terrain Vehicles (ATVs)
- Archery
- Aviation
- Backpacking
- Bicycling/Biking
- Challenge/Rope Courses – high and low (Requiring Spotting)
- Climbing/Rappelling - plus, additional standards
- Field Trips that include campers in public
- Go-Karts
- Gymnastics – tumbling, using apparatus
- Hockey – broom, ice, or roller
- Horseback Riding – English, western, or pony rides
- Lacrosse
- Llama (trekking)
- Martial Arts
- Model Rocketry
- Motorized Sports
- Mountain Boarding
- Skating – board, ice, in-line, roller
- Shooting Sports -riflery, air rifle, pellet guns, etc.
- Snow Sports – boarding, skiing, sledding/tubing
- Travel/Tour and/or Wilderness Trips (Less than 3 nights)
- Specific sport-related programs - such as soccer camp, baseball camp
- Fire Building for Cookouts
- Kilns for Ceramics/Pottery
- Wood-Burning Tools
- Caving - plus, additional standards
- Fencing
- Wrestling
- Paintball
- Circus stunts in the air such as trapeze, tightrope, etc.
- Other

What kind of body of water does the camp have?

- Pond
- Lake
- Stream
- Pool
- None
- Other

List specific AQUATIC activities here (Swimming, Lessons, Any Watercraft, Skiing, Etc.):

- Swimming
- Watercraft
- Boating
- Other

If a natural body of water is being used for any Aquatic activities, how often is that body of water being tested for a microbiological sample?

Please include the date of the last sample taken.

## HEALTH CARE PLAN QUESTIONNAIRE

*As required by the California Code of Regulations, Title 17, Section 30750, a written health care plan developed and maintained by the Health Supervisor shall be used at the camp. The health plan shall include: the responsibilities and authority of the Health Supervisor and other qualified health staff meeting the requirements of section 30700 (f) that provide health care including first aid; the procedures for camp health care and sanitation; a record keeping process; a plan for provision and maintenance of supplies and equipment; the relationships and agreements with local medical personnel, hospitals, and providers of emergency care and other emergency care providers; and a plan to prevent and control the spread of pandemic flu or other communicable diseases among campers. The Health Care Plan Questionnaire is to be completed by the designated Health Supervisor. Health Supervisor means a person who is either a physician, registered nurse, licensed vocational nurse who is licensed pursuant to Division 3 of the Business and Professions Code or a person who is trained in accordance with section 1596.866 of the Health and Safety Code.*

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### RESPONSIBILITIES & AUTHORITY OF HEALTH SUPERVISOR

\*Who is responsible for filling out this Health Care Plan Questionnaire?

- The Camp Director
- The User/Renter Group

1. Who provides the Health Supervisor?

- Camp/Permit Holder
- User Groups
- Both

Comments:

2. If the User Groups provide the Health Supervisor, please provide the following information: Name of User Groups, Health Supervisor's Name, & Qualifications.

3. If the Camp/Permit Holder provides the Health Supervisor, what is his/her name?

4. Is the Supervisor/Camp Director a physician, registered nurse or licensed vocational nurse?

- Yes
- No

4a. If question 4 was answered with "No", does the Health Supervisor provided by the camp possess any of the the qualifications below? Check all the qualifications that apply:

- CPR- Adult, Child & Infant
- First Aid
- California Child Care Preventative Health & Safety
- Other

If you checked "Other," please provide details below.

For any Certifications noted in question 4a, please note expiration date of each in this section.

5. What are the responsibilities of the Health Supervisor? (Check all that apply)

Charged with health supervision at camp when campers are present

Develop and maintain written Health Care Plan

Maintain medical log book

Collect health histories from each camper

Conduct health screenings

Verifies that all counselors have been trained in the principles of first aid cardiopulmonary resuscitation

Collect signed statements from parents or guardians

Report all occurrences of foodborne illness, suspected foodborne illness, or any other reportable disease as required by California Code of Regulations Title 17, section 2500(b) promptly to the local health officer for the camp location. For more information on reportable diseases, please visit: [http://www.cdph.ca.gov/HealthInfo/Documents/Reportable\\_Diseases\\_Conditions.pdf](http://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf)

Dispense medication

Other

If you checked "Other," please provide details below.

6. If Health Supervisor is not responsible for any of the unchecked activities above, please list the name and title of the person(s) that does perform that duty.

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## PROCEDURES FOR HEALTH CARE AND SANITATION

1. List all camp staff positions that have health-care responsibilities, and describe their duties and qualifications. NOTE: All camp staff have health-care responsibilities specified in their job descriptions.

2. What are anticipated common injuries and illness that may happen at camp? Describe the treatment for each injury/illness. (Example: Abrasions, Abdominal Pain, Allergies, Diarrhea, Vomiting, Etc.)

*\*If Standing Orders/ Treatment Procedures are already available for the camp, please attach copy of that paperwork to the questionnaire.*

3a. What areas are commonly used by campers? (Example: Sleeping, Eating, Communing Areas)

3b. How often are the areas cleaned and sanitized? Screened for pests (Bed Bugs, Rodents, Etc.)?

3c. What type of sanitizer is used? Of what concentration?

4. How often are campers/staff cabins, infirmary, isolation room(s) and all mattress covers cleaned and sanitized? What type of sanitizer is used and in what concentration?

4a. Are water proof mattress covers provided?

Yes

No

5. In the event of a communicable disease outbreak, please include the Emergency Sanitation Procedures for the following situations: Norovirus, Lice, Bed Bugs, Ebola (other flu-like highly contagious disease).

*\*If Emergency Sanitation Procedures already available at camp, please attach copy of paperwork to questionnaire.*

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RECORD KEEPING PROCESS (ALL HEALTH RELATED INCIDENTS INVOLVING CAMPERS, COUNSELORS, STAFF, ETC)

1. What types of incidents are recorded in the medical logbook?

2. What items are included in the medical logbook? (Check all that apply)

Name of the person treated

Dosage and intervals of any medication dispensed

First aid or medical treatment rendered

Name of the person administering the first aid or medical treatment

Date and time of treatment

Date parent/guardian notified of accident, illness or injury

Other

If you checked "Other," please provide details below.

3. How are health histories collected and maintained?

4. What items are included in the health histories? (Check all that apply)

A description of any health condition requiring medication, treatment, special restriction or consideration while at camp

A record of immunizations including date of the last tetanus shot

A record of any allergies

Other

If you checked "Other," please provide details below.

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## A PLAN FOR PROVISION AND MAINTENANCE OF SUPPLIES AND EQUIPMENT

\*What procedures are in place to train staff on how to dispose of medical waste versus regular waste?

1. How is medical waste disposed? Where? (Example: Sharps Container for Needles, Syringes, Wet/Bloody Dressings)

2. How is medication stored? (Include Prescription, Over the Counter, and Temperature Sensitive Medications)

3. How is medication dispensed/administered?

4. How are medical supplies inventoried and how often?

5. What happens to prescription medication that has been left behind?

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## RELATIONSHIPS AND AGREEMENTS WITH MEDICAL PROVIDERS

1. Where would ill/injured campers/staff be taken in the event of a medical emergency?

2. Is the Health Supervisor a physician?

Yes

No

2a. If question 2 was answered with "No", who is the "on call" physician?

*California Code of Regulations Title 17 Subchapter 6 Organized Camp section 30700 (f) "Health Supervisor" means a person who is either a physician, registered nurse, licensed vocational nurse who is licensed pursuant to Division 2 of the Business and Professions Code or a person who is trained in accordance with section 1596.866 of the Health and Safety Code.*

3. What is the contact information of the physician?

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## COMMUNICABLE DISEASE PREVENTION PLAN

1. Who conducts the health screening?
  
2. How are health screenings conducted? Include when the health screenings are conducted and how often they are conducted.
  
3. What symptoms are looked for during a screening?
  
4. What happens if one or more of these symptoms are found?
  
5. Who is notified if someone from camp develops influenza-like symptoms?  
*Example: Head/ Body Aches, Fever greater than 100° F, Cough and /or Sore Throat, Runny or Stuffy Nose, Chills, Fatigue, Nausea/ Vomiting/ Diarrhea*
  
6. What are the provisions for isolation of an ill camper?
  
7. Where is the infirmary located?  
*An infirmary, with provision for isolating patients, shall be provided.*
  
8. If multiple people need to use the infirmary, how are the sick isolated and/or separated from other patients?
  
- 8a. Name the location of lavatories/ restrooms designated for isolation patients.

9. How are the roommates/cabin-mates, or others that were exposed to the ill persons notified and treated?

10a. Who is in charge of delivering food to the sick campers?

10b. Is the Health Supervisor checking if the camper is eating food or drinking to stay hydrated?

Yes

No

10c. Does the Health Supervisor see to it that the tray of food is not sitting at the bedside out of temperature for long periods of time?