SUMMER CAMP SAFETY PLAN
For Day, Traveling, and Children's Overnight Camps regulated by the New York City Health Code Article 48

Camp Name:______________________________________________________

RECORD ID# __ __ __ __ __ __ __ __

DC#: __ __ __ __ __
CAMP INFORMATION

Sponsor Name: _____________________________________________________

Name of Camp: _____________________________________________________

Campsite Address: _____________________________________________________

                      City: ______________ State: __NY__  Zip Code: __________

Telephone#:  ___________________      Fax#:          ______________________

Mailing Address: _____________________________________________________

                      City: ___________ State: _______  Zip Code: ________

Camp Type:       ☐ Day Camp    ☐ Traveling Day Camp    ☐ Children's Overnight Camp

☐ Camp for Children with a Developmental Disability (20% or more enrolled)

☐ Municipal Camp – operated by a New York City or State agency
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INTRODUCTION

This guideline is to assist camp operators and directors in the preparation and implementation of a comprehensive written safety plan required to be developed and implemented by your camp operator pursuant to the New York City Health Code ("Health Code") §48.11.

This written safety plan must be developed with an eye toward creating a comprehensive operational manual for review by and training of camp staff, describing facility operations, staff responsibilities, procedures and protocols for the routine supervision of children, measures to maintain child wellbeing and safety and response to critical incidents and emergencies.

This guideline makes references to the most applicable sections of Article 48, however, it does not replace nor does it in any way relieve you of the responsibility to comply with other Articles of the Health Code and State Department of Health regulations, including but not limited to, Subpart 7-2 of the New York State Sanitary Code (NYSSC). In addition to Health Code requirements, this guideline consists of information based on professional literature and policies of the Department of Health and Mental Hygiene’s Bureau of Child Care.
I. PERSONNEL

A. PROVIDE A STAFF STRUCTURE (Organization Chart)

The camp written safety plan shall include procedures for operation and maintenance of the camp facilities, supervisory chain of command and description of duties.

Your staffing plan presents a structure for adequate supervision of children. It will be clearest in the form of an organization chart, showing all of the positions you plan to have, with the lines of accountability drawn.

An organization chart looks like this:

Camp Organizational Chart

- Camp Director
  - Health Director
  - Assistant Director
    - Camp Aquatic Director
      - Counselor (Senior Counselor)
    - Sports Director
    - Arts & Crafts Director
  - Maintenance Staff
    - Lifeguard
    - C.I.T. (Junior Counselor)
1. Indicate your staffing plan by drawing or providing a copy of your organization chart:
B. PROVIDE A JOB DESCRIPTION FOR EACH POSITION

Provide a job description for each position that appears in the camp organization chart. The following is an example of a job description.

**Title:** Senior Counselor  
**Supervisor:** Assistant Director

**General responsibilities:** Responsible for the daily supervision and safety of a group of campers. Supervise the Senior and Junior counselors that are assigned to the group.

**Specific duties:** Plan and supervise the daily activities of the group. Take daily attendance of the group and report absences. Report any illness or injury. Escort the group to and from all activity areas and trips. Teach and supervise organized games, team sports, free-play, and assist the specialist. Conduct on-going evaluations of the assistant counselors and counselors-in-training.

**Qualifications:** Must be at least 18 years of age at children’s overnight camps, and at least 16 years of age at a summer day or traveling camp. The senior counselor must have experience in camping and supervision of children or have completed a training course acceptable to the Department. Must have the ability to conduct organized games, to teach and supervise staff and campers, and to schedule activities. Must have the energy, motivation and skills needed to work with children out-of-doors, willingness to accept guidance and supervision, and a sense of patience and self-control.
1. Complete the following for each position:

Title: ___________________ Supervisor’s Title: ___________________

General responsibilities: __________________________________________
_________________________________________________________________
_________________________________________________________________

Specific duties: ________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Qualifications (Include experience, age, and required certifications):___________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Title: ___________________ Supervisor’s Title: ___________________

General responsibilities: __________________________________________
_________________________________________________________________

Specific duties: ________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Qualifications (Include experience, age, and required certifications):___________
_________________________________________________________________
_________________________________________________________________

- 8 -
Title: ___________________ Supervisor’s Title: ___________________

General responsibilities: ____________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Specific duties: _____________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Qualifications (Include experience, age, and required certifications):____________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Title: ___________________ Supervisor’s Title: ___________________

General responsibilities: ____________________________________________
____________________________________________________________________
____________________________________________________________________

Specific duties: _____________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Qualifications (Include experience, age, and required certifications):____________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Title: ___________________ Supervisor’s Title: ___________________

General responsibilities: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Specific duties: __________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Qualifications (Include experience, age, and required certifications): ________________
____________________________________________________________________________
____________________________________________________________________________

Title: ___________________ Supervisor’s Title: ___________________

General responsibilities: __________________________________________________________
____________________________________________________________________________

Specific duties: __________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Qualifications (Include experience, age, and required certifications): ________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Use additional pages as needed, use page number as “12a, 12b, 12c” etc.)
C. EMPLOY A SUFFICIENT NUMBER OF QUALIFIED STAFF

(1) In each non-overnight camp there shall be at least one senior counselor for every:
   (i) Six children less than 6 years of age;
   (ii) Nine children six to seven years of age;
   (iii) Twelve children eight years of age or over.

(2) In each overnight camp there shall be at least one senior counselor for every:
   (i) Six children seven years of age or under;
   (ii) Eight children eight years of age or over.

D. SCREEN APPLICANTS AND VERIFY REFERENCES

The camp operator shall maintain a copy of each staff member’s application, any records identifying staff qualifications, such as resumes, licenses or certifications on file for inspection by the Department. The Camp operator shall verify all employee’s prior education, experiences, training and character references.

The camp operator shall ascertain whether an employee or volunteer is listed on the New York State Division of Criminal Justice Services (DCJS) Sex Offender Registry prior to the day such employee or volunteer commences work at camp and annually thereafter prior to their arrival at camp.

Your staff application will enable you to determine the eligibility of an applicant. Select all staff carefully. Conduct a personal interview, asking questions about prior employment history, including working with children. Ask if the person has been charged with or convicted of a crime involving children, and what they consider appropriate discipline. Check references. By law you must conduct a background check utilizing the NYS Division of Criminal Justice Services Sex Offender Registry prior to the hiring process. You must keep on file, a record of registry findings and references.

1. Outline your procedure for selecting staff:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
II. FACILITY OPERATION

A. IMPLEMENT A FACILITY OPERATION AND MAINTENANCE PROGRAM

A written camp maintenance program adds to the overall health, safety, and welfare of campers and results in a smoother camp operation by encouraging the cooperation of the entire camp staff. Inspect all facilities each day for safety and cleanliness.

Indicate who will conduct daily inspections:

1. Name: _________________________    Title: _____________________________

Buildings

A building or structure of a children’s camp shall be safe, adequate in size for its use, clean, and have watertight roof and sides. However, a lean-to or an open recreational facility, which excludes rain from occupied portions of the structure, may be used as a shelter.

Every facility requires a maintenance program that will meet the needs of that campsite and program.

Consider the following:

- If your camp enrolls children 10 years of age or under, ensure that all windows are safely guarded, except windows giving access to fire escapes or a window on the first floor that is a required means of egress from the premises.
- If your camp enrolls children under 6 years of age, ensure there is no peeling paint on surfaces.
- Ensure camp facilities and equipment are structurally sound, developmentally appropriate and accessible for all campers. (i.e. Toilets and hand wash sinks must be installed at a height that allows unassisted use by children)
- Keep all existing electrical service, wiring and fixtures in good repair and safe condition.
- Properly mark all gasoline, paint and other inflammable containers and store them in a properly vented and locked building not occupied by campers or staff.
- Check that all assembly areas (e.g., recreation rooms, dining rooms, gymnasiums) have two means of egress.
  - Provide an adequate number of toilets, and showers when required.
2. Sketch a layout of your camp’s facility. Include all exits, assemblage areas, stairways, fire extinguishers and evacuation routes.
Playgrounds

In using playgrounds:

• Favor playgrounds with protective surfaces.
• Police the playground for glass and other hazards.
• Check equipment prior to use.
• Do not use wet equipment.
• Limit the use of play areas to children of similar ages.
• Make sure the play area can safely accommodate the number of children.
• Strictly enforce the safe use of equipment.
• Teach children how to avoid being struck by a moving swing.

3. Indicate the instructions given to children regarding use of playgrounds:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Food

Article 81 of the Health Code and Subpart 14-1 of the NYSSC regulate the service of food at your camp. Proper food processing techniques are vital in preventing food borne illness outbreaks. Include the following items in your plan:

• Ensure the cook has a metal stem-type thermometer and uses it to check food temperatures. Hot foods must be held at or above 140°F and cold foods must be held at or below 41°F until served.
• Food that is placed on an individual’s plate or uncovered on a dining table for family style portioning and service is considered served, and unconsumed portions must be discarded (e.g., bread).
• Kitchen and serving staff should not touch ready-to-eat food with their bare hands. They must use gloves or utensils.
• Personnel with infections transmissible through food should not handle food or utensils. (e.g., infectious diarrhea, infected wounds or cuts)
• The supervisor of the camp’s food operation that provides, prepares or serves food, including those participating in the Summer Feeding Surveillance Program must complete a food protection course approved by the Department.

4. Indicate your plan to provide proper food protection:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
5. How are meals provided to campers?
______________________________________________________________________
______________________________________________________________________

6. Who will be your certified food protection certificate holder? Please include name and certificate number.
______________________________________________________________________

Vehicles

All transportation equipment shall be maintained in a safe operating condition and shall bear the required inspection sticker of the New York State Department of Motor Vehicles or, where required, the inspection sticker of the New York State Department of Transportation and be equipped with at least a first aid kit, tools, fire extinguisher and flares.

Whether on a trip or providing pick-up or drop-off service, there must be at least two adult counselors on each vehicle in addition to the driver. Ensure all children are secured in child safety seats properly installed or with safety belts appropriate for the age of each child.

6. Indicate your vehicle maintenance plan for all chartered service and/or vehicles that your camp owns:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

On-site Swimming Facilities

Only swimming facilities operating pursuant to a permit issued by the Department or local permit issuing official in accordance with Article 165 and 167 of this Code or Part 6 of the New York State Sanitary Code, or other local law, and identified in the camp’s written safety plan shall be used by the children’s camps.
7. Does your facility have an on-site swimming pool or bathing beach/ waterfront area?

   Yes ☐  No ☐

If Yes, complete the following. If No, continue with Fire Safety on page 21.

8. Does your pool or waterfront area have a permit from the NYCDOHMH?

   Yes ☐  Permit # _____________________________  No ☐

If yes, proceed to the next question.

If No, and your on-site pool or bathing beach is used exclusively for the day camp operation a separate permit is not required. However, according to Section 7-2.11 of the NYSSC and Article 48.13 (a)(1) of the Health Code, all swimming pools and bathing beaches must comply with Articles 165 and 167 of the NYCHC and Part 6 of the NYSSC. A New York State licensed architect or engineer must prepare plans and specifications that must be approved by the Department before constructing or installing a pool. In addition, when your pool has been approved, a written pool safety plan must be submitted which outlines the policies and procedures to be followed at the pool by facility personnel in order to protect the public’s health and safety. Also, according to Section 6-2.17(d) of the NYSSC, a separate Safety Plan for the bathing beach operation must be submitted to the Department for approval.

Contact the Bureau of Environmental Sciences and Engineering for forms and/or a separate Pool or Bathing Beach Safety Plan Outline that addresses the specific requirements of the on-site swimming pool or bathing beach operation at your camp.

New York City Department of Health & Mental Hygiene
Bureau of Environmental Sciences and Engineering
Telephone: (718)310-3717

Submit the completed forms and/or Pool Safety Plan or Bathing Beach Safety Plan to NYCDOHMH Bureau of Environmental Sciences and Engineering for approval. Your permit to operate a day camp will not be approved unless you have a safety plan approved by the Bureau of Environmental Sciences and Engineering. A copy of the approved plan must be kept at the facility at all times.
9. For on-site swimming pools, who will be responsible for the operation of the filtration system, and the testing and maintenance of the disinfection systems? Describe your process in details below.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

10. Describe how and by whom your waterfront (decks, float lines, rescue equipment, etc.) will be set up and maintained. Include checking water depths, repairing depth markings to be correct and visible and removing debris from the swimming area.

______________________________________________________________________
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______________________________________________________________________
III. FIRE SAFETY

The camp director shall be responsible for the regular inspection of all fire protection facilities and equipment of the camp.

The camp operator shall submit a fire safety plan acceptable to the Department, including but not limited to the following: alarm system; evacuating buildings; assembly area and accounting for all persons; evacuating the property, notifying fire department; fire drills, type and location of all firefighting equipment; and internal plan for firefighting. Such plan shall be implemented and updated annually. A copy of the approved plan shall be kept on file in camp and in the local health office. Also a copy should be submitted to the local fire department. All fires which destroy or damage any camp building, or which result in notification to the fire department or are life or health threatening shall be reported by the camp operator to the Department within 24 hours.

Fire drills shall be held within the first 48 hours of each camping session and periodically thereafter in accordance with the fire safety plan. A log with drill dates and times must be maintained and verified by the camp director. It must be available for inspection at all times.

A. PLAN TO PREVENT AND RESPOND TO FIRES

- The first priority in staff training must be the evacuation of the children, before any attempts are made to extinguish a fire. Discuss fire drills in the staff and camper orientation section of the plan. Address the staff responsibilities for firefighting. Include management of campfires and out-of-camp cookouts.

- A significant component of your fire safety program must be fire prevention. It should be an integral part of the pre-camp training for staff and be part of their daily activities. A partial list of the things to look for, and correct daily, are frayed or improperly placed electrical wires, overuse of extension cords, collection of combustible materials sufficient to cause excessive fire load such as paper and cardboard, improper storage of flammable liquids, and management of campfires.

- The camp written safety plan must describe the routine inspection of exits and exit signs. Be sure you have proper exits, and that staff and campers know their location and how to use them. The second means of exiting should be as far as possible from the main exit. Maintain exits and exit ways free of all obstructions. Explain exiting the building to campers on their first day in camp. Train staff to assist and direct this drill so it will run smoothly and rapidly. Include simulating drills from various buildings during training, to find any possible problems in exiting and eliminate them before campers participate.
• Teach what to do in case of a fire to the staff during the pre-camp orientation and to the campers during their own orientation. Then practice it at least 3 times during the season, once within the first 48 hours of the start of camp and at least once thereafter, preferably at the start of each new camp session. Simulate actual fire conditions in the drill. Hold it at different times and using different exits.

• All fire extinguishers must be tested at least once per year by a qualified inspector. Fire extinguishers must be routinely checked every month during the camp season, to insure they are operable, with the inspections logged. A camp map should include the location of all firefighting equipment. Use of fire extinguishers should be addressed.

• Get to know the local Fire Department. Show them around the camp and give them a sketch depicting the layout of buildings, water supply to be used for firefighting, and other pertinent information. They may also be able to give you technical assistance.

B. DESIGNATE A FIRE SAFETY COORDINATOR

The Fire Safety Coordinator may be the operator of the camp or a staff member at a level of management that allows him or her to deal on an equal basis with all staff members.

C. CONDUCT WEEKLY INSPECTIONS OF FIRE RELATED EQUIPMENT AND AREAS

Include inspections of:

• Fire alarm systems - are they operating properly?
• EXIT signs - are they posted?
• Exits - are they free of obstructions? Unlocked?
• Fire extinguishers - are they properly placed and charged?
• Smoke detectors - are they provided where required?

1. Who will conduct weekly fire-related inspections?

2. Who is responsible for inspecting and maintaining fire extinguishers?

3. How will the fire-related equipment and areas be inspected?
D. FOLLOW THE ACTION PLAN

a) Sound the alarm.

At the first sight of flames, smell of smoke or notification that there is a fire in camp, yell FIRE and sound the alarm.

1. Indicate your alarm system and how it is activated:

____________________________________________________________________
____________________________________________________________________

b) Notify the Fire Department.

The Fire Department emergency number, 911, should be posted at all phones. The operator will ask for the phone number, the borough, and the address of the building, what is burning and the location of the fire.

Stay on the line, if possible. Let the emergency operator end the conversation.

2. Indicate who will notify the Fire Department:

____________________________________________________________________


c) Evacuate the building.

Each counselor should know and have a direct visual of each camper in his or her group at all times. Take a quick head count.

While important, the speed of emptying a building should be secondary to maintaining proper order and discipline for proper and prompt evacuation.

Have at least 2 escape routes for every room, a normal route and an emergency route if the normal route is not passable.

Keep calm. Never try to hide. If the room is smoky, crawl along the floor. Feel the doors; if they are warm, do not open them. When you leave a room, close the door behind you. If your clothes catch on fire, stop, drop to the ground and roll around.

If the fire is small, it may be fought. Aim the fire extinguisher at the base of the flame. Sweep the fire from the edge in or from the bottom up. Stay low and near an exit. If the fire gets big, GET OUT!
3. Indicate your evacuation procedures:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**d) Assemble, take attendance, notifies authorities of anyone unaccounted for.**

Designate a responsible person to meet the arriving Fire Department units to explain where the fire is located and inform them of any other pertinent information.

After evacuating the camp, assemble everyone at a prearranged place, at a safe distance from the building.

As soon as the camp is assembled outside, take a roll call. If a camper is missing, check all other places; ask the other campers on the last known whereabouts of those missing. Notify firefighters immediately.

4. Indicate your assembly procedure and method to be used to account for all campers and staff:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**e) Report the fire to the Department of Health.**

Report all fires that destroy or damage any camp building or that result in notification to the Fire Department or are life or health threatening to the Department of Health within 24 hours.

5. Who will be responsible for reporting fires?
Name:___________________________   Title:________________________________

IV. SUPERVISION & ACTIVITY SAFETY

A. PROVIDE CONSTANT AND COMPETENT SUPERVISION

The camp director must ensure that constant and competent supervision is provided to all campers at all times of camp operation. Constant and competent supervision means:

for campers under 6 years of age, that camp staff must maintain direct line of sight observation of such children at all times and for children age 6 years and above, constant and competent supervision means taking into account the child’s age, emotional, physical and cognitive development, and includes awareness of and responsibility for the ongoing activity of each child and requires that all children be near enough to camp staff such that staff can respond immediately if assistance is required.

Inadequate supervision is a significant contributing factor in camper injury and death. Review all supervision requirements of camp activities, especially high-risk activities such as swimming. Address the supervision of campers between activities and during free time. Explain the ratios, policies, and procedures in place to supervise campers. Describe supervision practices, including:

- Routine activities in the camp day, including quiet times, travel between activities, meals, and the activities themselves.
- How senior counselors are to maintain visual and/or verbal communication with campers at all times.
- Unusual or emergency situations that modify the routine activity plan.
- In overnight camps, nighttime supervision, including before and after lights out.

1. Indicate your plan to provide constant and competent supervision of all campers at all times.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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B. DEVELOP DISCIPLINE GUIDELINES

- A discipline policy should be established and implemented by camp staff.
- Discipline should address correcting unacceptable behavior.
- Staff response to expected camper behavior problems should be thoroughly addressed.
- Some discipline practices are unacceptable. Corporal punishment, humiliating treatment, frightening methods, punishment associated with food, rest or isolation and using foul or abusive language are considered child abuse or neglect; such practices are strictly prohibited.
- When a discipline problem needs additional support beyond the group’s counselor, the supervisory chain of command is utilized.
- Discipline solutions could extend to involvement of the parent of the camper.

1. Indicate your policy for camper discipline:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

C. PLAN TO RECOGNIZE AND REPORT CHILD ABUSE

Each camp must be supervised by a camp director. The camp director, or equally credentialed designee approved by the Department, must be present to supervise campers and camp staff at all times while the camp is in operation.

- The camp director must complete a training course in child abuse and maltreatment.
- Be certain all staff is aware of the possibility of child abuse at camp.
- Define what actions or activities constitute abuse of a child. Clearly distinguish between accepted disciplinary procedures to be applied to a disruptive camper and unacceptable abusive disciplinary procedures not to be used by staff. Give similar guidance regarding sexual abuse.
• Teach staff members how to react if they see a camper being treated in a way they or the camper feels is abusive, including when and to whom to report.

1. What will staff be instructed to do if they receive a report that is alleging abuse of a camper?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

2. What steps will the camp director take in response to a report of alleged abuse? Include who will be notified.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

NYCHC Section 48 requires that you report all allegations of abuse to the New York City Department of Health & Mental Hygiene within 24 hours.

D. DEVELOP PROCEDURES FOR DAILY ROUTINES

Have a procedure for authorizing visitors

While maintaining security, you may want to preserve a policy of openness, which welcomes parents of children to visit. Therefore, develop procedures for screening all visitors, authorizing their presence, and identifying authorized and excluding unauthorized visitors.

1. Indicate your procedures for authorizing visitors:

______________________________________________________________________
______________________________________________________________________

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Daily Attendance and Dismissal

- Designate staff to take record and transmit daily attendance to the program administration. Advise parents to inform the program if their child will be absent.
- Before the first activity begins, review the day's attendance for unexcused camper absences and contact parents immediately.

2. Indicate your procedures for obtaining and responding to attendance information:

Unless a child is to walk home alone, be certain that every child is released only to his or her parent or to a person designated by his or her parent. The following is suggested:

- Have parents designate on the application how the child is to leave the program.
- If a child is not to walk home alone, have parents indicate in writing the names of those to whom the child is to be released.
- Designate staff to be responsible for insuring that children are released only to designated persons.

3. Describe the dismissal procedure of each camper (i.e. pick up, sign out, etc.):
Picking Up and Dropping Off Campers

4. Does your program provide bus pick-up and drop-off service?
   
   Yes ☐ No ☐

   If yes, complete the following. If No, continue with Buddy System on page 31.

   If your program provides bus service, it is your responsibility to ensure that all children arrive safely at their designated locations. Before the program begins, advise parents in writing of designated pick-up and drop-off points, pick-up and drop-off times, policy for waiting and bus identification.

   a. What type of transportation will you be providing for the campers?
       __________________________________________________________
       __________________________________________________________

   b. How many campers will be assigned to a vehicle? How many senior counselors will be providing supervision?
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________

   c. How will it be communicated to staff that all campers have been picked up or dropped off at their designated locations?
       __________________________________________________________
       __________________________________________________________

   d. If the parent or guardian is not present for camper’s dismissal, what emergency procedures will be implemented?
       __________________________________________________________
       __________________________________________________________
       __________________________________________________________
Safety requirements and supervision shall be discussed for specific camper activities, including but not limited to, swimming, boating, horseback riding, rope or challenge courses, archery, camp trips, wilderness hiking, overnight camping, rock climbing, bicycling, visits to aquatic and amusement parks, and out-of-city trips and all safety standards required by §48.13. The safety plan shall include an itinerary for all off-site trips planned during the current camp season. The camp operator or director shall submit to the Department for approval, 48 hours in advance of undertaking such activities, updated safety plans and itineraries for any activities not included in the approved safety plan and any amendments to such itineraries. No trips shall be provided which have not been included in the approved safety plan, or have otherwise been approved by the Department.

The trip itineraries are to be submitted with the safety plan. The itineraries must include how you plan to travel to the location and the location in which the activity will take place. The safety requirement for each activity must be included in your safety plan.

The safety plan shall require that consent, in a form approved by the Department, be obtained from the parent or guardian of each camper prior to any off-site trip.

The Trip Itinerary & Consent form must contain the following:

- Name of Child
- Date of Trip
- Mode of Transportation
- Destination, including complete Address
- Activity to be participated in
- Estimated date/time of return
- Hours for Swimming Trips

E. PLAN FOR SAFETY WHILE TRAVELING

- A Trip Leader shall be in charge of all trips away from the camp site, shall be at least 18 years of age and have participated in at least three out-of-camp trips. For high-risk trips, the trip leader must possess or be accompanied by staff who possess a current certificate in Advance First Aid or its equivalent and CPR Pro or its equivalent.
- Adequate supervision shall be provided at all times. Campers’ whereabouts shall be accounted for at all times.
**Buddy System** (for off-site trips)
*(Refer to page 47 for Buddy System and Board System for Swimming)*

To assist you in the set-up of a Buddy System and accountability systems for trips, hiking and other activities:

- Assign each child a partner buddy with whom he or she is to remain throughout the activity.
- Assign partners who are compatible and will not present a problem of being accountable for each other.
- Activate the Buddy System after each rest and activity, and whenever potential problems concerning accountability for the presence of each child may arise. Utilize the Buddy System during traveling through streets, on subways and buses.
- Instruct counselors to carry a buddy roster to account for campers. When a camper is missing, use the roster to verify the name of the missing buddy. Tell campers to immediately tell the group's counselor when their buddy is missing.

Note: The Buddy System is not to replace constant and competent line of sight supervision by camp staff.

1. **Indicate your plan for finding a child who cannot be accounted for:**

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

2. **Indicate your procedure for supervising and accounting for every camper at all times during trips and other activities:**

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

Instruct children in what to do if they become separated from the group. For example:

- Proceed to a designated location, or
- Proceed to the nearest person in authority, tell him or her what has happened, and follow that person's instructions.
3. Indicate what you instruct children to do if separated from the group:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Lost Child Plan

If a child has been separated from the group, immediately activate procedures for finding a lost child. The following is suggested:

- Assemble children in a secure place under supervision.
- Notify the director.
- Institute a systematic search, beginning with high-risk areas (e.g., waterfront, streets); notify local authorities.
- Maintain communication with the director.
- If search is unsuccessful, notify police.
- Notify parents.
- Notify the Department within 24 hours.

Traveling by Subway

Suggested procedures are:

- Choose a route with fewest changes of trains.
- Avoid traveling during rush hour.
- Instruct Senior Counselors to stand in the doorway until all children are safely in or out of the train.
- Instruct children:
  1. To stand away from the track and wait for everyone in the group to get on or off the train.
  2. If left on a train, to get off at the next stop, inform the clerk, and wait at the token booth until a Senior Counselor arrives.
  3. If left on the platform, to inform the clerk at the token booth and wait at the booth until a Senior Counselor returns.

4. Indicate the procedure you will follow when traveling by subways:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Traveling by Bus

Orient staff members in procedures to be followed in an emergency, for example, a disabled vehicle or injury to a passenger or driver. The following is suggested:

- Provide adequate supervision in a secure area for all children.
- Provide appropriate first aid and medical care.
- Notify proper authorities and services as the situation indicates.
- Arrange for alternate means of transportation.

5. Indicate your emergency procedures when traveling by bus:

Crossing Streets

An example of a suggested procedure for crossing the street is as follows:

- Anticipate movement of vehicles with the right of way.
- Wait at the corner for the first full WALK cycle or at the STOP sign for oncoming vehicles to be fully stopped.
- Walk at a child's pace. Don't run.
- Adhere to traffic rules for pedestrian crossing the street.

In crossing streets, suggested precautions are to instruct counselors to:

- Senior Counselor #1 leaves the group, takes and holds a position facing potential oncoming vehicles having the right of way. Counselor waits until the last child has safely crossed the street.
- Senior Counselor #2 walks at the head of the group, crossing the street.
- Children proceed in two's, with their buddy.
- Senior Counselor #1 follows at end.
6. Indicate the procedure that you will follow for crossing streets:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

F. DEVELOP PROCEDURES FOR ACTIVITY SAFETY

For each activity that your camp provides, address the following items in your plan below:

- Supervision: How will the staff, counselors, and specialty staff coordinate the supervision of campers during each activity?
- What ratio of Senior Counselors to campers will be maintained?
- How, if at all, will Junior Counselors be integrated into the program?
- What safety equipment will be used? Describe the inspection and maintenance requirements.
- Include participant prerequisites, if any (e.g. training, skills, experience, age).
- What are the rules of the game or safety precautions to be taken during the activity?

**Sufficient facilities and equipment appropriate to each sport activity and designed to protect the participants in such activity, such as masks, guards for eyeglasses, shin-guards, chest protectors and non-hazardous playing fields shall be available and supplied.**

When planning trips, consider the following:

- Maintain the required Senior Counselors to camper’s ratio. Do not allow any group to leave the site with fewer than two adult counselors, one of whom is certified in First Aid. If a high-risk trip is planned, the trip leader must possess or be accompanied by staff who possess a current certificate in Advance First Aid or its equivalent and CPR for the Professional Rescuer or its equivalent.
- Before leaving, review safety procedures with the children.
- Assign each child a partner buddy with whom he or she is to remain throughout the activity.
- Activate the Buddy System after each rest or activity or whenever potential problems concerning accountability for the presence of each child may arise.
- Be certain each child knows or has displayed the name, address and phone number of the program.
Check all activities available to campers, and provide an activity-specific safety plan for each.

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

Use the table below when determining the counselor to camper ratios for activities.

<table>
<thead>
<tr>
<th>Required Counselor to Camper Ratios</th>
<th>Normal Supervision</th>
<th>Swimming Supervision</th>
<th>Overnight Supervision</th>
<th>Trips</th>
<th>Passive Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 year olds</td>
<td>1:6</td>
<td>1:4</td>
<td>1:6</td>
<td>1:5</td>
<td>1:25</td>
</tr>
<tr>
<td>6-7 year olds</td>
<td>1:9</td>
<td>1:6</td>
<td>1:8</td>
<td>1:6</td>
<td></td>
</tr>
<tr>
<td>8+ year olds</td>
<td>1:12</td>
<td>1:8</td>
<td></td>
<td>1:6</td>
<td></td>
</tr>
</tbody>
</table>

The following is an example of an activity safety plan for Trips.

**Activity: Trips**

**Supervision Ratio:** 1-5 years: 1:5  6-7 years: 1:6  8-15 years: 1:6

**Safety plan:** Before the trip begins, the lost child plan and safety procedures will be reviewed with counselors and campers. Before the group leaves the camp, a Buddy System and the accountability system will be established and campers will be assigned seats with their buddies. Upon arrival at destination, a designated meeting place will be established. An additional copy of the roster of all campers will be kept at campsite. All campers will wear ID tags or T-shirts with name, address and telephone number of the camp. Campers will be instructed on what to do in case of separation from the group. During the trip, the Trip Leader will make buddy checks periodically. All incidents, including delays, will be reported to the camp director as soon as possible.
Activity: ______________________________________________________________

Supervision Ratio:  
1-5 years: _______  
6-7 years: _______  
8-15 years: _______

Safety plan:  __________________________________________________________

______________________________________________________________________

______________________________________________________________________

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Activity: ______________________________________________________________

Supervision Ratio:  
1-5 years: _______  
6-7 years: _______  
8-15 years: _______

Safety plan:  __________________________________________________________

______________________________________________________________________

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______________________________________________________________________

______________________________________________________________________
Activity: ______________________________________________________________

Supervision Ratio:

1-5 years:_______ 6-7 years:_______ 8-15 years:_______

Safety plan: __________________________________________________________

______________________________________________________________________
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______________________________________________________________________
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______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Activity: ______________________________________________________________

Supervision Ratio:

1-5 years:_______ 6-7 years:_______ 8-15 years:_______

Safety plan: __________________________________________________________

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Activity: ________________________________________________________________

Supervision Ratio: 1-5 years:_______ 6-7 years:_______ 8-15 years:_______

Safety plan: _________________________________________________________
______________________________________________________________________
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______________________________________________________________________
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______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Activity: ______________________________________________________________

Supervision Ratio: 1-5 years: _____  6-7 years: _____  8-15 years: _____ 

Safety plan: ____________________________________________________________

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______________________________________________________________________

______________________________________________________________________
Activity: ________________________________________________________________

Supervision Ratio:  1-5 years:________  6-7 years:________  8-15 years:_______

Safety plan: ______________________________________________________________

______________________________________________________________________
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______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Activity: ________________________________________________________________

Supervision Ratio:  1-5 years:________  6-7 years:________  8-15 years:_______

Safety plan: ______________________________________________________________

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

(Use additional pages as needed, use page number as “40a, 40b, 40c” etc.)
V. SWIM SUPERVISION & SAFETY

A. DEVELOP PROCEDURES FOR SWIMMING AND WATERFRONT ACTIVITIES

All Swimming activities at any facilities used by children’s camp shall be directly supervised by the camp aquatic director. The aquatic director shall be present during all swimming and waterfront activities; shall establish and oversee all such activities at the children’s camp waterfront or off site, and shall supervise all staff and campers participating in these activities.

Give special attention to swimming and other water-related activities. They present the greatest danger. Regardless of where the aquatic activities occur, the children’s camp remains responsible for meeting code requirements for camper protection. When using off-site facilities, it is especially important to coordinate with the facility. The safe and proper operation of the bathing facilities used by a camp depends upon a well written and fully implemented safety plan. Your plan must include a bather accountability (buddy) system. Failure to implement a complete buddy system has been a significant contributing factor in every camper drowning since 1986.

1. Does your program include any swimming, whether on-site or off-site?

Yes ☐
No ☐

2. If yes, list all off-site swimming facilities and their complete addresses:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If No, continue with Medical Safety on page 51.

Provide Adequate Supervision

All programs that have pools or other swimming activities whether on-site or off site must have a Camp Aquatics Director (Waterfront Supervisor) in charge of the swim area.

Camp must provide a qualified lifeguard for every 25 children and for every 3,400 square feet of pool surface area or 50 yards of shoreline at a bathing beach or fraction thereof in the water. This includes programs that have pools or other waterfront facilities on-site and programs that use off-site public pools, private pools and waterfronts.
In addition to the lifeguard, the senior counselor-to-child ratio is 1:4 for children under 6 years old, 1:6 for children 6 and 7 years old, and 1:8 for children 8 years and older.

**Assessment of Camper Swimming Ability**
During the first swimming session, a swimming proficiency tests must be given to determine each child’s swimming ability. A Progressive Swimming Instructor with current certification as a Water Safety Instructor or an acceptable equivalent; must administer these tests (*a lifeguard is not qualified to conduct this test*) using the standards of the American Red Cross or its equivalent. Based on the test, divide the children into groups based on swimming ability. For example, group children as non-swimmers and swimmers.

3. **What will be the standard used to assess campers’ swimming ability?** (Ex. *Swimmers should have the ability to swim 50 yards using a minimum of two strokes, change direction while swimming and follow directions of lifeguards.*)

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Divide Swimming Areas**
The camp’s swimming areas shall be divided into non-swimmer and swimmer areas. Campers will be confined to the area appropriate to their assessed swimming ability. *All non-swimmers must be confined to waters less than chest deep.*

4. **How will the areas for swimmers be divided from those of non-swimmers?** (Ex. Swim dock, float line, line of staff people) *And, how will non-swimmers be confined to waters that are less than chest deep?* Note: Chest deep is specific to each camper’s height.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

- 42 -
5. If you do not have a physical barrier such as a dock or separate pool to physically separate non-swimmers from swimmers (float lines are not sufficient), you will have to identify non-swimmers from swimmers while in the water. How will you identify swimmers from non-swimmers? (i.e. Swimmers wear red wristbands/non-swimmers wear blue wristbands.)

B. IMPLEMENT A SYSTEM OF SUPERVISING AND CHECKING CHILDREN IN THE WATER AND ACTIVATE IT AT LEAST EVERY 15 MINUTES

Aquatic Director

All programs that have pools or other waterfront activities whether on or off site must have a Camp Aquatics Director (Waterfront Supervisor) in charge of the swim area. The Camp Aquatics Director must be at least 21 years of age and:

1. Have a current cardiopulmonary resuscitation (CPR) certificate, not exceeding one year in duration, in CPR for the Professional Rescuer issued by the ARC; or a current CPR certificate, not exceeding one year in duration, issued by a certifying agency determined by the State Commissioner of Health to provide an adequate level of CPR training;
2. Have successfully completed a training course in lifeguard supervision and management that meets the requirement specified in the New York City Health Code Section 48.
3. Have annually reviewed and documented the review of the camp’s safety plan for swimming;
4. Have a minimum of:
   i) One season of previous experience as a camp aquatics director at a New York State children’s camp; or
   ii) Two seasons of previous experience consisting cumulatively of at least 12 weeks as a children’s camp lifeguard, at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time; or
   iii) At least 18 weeks of previous experience as a lifeguard, at a swimming pool or bathing beach which had more than one lifeguard supervising it at a time.
5. Attended an aquatics orientation provide by the Department
The Camp Aquatics Director is responsible for positioning the counselors, for assigning buddies, for setting up the Board System or other approved accountability system for activating the Buddy System, and for notifying the pool lifeguard in the event of a lost swimmer. They will not be responsible for any life guarding duties.

A detailed buddy system and a buddy board or other accountability system detailed in the written safety plan approved by the Department shall be established for supervising and checking campers.

Supervision Ratios

1. How many lifeguards and how many additional senior counselors will you have on duty during swimming or instructional swim periods (learn-to-swim programs)?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. How will the lifeguards/counselors be stationed around the swim area?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. What equipment will lifeguards have (whistles, poles, rescue tubes, etc.)?
   Note: All equipment used for the pool must be in compliance with sec 165.17 of the NYC Health Code.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
4. Describe and provide a *sketch* of how the on-duty counselors and lifeguard will be positioned around the swim area during aquatic activities for each facility your camp uses:
Sample Buddy Accountability Chart

Camp Name: ___________________________       Swim Date: _____/____/______
Swim Session: ____:____ am/pm

Buddy Checks

<table>
<thead>
<tr>
<th>Swim Areas</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Counselor: Robin (NS)</td>
</tr>
<tr>
<td></td>
<td>Donald (NS)</td>
</tr>
<tr>
<td></td>
<td>Nancy (NS)</td>
</tr>
<tr>
<td></td>
<td>Aisha (NS)</td>
</tr>
<tr>
<td></td>
<td>Robin (NS)</td>
</tr>
<tr>
<td></td>
<td>Counselor: Natasha (S)</td>
</tr>
<tr>
<td></td>
<td>Martin (NS)</td>
</tr>
<tr>
<td></td>
<td>Gina (NS)*</td>
</tr>
<tr>
<td></td>
<td>Sally (NS)</td>
</tr>
<tr>
<td></td>
<td>May (NS)</td>
</tr>
<tr>
<td></td>
<td>Counselor: Brian (S)</td>
</tr>
<tr>
<td></td>
<td>Brian (S)</td>
</tr>
<tr>
<td></td>
<td>Beth (S)</td>
</tr>
<tr>
<td></td>
<td>James (S)</td>
</tr>
<tr>
<td></td>
<td>Frances (S)</td>
</tr>
<tr>
<td></td>
<td>Jack (S)</td>
</tr>
<tr>
<td></td>
<td>Jill (S)</td>
</tr>
<tr>
<td></td>
<td>Counselor:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counselor:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Buddy System

Buddy system/board system - a buddy system must be in use to supervise and account for bathers at all times. Your buddy system/board system must include the way you will implement the following:

- Pairing each camper with a "buddy" of similar swimming ability to provide each camper a "personal protector."

- Accounting for each bather by name, swimming ability, location in the waterfront area and the name, etc., of their assigned buddy.

- Recording the entry and exit of each buddy pair/bathers to the various sections of the waterfront.

- Identifying whom and how will "buddy checks" be performed to account for the bathers and how often they will be held (the maximum interval by the code is 15 minutes).

- What device ("board") will be used to record and maintain the above information during instructional and free swim sessions.

- The signal(s) to be used to call a buddy check. At off-site facilities, be certain your "signal" will not interfere with the facility's "signals."

- One buddy triple is allowed per swim area.

5. How frequently do you conduct buddy checks? Every __________ minutes

Inform pool or waterfront authority of your arrival at the facility.

When a camp uses any off-site facility for swimming, the camp operator shall supply one lifeguard for every 75 campers provided that the owner or operator of the off-site facility has stated, in writing, that the facility has the physical capacity to accommodate the campers; the off-site facility’s lifeguard(s) will be present to guard the campers; the ratio of lifeguards to swimmers complies with the requirements of the Health Code.

When a camp uses any off-site facility for swimming, the camp operator shall supply one lifeguard for every 75 campers provided that the owner or operator of the off-site facility has stated, in writing, that the facility has the physical capacity to accommodate the campers. The off-site facility’s lifeguard(s) will be present to guard the campers; the ratio of lifeguards to swimmers complies with the requirements of this Code and the State Sanitary Code, 10 N.Y.C.R.R. Subpart 7-2 (i.e., one lifeguard per 25 swimmers/per 3,400 square feet or 50 yards of shoreline.)
Upon the camp’s arrival, the camp’s Aquatic Director will inform the person in authority at the facility that your program has its own lifeguard(s) or presents the agreement to between the authority at the facility and camp operator. Brief the lifeguards or the person in authority of the specific signal to be used to activate the Buddy System, and the frequency of Buddy Checks and the accountability system.

**Determine appropriate swimming areas and the designated station for the camp aquatic director. Establish a home base.**

The camp’s Aquatic Director must examine the waterfront to determine the boundaries to be observed by non-swimmers, and swimmers, and also decide where his or her station will be located at the waterfront for Buddy Checks and supervision. Establish a home base where the group will assemble when out of the water. Note landmarks which will make it easily identifiable to the children.

**Prepare the children for the swim.**

After changing into their bathing suits, the children are escorted by the counselors and the lifeguards to the Camp Aquatic Director station. When all are assembled the Camp Aquatic Director will:

- Arrange to have the swimming proficiency tests conducted by a Progressive Swimming Instructor (if it’s the first swim session for any camper).
- Indicate the location of the camp Aquatic Director’s station and the children’s home base for easy location.
- Provide boundaries for the non-swimmer and swimmer areas.
- Review the rules of the Buddy System, the accountability system and of the facility. Ensure that campers’ are aware of their responsibilities as a Buddy.
- Dispatch lifeguards and senior counselors to their stations.
- Check in buddies set by set.
- Note the time and schedule a Buddy Check within the next 15 minutes.

**Maintain an ongoing record of departures and returns.**

Before a set of buddies leaves the waterfront area, they should indicate their intention to leave to the camp aquatic director. The camp aquatic director will record their departure from the waterfront area on the Buddy Board or other approved accountability system. Upon their return to the waterfront, the buddies must report back to the camp aquatic director who will record their return on the Board. See sample on page 46.

**Conduct a Buddy Check every 15 minutes and whenever a child is suspected of being missing.**

As soon as a child notices that he or she cannot see his or her buddy, the child is to report the fact to the nearest counselor. The counselor must then immediately report the
fact to the Aquatic Director. At this time the camp aquatic director must give the signal to activate the Buddy Check. No longer than 15 minutes after the children first enter the water and at least every 15 minutes thereafter, the camp aquatic director, lifeguard and counselors give the “Buddy Up Signal”. The children, with their buddies, should assemble in the designated area, moving as quickly as possible.

**When the children are assembled, the following takes place:**

Within their swimming skill group, buddies raise their joined hands. The sets of buddies are counted aloud by the camp aquatic director, and silently by another counselor. If a single hand is raised, immediately obtain that child's name, look up the name of his or her buddy, and call that child's name out to the assembled groups. If there is no response, ask the single buddy when and where he or she last saw the missing buddy. Without a moment’s hesitation, notify the nearest lifeguard that a child is missing. Request an immediate water search. **Activate your lost swimmer plan!**

Check the number of sets of buddies against the number that are supposed to be in the waterfront area as indicated on the board. If a set of buddies is unaccounted for, repeat the count and the Board check. If the set remain unaccounted for, notify the nearest lifeguard that children are missing, request an immediate water search. **Activate your lost swimmer plan.**

If the count and board totals agree, the camp aquatic director gives the signal to dispatch the counselors and lifeguards to their posts and allow the children to resume swimming. The camp aquatic director notes the time of the Buddy Check on the Buddy Board, and begins the count down for the next Buddy Check.

**C. IMPLEMENT A LOST SWIMMER PLAN**

Having notified the nearest lifeguard of the missing child and having requested a water search, initiate the procedure for finding a child who cannot be accounted for, namely:

- Discontinue the swim activity by clearing the water of children.
- Assemble campers in a secure location away from the water.
- Ensure that designated counselors are providing adequate supervision to campers, and indicate which staff will be engaged in the active lost camper search.
- Begin the land search, searching high risk areas first. (Ex. pool bottom)
- Notify camp director.
- Expand the land search for the lost child.
- Maintain communication with the director.
- If needed notify parents, locate law enforcement and contact the local health department.
1. Indicate your intention of implementing the preceding plan for supervising and monitoring children in the water and Lost Swimmer Plan by signing here:

Print: _______________________________  Title: __________________
Signature: _______________________________  Date: __________________

If you choose an alternate swim plan, you must attach a copy for approval by the Department.

D. IMPLEMENT A PLAN WHEN ATTENDING AN AQUATIC THEME (AMUSEMENT) PARK

All programs that have pools or other waterfront activities whether on or off site must have a Camp Aquatics Director (Waterfront Supervisor) in charge of the swim area. Buddy Checks at least every 15 minutes.

If the Aquatic Theme Park activity allows large numbers of patrons to participate in the water at one time, or the water depth can fluctuate (i.e., wave pool), or the water depth exceeds chest deep on participating non-swimmers, then campers must be restricted to swimming areas appropriate to their assessed swimming ability, and the camp must provide one trained lifeguard for every 25 campers. Each such qualified lifeguard shall supervise no more than 3,400 square feet of pool surface and no more than 50 yards of shoreline at bathing beaches. However, when campers participate in aquatic theme park activities which allow only one or two patrons in the water at a time, and the water depth does not exceed chest deep for non-swimmers, a camp supplied lifeguard shall not be required. Close supervision by Camp Aquatic Director and Counselors continues to be important.

ALL AQUATIC THEME-PARKS TRIPS MUST BE ACCOMPANIED BY AN AQUALICS DIRECTOR.

If your program does not have an aquatics director on staff, and you will be attending an Aquatic Theme Park with the intent of using the “dry-rides section” and you will not participate in any water-rides, then along with your application, submit a letter with your application stating that your camp will use “dry-rides” only. The Camp Director may also indicate “dry-rides only” on the Trip Itinerary/Consent form.

1. Will your program include attending an Aquatic Theme Park?

Yes ☐  No ☐

If Yes, be sure to include an Aquatic Theme Park safety plan in the activities section of this safety plan. (See page 35.)
VI. MEDICAL SAFETY

Medical requirements: review of camper medical histories to address restrictions and special needs; initial health screening of campers; daily health surveillance of campers; procedures for providing basic first aid, handling and reporting medical emergencies, including outbreaks and procedures for response to allegations of child abuse; identification of and provisions for medical, nursing and emergency medical services; names, qualifications and duties of health director and health personnel certified in first aid and CPR; description of health facilities available at the camp or community health facilities to be used by the camp; storage and administration of medicines; location and use of first aid and CPR supplies; maintenance of a medical log; description of universal precautions for blood borne pathogens; reporting of illness and injuries, including reporting camper abuse/allegations to the Department and other appropriate authorities, within 24 hours; and provisions to supervise sanitation at the children's camp.

In addition to the above requirements for Medical Safety, additional requirements for camps with enrollments of 20% or more developmentally disabled campers are addressed on pages 67 through 70.

A. DESIGNATE A HEALTH DIRECTOR

The Health Director must be a physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, emergency medical technician, or other person minimally certified in both first aid and cardiopulmonary resuscitation training as required by the Department and who is responsible for creating, executing and maintaining the health program.

If the Health Director is off-site, the on-site designee must minimally certified in both first aid and cardiopulmonary resuscitation training as required by the Department and who is responsible for creating, executing and maintaining the health program.

CPR certifications must be renewed annually.

The Health Director is the individual primarily responsible for the implementation and supervision of the health program. The duties of the Health Director should reflect his or her level of medical and first aid training and include the following:

- Medical screening of campers and the review of campers’ confidential medical histories prior to camp.
- The procedures for daily health screening and sick call.
- Responding to injuries and illness events; maintaining the medical log.
- Implementing standing orders issued by the campers’ physicians.
- Camp sanitation, including food service and living quarters, where applicable.
1. Indicate the responsibilities of the Health Director:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

B. PLEASE BE SURE TO INCLUDE A JOB DESCRIPTION FOR THE HEALTH DIRECTOR AND ON-SITE DESIGNEE (IF APPLICABLE). (See page 5.)

1. The Health Director will be located:

☐ On-site
If on-site, continue on page 53 with the section **Sufficient Number of Staff Trained in First Aid and CPR**.

☐ Off-site (day camps/traveling camps only)
If off-site, complete the following:

2. Indicate specific instructions in which your on-site designee will contact your off-site health director:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
C. MAINTAIN A SUFFICIENT NUMBER OF STAFF TRAINED IN FIRST AID AND CPR

At an overnight camp, in addition to the health director or designee, 1 staff member who possesses a current, acceptable first aid certificate must be present for every 50 campers.

At a day camp, 1 staff member who possesses a current, acceptable first aid certificate must be present for every 50 campers in attendance. The health director or designee may be counted toward meeting this first aid requirement.

At day and overnight camps, 1 staff member for every 100 campers in attendance must possess a current, acceptable CPR certificate. The health director may be counted toward meeting this requirement. Where a camp’s qualified aquatics staff remain onsite and are available to respond to emergencies, such staff may be counted toward meeting this CPR requirement.

A trip leader must possess or be accompanied by staff who possess either a current acceptable certificate in first aid and/or a current acceptable certificate in CPR training program.

<table>
<thead>
<tr>
<th>Staff Certification Requirements</th>
<th>Acceptable First Aid Training</th>
<th>Acceptable CPR Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Advance First Aid/RTE)</td>
<td>(CPR Pro)</td>
</tr>
<tr>
<td>On-site Health Directors</td>
<td>One staff member certified for every 50 campers</td>
<td>One staff member certified for every 100 campers</td>
</tr>
<tr>
<td>On-site Designees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trip Leaders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. CHECK THE CAMP FOR CLEANLINESS

Areas such as food service facilities and toilets require daily inspection because of their potential for the spread of disease. The Health Director or his or her designee should do this.

1. Indicate the areas of your camp site that require regular inspection and the frequency of each:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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E. CHECK FOR CAMPER WELLNESS

The Health Director or his or her designee should observe each child every day for signs of illness. Look for changes from his or her normal appearance or level of activity.

1. Indicate who is responsible for maintaining daily health surveillance of the children:

____________________________________________________________________

F. DESIGNATE A QUIET PLACE

In all non-overnight camps a quiet place shall be set aside away from the group where a child with a minor illness or injury can relax with an adult counselor in attendance.

1. Indicate the location of your quiet place:

____________________________________________________________________

G. MAINTAIN MEDICAL RECORDS

Prior to or at admission, the camp director must obtain and maintain from every child in camp required medical records that includes a thorough medical examination by a licensed physician dated within 1 year prior to admission to camp. Such record must include a signed statement containing a summary of the results of the examination, the past medical history and, if a disease or abnormal condition is found, recommendations for exclusion or treatment of the child, or any modifications of diet or activities. In addition, each camper medical record must include the children’s immunization record which must include proof of immunization against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, varicella, hepatitis B, pneumococcal disease and Hemophilus Influenzae Type b (Hib).

All staff, including volunteers and kitchen and maintenance staff, must have had a medical examination dated within 2 years of working with the camp, indicating that they are physically able to perform their camp duties.

H. MAINTAIN A MEDICAL LOG

All camper and staff injuries, illnesses, and diseases and conditions reportable to the Department in accordance with Article 11 of this Code, must be reported to the camp health director and recorded in the medical log, including the date and time of the illness or injury, nature of complaint, diagnosis, treatment, disposition of case, area in camp where the accident causing the injury occurred, activity in which accident victim was engaged and tool or item of program equipment or other object causing injury.
Set up the medical log as follows:
A template created by the Department is available on our webpage at www.nyc.gov/health/camps

<table>
<thead>
<tr>
<th>Date of report</th>
<th>Name of Injured Person</th>
<th>Date and Time of Injury/Illness or Complaint</th>
<th>Injury/Illness or Complaint</th>
<th>Location and Activity</th>
<th>Diagnosis and Treatment</th>
<th>Health Dept. Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

I. REPORT CERTAIN ILLNESSES AND INJURIES TO THE DEPARTMENT OF HEALTH

Within 24 hours, any of the following must be reported by the camp to the Department:

- all camper and staff injuries or illnesses which result in death or which require resuscitation or admission to a hospital;
- all instances where epinephrine was administered to a staff member or camper;
- camper injuries to the eye, head, neck or spine which require referral to a hospital or other facility for medical treatment;
- camper injuries where the victim sustains 2nd or 3rd degree burns to 5 percent or more of the body;
- camper injuries which involve bone fractures or dislocations;
- camper lacerations requiring sutures or glue;
- allegations of camper abuse or neglect (as defined in §48.25(a)(3)(i));
- all camper and staff illnesses suspected of or confirmed as being water-, food- or air-borne, or spread by contact;
- any persons exposed to rabies; and
- any lost campers.

The camp director must isolate and exclude any child or staff member who is suspected or confirmed with, or has been exposed to, a communicable disease requiring isolation or exclusion under Article 11 of New York City Health Code. Any child or staff member who has been excluded must not be permitted to return to the camp without a written statement from a health care provider indicating that the child or staff member is free from such disease in communicable form and that the period of isolation or exclusion required has ended.
J. PROVIDE FIRST AID KITS AND A TELEPHONE

At all camps there shall be an equipped first aid cabinet with appropriate contents relative to size and activities of the camp and a telephone service emergency communications system. In addition, all non-overnight camps that travel from their home base shall carry with them an adequately and properly equipped First Aid Kit.

1. Indicate the location and quantity of first aid supplies:

________________________________________________________________________
________________________________________________________________________

2. Indicate the location of the nearest emergency phone:

________________________________________________________________________

K. HAVE A PLAN FOR HANDLING MEDICAL EMERGENCIES

A camper or staff member may sustain an injury or suffer an illness that requires prompt action to be taken at the site of occurrence. A plan for prompt action, written, presented to the entire staff in training sessions, and posted in strategic places, is necessary.

What follows is a suggested plan of action:

1. Make victim and others safe from further harm.
2. Summon first aider.
3. Describe event to first aider.
4. Assess victim as having a life-threatening emergency or a non-life-threatening emergency.
   - Life-threatening emergency
     a. Give first aid*
     b. Activate EMS (911).
     c. Notify Camp Director.
     d. Notify victim's parents.
   - Non-life-threatening emergency
     a. Give first aid.
     b. Notify Camp Director.
     c. Notify victim's parents.
     d. Activate EMS (911), if needed.

5. Obtain victim’s medical records and signed parental consent for emergency treatment for EMS personnel.
6. Assign adult staff member to remain with victim until arrival of parents.

* Call (212) P-O-I-S-O-N-S first, if poisoning is suspected.
L. HAVE A PLAN TO RESPOND TO OTHER INJURIES AND ILLNESSES

1. Indicate your procedure for the treatment of routine events such as cuts, bruises, insect bites and stings.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Indicate your procedures in the treatment of serious medical problems or health emergencies such as epileptic seizures, and cardiac or respiratory arrest.  
   Note The Health Department must be notified within 24 hours of the incident.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Indicate your procedure to identify outbreaks of communicable disease such as measles and strep throat.  
   Note The Health Department must be notified within 24 hours of the incident.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Indicate your procedure to respond to food- or water-borne illness.  
   Note The Health Department must be notified within 24 hours of the incident.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Indicate your first aid procedures for incidents on out-of-camp trips. (Always locate first aid station and police.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
6. Indicate your provisions for hospital care emergency room treatment and provisions for Emergency Medical Services (EMS).

Name of Hospital: ______________________________________________________
Address: _____________________________________________________________
Telephone: ____________________________________________________________

M. PREVENT THE TRANSMISSION OF BLOOD BORNE PATHOGENS

Describe specific precautionary measures to prevent the transmission of blood borne pathogens. Include:

• Provision and use of protective barriers such as gloves and pocket masks.
• Proper disposal of needles and contaminated dressings and materials.
• Cleaning and disinfection of contaminated surfaces.

1. Describe the specific precautionary measures your camp will provide:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

N. SET A POLICY ON MEDICATION

Suggested procedures for the storage and distribution of medication are:

Distribution

Address how campers or staff with chronic health problems (e.g., diabetes, asthma, developmental disabilities) and those under a regimen of treatment prescribed and instituted prior to their arrival at camp will receive their required medication. Required medication (prescriptions) shall be either administered by a physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, or be self-administered. The Health Director or his or her staff should supervise the child when self-administering prescription medicine as follows:

• By being reminded of the time to take the medication.
• By reading the medication requirements to the child as indicated on the label.
• By checking the dosage the child self-administers.
• By requiring a change in the dosage or schedule to be made only upon prior
written authorization of the child's attending physician or in a case of emergency by telephone with a written confirmation from the physician within 7 days.

- By prohibiting repacking or re-labeling of prescriptions.

**Recording**

Make a notation on the individual medical record for each child who is on a program of medication. Include the name and age of the child; known medication and/or food allergies; the name, address and telephone number of the child's personal physician; the date, time, dosage and name of the medication; and the name of the person supervising and dispensing the medication. Record the administration of the medication in the medical log or on the individual health record.

**Storage**

- Keep all medications in a secure area at all times (locked cabinet accessible only to the Health Director or his or her designee) except when required to be kept by a child on his or her person for frequent or emergency use.
- All medications must be labeled, i.e., have all information appearing on the prescription affixed to the container.
- Stock supplies of prescription medication are prohibited.
- Stock supplies of non-prescription medications, over-the-counter items for use in self-medication, such as Tylenol, aspirin or ointments, may be maintained. Standing orders from a physician for the dispensing of these items are required.
- If your camp uses standing orders to provide preliminary patient care; they should be updated annually as part of your written plan. Standing orders are care instructions for common health complaints (e.g., headache, minor cut). They should be signed by a licensed physician and tailored to the level of training or licensure of the camp's Health Director and staff. They must identify when professional medical advice or treatment is to be obtained and require annual review and sign-off by a licensed physician.
- Destroy any medication that has been prescribed for, but is no longer in use by, a child.

1. If a physician, physician assistant, nurse practitioner, registered nurse, or licensed practical nurse is not on site, how will children or staff with chronic health problems (e.g., diabetes, asthma, etc.) and those under a regimen of treatment receive their required medication?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
2. Describe the procedure for storage and distribution of medications. (If no medications are distributed, indicate.)

O. NOTIFY PARENTS IN CASE OF EMERGENCY

A record shall be kept containing information permitting immediate notification of a camper or staff member’s family in case of emergency and shall include full name, age, home and work addresses and phone numbers of parents, guardians, or other family members to be notified.

P. OBTAIN PARENTAL CONSENT FOR EMERGENCY TREATMENT

All parents and legal guardians shall sign a statement providing in the event of the camp’s inability to locate promptly a person designated to be notified in case of emergency, camp authorities may take such emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.
VII. STAFF TRAINING

A Staff training: training curriculum outline; tour of camp; description of camp hazards; chain of command; procedures for camper supervision and discipline; child abuse recognition and reporting; provisions for first aid and emergency medical assistance; reporting of camper injury and illness; buddy system; lost swimmer plan (if camp has an aquatics program); lost camper plan; lightning plan; fire safety and fire drills; camp evacuation procedures; activity specific training for assigned activities; camp trips (if provided); and process to document attendance at staff training.

The camp director shall develop a written staff-training program appropriate to the specific needs of the developmentally disabled enrolled in the camp.

A. STAFF TRAINING INCLUDES:

Tour of Camp, Description of Hazards, Designating Off-Limit Areas
Staff members should tour the camp facilities and the community. Include off-limit areas, hazardous areas, and areas not routinely used, to familiarize staff with the area if a lost camper search becomes necessary. Familiarize staff with the surrounding community. Know where the local park is located and the best way to travel to the subway or bus stations.

1. Indicate the areas of the campsite and community that will be included in your tour of the camp, including off-limit and hazardous areas:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Provision of First Aid and Emergency Assistance
Identify the staff trained in First Aid and CPR. Determine and describe the proper location and use of first aid equipment, first aid kits, and CPR masks during orientation. Refer to the section on Medical Safety (page 51-60) for additional procedures that should be taught at the staff orientation session.

Buddy System
Train staff members in implementing the Buddy System, which must be fully described in this Plan.
Fire Drills and Evacuation
Give staff complete instructions on how to exit assembly areas and sleeping areas. Instruct staff on the location where campers are to assemble after exiting a building. Explain the purpose of fire drills and required camper conduct. Refer to Section III, Fire Safety (page 21-24), for further instruction.

Additional Topics
In addition, address the following areas at the Staff Orientation meetings:

- The chain of command in the camp.
- Supervision of campers (ratios, methods, etc.).
- Acceptable and unacceptable methods for disciplining campers.
- Recognition and reporting of child abuse allegations.
- Reporting of injuries and illness, and sick call.
- Waterfront supervision.
- Lost swimmer and lost camper plans.
- Thunderstorm and lightning safety.

2. Provide an outline of the training curriculum for the staff orientation program, including topics and times. Explain how you will verify attendance of staff at these sessions.
VIII. CAMPER ORIENTATION

Camper orientation: orientation curriculum outline; tour of camp; description of camp hazards; reporting illness, injury and other incidents; buddy or other accountability system approved by the Department; lost camper plan; fire drills and evacuation; lightning plan; camp trips; and process to document attendance at orientation.

A. CAMPER ORIENTATION INCLUDES:

Tour of Camp, Description of Hazards, Designating Off-Limit Areas
All campers must receive a tour of camp. In addition to camp facilities such as bathrooms, office and eating areas, identify potentially hazardous areas to all campers. These areas may include the storage area, kitchen area and boiler room and custodian's supply area. Make campers aware of off limit areas. Along with identifying the hazards, give reasons why these areas were determined hazardous.

Reporting of Illnesses and Incidents
Encourage campers to report to camp staff any illness or injuries they may arrive with, or which occur at camp. Make campers aware that any form of physical or sexual abuse must be reported to the health director, counselor or other staff member. Explain to campers that if they feel uncomfortable telling a particular staff member about an incident, there is other staff willing to listen and assist them.

Buddy System
Explain the method of bather accountability (Buddy System) to the campers. Explain all of the rules such as properly entering and leaving the swim area and pairing up with a buddy of similar ability and staying in the assigned swimming area.

Lost Camper Plan
Supervision and utilizing a Buddy System are excellent measures to prevent lost campers. Explain to campers what to do if someone is missing or if they become lost. Discuss typical situations in camp and on off-site trips.

Fire Drills and Evacuation
Instruct campers how to exit assembly areas and sleeping areas. Instruct campers about where to assemble after exiting a building. Explain the purpose of fire drills and required camper conduct.

Out of Camp Trips
Prior to leaving on any trip, give campers a description of the area to be visited and what to do if they become lost. Discuss rules of conduct that may apply to the trip.

Thunderstorm and Lightning Plan
At the first sign of an approaching thunderstorm and lightening, instruct campers to seek shelter in a nearby building. If at waterfront, instruct campers to get out of the water and seek safe shelter such as a car, bus or large building. In the building, stay away from windows and open doors facing large trees. Avoid taking a shower or bath or touching large metal objects such as refrigerators, metal bed frames, stoves, sinks or bunks. Avoid handling or using telephones unless necessary.

1. List the areas that will be included in your tour of the camp for campers:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. List the areas that will be identified as hazardous during the camper orientation:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. How will a camper report any illness or injury?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. What will be told to campers reporting an alleged incident of physical or sexual abuse?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
5. Indicate your plan if thunderstorms and lightning were to strike:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

6. Provide an outline of the camper orientation curriculum, including topics and times. Explain how you will verify attendance of campers at these sessions:
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IX. CAMPS SERVING CHILDREN WITH A DEVELOPMENTAL DISABILITY

A. ADDITIONAL GUIDELINES FOR PROGRAMS WITH ENROLLMENTS OF 20% OR MORE PARTICIPANTS HAVE A DEVELOPMENTAL DISABILITY

This section addresses the specific needs and additional requirements for camps serving participants who have a developmental disability.

A developmental disability is a severe, chronic disability of a person which is attributable to mental retardation, cerebral palsy, epilepsy, autism or neurological impairment, or is attributable to any other condition of a person similar to mental retardation cerebral palsy, epilepsy, autism or neurological impairment because such condition results in similar impairment of general intellectual functioning and or adaptive behavior and requires treatment and services similar to those required for such persons; originates before 18, is likely to continue indefinitely.

1. Do 20% or more of your enrolled campers have a developmental disability?

Yes ☐  No ☐

If yes, complete the following. If No, go to page 71.

B. HIRE A QUALIFIED CAMP DIRECTOR

The Camp Director, who may also be the camp operator, must possess a Bachelor’s Degree from an accredited program in the field of physical education, recreation, education, social work, psychology, rehabilitation or related human services fields and must present evidence of specialized training or one year of experience in treating or working with the developmentally disabled.

C. SCREEN STAFF

Prior to hiring anyone who will or may have direct contact with campers, or approving credentials for any camp staff, the camp director must follow the procedures established by the Justice Center in its regulations or policy, to verify that such person is not on the Staff Exclusion List (SEL).

Prior to hiring anyone who will or may have direct contact with campers, the camp director must consult the NYS Office of Children and Family Services’ Statewide Central Register of Child Abuse and Maltreatment (SCR) as required by § 424-a of the NYS Social Services Law to verify that such person is not on such registry.

These are in addition to the requirement that the camp director similarly verify that any prospective camp staff is not on the New York State Sex Offender Registry.
D. TRAIN STAFF

The camp director must ensure that camp staff receive training regarding their mandated reporting obligations as mandated reporters as defined by Article 11 of the NYS Social Services Law.
The camp director must ensure that all camp staff are provided with a copy of the code of conduct established by the Justice Center pursuant to § 554 of Executive Law.

E. MAINTAIN PROPER COUNSELOR TO CAMPER RATIO

The ratio of counselors to campers who are confined to wheelchairs or require the use of adaptive equipment or bracing to achieve ambulation, but who do not possess, for whatever reason, the ability to fit, secure or independently manipulate such devices satisfactorily to achieve ambulation shall be 1:2.

For other requirements for camp director and staff, refer to NYCHC Section 48.25

F. IMPLEMENT A FACILITY OPERATIONS AND MAINTENANCE PROGRAM

In addition to the Facility Operations topics addressed on pages 15-20, the following are additional considerations that are specific to the needs of the developmentally disabled participants.

G. PROVIDE A SAFE FACILITY

All lavatories and showers used by the physically handicapped shall be equipped with specialized fixtures, grab bars and controls.

A camp serving wheel-chair bound campers shall provide an appropriately equipped vehicle for transportation.

Exterior paths of travel shall be free of encumbrances and provide an appropriate surface for movement during inclement weather as appropriate for the camp population being served.

All appropriate recreational activities shall be accessible by providing ramps, proper surfaces for movement, and/or adaptive equipment.

There shall be at least one counselor in addition to the driver in any vehicle transporting campers or as provided in the camp safety plan approved by the Department.

1. How will your camp facility, grounds and vehicles accommodate the developmentally disabled participants?
H. DESIGNATE A HEALTH DIRECTOR

The camp health director must be a physician, physician’s assistant, nurse practitioner, registered nurse or licensed practical nurse and must be on-site for the period the camp is in operation.

I. STAFF TRAINING APPROPRIATE FOR CAMPERS WITH SPECIFIC NEEDS

The camp director must develop a written staff training program appropriate to the specific needs of the campers with developmental disability enrolled in the camp. Camp staff providing direct care of a camper with a developmental disability must be trained on the specific needs of the campers in their charge.

J. PROVIDE PROPER SUPERVISION DURING WATERFRONT ACTIVITIES

The minimum counselor-to-camper ratio during swimming shall be:
- one staff member for every five (5) campers and
- one counselor for each camper with seizure disorder or with any other handicapping condition identified by the camper’s parents, guardian, physician or residential care provider that might result in unusual emergencies in the water.

K. PLAN TO RESPOND TO WATERFRONT HEALTH EMERGENCIES

The camp safety plan approved by the Department shall contain a procedure to address the handling of seizures, gag syndrome and choking on ingested water. All waterfront and swimming pool staff must be trained to implement the procedure prior to the date the camp begins operation. Drills using this procedure shall be conducted and documented within two weeks of the commencement of the camp’s operation and at two-week intervals during the duration of the camp’s operation.
1. Indicate your plan to address the handling of seizures, gag syndrome and choking on ingested water:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

L. MAINTAIN MEDICAL RECORDS

The camper's confidential medical history shall include the camper's physician's name, address and telephone number, and identification of the camper's seizure disorders, allergies, and or any existing communicable disease.

M. PLAN FOR MODIFIED DIETS

Modified diets must be identified by specific camper prior to arrival at camp, planned for, provided for in accordance with supplied directions, and reviewed by the designated camp health director.
After completing all sections of the Written Safety Plan, make a copy for your records and submit a copy to your respective borough office.