Camp Trips Activity- Specific Plan

Camp Name:Enter text here. Date: Enter a date.

Prepared By: Enter text here. Title: Enter text here.

Phone number: Enter text here. Email: Enter text here.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_

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| Complete this plan for each out-of-camp trip. Additionally, if the camp trip includes swimming, boating or horseback riding, complete the corresponding Activity-Specific Plan for that activity. Submit the completed plan to the [local health department or State District Office](https://www.health.ny.gov/environmental/water/drinking/doh_pub_contacts_map.htm) that has jurisdiction in the county where the camp is located for review.  A copy of the approved plan must be maintained at the camp and reviewed by the trip leader prior to overseeing the activity. |

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| **For Health Department Use Only**  Approved: Yes  No  Reviewer: Enter text here. Date: Enter a date. Comments: Enter text here. |

1. Destination of camp trip: Enter text here.
2. Duration of trip:  Half-day  Day trip

Overnight trip (indicate number of days) Enter text here.

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| The children's camp operator remains responsible for meeting State Sanitary Code requirements at an “off-site” location used during camp trips and for camper protection. Staff supervising a camp trip must review the camp safety plan for each trip within 24 hours prior to departure, except when the staff participated in an identical trip or in the pre-camp training within one week prior to the intended trip.  Make pre-arrangements with off-site facilities well in advance to:   * Obtain facility rules and requirements. * Ensure the facility is able to accommodate the camp. Provide the facility information about your group, including the age and number of campers in your group. * Determine the best time(s) for your visit and what area(s) the campers may and may not use. * Determine what role, if any, the off-site facility will play in implementing your safety plan. * Exchange key contact information with the facility, including the camp’s address and emergency telephone number(s) and name(s) of camp staff who will oversee the camp group at the facility.   You should confirm your arrangements in writing with the facility and maintain the written agreement on file. When the same individual (operator) oversees the children’s camp and off-site facility, a written agreement is not necessary; however, arrangements must still be made. If possible, visit the facility prior to taking campers there. |

1. Provide a description of the camp trip, include estimated duration and activities planned for each stop. If there is a written agreement for use of the trip site, attach it.

Enter text here.

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| Trip leader – A trip leader must be at least 18 years of age and have participated in at least three camp trips in a similar program activity as a children’s camp staff member, or have experience and training in the activity which the local health department has determined to be equivalent to three camp trips. (For approval of experience and training as being equivalent to three camp trips, complete and submit the form at the end of this Appendix to your local health department.)    Trip leaders for wilderness, equestrian, boating and similar specialized activities must be competent in the activity. The camp may rely on off-site facility staff or venders to provide competent staff in the activity; however, the camp must still provide a qualified trip leader (age and experience) to oversee camper supervision and implementation of the safety plan.  A trip leader of a camp trip with an itinerary that includes an activity where emergency medical care is not readily available (within five minutes), and/or an activity such as wilderness hiking, camping, rock climbing, horseback riding, bicycling, swimming and/or boating, must possess or be accompanied by staff who possesses current first aid and CPR certification in an approved course. NYSDOH Fact Sheets listing approved CPR and First aid certifications are available at [www.health.ny.gov/environmental/outdoors/camps](http://www.health.ny.gov/environmental/outdoors/camps) or by contacting your local health department. |

1. List the required prerequisites for the trip leader (e.g. training, skills, experience, certification):

No specialized prerequisites required

Minimum age: 18 years-old 21 years-old or older  Other (specify): Enter text here.

Experience (specify in number of weeks or other quantifiable time period): Enter text here.

Certification(s) (specify): Enter text here.

Training (specify): Enter text here.

Other Skill or knowledge required (specify): Enter text here.

1. Does the trip leader need to possess or be accompanied by staff who possesses current first aid and CPR certifications for this activity?

Yes  No

1. For wilderness, equestrian, boating and similar specialized activities, will the camp or off-site facility/vendor provide competent staff to oversee the activity?

Camp  Off-site facility/vendor  N/A (specialized staff not required)

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| A trip leader and at least one counselor must accompany all camp trips. A minimum counselor-to-camper ratio of 1:8 must be maintained for swimming, wilderness, equestrian, boating and similar specialized trips, unless the children are less than six years of age; then the ratio must be 1:6. A minimum counselor-to-camper ratio of 1:12 must be maintained when transporting campers via motor vehicles to a specific activity site. |

1. What ratio of counselors to campers will be maintained for the trip?

1:8 for campers 6 and older and 1:6 for campers 5 and younger

1:8 for campers younger than 8-years-old and 1:10 for campers 8-years and older

1:12 (day camps)

Other (specify) Enter text here.

1. List participant prerequisites, if any (e.g. training, skills, experience, age). For swimming, boating and horseback riding, complete the corresponding Activity-Specific Plan.

No participant prerequisites

Campers and participating staff must complete a safety orientation that includes (list):

Enter text here.

Must be a minimum of Enter text here. -years-old (specify)

Other (specify) Enter text here.

1. How will campers be accounted for and supervised?

Prior to departure, the trip leader will prepare a roster of all campers (first and last name) attending the trip and counselors will be provided a list of specific campers assigned to them to supervise during the trip. Counselors will maintain visual or verbal contact with assigned campers for the entire trip. Campers will be paired with a buddy prior to leaving the camp and instructed to stay with that buddy at all times and notify the nearest staff person if their buddy is missing or hurt.

The trip leader will take attendance prior to leaving the camp and prior to departing from each stop to ensure that no camper is left behind. Counselors will take frequent attendance of campers in their charge and prior to moving between activities during the trip.

Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

Enter text here.

Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):

Enter text here.

1. What safety equipment is required for the activities conducted during the trip? For swimming, boating and horseback riding, complete the corresponding Activity-Specific Plan.

No safety equipment needed

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Required Safety Equipment | | | | | | Equipment Provided By |
| Helmet | Elbow / Knee Pads | Safety Goggles | Long Pants | PFD | Other |
| Enter text here. |  |  |  |  |  | Enter text here. | Camp  Vendor |
| Enter text here. |  |  |  |  |  | Enter text here. | Camp  Vendor |
| Enter text here. |  |  |  |  |  | Enter text here. | Camp  Vendor |
| Enter text here. |  |  |  |  |  | Enter text here. | Camp  Vendor |

1. List the rules and/or safety precautions for the activities conducted during the trip.

Enter text here.

1. How will medication be administered during the trip?

The camp’s Health Director will accompany the trip and coordinate and administer medications in accordance with the Medication Administration section of this document.

The trip leader or other designee will coordinate and oversee the administration of medications in accordance with the Medication Administration section of this document.

Alternative procedures (specify):

Enter text here.

1. Describe provisions made for routine medical care and emergencies during the trip?

Enter text here.

1. What is the lost camper plan for this trip?

Prior to the trip or immediately upon arrival at the location, the Trip Leader will identify a specific area or location for campers to go if they become separated from the group. Campers will be instructed to notify the nearest facility staff member, if available, that they have become separated from the camp group and to go with a facility person to the meeting location.

In the event that a camper becomes lost or unaccounted for, the Lost Camper Plan specified in the General and Activity Specific Safety section of this document will be activated.

Check to indicate agreement with the above procedure. Specify additional procedures in the space provided below.

Enter text here.

Alternative procedures (when the above procedure is not utilized, a comprehensive alternative must be provided):

Enter text here.

1. If the trips are into wilderness or off-road areas, what provisions are made for communication with the camp?

Cell phone Two-way-radio  Other (specify) Enter text here.

1. When off-site how will food be transported, stored, refrigerated, cooked, prepared, etc.? What types of foods? Is drinking water provided? Where is it obtained?

Enter text here.