

# YOUTH RECREATION CAMP INSPECTION REPORT



Inspection type: Routine/Pre-Season/Follow-up

License #:

**\*If unsatisfactory conditions noted,  
please describe below/reverse.**

GENERAL INFORMATION - YOUTH RECREATION CAMP	
Camp Name:	
Town:	Phone:
Director:	
Owner:	
Address:	
Residence Camp: <input type="checkbox"/>	Day Camp: <input type="checkbox"/>
Population (campers + staff) > 75 total <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

YOUTH RECREATION CAMP STAFF	
Background Checks performed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Counselor age ratios correct? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Staff Health Information Policy? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Transgender Policy? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Staff Training Program? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

FACILITIES AND EQUIPMENT	
Proper window screens in food prep/storage areas? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Local police/fire/rescue notified (if required/requested) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Local fire inspection <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Date of Inspection: _____	
Follow-up fire inspection required? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

SLEEPING FACILITIES	
Cabins <input type="checkbox"/> Tents <input type="checkbox"/> Other <input type="checkbox"/>	
30 inches between sides of beds/bunks? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
6 feet between heads of sleepers? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

TOILET FACILITIES	
Flush <input type="checkbox"/> Outhouse <input type="checkbox"/> Porta johns <input type="checkbox"/>	
Adequate number per persons (1/10 Res or 1/30 Day) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Safe/sanitary/sinks available <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Toilet paper/soap/towels available <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Floors/walls sealed 48 in <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Maintained/pumped <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

WATER SAFETY	
Pool <input type="checkbox"/> Natural water body <input type="checkbox"/>	
Beach area sanitary <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Structures safe/secure <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Safety equipment/ 1 <sup>st</sup> aid kit: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Certified Life Guard(s) (1/25 campers) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
One YRC staff per 10 campers <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Safety accounting system/Lost swimmer plan <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Camper checks every 15 mins <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

Summary:

Date Inspected:	Follow-up needed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Inspector:	
YRC staff present:	

GARBAGE/WASTE	
Storage durable/insect and rodent proof/covered? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Cleaning materials labeled and separate from food? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

FOOD STORAGE, PREPARATION, AND SERVICE	
Food service license #:	
Sanitary storage/handling/protected from contamination <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Hand washing: hot & cold water <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> soap <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Storage - shelves/pallets 6" off floor/trays? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Food thermometers used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Walk in cooler/freezer thermometers? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Sneeze guards? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Milk/cream pasteurized/contained? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Dishwashing: Manual <input type="checkbox"/> Hot Water <input type="checkbox"/> Cold chlorine wash <input type="checkbox"/>	
Automatic Dishwasher <input type="checkbox"/>	

HEALTH AND MEDICAL SAFETY	
1 CPR/AED and first aid on staff daily? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Health staff members licenses posted? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Circle/list other licenses (not required for Day Camps not for disabled campers, <20 mins from emer service): EMT WFA Emer Medical Responder RN APRN LPN PA Physician Other:	
First Aid cabinet OR First Aid kit adequately supplied? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Medications/drugs locked (excluding asthma/epi-pens)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Staff Medications separate? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Medication orders and log? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Medicine Administration Training? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Written parental consent to administer medications? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
ON-CALL medical facility (residence camps only without Dr. or APRN) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
First Aid Instructions Posted (residence camps only)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Emergency Communication within 10 mins? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Isolation/infirmary facilities? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Pre-camp physicals/immunization records? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	