

## **Environmental Health Services Housing Inspection Program**

2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403

Phone:(650) 372-6200 | Fax: (650) 627-8244

smchealth.org/housing

### **Notice of Intent to Operate an Organized Camp**

#### **INSTRUCTIONS:**

If you are a Camp Owner or Operator intending to operate an Organized Camp<sup>1</sup> in San Mateo County for 5 consecutive days or more, you are required to submit a written Notice of Intent to Operate an Organized Camp (NOI) 30 days prior to its operation. This form was developed to help you meet the notification requirements of the NOI. Camp Owners/Permit Owners who rent or lease their camp facilities to Camp Operators must ensure Camp Operators submit their NOI or be subject to violation(s) under their permit.

Please note that 5 consecutive days is onsite during any part of the day, 5 days in a row. (e.g. arriving on Monday and departing on Friday is 5 days).

An NOI must be submitted for each camp where the Camp Director<sup>2</sup> is different. This is necessary because it is the Camp Director's responsibility to review and provide a written statement attesting to the review of the criminal history record check for all counselors under his/her responsibility. The Camp Operator must also attest to the criminal history record check of each Camp Director.

Complete the form below, attach documentation, and submit to <a href="https://example.com/Hgodinez@smcgov.org">Hgodinez@smcgov.org</a> or San Mateo County EH Organized Camp Program C/O Helen Godinez, 2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403.

As required pursuant to California Code of Regulations (CCR) sections 30703 and 30704 this letter provides a 30-day notice to the Department of Environmental Health of the Intent to Operate an Organized Camp.

1. CONTACT INFORMATION	
Camp Owner/Permit Owner:	
Address:	
Mailing Address:	
Camp Operator:	
Address:	
Mailing Address:	
Camp Director:	
Camp Director's Criminal History Record Check	
(Include name of background check service used)	
Camp Operation Dates:	

(Attach Camp Operation schedule if necessary)



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#### 2. DOCUMENTATION SUBMISSION (attached to this NOI):

As required per CCR sections 30704 and 30751 the following documentation Health for review as part of your NOI:	nust be submitted to the Dept. of Environmental
☐ A written statement by the Camp Operator or Camp Ow	ner that the Camp Director's criminal history
record check has been reviewed and is attached to this Notice	of Intent (NOI).
☐ A written statement by the Director that the Director ha and voluntary disclosure statement is attached to this Notice of	
□ Notification the camp is American Camp Association (	ACA) accredited
	(ACA accreditation year and number)
or:	
☐ If the camp is not ACA accredited, you must include program of organized and supervised activities of the camp in ☐ Supervisor qualifications and training ☐	
·	☐ Equipment and maintenance repair☐ Safety procedures
☐ Participant eligibility requirements (if any) ☐ Emer	gency procedures specific to location
Environmental hazards access and equipment control	
3. DOCUMENTATION ONSITE:	
The following documentation must be either onsite and/or avecamp operator. If the documentation is being provided by towner/permit owner must coordinate with the camp operator to camp operation:	he camp operator (user group), the camp
<ul> <li>☐ Healthcare Plan (CCR 30750)</li> <li>☐ Designated Health Supervisor³ Certifications (CCR 30700)</li> </ul>	
☐ Health History record for staff and campers (Section 30750)	
☐ Emergency Medical Treatment statement for staff and camp	pers (CCR 30750)
☐ Health screening for staff and campers (CCR 30750)	
<ul><li>☐ On call Physicians Name and Phone Number (CCR 30750)</li><li>☐ Medical log book maintained by Health Supervisor (CCR 30</li></ul>	750)
☐ Health Supervisor has verified all counselors trained in first	•



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	Strangers in camp Natural disasters	edures for (CCR 30753):		
	Lost camper			
	Fires	organoica		
	Transportation eme	-		
	Ocvere lilitess and	injunes		
□ Writ	ten Site Specific Em	ergency Procedures for (CCR 30	753):	
	Evacuation			
	Control of vehicular			
L		om the site of an emergency to en		nearest fire station
Г		ative and health staff of the camp s for all counselors (CCR 30751)		
	ŭ	per ratio (1:10) verification (CCR		
_		cations and Food Handler Cards	•	0730)
	•		•	,
_	-	ions and Lake, Stream, River or	Ocean Swimming Plan (CCI	30741)
L	Vector Control Plar	(CCR 30/36)		
				/ /
Cam	p Owner - Print	Camp Owner - Signature	E-mail Address	Date
Can	p o who i have	Camp Curior Cignature	E mail / tadiooc	Bato
		efined in Section 18897) means a site wit outdoor group living experience with soc		
		one or more seasons of the year.	iai, spirituai, educationai, or recreat	ional objectives for
		on who is responsible for day-to-day deci	sion making and supervision of the	camp program and
	Ŭ i	ements of Section 30751 (a). ans a person who is either a physician, re	gistered nurse, licensed vocational	nurse who is licensed
_	pursuant to Division 2 of	f the Business and Professions Code or a		
	1596.866 of the Health a	and Safety Code. Check per CCR 30751: The Director and	d all camp counselors shall not have	a direct unsunervised
	contact with campers wi	thout first obtaining a satisfactory crimina	I history record check from the Cal	ifornia Department of
		nal Identification, or U.S. Department of c tement that contains the same information		
		grams and Services. American Camp As		j or the Addicalidion