

### **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.

Payments must be made in person at the Environmental Health Services office, by mail, by phone at (650) 372-6200, or online through the MyEHS Portal.

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.

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 docume Health for review as part of your NOI:	ntation must be submitted to the Dept. of Environmental					
☐ A written statement by the Camp Operator or Cal	A written statement by the Camp Operator or Camp Owner 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 and voluntary disclosure statement is attached to this N	ctor has reviewed the criminal history record check otice of Intent (NOI).					
□ Notification the camp is American Camp Associ	ation (ACA) accredited(ACA accreditation year and number)					
or:						
☐ If the camp is not ACA accredited, you must program of organized and supervised activities of the c☐ Supervisor qualifications and training	include operating procedures that describe the camp in the following areas:  □ Equipment needed					
<ul> <li>☐ Staff skill verification criteria and process</li> <li>☐ Equipment and maintenance repair</li> <li>☐ Staff-to-participant supervision ratios</li> <li>☐ Safety procedures</li> </ul>						
$\square$ Participant eligibility requirements (if any) $\square$	Emergency procedures specific to location					
Environmental hazards access and equipment control						
3. DOCUMENTATION ONSITE:						
3. DOCUMENTATION ONSITE.						
The following documentation must be either onsite and camp operator. If the documentation is being provide owner/permit owner must coordinate with the camp oper camp operation:	ed by the camp operator (user group), the camp					
<ul> <li>☐ Healthcare Plan (CCR 30750)</li> <li>☐ Designated Health Supervisor³ Certifications (CCR 30750)</li> </ul>	0700)					
$\hfill\Box$ Health History record for staff and campers (Section 3	30750)					
☐ Emergency Medical Treatment statement for staff and	d campers (CCR 30750)					
☐ Health screening for staff and campers (CCR 30750)						
☐ On call Physicians Name and Phone Number (CCR 3	•					
☐ Medical log book maintained by Health Supervisor (C						
☐ Health Supervisor has verified all counselors trained i						



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☐ Strang ☐ Natura ☐ Lost ca ☐ Fires ☐ Transp ☐ Severe	ers in camp il disasters amper portation em e illness and	ergencies	20752).	
☐ Evacua ☐ Contro ☐ Comm and bo ☐ Backgi ☐ Couns ☐ Food S	ation of vehicula unications f oth administ round checl elor to Cam Safety Certif ard Certifica		emergency medical facilities, np (CCR 30753) 1) R 30751) ds for kitchen workers (CCR 3	0730)
Camp Owne	er - Print	Camp Owner - Signature	E-mail Address	/_/ Date
purpose five days  "Director staff mer "Health s pursuani 1596.86  Criminal contact s Justice,	of providing all s or more during all s or more during a per eting the requiful Supervisor" met to Division 2 6 of the Health I History Recorp with campers were all of Criry disclosure st	defined in Section 18897) means a site in outdoor group living experience with sing one or more seasons of the year. Son who is responsible for day-to-day differents of Section 30751 (a). The season a person who is either a physician, of the Business and Professions Code of and Safety Code.  If Check per CCR 30751: The Director a without first obtaining a satisfactory criminal Identification, or U.S. Department atement that contains the same informatograms and Services, American Camp	ocial, spiritual, educational, or recreal ecision making and supervision of the registered nurse, licensed vocational or a person who is trained in accordal and all camp counselors shall not havinal history record check from the Ca of Justice National Sex Offender Publition as standard HR-4 Staff Screening	tional objectives for e camp program and Il nurse who is licensed nce with section re direct unsupervised lifornia Department of olic Registry, and a