



**PUBLIC HEALTH PERMIT/LICENSE - SUPPLEMENTAL APPLICATION
ORGANIZED CAMP and CHILDREN'S CAMP
CAMPS AND SCHOOL PROGRAM**

Environmental Health Division
1435 West Covina Parkway, West Covina, CA 91790
www.publichealth.lacounty.gov/eh

(626) 813-3428



Organized Camps operating anywhere in Los Angeles County and **Children's Camps** operating in the unincorporated areas of Los Angeles County must obtain a **Public Health Permit** to operate.

Note: Children's Camps operating four (4) or less weeks in any 12-month period requires a **Public Health Registration** instead of a permit (visit our website for the **Registration** application - <http://publichealth.lacounty.gov/eh/business/children-camps.htm>).

The application(s), supporting documents (see list on page 2), and payment of **\$521** for site evaluation must be submitted at least 60 days prior to planned operation. Following review of your submission, inspector will contact you to schedule a site evaluation. Failure to submit a complete application with all supporting documents will impede the approval for the registration of the children's camp and may result in the closure of the facility. An invoice for the Children's Camp or Organized Camp **Public Health Permit** will be sent to you after the application is reviewed and approved.

Date of Application:		Legal Name of Business (DBA):		
Check the criteria below. If your camp does not meet all the criteria for one of these types, contact the Camp Program for assistance				
PERMIT TYPE	Organized Camp Permit		Children's Overnight Camp Permit	
	<input type="checkbox"/> Offers 4 or more overnight stays <input type="checkbox"/> Operates anywhere in Los Angeles County		<input type="checkbox"/> Offers 2-3 overnight stays <input type="checkbox"/> Operates in unincorporated areas of the County	
Children's Day Camp Permit				
<input type="checkbox"/> Operates in unincorporated areas of the County				
CAMP DETAILS	<input type="checkbox"/> Camp Operates year-round <input type="checkbox"/> Seasonal Operation (attach a calendar/schedule of operating dates)			
	Number of expected campers per session: _____		Age range of expected campers: _____	
	Number of Pools: _____ Mark if there is: <input type="checkbox"/> Lake, <input type="checkbox"/> Stream, <input type="checkbox"/> Ocean Swimming, or <input type="checkbox"/> Food Service			
	Do you offer specialized activities/challenge course? What type (rock climbing, rope course, horseback riding etc.):			
TERMS	Mark to confirm the following:			
	<input type="checkbox"/> Camp Director is at least 25 years old and has at least two seasons of administrative or supervisory experience in camp activities.			
	<input type="checkbox"/> All Camp Counselors are high school graduates, at least 16 old, or 18 where applicable, and have been trained in the principles of first aid and cardiopulmonary resuscitation.			
	<input type="checkbox"/> A full-time adult Health Supervisor charged with health supervision will be present at the camp when campers are present.			
	I certify that the Camp Director and all Camp Counselors meet age and experience qualifications, have completed mandated training, have had their criminal history records checked, and will follow mandated reporter requirements.			
I understand the following:				
<input checked="" type="checkbox"/> That copies of the operating procedures and written plans as detailed on Page 2 must be maintained on file on the camp premises and be made available for inspection by any camper, camper's parent or guardian, their agent, or agent of the Department of Public Health.				
<input checked="" type="checkbox"/> Updated written procedures or written plans must be submitted within fourteen (14) days of the proposed change along with the applicable fee to the Department.				
<input checked="" type="checkbox"/> I must notify this agency in writing if I transfer ownership, discontinue operation or change the billing address and that failure to do so may result in an obligation to pay additional penalties.				
<input checked="" type="checkbox"/> That any construction, alteration or repair, including, but not limited to, equipment changes or alterations, or change in method of operation requires review and approval by Department of Public Health, Environmental Health Division.				
<input checked="" type="checkbox"/> Swimming Pools or onsite Food Services require separate Public Health Permits and fees.				
Signature:			Title:	
Print Name:			Date:	

Provide copies of the following documents:

- Notice of Intent to Operate
- Calendar/schedule of operating dates
- Written statement by the Camp Operator that the Camp Director’s criminal history record check has been reviewed
- Written statement by the Camp Director that the Director has reviewed the criminal history record check and voluntary disclosure statements of all camp counselors
- Camper health plan
- Emergency plan
- Specialized recreational activities plan
- Transportation plan
- Insect and rodent plan

Provide **Written Operating Procedures** describing the program of organized and supervised activities in the following areas:

- Supervisor qualifications and training
- Safety procedures for the storage and handling of hazardous material
- Staff skill verification criteria and process
- Identification of potential Environmental hazards
- Participant eligibility requirements (if any)
- Equipment access and control
- Equipment maintenance and repair
- Staff to participant supervision ratios
- Challenge course documents (Inspection and correction reports, and staff certifications)
- Two copies of camp site plans including specifications for onsite buildings and structures. Plans must be drawn to scale.

Send the completed application to: **Camps and School Program**
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