**DESCRIPTION OF OPERATING PROCEDURES**

***Provide a written description of operating procedures that describe the program of organized and supervised activities of the camp in the following areas:***

|  |  |
| --- | --- |
| **Camp Name:** |  |
| **Camp Address:** |  |
| **Date Developed:** |  |

# **Supervisor qualifications and training**

Please refer to the guidance on camp staff to ensure all mandatory training and qualifications are met.

Director: at least 25 years of age with 2 seasons of camp experience.

Acting Director: a counselor at least 21 years old with at least 2 years of experience.

Provide name, contact information, and experience for the Director and any Acting Directors

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Phone Number** | **Years of Experience** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Please attach statement |

Background check. A written statement from the camp director verifying the director’s review for each individual criminal history record check from the California Department of Justice, and documentation of the criminal history record check of the director. Camp counselors shall not have direct unsupervised contact with campers without first obtaining a satisfactory criminal history record check.

# **Staff skill verification criteria and process**

Please refer to the guidance on camp staff to ensure all mandatory training and qualifications are met.

Staff teaching specialized program activities should have their skills verified and evaluated prior to leading activities.

1. Camp-specific skills required:

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| --- |
|  |

1. How are the skills verified?

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| --- |
|  |

1. List of staff with certificates (lifeguard, CPR\*, First-Aid\*, specialized activities, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Skill Required** | **Certificates** | **Methods of Verification** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#  \****Camp Health Plan*** should indicate who is required to be certified versus staff who must receive basic training.

All counselors must be trained in basic first aid and CPR procedures including how to recognize and appropriately respond to medical emergencies. Documentation for each counselor must be maintained on file by the camp operator.

# **Camper eligibility requirements (if any)**

Is there any eligibility requirement for the campers to attend the camp? Please list:

|  |
| --- |
| **List of Camper Eligibility Requirements** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

# **Counselor-to-camper supervision ratios**

Provide the counselor-to-camper ratios specific to the campsite and activities:

|  |  |  |
| --- | --- | --- |
| **Counselor to Camper Ratio** | **3-5 years old** | **6-17 years old** |
| General  | 1:12 | 1:15 |
| Passive Activities  | 1:12 | 1:25 |
| Specialized Recreational Activities   | 1:6Counselor must be 18 years or older | 1:8Counselor must be at least two years older than campers |

*Note - When campers are present at, near or in a pool, lake, stream, river, or ocean, counselors shall be poolside, beachfront or in the water and provide* ***direct visual surveillance*** *of campers at all times.*

# **Safety procedures, including the storage and handling of hazardous materials**

Provide operating procedures on how to store and handle hazardous materials (gas and liquid flammables, explosives, medications, insecticides, and other hazardous materials).

1. Must be handled only by individuals trained or experienced in their safe use and disposal using appropriate personal protective equipment such as gloves and masks.

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|  |

B. Must be stored appropriately:

1. With limited access to trained individuals

2. In closed and labeled containers with content information

3. In locations separate from food and reach of children

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| --- |
|  |

# **Identification of environmental hazards**

Identify the environmental hazards specific to the site (Mine pits, quarries, high-speed roads, a large number of insects and venomous snakes, poison oak, excessive dust, etc.)

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| --- |
| **List of Environmental Hazards** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
|  |  |
|  |  |
|  |  |

# **Equipment repair, maintenance, access, and control**

Describe procedures specifying safety checks, maintenance, and replacement of equipment used at the camp (i.e., equipment utilized in emergencies, during trips, specialized activities, etc.).

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| --- |
|  |

Provide the list of camp-specific equipment. Identify persons responsible for the repair and maintenance.

|  |  |
| --- | --- |
| **List of Equipment** | **Name of Person Responsible for Repair/Maintenance** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |
|  |  |  |
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