



CABINET FOR HEALTH AND FAMILY SERVICES
YOUTH CAMP INSPECTION REPORT

County: _____ San. Code: _____
Permit No.: _____ Date: _____

Regular Follow-up
 Complaint Survey
 Other
Follow-up Yes No

Camp Name and Address: _____ Number of Campers: _____

Owner/Operator Name and Address: _____ (Boys: _____ Girls: _____)

Sewage Disposal System: (Type, Size) _____ Water Supply: _____ Residential Camp Day Camp

KRS 194A.382 Compliant: _____

CAMP SITE LAYOUT

1. 2 Satisfactory; well drained

LODGING FACILITIES

- 2. 1 Adequate lighting where required
- 3. 3 Permanent and semi-permanent structures clean, good repair; windows screened, outer openings protected
- 4. 3 Tents flame retardant
- 5. 2 Heating facilities properly designed, vented & maintained
- 6. 2 Sleeping accommodations of 30 square feet per camper
- 7. 2 Adequate spacing between sleeping spaces
- 8. 2 Mattress flame retardant
- 9. 2 Mattress cover, sheets
- 10. 2 Mattress & bedding clean, good repair, linen changed as required

TOILET, LAVATORY & SHOWER FACILITIES

- *11. 4 Adequate facilities; water provided for hand washing and showers at proper temperatures
- 12. 1 Adequate lighting, ventilation
- 13. 3 Properly constructed; clean, good repair; windows screened, outer openings protected
- 14. 1 Properly located
- 15. 3 Toilet tissue, soap, towels, or hand drying devices
- 16. 1 Approved waste containers, covered containers in toilet stalls for females

SEWAGE DISPOSAL

- *17. 4 Approved sewage disposal system properly operating

WATER SUPPLY SYSTEM

- *18. 4 Approved source and protection
- *19. 4 Adequate supply
- 20. 2 Approved service
- 21. 2 Ice from approved source, protected from contamination
- 22. 2 Ice machine approved construction, good repair

SOLID WASTE DISPOSAL

- *23. 4 Solid waste properly stored, collected, disposed

MAINTENANCE OF ANIMAL FACILITIES

- 24. 2 Animal housing, structures, hitching areas, located away from human habitations; well drained area; nuisances prevented

SWIMMING FACILITIES & RECREATIONAL WATER ACTIVITIES

- *25. 4 Swimming facilities properly designed, constructed, operated
- 26. 1 Small craft, boating activities comply with regulations
- *27. 4 Recreational water activities under certified supervision

INSECT, RODENT, PEST CONTROL

- *28. 4 Pests, vermin under control
- 29. 1 Harborage, breeding places prevented
- 30. 1 Storage area maintained, debris accumulation prevented

CAMP DIRECTOR, RECORDS AND REPORTS, MEDICAL SUPERVISION, FIRST AID

- 31. 2 Director or authorized representative on duty
- 32. 2 Adequate record keeping and reporting
- 33. 1 Isolation facilities provided
- 34. 2 Authorized first aid supplies, equipment provided
- 35. 3 Authorized first aid personnel on duty
- 36. 1 Prescription drugs protected
- 37. 3 Physician on call, emergency medical facilities available, telephones provided

SAFETY AND ACCIDENT PREVENTION

- *38. 4 Safety hazards prevented
- 39. 1 Natural hazards identified
- 40. 2 Poisonous plants controlled, eliminated where necessary
- 41. 2 Buildings, grounds, equipment maintained, no hazards created
- *42. 4 Insecticides, pesticides, toxic and/or volatile materials properly labeled, handled, locked in secure place

Notice of Immediate Suspension Pursuant to KRS 194A.383

Rating _____

*CRITICAL ITEMS requiring correction within _____ days / hours.

REMARKS: _____

Items marked are considered to be in violation of the Kentucky Youth Camp Regulation, 902 KAR 10:040, and must be corrected: () Prior to opening of camp; () By next routine inspection; or () within _____ days. Failure to correct the violations listed will result in further action as provided by the Kentucky Youth Camp Regulation and KRS 211.990(2). An opportunity for an appeal from any notice or inspection findings will be provided if you file a written request for a conference with the department within the period specified by the applicable regulation.

Received By: _____

Inspected By: _____

Date: _____

HEALTH AUTHORITY
 Local State