



Texas Department of State Health Services

Youth Camp Webpage

Local (512) 834-6788

Fax: 512-834-6683

Youth Camp Pre-licensing Inspection Questionnaire

Please complete the following questions and provide or attach any additional information requested. Email or fax the information to: Public Sanitation and Retail Food Safety Unit Email: PHSCPS@dshs.texas.gov Fax: 512-834-6683

| Camp Name & Location Information | | | |
|---|-------|--------------|--------|
| Camp Name | | Camp Phone # | |
| Camp Physical Location Address (DO NOT USE A PO BOX) | | | |
| City | State | Zip | County |

1. Name and qualifications of the on-site director, including years of experience:

2. Maximum number of campers per session:

3. Minimum number of counselors per session:

4. Circle any youth camp specialized activities provided to campers, each session, at camp:

Waterfront Archery Riflery Equine Program Challenge Course

5. Name(s) of specialist and qualifications for conducting each youth camp specialized activity circled in #4 above:

6. List or attach an index of all subjects covered in your personnel policies and practices:

7. How do you ascertain the character and integrity of each staff member:

8. How do you conduct criminal conviction and sex offender background checks:

9. Which program approved sexual abuse and child molestation awareness training and examination program do you use (Name and approval number: YC00-0000):

10. What is the source of potable (drinking) water provided to the campers:

11. How many toilet and urinal facilities are available to the campers (male/female total each):

12. How will refuse (trash) be disposed of at the camp location:

13. What is the source of food provided to the campers:

14. Who is the on-call physician for the youth camp:

15. Name and qualifications of the Camp Health Officer:

16. Describe the first aid area and list equipment/supplies in the first aid area:

17. How will you isolate a camper with a communicable disease:

18. List all emergency plans or procedures to be implemented at the camp:

19. How will you store and dispense prescription medication to campers:

20. How (hard copy or electronic) and where will all required documentation be kept at the camp:

| | |
|------------|--------|
| Signature: | Title: |
| Print: | Date: |
| Telephone: | Email: |