



Texas Department of State Health Services

Youth Camp Webpage

Local (512) 834-6788

Fax: 512-206-3792

# 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](mailto:PHSCPS@dshs.texas.gov) Fax: 512-206-3792

Camp Name & Location Information			
Camp Name		Camp Phone #	
Camp Physical Location Address ( <b>DO NOT USE A PO BOX</b> )			
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:

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

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

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

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

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10. What is the source of drinking water provided to the camp ie. municipal water supply, permitted public water system, private water well:

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

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

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

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

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15. Name and qualifications of the Camp Health Officer:

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

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

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

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

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

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Signature:	Title:
Print:	Date:
Telephone:	Email: