# 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: 512-834-6683

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<thead>
<tr>
<th>Camp Name &amp; Location Information</th>
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<td>Camp Name</td>
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<td>Camp Physical Location Address (DO NOT USE A PO BOX)</td>
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<td>City</td>
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1. Name and qualifications of the on-site director:

2. Maximum number of campers per session:

3. Minimum number of counselors per session:

4. List all youth camp specialized activities at the camp:

5. Name(s) of specialist and qualifications for conducting youth camp specialized activities:
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 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 water provided to the campers:

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

12. How will solid wastes be disposition 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: _______________________________