State of Maine Youth Camp Inspection Report Pageof												
Establishment Name As Authorized by 22 MRSA §2496					Total Campers Total Staff Time in:							
1 !-	Address	Critical Violations City/State										
License/EST. ID# Address				City	/51	tate Zip Code Telephone						
License Posted Exp. Date Owner Name				Purp	00	se of Inspection Est. Type						
Risk Factors and Public Health Interventions												
(	Compliance Status		_	Compliance Status	S R							
Camp Staff Credentials					Health Supervision							
1	Director assigned and qualified			3	36	Infirmary provided	T					
2	Staff certified, evaluated. Crede	ntials available		3	37	Treatment area with hand wash lavatory						
3	· · · · · · · · · · · · · · · · · · ·			3	38	Adequate storage for medications						
	Pro	grams		3	39	Medications locked. Schedule II drugs double locked.						
4	Rules posted			4	10	Bathroom facilities						
	Aqı	ıatics		4	11	At least 1 bed for every 50 persons in camp						
5	Lifeguard present. 1:20 lifeguard	d/swimmer ratio		4	12	Sheets and pillowcases clean. Changed after patient discharge						
6	Designated swim area clearly m	arked		4	13	Isolation area provided						
7	Check system for swimmers pre	sent		4	14	First aid equipment provided						
8	Lifesaving devices present			4	15	First aid kits marked, stocked and located						
9	PFD's present			4	16	Standing orders						
10	Rescue boat for water activities			4	17	Appropriate staff on site and certified						
11	Fire extinguisher present			4	18	Documentation for self-administered medications						
	Adventur	e Challenge		4	19	Technique for self-administration of meds evaluated						
12	Annual/biennial course inspection	on		5	50	Treatment log kept and available						
13	Course elements/equipment ass	sessed prior to each use		5	51	Health histories obtained and available						
14	Equipment and elements record	s maintained		5	52	Signed consent form for treatment obtained						
	Eque	estrian		5	53	Reportable/Notifiable conditions reported						
15	Manure storage			5	54	Communication system with outside medical facilities						
16	Riding equipment maintained					Safety, Fire Protection and Transportation						
17	7 Rider skill level assessed			5	55	Emergency plan in place and available						
18	Appropriate apparel			5	56	Emergency communication protocol in place						
19	Horses health and soundness assessment			5	57	Periodic drills conducted and documented						
Proper care and treatment of horses				5	58	Written camper release policy						
Target Sports				5	59	Requirements for rabies vaccinations met						
21 Weapons and ammunition locked while not in use				6	60	Hazardous material marked, stored and/or locked						
22	Firearms and ammunition stored	d separate and locked		6	31	Vehicles comply with requirements of ME DMV						
23	Overnight storage of weapons a	nd ammunition		6	52	Safety inspection conducted/documented						
24	Target sport locations safe and	free of danger		6	63	Vehicle related safety practices complied with/documented						
	Trip C	amping		6	64	First aid kit available						
25	Human and solid waste dispose	d of properly		6	35	Fire extinguishers located around camp and in vehicles						
26	Water supply safe				66	Cell phone or two way radio available						
27	Food maintained properly			6	67	Bus/van emergency evacuation drills conducted						
28	Trip leaders able to demonstrate	knowledge of food safety		6	88	Bus/van emergency evacuation drills documented	丄					
29	Utensils and equipment washed	and sanitized				Other Violations						
30	Medical and emergency assista	nce awareness			69							
31	Itinerary filed			<del>                                     </del>	70		_					
32	Health records taken			7	71							
33	Medical treatment record kept			<b>  </b>	72		_					
34	First aid kit available			<u> </u>	73							
35	1:6 staff camper ratio met			7	74							
Pers	on in Charge (Signature)		Date:									
Heal	lealth Inspector (Signature) Follow-up: YES NO (Circle one) Follow-up Date:											

State of Maine Youth Camp Inspection Report											
Establishment Name	As Authorized by 22 MRSA §2496	3	•	Page of							
License/EST. ID#	Owner Name										
	Maintenance of Grou	unds	Ruild	ings and Facilities							
Premise	es and Buildings	urrao,	<u> </u>	Toilet and Shower Facilities							
1 1011110	oo ana bananigo	cos R			cos R						
75 Plan review submitted		000 11	89	Toilets and showers designed to be kept clean and sanitary	700 11						
76 Grounds safe, clean and fre	e of rubbish		90	Toilets and showers maintained, ventilated and clean							
	e, weather tight roof and cleanable		91	Toilets and handwash sinks provided in required ratios							
78 Housing- at least two marke	•		92	One tub or shower provided for every 20 campers							
	equired. Maintained in good repair		93	Lavatories provided with soap and single use towels where require							
80 Lighting adequate and provi			94	Use of common towel and/or drinking container							
	ir, clean and free from chronic dampne	24	95	Covered waste receptacles provided where required							
r leere emeetin, in geed repa	es for Residential Camps	~	96	Hot water exceeds 120°F							
82 Suitable bunks and /or cots	•			Plumbing and Sewage Disposal							
			97	Plumbing properly maintained and installed							
Burnto and or roots proporty	•			Vector Control							
, lacquate vertilation of cite	ping quarters in permanent dwellings		98								
Bodding, oncote and tewele	•		99	Adequate vector control  Pesticides applied properly							
Mattrocccc and mattrocc ce	vers clean and in good repair		100								
	ater Supply	T	100	Pesticides applied by licensed operator							
	ted and analysis posted as required nated and daily chlorination records ke		101	Garbage and Refuse  Garbage and refuse collected, stored and disposed of properly							
Additional Comments											
Person in Charge (Signature)											
				- :							
Health Inspector (Signature)				Date:							

1. Camp: 6.A.1., 6. A.1.a, 6.A.1.b. Aquatics: 7.B.2., 7.B.6.a, Adventure Challenge 7.C.2.a., Equestrian: 7.D.3.a., Target sports: 7.E.2.a. 2. Health: 5.B.2.c., Credentials available: 6.A.9., Aquatics: 7.B.2., 7.B.6.a., 7.B.4.a., 7.B.6.b., 7.B.6.a. Adventure Challenge: 7.C.2.a., 7.C.2.b Equestrian: 7.D.3.a., 7.D.3.b., Target sports: 7.E.2.a., 7.E.2.b., 7.E.2.c., Trip Camping: 7.F.8.a., 7.F.8.b., Vector Control: 4.E.1. 3. Health: 5.B.2., 5.B.2.a., 5.2.c., General Staff: 6.A.2, 6.A.3.a, 6.A.10., 6.A.11., 6.A.12. Aquatics: 7.B.2.a, 7.B.4.a, 7.B.4.b, 7.B.4.c. Adventure Challenge: 7.C.2.c. Target Sports: 7.E.2.d., Trip Camping: 7.F.8.b., 7.F.8.c. 4. 7.B.3.g., 7.B.5.f., 7.C.1.d., 7.D.2.e., 7.E.1.e 89. 4.A.1. 57. 8.A.1.b. 5. 7.B.2.a., 7.B.4.c. 31. 7.F.7.d. 58. 8.A.2. 90. 4.A.2., 4.A.6. 6. 7.B.3.b. 32. 7.F.7.e. 59. 8.A.3. 91. 4.A.8., 4.A.9., 4.A.10. 33. 7.F.7.f. 60. 8.A.4., 8.A.4.b. 7. 7.B.3.d. 92. 4.A.11 61. 9.B.1. 8. 7.B.3.f. 34. 7.F.7.g. 93. 4.A.16. 35. 7.F.8.c. 9. 7.B.5.c. 62. 9.B.2., 9.E.1. 94. 4.A.17 63. 9.C.1.(a-f,g,h-k,l,m) 95. 4.A.5.a. 10. 7.B.5.b. 36. **5**.A. 64. **5**.A.11. 11. 7.B.5.d. 37. 5.A.1. 96. 4.A.12. 12. 7.C.1.a. 65. 8.A.4.a., 9.C.1.k. 97. 4.D. 38. 5.A.2. 13. 7.C.1.c. 39. 5.B.3., 5.B.3.a. 66. 9.C.1.I. 98. 4.E.1. 67. 9.C.1.m. 14. 7.C.1.b. 40. **5.**A.3. 99. 4.E.1. 15. 7.D.1.b. 100. 4.E.1. 41. 5.A.4. 68. 9.E.1. 16. 7.D.2.b. Page 2. 69-74 blank 42. 5.A.5. 101. 4.F.(1-4) 17. 7.D.2.c 43. 5.A.6. 75. 2.B.(1-5), 2.C.1. 18. 7.D.2.d. 44. 5.A.10 76. 3.A.1.(b-d) 19. 7.D.2.f. 45. **5**.A.11. 77. 3.B.1. 20. 7.D.2.g. 46. **5.B.1**. 78. 3.B.5., 3.B.6 21. 7.E.1.a 47. 5.B.2. 5.B.2.b. 79. 3.B.2., 3.C.3., 4.A.4, 4.A.10.,5.A.8. 22. 7.E.1.b 48. 5.B.4., 80. 3.B.3. 5.B.4. (a-c). 23. 7.E.1.c 81. 3.B.4. 49. **5.B.4.d** 24. 7.E.1.d. 50. 5.B.5., 5.B.5.a. (1-5), 5.B.5.b. 82. 3.C.1. 25. 7.F.2., 7.F.4. 51. 5.B.6., 83. 3.C.2. 5.B.6.a. (1-4) 26. 7.F.3., 7.F.3.a. 52. 5.B.6.a.5. 84. 3.C.3. 27. 7.F.5. 53. 5.C.1., 5.C.1.(a-e), 5.C.2., 5.C.3 85. 3.C.4., 3.C.5., 3.C.6. 28. 7.F.5.a. 54. **5**.A.9 86. 3.C.7. Red = Critical Violations 29. 7.F.6. 55. 8.A.1.a., 8.A.1.c. 87. 4.B.1., 4.B.2., 4.B.3, 4.B.4.b Black = Non-Critical and Swing Violations 88. 4.B.4.a., 4.B.4.a.1. 30. 7.F.7.b. 56. 8.A.1.a.1.