



PLAN REVIEW FOR YOUTH CAMPS AND RECREATIONAL CAMPGROUNDS

INTRODUCTION

This information packet describes the requirements to open a Youth Camp or Recreational Campground. A copy of the Delaware Recreational Camp Regulations can be found online at <https://dhss.delaware.gov/Dph/hsp/reccamps.html>.

Submit the following to the Environmental Health Field Services office in which the Recreational Camp or Campground will be located:

New Castle County – Environmental Health Field Services (EHFS)

University Office Plaza, Chopin Building – Suite 105
258 Chapman Rd.
Newark, DE 19702
Phone: (302) 283-7110 Email: DHSS_DPH_NCCEHS@delaware.gov

Kent County – Environmental Health Field Services (EHFS)

Thomas Collins Building – 3rd Floor, Suite 5
540 S Dupont Hwy.
Dover, DE 19901
Phone: (302) 744-1220 Email: DHSS_DPH_KCEHS@delaware.gov

Sussex County – Environmental Health Field Services (EHFS)

Thurman Adams State Service Center – Suite 1700
546 S Bedford St.
Georgetown, DE 19947
Phone: (302) 515-3302 Email: DHSS_DPH_SCEHS@delaware.gov

1. **One completed Application for Permit to Operate Youth Camps and Recreational Campgrounds.**
2. **One copy of the proposed floor plan for the entire facility.**
 - **Floor plan must include all indoor areas, outdoor areas, and bathroom facilities.**
 - **Please print and utilize additional copies of blank floor plan to cover all areas of camp if necessary or provide your own scaled blueprint.**

Plans will be reviewed within thirty (30) days in the order they are received. If further information is needed, you will be notified. Pre-operational inspections are required before the issuance of the operating permit and commencement of a recreational camp.

No construction or alteration shall commence prior to Approval To Construct issuance.

No camp operations are approved to prior to satisfactory pre-operational inspection.



APPLICATION FOR A PERMIT TO OPERATE YOUTH CAMPS AND RECREATIONAL CAMPGROUNDS

This application must be completed for each new recreational camp or an existing recreational camp. Please make a photocopy for your records. The application must be submitted to the county office in which the camp or campground will be located at least 30 days prior to operating the camp. Incomplete applications may be returned. **Applications for Day Camps must include an exemption letter from Office of Child Care Licensing (OCCL).**

New Castle County – EHFS
 258 Chapman Rd. – Suite 105
 Newark, DE 19702
 Phone: (302) 283-7110
 Email:
 DHSS_DPH_NCCEHS@delaware.gov

Kent County – EHFS
 540 S DuPont Hwy. – Suite 5
 Dover, DE 19901
 Phone: (302) 744-1220
 Email:
 DHSS_DPH_KCEHS@delaware.gov

Sussex County – EHFS
 546 S Bedford St. – Suite 1700
 Georgetown, DE 19722
 Phone: (302) 515-3302
 Email:
 DHSS_DPH_SCEHS@delaware.gov

NAME OF CAMP: _____
 LOCATION OF CAMP: _____
 MAILING ADDRESS: _____
 PHONE: _____ EMAIL: _____
 OPERATED BY: _____

(List name of individual, club, corporation, etc.)

OPENING DATE: _____ CLOSING DATE: _____

DIRECTOR: (Full name): _____ EMERGENCY PHONE #: _____

TYPE OF CAMP PERMIT REQUESTED: _____ DAY _____ PRIMITIVE
 _____ RESIDENTIAL _____ TRAVEL _____ TROOP

REQUESTED CAPACITY: _____ PERSONS AND / OR CAMPSITES: _____

AGE RANGE OF CAMPERS: _____ TO _____

DO YOU PLAN TO OPERATE IN SESSIONS: YES _____ NO _____
 IF YES, NUMBER: _____ AND LENGTH OF SESSIONS: _____

NUMBER OF STAFF: _____

NUMBER OF STAFF 18 YEARS OLD & OVER: MALE _____ FEMALE _____

■ Has any member of the Staff or operation ever been convicted of a Felony or Class "A" Misdemeanor? YES ___ NO ___

■ If YES, identify Type of Offense, Date, Location and name of Person Convicted.

TYPE OF FACILITIES: PERMANENT BLDGS _____ TENTS _____ OTHER _____

NUMBER OF SINKS: MALE _____ FEMALE _____

NUMBER OF TOILET FACILITIES: MALE _____ FEMALE _____

NUMBER OF SHOWER FACILITIES: MALE _____ FEMALE _____

In accordance with State of Delaware Regulations Governing the Sanitation of Recreational Camps adopted under Title 16 Del. C. Section 122, I, the undersigned, hereby make application for permit to operate a recreational camp.

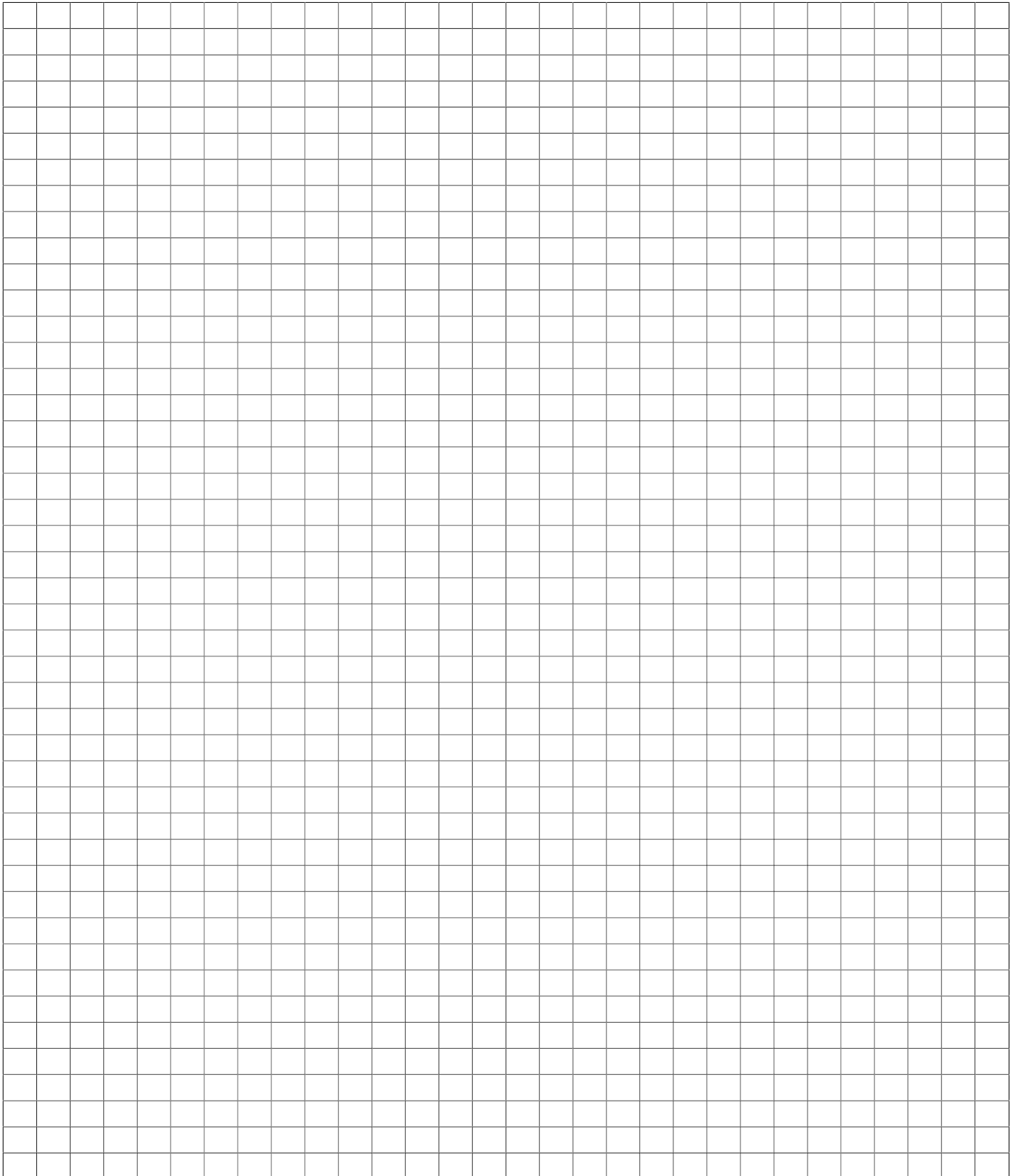
SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

OFFICIAL USE ONLY

EHFS SUPERVISOR: _____ **DATE:** _____

HSP PLAN REVIEW ACTION: APPROVED _____ DISAPPROVED _____ **DATE:** _____ (Revised 4/2024)



YOUTH CAMP/RECREATIONAL CAMPGROUND FLOOR PLAN

Scale $\frac{1}{4}$ " = 1 foot
(If other scale, notify: _____)

Name of Camp: _____ Submitted by: _____