



## Youth Camp Plan Review Form

This application will be reviewed by DPHHS Environmental Health and Food Safety (EHFS) and/or the local environmental health office as outlined in [ARM 37.111.1204\(1\)](#).

Abbreviations:

MCA- Montana Code Annotated ([Youth Camp MCA](#))

ARM- Administrative Rules of Montana ([Youth Camp ARM](#))

EHFS- Montana Department of Public Health and Human Services-Environmental Health and Food Safety Section (<https://ehfs.mt.gov/>)

DEQ- Montana Department of Environmental Quality-Permitting and Compliance Division-Public Water and Subdivisions Bureau ([DEQ Subdivision, Water, and Wastewater Review](#))

**PLAN REVIEW REQUIREMENTS** *Please ensure that these documents are included with the application. Applications will not be reviewed until all attachments are submitted.*

- IF APPLICABLE: DEQ CERTIFICATE OF SUBDIVISION APPROVAL (COSA)/DEQ PUBLIC WATER SYSTEM APPROVAL/ DEQ PUBLIC WASTEWATER SYSTEM APPROVAL**
- SCALED YOUTH CAMP LAYOUT MAP INCLUDING:**
  - NUMBERED SITES/SHELTER UNITS
  - LABELED BUILDINGS AND STRUCTURES
  - SOLID WASTE RECEPTACLES
  - ISOLATION AREA (CLEARLY MARKED)
  - JANITORIAL FACILITIES (CLEARLY MARKED)
  - COMMON WATER STATIONS
  - BATHROOMS
- FLOOR PLANS/LAYOUTS AND FINISH SCHEDULES OF:**
  - A STANDARD SHELTER UNIT/SITE
  - SERVICE BUILDING(S) INCLUDING BATHROOMS, SHOWERS, AND/OR LAUNDRY FACILITIES
  - FOOD PREPARATION AND DINING FACILITIES
  - ANY OTHER BUILDING FOR CAMPER USE
- EMPLOYEE RED CROSS BASIC FIRST AID TRAINING CERTIFICATE(S)**
- ILLNESS/INJURY PLAN**
- THIS COMPLETED PLAN REVIEW FORM**

**CONTACT INFORMATION** *Please provide the information below.*

LICENSEE (OWNER) NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ESTABLISHMENT NAME \_\_\_\_\_

ESTABLISHMENT LOCATION ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_ NUMBER OF ACRES \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON FOR ADDITIONAL INFORMATION (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

ENGINEER/ARCHITECT/DESIGNER NAME (IF APPLICABLE) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

**GENERAL INFORMATION**

**TYPE OF REVIEW** *Please check the applicable box and provide any additional information.*

- New construction
- Alteration or enlargement of existing youth camp
- Reactivation of a previously licensed youth camp
  - If previously licensed, former name \_\_\_\_\_
  - Previous license number \_\_\_\_\_
  - Last calendar year licensed \_\_\_\_\_

**SIZE AND SET-UP** *Please provide the information below.*

- Maximum number of campers \_\_\_\_\_

Total number of beds \_\_\_\_\_

## SHELTER UNITS

**TYPE OF SHELTER AND NUMBER** *Please check the applicable box(es) and indicate the number available.*

Cabin(s) \_\_\_\_\_

Tent(s) \_\_\_\_\_

Other Structure(s) (tipis, yurts, etc), please describe: \_\_\_\_\_

**NUMBER OF BEDS PER SHELTER** \_\_\_\_\_

**FURNISHINGS** *Please ensure the following requirements are met.*

Furnishings are movable or mounted to allow easy cleaning.

Provided mattresses have machine washable covers and are clean.

Any provided bedding, towels, or laundered items are washed and dried as specified in [ARM 37.111.121](#).

## WATER SUPPLY

**SOURCE** *Please select the option that best describes the water source. Provide additional information if necessary.*

The establishment will be served by a public water supply, PWSID# \_\_\_\_\_.

Private water supply: Systems not meeting the definition of a public water supply may develop and use a private water supply, in accordance with [Food and Consumer Safety Circular 1 2016](#). Satisfactory coliform and nitrate tests must be provided before the system may be used as a potable water supply.

Routine coliform tests are to be taken quarterly (if a seasonal establishment, coliform tests are to be taken monthly during operation season); nitrate tests are to be taken every three years. Record the most recent water sample testing results here:

▪ Coliform Bacteria Test Date: \_\_\_\_\_ Result: \_\_\_\_\_

▪ Nitrate Test Date: \_\_\_\_\_ Result: \_\_\_\_\_

The establishment will provide potable water a different way. Describe how the potable water will be provided:

---

---

**ACCESS** *Select all that apply.*

- An individual water source will be at each site/shelter unit.
- A common water source will be within 300 feet of each site/shelter unit. Please mark the location(s) on the camp layout.
- Some sites/shelter units will have an individual water source, some will use a common water source.

**POTABLE WATER PROTECTION** *Please ensure the following requirements are met. Provide descriptions as requested.*

- Backflow protection installed where health hazards exist that could lead to contamination. Describe:

---

---

- Water risers and hydrants will be constructed and located to minimize potential damage. Describe:

---

---

- Water risers will have a shut-off valve at each outlet.

**WASTEWATER**

**SEWAGE SYSTEM** *Please select the option that best describes wastewater treatment. Provide additional information if necessary.*

- The establishment will be connecting to an existing public wastewater system, DEQ # \_\_\_\_\_. Connection to a public wastewater system is required if an available system has adequate capacity, and the owner agrees to provide service. Connection plans must be reviewed and approved by DEQ.
- A public wastewater system will be constructed. "Public wastewater system" means a sewage system that has at least 15 service connections or that regularly serves at least 25 persons daily for any 60 or more days in a calendar year. A copy of the DEQ approved plans must be submitted with this application.
- A private sewage system will be used. It is adequate, safe, and meets local regulation (i.e. permitted) under [MCA 50-2-116](#).
- Sealed vault pit privy.
- An alternative system will be used. Describe how this deviation will prevent potential pollution of state waters or adverse public health effects:

---

---

---

**SERVICE BUILDINGS**

**TOILET FACILITIES** *Please ensure the following. Provide additional information as requested.*

- Toilet facilities are located within 300 feet of all sites/shelter units.
- Number of toilets \_\_\_\_\_

**CONSTRUCTION/MATERIALS** *Please ensure the following. Provide additional information as requested.*

- Service building(s) are located within 300 feet of all sites/shelter units.
- Service building(s) equipped with lighting, handwashing sinks, and toilets.
  - Number of handwashing sinks \_\_\_\_\_
- All interior surfaces in plumbed areas are smooth, nonabsorbent, and easily cleanable.
- Showers have non-slip surfaces and provide warm water less than 120 °F.
- Windows, doors, and other openings screened or closed.

**ONGOING MAINTENANCE** *Please ensure the following.*

- All showers, toilets, and sinks cleaned with disinfectants regularly.
- Hand cleaner, disposable towels/hot air dryers, and toilet tissue available at all times.

**SOLID WASTE** *Please ensure the following. Provide additional information as requested.*

- Containers are rodent-proof, with secured lids that are fly-tight and water-tight.
- Containers are within 300 feet of every site/shelter unit or centrally located.
- Garbage storage is adequate and prevents any type of hazard.
- Garbage is sent to a licensed solid waste facility at least weekly.
  - Facility Name: \_\_\_\_\_

**HAZARD PREVENTION** *Please ensure the following.*

- Site is as free as reasonably possible from objects/conditions that are hazardous to humans.

**SIGNAGE**

- Warnings of potential natural hazards are posted, and campers are informed.
- Any surface water and/or hydrant accessible to the public that is non-potable (not safe for drinking) is clearly posted “unsafe for human consumption or domestic purposes.”

**FIRST AID/ ILLNESS**

**CONTACT INFORMATION** *Please provide the information below.*

- Cases of suspected communicable disease and conditions listed in [ARM 37.114.203](#) must be reported to the local health officer upon discovery or as soon as possible.
  - Local Health Officer Name: \_\_\_\_\_
  - Local Health Officer Phone Number: \_\_\_\_\_
- On-call physician in case of injury/illness.
  - Physician Name: \_\_\_\_\_
  - Physician Phone: \_\_\_\_\_

**ILLNESS/FIRST AID PROTOCOLS** *Please ensure the following.*

- Designated and segregated room or area for isolation of a youth with symptoms of an illness.
  - Please mark this on the camp layout/map.
- During camp activities, the camp has at least one person on-site with Red Cross Basic First Aid training.
  - Please include a copy of each certification with this application.
- The camp has designated measures to be taken during an illness or injury.
  - Please include a copy of the illness/injury plan with this application.

**RECORDS** *Please ensure the following requirements will be met.*

- A camp register will be maintained with names, home addresses, phone numbers, and emergency contact information (name and phone number of parent/guardian) for campers. The register records will be kept for at least 2 years and will be available if requested.
- Employee emergency contact information (name and phone number).
- Record of any fatalities, injuries resulting in hospitalization, and/or diagnoses of reportable diseases. Records must contain the date and time, a description of the illness/injury, a description of how the illness/injury occurred, and measures taken to prevent future, similar injuries/illnesses.

**FOOD SERVICE** *Additional information may be requested.*

- Will any food be prepared and provided?    **YES**            **NO**
- If yes, please check this box to confirm that you have read and are prepared to follow the requirements of the [“Food Code, 2013, Recommendations of the United States Public Health Service, Food and Drug Administration,”](#) adopted and incorporated by reference under [ARM 37.110.260](#).

**OTHER** *Please provide the following information.*

- There are adequate and convenient janitorial facilities including a janitorial sink and chemical/equipment storage.
- Poisonous/toxic chemicals are not stored in food preparation or food storage areas.
- Does the establishment have a pool or a spa?    **YES**            **NO**
  - Who can access the pool or spa? Describe:

---

---

**LICENSE REQUIREMENTS** *Please select all boxes below to indicate you understand the purpose and requirements of this form and licensure with EHFS.*

- EHFS and/or local sanitarian approval of these plans must be obtained prior to construction, alteration, enlargement, or occupation of a youth camp.
- Inspection and approval by the local sanitarian must be obtained before a license will be issued.
- Approval of these plans and specifications by the health authority does not indicate compliance with any other code, law, or regulations that may be required.
- Obtaining a license from the health authority does not relieve the applicant from satisfying applicable requirements from other federal, state, or local agencies (such as zoning, building, fire and life safety inspections, and other business licenses).
- I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior permission from the health authority may nullify any approval from the local health authority and/or the department.

**THIS APPLICATION MUST BE SIGNED AND DATED BY THE OWNER/LICENSEE. ADDITIONAL SIGNATURES MAY BE INCLUDED:**

Licensee Signature (Owner or Manager)

Signed Name \_\_\_\_\_ Date \_\_\_\_\_

Engineer/ Architect/ Designer

Signed Name \_\_\_\_\_ Date \_\_\_\_\_

Other Applicant Authorized by Owner/Licensee

Signed Name \_\_\_\_\_ Date \_\_\_\_\_

EHFS will make approval or denial known to the applicant within 60 days of a complete plan submittal. Any approval of plans expires in 2 years if construction has not begun.

Please submit this completed form, scaled layout plans, and specifications to:

**DPHHS – Environmental Health and Food Safety Section  
PO Box 202951  
Helena, MT 59620-2951**

The same information must be submitted to the local sanitarian (environmental health office) for your county as part of the joint review process. A list of county environmental health offices and contact information can be found at

<https://dphhs.mt.gov/publichealth/EHFS/countytribalhealthdepts>.