

HARNETT COUNTY APPLICATION RESIDENT CAMP

* 15A NCAC 18 A .3600 *Rules Governing the Sanitation of Resident Camps* defines a "Resident Camp" as an establishment which provide food and overnight lodging accommodations for 72 consecutive hours or more per week at a permanent base of operations for groups of children or adults engaged in organized recreational or educational programs and has a permanent connection to a public electrical service provider. Programs are operated and staffed by the camp and supervision of individual campers is a camp responsibility. This definition does not include campgrounds or other facilities that only rent property or campsites for camping. This definition does not include Primitive Experience Camp as defined in 15A NCAC 18A .3500. This definition does include Children's Foster Care Camps and Residential Therapeutic (Habilitative) Camps. "Residential Therapeutic (Habilitative) Camp" is a residential treatment facility provided in a camping environment which is designed to help individuals develop behavior control, coping skills, self-esteem and interpersonal skills as defined in G.S. 122C and 10A NCAC 27G .5200. Therapeutic camps are licensed by the NC Department of Health and Human Services, Division of Facility Services in accordance with G.S. 122C and 10A NCAC 27G .5200.

A copy of the rules are posted on the website <http://www.deh.enr.state.nc.us/ehs/rules.htm>

Camp Name: _____

Applicant: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Mailing Address: _____

Type of Camp (Please describe the purpose of your camp or organized activity):

List all foods you intend to prepare or attach menu: _____

Describe the facilities where the food will be prepared: _____

List how potentially hazardous foods will be kept hot or cold? List any equipment:

If you have more than 90 campers and staff, do you have NSF/ANSI commercial kitchen equipment? _____ (If so, please attach equipment specification sheets)

Will food be taken off site? If so, how will it be kept cold/hot? _____

Is dish washing equipment NSF or ANSI food service approved? _____
Describe dish washing equipment: _____

What type of sanitizer will be used? _____

Are test strips available? _____

Are metal stem thermometers capable of reading 0-220F available? _____

Describe any lodging facilities you have (# beds, building structure, etc), including camp grounds: _____

Are there toilet and bathing facilities? Please describe: _____

Is the camp supplied by a well? _____

Is the camp on a septic tank or on county sewer? _____

Does the camp have a swimming pool or use a recreational water supply? _____

How will ice be handled? _____

Camp proposed open and close dates: _____

Hours and days of operations: _____

Number of Campers: _____ Number of Staff: _____

Submit this application to the Harnett County Department of Public Health, Environmental Health Section at 307 Cornelius Harnett Blvd., Lillington, NC 27546.

Applicant Signature

Date

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3/08

