



## A Resident Camp's Guide to a Successful Health Inspection

Children's resident camps and health departments have a common goal: to provide a healthy environment for children and staff. Achieving this goal can be made possible by partnering with your inspector to ensure that inspections are as efficient and effective as possible. Here are some tips you can follow to help make this happen.

### 1. Prepare the necessary documents that will be reviewed before your inspection.

Summary list of the documents that will be reviewed during your inspection follows. Having these documents readily available will help save time during the inspection.

- Radon test results.
- A written illness policy that describes symptoms that require exclusion for children and staff. This is generally separate from standing orders and can be one or two separate policies.
- Illness surveillance logs that you use to record the child's name, age, group, onset date and time of symptoms, list of symptoms, symptom duration, treatment provided, and the date and time when the child returned to group care (a blank sample illness log is included).
- Children's up to date immunization records recorded on a Colorado Certificate of Immunization, or a CDPHE approved alternate, or a record of vaccine exemptions.
- Water test results for the previous 12 months, if applicable.

### 2. Review your previous inspection report. Being familiar with previous violations will help you not repeat the same mistakes. It is also a great opportunity to talk to staff about items that may need a little extra attention.

### 3. Seek training. There are two recorded webinars available that are specific to preparing for a healthy camp season. The first was recorded in 2017 and the second was recorded in 2019. Both courses can be accessed in CO Train and the course ID numbers are 1069894 and 1084554.

Contact your local health department or CDPHE if you have questions. Contact information for your local public health agency can be found [here](#). To contact CDPHE, email [cdphe\\_iepu@state.co.us](mailto:cdphe_iepu@state.co.us) or call 303-692-3645 and select option 3.





### ILLNESS SURVEILLANCE FORM

**Child Care Facility Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

NAME	AGE	CLASS/ GROUP	ONSET DATE/TIME	SYMPTOMS*	SYMPTOM DURATION (HOURS)	TREATMENT/ACTION†	DATE & TIME RETURNED TO GROUP CARE

\* **Symptoms:**    **V** = Vomiting    **A** = Abdominal Cramps    **M** = Muscle Aches  
                              **D** = Diarrhea     **H** = Headache     **R** = Rash  
                              **F** = Fever (provide temperature)     **C** = Chills     **O** = Other (please list)

† **Treatment/Action:** Specific treatment provided (first aide, administered medication, etc.), sent home, sent back to group care, excluded for 48 hours, isolated, hospitalized, etc.

Reviewed by Person in Charge: \_\_\_\_\_

Date: \_\_\_\_\_