



****Download before completing****

Date:

Travel Trip Camp Questionnaire				
Program Name:		Contact:		
Base Camp Address:		Phone:		
City:		Cell:		
State/Zip:		Email:		
CDHS Licensing Specialist:		CDHS License #:		
Number of Children:	Ages of Children:		Number of Staff:	
Date(s) of Trips:	to	to	to	to

Answer the following questions about your operation.

1. Provide a brief description of the trip(s) including the types of activities that will occur.

2. How will drinking water be provided? If surface water will be consumed, provide a detailed description of how the water will be treated.

3. Describe toileting procedures including the packing out of human waste.



4. Describe how hands will be cleaned after toileting, before meals and at times hands become contaminated.

5. Describe the procedure for screening children and staff for illnesses prior to the trip and the procedure followed if a child or staff member becomes ill while on the trip.

6. Describe how the department will be immediately notified if there is a child or staff member bitten by an animal that is a known carrier of rabies (dogs, bats, cats, ferrets, raccoons, skunks and foxes).

7. Describe all food storage and handling procedures and include your menu.

Required Documents to Submit			
	Completed Questionnaire		Menus
	Child Illness Policy		Staff Illness Policy
	Other:		Other:

Initial	Statement
	I agree to notify the department if there are any changes to the operation as described here.

