

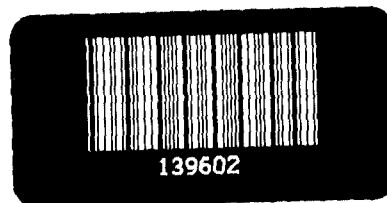
GAO

Report to the Chairman, Subcommittee
on Health and Safety, Committee on
Education and Labor, House of
Representatives

September 1989

YOUTH CAMPS

Nationwide and State
Data on Safety and
Health Lacking



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Human Resources Division

B-236700

September 20, 1989

The Honorable Joseph M. Gaydos
Chairman, Subcommittee on Health and Safety
Committee on Education and Labor
House of Representatives

Dear Mr. Chairman:

No federal legislation currently exists to regulate youth camp safety and health. States develop and implement their own youth camp health and safety standards. In October 1987, the Children and Youth Camp Safety Act (H.R. 3571) was introduced and referred to your Subcommittee for consideration. Under this proposed legislation, federal and state health and safety standards would be established for youth camps. By letter dated June 2, 1988, you asked us to obtain information on youth camp health and safety to help your Subcommittee decide whether this bill should be reintroduced.

**Objectives, Scope, and
Methodology**

On the basis of your letter and later discussions with your staff, we agreed to address the following questions:

1. How many accidents, illnesses, and fatalities occur at youth camps each year?
2. To what extent have states developed youth camp safety and health standards?
3. How and to what extent are state standards enforced by states?
4. What effect would federal youth camp safety and health legislation have on states?

To identify sources of data on accidents, illnesses, and fatalities, we contacted the Centers for Disease Control (CDC), a component of the Department of Health and Human Services; individual states; and two national camping associations. For nationwide information on state laws, regulations, and standards on youth camp safety and health, we reviewed studies conducted by CDC and published in 1978 and 1982. Because CDC's last study was issued 7 years ago, we contacted 17 states, 6 in person and 11 through telephone calls, to determine if its contents were dated. We found that for these states, no major legislative or regulatory changes had occurred as of July 1989, except for Maryland, which had

enacted new youth camp legislation, but had not issued implementing regulations. Therefore, we believe that the data in the CDC compendium still represent a fairly reliable indication of youth camp safety and health legislation and regulations in the states.

Our visits to six states—California, Colorado, Maryland, Massachusetts, Michigan, and New York—enabled us to obtain in-depth data on youth camp safety and health. We interviewed state officials and obtained related documentation. Each of these states has relatively comprehensive state laws or regulations regarding youth camp safety and health standards.

We conducted our review from July 1988 to April 1989 in accordance with generally accepted government auditing standards. Our findings relating to the study objectives are summarized below and discussed in more detail in appendix I.

Results in Brief

Nationally, and in five of the six states we visited, little information is available on accidents, illnesses, and fatalities that occur at youth camps. Youth camp safety and health standards in the 50 states vary widely, and we found no source of nationwide data on the states' enforcement of these standards. Five of the six states we visited compiled no data on enforcement activities, whether conducted by the state centrally or delegated to local jurisdictions. Federal legislation such as H.R. 3571 would require most states, and to some degree local jurisdictions, to allocate additional funds and staff to ensure that standards set forth for youth camp safety and health are implemented and enforced.

Safety and Health Problems at Youth Camps

No nationwide information exists on the number of youth camps that operate each year or on the incidence of accidents, illnesses, and fatalities at them. No federal agency compiles data on youth camps or monitors activities relating to their safe and healthful operation. In past years, CDC obtained information on youth camp fatalities, but it discontinued these efforts in 1984. Two leading national camping organizations told us they do not collect or plan to collect information from their members on accidents, illnesses, and fatalities.

Data on camp accidents and illnesses were difficult to obtain even at the state level. Although four of the six states we visited required youth camp operators to report accidents, illnesses, and fatalities, only New York summarized and included these data in annual reports. The other

three states indicated that such information is reported to them, but they do not compile it because of staff resource limitations.

Youth Camp Safety and Health Standards

By comparing model standards it had developed with state youth camp laws and regulations, CDC concluded in the late 1970s that many states do not have adequate youth camp standards. CDC's survey found that 12 states had "comprehensive" laws and regulations that met 65 percent or more of the model standards needed for campers' health and safety. Another 12 states met between 50 and 64 percent of the model standards, and the other 26 states met less than 50 percent of model standards. As noted earlier, based on our contacts with 17 states, we believe the CDC information presents a fairly reliable indication of current state laws concerning youth camp safety and health.

Limited Data Compiled on Enforcement of Standards

CDC's 1982 report showed no information on how and to what extent the states with youth camp standards were enforcing them. No source of nationwide data on the enforcement of youth camp safety and health standards exist. Except for New York, the states we visited did not compile data on enforcement activities, whether conducted centrally by the states or delegated to localities. Of the six states visited, three—Colorado, Michigan, and New York—carried out enforcement activities centrally. The other three indicated that they shared enforcement activities with local governments.

Possible Effects of Proposed Federal Law on States

Because current data were unavailable on youth camps at the states we visited, we could not specify the impact that federal legislation such as H.R. 3571 would have on states. But, if such legislation were enacted, most states would have to (1) expand the number and types of youth camps covered by state laws, (2) develop reporting systems to collect and analyze required data, (3) broaden the scope of activities and services regulated, and (4) provide additional staff and funding resources.

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of the report until 30 days after its issue date. At that time, copies will be sent to other interested parties.

If you have questions concerning information in this report, please contact me on 275-1655. Other major contributors to the report are listed in appendix II.

Sincerely yours,

A handwritten signature in black ink that reads "Linda G. Morra". The signature is written in a cursive style with a long, sweeping tail on the letter "a".

Linda G. Morra
Director, Select Congressional Studies

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Abbreviations

ACA	American Camping Association
CCI	Christian Camping International
CDC	Centers for Disease Control

Youth Camps: Nationwide and State Data on Safety and Health Lacking

Youth camp safety and health is an important issue to the millions of young people who attend camp each year and their parents. Many parents assume that state and local governments make sure that youth camps are safe and healthful. Determining whether states assure this, however, is not always possible. Youth camp safety and health standards in the 50 states vary widely, and in our visits to six states, we found that little information was available in five of the states on accidents, illnesses, and fatalities that occur at youth camps.

The Chairman of the Subcommittee on Health and Safety, House Committee on Education and Labor, asked us to obtain information on existing state regulations for youth camp health and safety. The federal government has no direct involvement with funding or monitoring youth camp programs. No federal legislation exists to regulate youth camps. Over the years legislation has been introduced several times to provide a federal role in encouraging states to develop minimal health and safety standards.

The Children and Youth Camp Safety Act (H.R. 3571) was introduced in October 1987 during the 100th Congress. This proposed legislation would establish minimum safety and health standards for youth camps and require enforcement of such standards and collection and reporting of data to the federal sector. The Chairman requested our study to help decide whether this legislation should be reintroduced in this Congress.

Objectives, Scope, and Methodology

On the basis of the Chairman's letter and later discussions with Subcommittee staff, we agreed to address the following questions:

1. How many accidents, illnesses, and fatalities occur at youth camps each year?
2. To what extent have states developed youth camp safety and health standards?
3. How and to what extent are these standards enforced by states?
4. What effect would federal youth camp safety and health legislation have on states?

To address these questions, we identified and reviewed information on youth camp safety and health. For nationwide data on state laws and regulations on youth camp safety and health standards, we relied on a

survey conducted by the Centers for Disease Control (CDC) that was published in 1978 and 1982.¹ These compendiums include information obtained from state agencies on state laws and regulations applicable to youth camp operations. They contain state laws and regulations across 10 major categories and 70 subcategories, including standards for such activities and elements as personnel qualifications, program safety, sanitation, and food service.

Because of the age of the CDC compendiums, we contacted 17 state officials responsible for youth camps (we visited 6 and contacted 11 by telephone) to determine the nature and extent of any changes in the states' laws and regulations. These officials reported no major legislative or regulatory changes as of July 1989, except that Maryland enacted new legislation in 1986.² In light of these results, we believe that the CDC information still represents a fairly reliable indication of youth camp safety and health legislation in the states.

Our visits to six states—California, Colorado, Maryland, Massachusetts, Michigan, and New York—enabled us to obtain in-depth data on youth camp safety and health. We selected states with relatively comprehensive state laws and regulations, according to CDC's compendium, to provide the "best case" perspective. That is, were federal youth camp legislation enacted, these would be among the states that would have the least problems in moving to comply.

We also reviewed the proposed Children and Youth Camp Safety Act (H.R. 3571) to assess the impact the bill would have on visited states if it were enacted. Among the bill provisions we reviewed were standards, enforcement procedures, and reporting requirements.

Although local governments may work with states to enforce youth camp safety and health standards, we did not contact local jurisdictions during our review, nor did we visit any camps. We did, however, contact representatives from the American Camping Association (ACA) and Christian Camping International (CCI), two major national camping organizations, to supplement our state data. We conducted our review from July 1988 to April 1989 in accordance with generally accepted government auditing standards.

¹CDC, Environmental Health Services Division, Summary of Youth Camps: Compendium of State Laws and Regulations, December 1978, and Summarized Third Ed., Oct. 1982.

²Regulations implementing Maryland's law had not yet been issued.

Safety and Health Problems at Youth Camps

There is no nationwide information on how many youth camps operate in the United States or the incidence of accidents, illnesses, and fatalities. No federal agency currently compiles data on youth camps or monitors activities relating to their safe and healthful operation. In April 1974, at the direction of the Congress, CDC issued a report³ on a study of youth camps' accidents and illnesses. But the data were unreliable and insufficient to determine with accuracy whether problems existed. Subsequently, between 1976 and 1985, CDC gathered information on youth camp fatalities, but it discontinued these efforts because of budget cut-backs, a reorganization, and changes in priorities. ACA and CCI do not collect or plan to collect information from their members on accidents, illnesses, and fatalities, their representatives told us.

The lack of accurate data on camp accidents, illnesses, and fatalities stems in part from the variation in definitions of camps and youth camps among states. Definitions vary on size of the camping group, the location of the camp, the types of activities, the length of the stay by a group at a camp site, and the need for overnight accommodations. Some states do not even have a specific youth camp definition.

In Mississippi, for example, "youth camp" means a camp operating on a permanent campsite for 4 or more consecutive days and accommodating 20 or more children, ages 6 to 18. Even if they otherwise meet this definition, however, athletic camps and hunting and fishing camps are not included. In Oregon, in contrast, "organizational camp" means any area designated by the person establishing, operating, managing, or maintaining the same for recreational use by groups or organizations. These include—but are not limited to—youth, scout, summer, day, nature, survival, and athletic camps, and camps operated and maintained under the guidance, supervision, or auspices of religious organizations, public and private educational systems, and community service organizations.

State-level data on the number of youth camps licensed to operate each year were available in three of the six states we visited. But because each state had a different definition of youth camp, their numbers were not comparable. Although most of the definitions emphasized an out-of-doors living experience, New York's was broad enough to include basketball camps.

Four of the six states we visited required youth camp operators to report accidents, illnesses, and fatalities to local jurisdictions or the

³CDC, report on Youth Camp Safety (Pursuant to Public Law 92-318), April 29, 1974.

state agency, when they occur. Only New York summarized and included such data in annual reports. Although the information is reported in the other three states, officials said that they do not compile it or otherwise use it because of staff and resource limitations. The states' definitions of "accident" and "illness" were generally similar.

New York requires camp operators to report injuries or contagious illnesses that result in death or admission to a hospital. For 1986, the latest year data were available, New York officials estimated that 1.3 million children attended camps. Camp operators for that year reported 4 deaths, 728 injuries, and 440 illnesses. Of the deaths, two were reported as occurring at children's camps and two in motor vehicle accidents away from camp property. In addition to the children's injuries, camp operators reported injuries to 126 staff and 18 others. Over half of the illnesses involved gastrointestinal problems.

Youth Camp Safety and Health Standards in States

CDC's 1982 Compendium showed that 17 states had laws that specifically addressed youth camps, and 20 had laws addressing both youth and adult camps. The other 13 states had general legislation, which applied to various entities, including camps. CDC also developed model standards for youth camps in 1977; that is, CDC identified youth camp elements and activities and suggested standards for them to assure that a minimum level of safety and health criteria existed. CDC's survey of the 50 states' laws and regulations (see table I.1) found that:

- 12 states had "comprehensive" laws and regulations that met at least 65 percent of the standards,
- 12 states had laws and regulations that met from 50 to 64 percent of the standards, and
- 26 states had laws and regulations that met less than 50 percent of the standards.

**Appendix I
Youth Camps: Nationwide and State Data on
Safety and Health Lacking**

Table I.1: Comparison of State Laws and Regulations With CDC's Model Standards for Youth Camps (1982)

Met at least 65 percent of model standards	Met 50-64 percent of model standards	Met less than 50 percent of model standards
California	Arizona	Alabama
Colorado	Arkansas	Alaska
Connecticut	Illinois	Delaware
Maine	Kentucky	Florida
Massachusetts	Minnesota	Georgia
Michigan	Nebraska	Hawaii
Mississippi	New Hampshire	Idaho
New Jersey	North Carolina	Indiana
New York	Ohio	Iowa
Tennessee	Rhode Island	Kansas
Texas	South Carolina	Louisiana
Wisconsin	West Virginia	Maryland
		Missouri
		Montana
		Nevada
		New Mexico
		North Dakota
		Oklahoma
		Oregon
		Pennsylvania
		South Dakota
		Utah
		Vermont
		Virginia
		Washington
		Wyoming

As noted earlier, we updated CDC's 1982 information in 17 states (the 6 we visited and 11 through telephone calls). In light of our results, we believe the CDC information is still a fair representation of state laws and regulations. In addition, officials from the camping associations told us that the status of most states' youth camp laws and regulations had changed little since 1982.

The six states we visited all had relatively comprehensive standards when compared with CDC's model. The laws and regulations in five states met at least 65 percent of the model standards. Maryland's new statute and implementing regulations may meet more than 50 percent of

the model standards. Generally, the five states had standards for personnel qualifications of camp directors and counselors, high-risk activities (e.g., water activities and rifle ranges), and health and medical services. The specific standards for these elements, however, varied among the states.

For camp directors, for example, California had no specific experience or training requirements, but required them to be at least 25 years old. Massachusetts required camp directors to meet two of the following four criteria: (1) be at least 23 years old for residential camps and 21 for day camps; (2) have successfully completed a course in camping administration, such as those offered by national professional camping associations; (3) have at least two camping seasons' experience as part of the administrative staff of a youth camp; and (4) possess a bachelor's degree in a related field.

Similar differences existed for youth camp counselors. Michigan had no experience requirements. Colorado required counselors to be at least 18 years old and have at least 2 months of supervised experience as camp counselors. For swimming, a high-risk activity, the states generally required that aquatics supervisors be certified by an appropriate organization, such as the American Red Cross. The minimum age requirement for aquatics supervisors ranged from 18 years old in California to 21 in New York. Of the states visited, only Colorado and California required a specific ratio of counselors to swimmers—1 counselor to every 10 campers in the water in Colorado and 1 to every 25 in California. Rifle range, another high-risk activity, was not covered in California's law. The other states set minimum qualifications for rifle range instructors.

All six states had issued regulations requiring that resident camps have a full-time medical supervisor, but the qualifications could vary. In Michigan, a licensed physician or registered nurse had to be on duty. California required a person who, at a minimum, had been trained in the principles of first aid. Michigan, Maryland, and Colorado did not require the submission of campers' health histories to the camps, but New York, California, and Massachusetts did.

In addition to the states, national camping organizations may set standards for their members. Representatives from ACA and CCI estimated that about 25 percent of all camps belong to ACA and 40 percent of church camps belong to CCI. Based on our observations, the camp standards set by ACA and CCI generally are higher than those established by state laws. For example, qualifications of camp directors are higher and

medical staff requirements more rigorous than many state standards. ACA requires a 75-percent passing score on a 297-question test before a camp is accredited.

Data Compiled on Enforcement of Standards

CDC's 1982 report showed no data on state enforcement of youth camp standards. We found no source of nationwide data on the enforcement of youth camp safety and health standards. Except for New York, the states we visited did not compile data on enforcement activities, whether conducted by the state or delegated to localities. Of the six states visited, three—Michigan, New York, and Colorado—carried out enforcement activities centrally. The other three indicated that they delegated enforcement activities to local governments. Even in the three states with centralized enforcement activities, however, some duties were shared with local governments. Primarily, these included performing fire, safety, and public health inspections and issuing camp licenses.

Except for New York, officials from states that enforce standards centrally told us that limited resources prevented them from compiling data on enforcement activities. New York reported that its 1,938 camps were inspected 4,829 times in 1986. As a result of these inspections, 66 enforcement actions were initiated and \$76,000 in fines collected. Twenty-three percent of the violations involved noncompliance with medical requirements, and 15 percent, inadequate personnel qualifications and/or supervision practices.

States varied in how they carry out enforcement activities (see table I.2). Youth camps were the responsibility of the department of health in all states except Michigan and Colorado, where the department of social services was responsible. The amount of resources allocated by state agencies appeared to be related to whether standards were enforced centrally. California, Maryland, and Massachusetts delegated enforcement activities to local county health boards; each indicated that only one state employee was assigned, part-time, to youth camp enforcement. State agencies in New York, Michigan, and Colorado played a more active enforcement role and allocated more staff resources. New York employed three full-time staff. Michigan used one person, part-time on a year-round basis, but contracted with 18 individuals from mid-May to mid-September to enforce youth camp standards. Colorado employed six full-time staff members to inspect various kinds of facilities, including youth camps.

**Appendix I
Youth Camps: Nationwide and State Data on
Safety and Health Lacking**

Table I.2: Youth Camp Enforcement Activities at Six Visited States

Responsible state agency	Annual state resources (estimated)		Frequency of inspections ^a	Enforcement level
	Staff	Dollars		
Massachusetts Department of Public Health	1 part-time staff; 15% of time	\$6,000	Once a year	Locally
New York Department of Public Health	3-1/2 full-time staff	\$700,000	Twice a year	Locally and centrally
California Department of Health	1 part-time staff; 16% of time	No estimate	Once a year	Locally
Michigan Department of Social Services	18 summer staff; 1 part-time staff year-round, total of 3-1/2 FTE ^b positions	Between \$150,000 and \$165,000	Once a year	Centrally
Colorado Department of Social Services	Part-time staff; 40% of one FTE position	No estimate	Once every 2 years	Centrally
Maryland Department of Public Health	1 part-time staff	No estimate	No requirement	Locally

^aAll state officials said they would inspect camps as many times as circumstances required; i.e., when violations were found or allegations were raised.

^bFull-time equivalent; an FTE position represents 1 work-year.

Annual funding allocated for youth camp safety and health enforcement activities ranged from \$6,000 in Massachusetts to between \$150,000 and \$165,000 in Michigan, and to about \$700,000 in New York, according to state officials' estimates. The other states did not provide estimates.

A license was required to operate a youth camp in all the visited states. For example, New York charged \$100 a year for a license (except charitable and religious organizations paid no fee), and in Colorado, nonprofit organizations paid \$2 for a license, while profit-making organizations paid \$10. In California and Massachusetts, counties set fees for camp operators' licenses.

The frequency and scope of on-site camp inspections varied among the states. State laws and regulations in Massachusetts, California, and Michigan require an inspection at least yearly. New York law required inspections twice a year, while Colorado required an inspection only every 2 years. All state officials indicated that more frequent inspections were made, if needed, when camp violations were noted or allegations were raised. Maryland's law did not require inspections.

Sanctions for youth camp violations also varied. New York, for example, could fine a camp owner \$250 a day until the cited violation was corrected. In Massachusetts, counties could set fines of from \$10 to \$100 for each violation. The other state laws or regulations indicated that

camp operators could lose their licenses for infractions. All the visited states had specific procedures for addressing violations that endangered campers' health or safety.

In addition to state enforcement, national camping organizations may inspect camps of member organizations. ACA representatives inspect member camps every 3 years to decide on accreditation. These inspection visits are scheduled and coordinated with camp directors.

Effect of Proposed Federal Law on States

Because complete information on administrative costs, staff and funding resources, and youth camp problems was not routinely compiled or analyzed by the states we visited, we could not precisely determine the effect that federal legislation such as H.R. 3571 would have on these states. But if such federal legislation were enacted, most states would have to

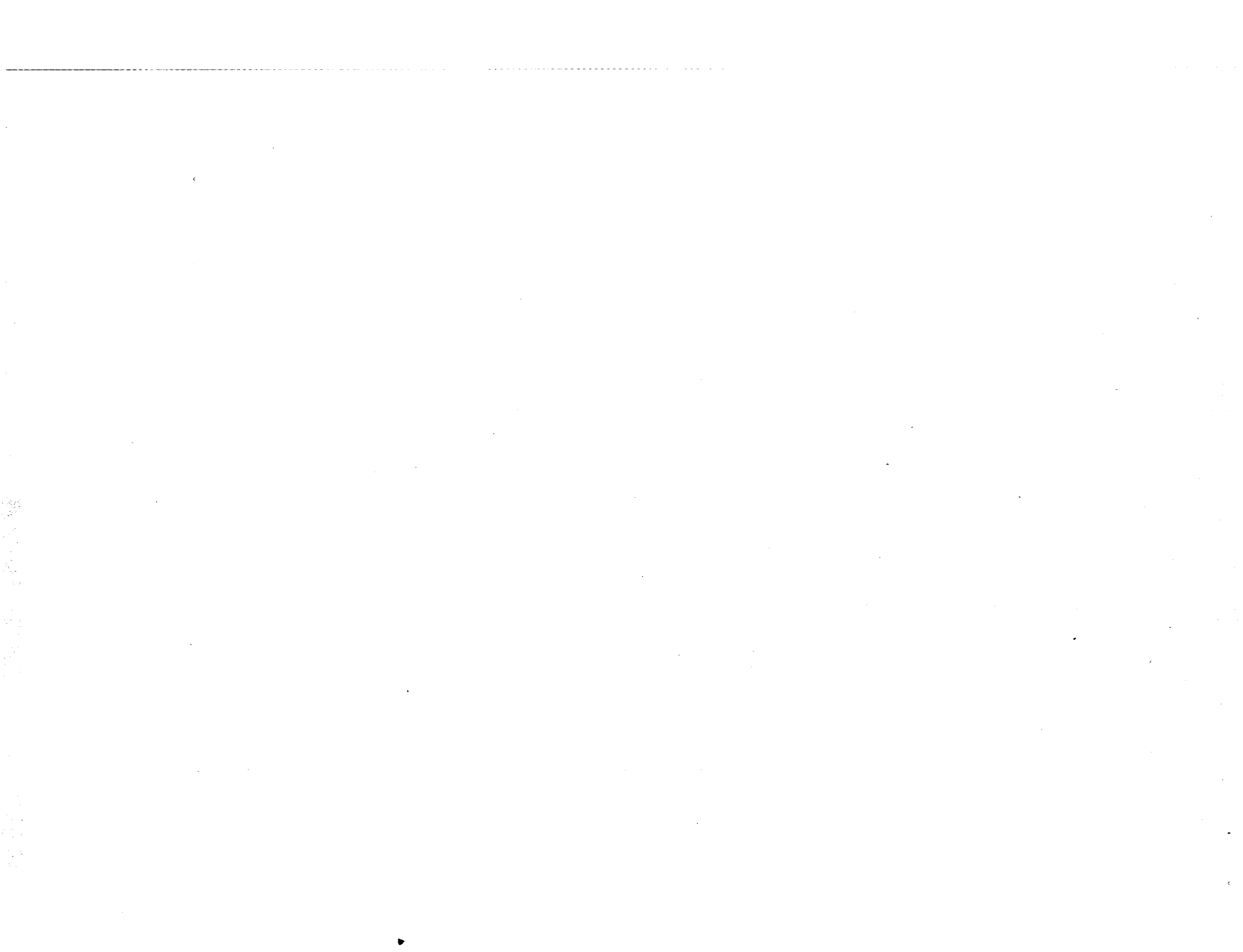
- expand the number and types of youth camps covered by state laws. For example, the bill's definition includes day camps, while some state laws cover only residential camps. The bill covers most types of youth camps, but some states recognize only wilderness-experience youth camps in their laws. Expanding coverage would require amending existing state laws, enacting new state legislation, or revising existing regulations.
- develop and implement new reporting systems to collect necessary data on problems and enforcement activities to comply with federal reporting requirements. For the states, especially those currently requiring little information from camps and local jurisdictions, such a reporting system could be a major undertaking.
- broaden the scope of activities and services regulated.

Most important, however, the various changes dictated by the provisions of the federal law would require most states—and, to some degree, local jurisdictions—to allocate additional funds and staff to ensure that standards for the safety and health of youth camps are implemented and enforced.

Major Contributors to This Report

**Human Resources
Division,
Washington, D.C.**

Linda G. Morra, Director, Select Congressional Studies, (202) 275-1655
Larry Horinko, Assistant Director
Henry Fowler, Evaluator-in-Charge



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