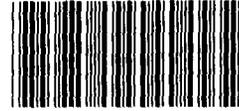


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Nationwide and State Data on  
Youth Camp Safety and Health  
Not Collected

Statement of  
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Before the Subcommittee on Health and  
Safety, Committee on Education and Labor  
House of Representatives



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Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to discuss the results of our recent work on youth camp safety and health--an important issue to parents who send children to camp. Many parents assume that state and local governments assure 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 little information is available in 5 of the 6 states we visited on accidents, illnesses, and fatalities that occur at youth camps or on the enforcement of state standards.

Currently no federal law governs the operation of youth camps. Your Subcommittee requested our study in June 1988, after a house bill (H.R. 3571)--the Children and Youth Camp Safety Act--was introduced during the 100th Congress. Under this proposed legislation, federal and state safety and health standards for youth camps would be established. The Subcommittee noted that it needed information on youth camp safety and health in the states to help it decide whether to reintroduce the bill. My comments will expand on the four questions that our study addressed:

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?

#### **APPROACH AND SCOPE**

To address these questions, we identified and reviewed information on youth camp safety and health. For nationwide information on state laws, regulations, and standards on youth camp safety and health, we reviewed studies conducted by the Centers for Disease Control (CDC) and published in 1978 and 1982. Because the latest CDC compendium was issued 7 years ago, we contacted 17 states (6 in person and 11 by telephone) 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 compendiums still represent a fairly reliable indication of youth camp safety and health legislation and regulations in the states.

We visited six states--California, Colorado, Maryland, Massachusetts, Michigan, and New York--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 and regulations regarding youth camp safety and health standards.

Although local governments share responsibility with states for enforcing youth camp safety and health standards, we did not contact these local jurisdictions during our review. Nor did we visit any camps. We did, however, contact representatives of the American Camping Association (ACA) and Christian Camping International (CCI), two major national camping organizations, to supplement our state data.

## 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.

Three of the six states we visited had data on the number of youth camps licensed to operate in the state. But because these three states have different definitions of camp or youth camp, we could not compare their numbers. Among the factors on which youth camp definitions vary across all the states are the size of the camping group, location of the camp, types of activities, length of stay by a group at a camp site, and the need for overnight accommodations. In Michigan, for example, "children's camp" means a residential, day, troop, or travel camp conducted in a natural environment for five or more school-age children apart from their parents, relatives, or legal guardians for 5 or more days in a 14-day period. In Colorado, "residential camp" is a facility operating for 3 or more consecutive 24-hour days for the care of five or more children who are at least 10 years old, with a program offering a group living experience and educational and recreational activities using an outdoor environment.

Although four of the six states we visited required youth camps to report accidents, illnesses, and fatalities to local jurisdictions or the state agency when they occur, only New York summarizes and includes such data in annual reports. The information is reported in the other three states, but officials said that they do not compile it or otherwise use it because of

staff resource limitations. The states' definitions of "accident" and "illness" were generally similar.

**YOUTH CAMP SAFETY AND HEALTH**  
**STANDARDS IN THE STATES**

CDC's 1982 compendium showed that 17 states had laws that specifically covered 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 showed that many states do not have adequate youth camp standards as only 12 states had "comprehensive" laws and regulations that met at least 65 percent of the model standards needed to ensure campers' health and safety. Another 12 states met 50 to 64 percent of the model standards, and the other 26 states met less than 50 percent of the model standards.

The six states we visited all had relatively comprehensive standards when compared to CDC's model standards. Five states had laws and regulations that met at least 65 percent of the standards. The sixth state--Maryland--may meet more than 50

percent of the model standards when implementing regulations for its new law are issued. Generally, the five states had standards for personnel qualifications of camp directors and counselors, high-risk activities (for example, water activities and rifle ranges), and health and medical services. The specific standards for these elements, however, varied among the states. For example, California has no specific experience or training requirements for camp directors, but requires them to be at least 25 years old. Massachusetts requires 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 exist for youth camp counselors. Michigan requires counselors to be 18 years old, but has no experience requirements. Colorado requires 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 require 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, Colorado and California required a specific ratio of counselors to swimmers--Colorado, 1 counselor to every 10 campers in the water, and California, 1 counselor for every 25 swimmers. Rifle range, another high-risk activity, was not covered in California's law. The other states set minimum qualifications for instructors.

All six states 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 has to be on duty. California requires a person who, at a minimum, has been trained in the principles of first aid. Michigan, Maryland, and Colorado do not require the submission of campers' health histories to the camps, but New York, California, and Massachusetts do.

In addition to state standards, 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 are 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 included no information on how and to what extent the states with youth camp standards were enforcing them. We found no source of nationwide data on the enforcement of youth camp safety and health standards.

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 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.

States vary in how they carry out enforcement activities. Youth camps are the responsibility of the department of health in all states except Michigan and Colorado, where the department of social services is responsible. The amount of resources allocated by state agencies appears to be related to whether standards are enforced centrally. California, Maryland, and Massachusetts have delegated enforcement activities to local

county health boards; each indicated that only one state employee is assigned, part-time, to youth camp enforcement. State agencies in New York, Michigan, and Colorado play 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. 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 is required to operate a youth camp in all six visited states. In the states where the enforcement authority has been delegated, counties issue the licenses. The frequency and scope of on-site camp inspections vary among the states. State laws and regulations in Massachusetts, California, and Michigan require an inspection at least yearly. New York law requires inspections twice a year, while Colorado requires an inspection only every 2 years. All state officials indicated that more frequent inspections are made, if needed, when camp violations are noted or allegations raised. Maryland's state law did not require inspections.

anctions for youth camp violations also vary. New York, for example, could fine a camp owner \$250 a day until the cited violation is corrected. In Massachusetts, counties could set fines of from \$10 to \$100 for each violation. The other state laws and regulations indicated that camp operators could lose their licenses for infractions. All the visited states have sufficient authority to deal with violations that endanger campers' health and 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 is not routinely compiled or analyzed by 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 only recognize 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.
  
- amend youth camp safety and health laws to expand 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.

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Mr. Chairman, this concludes my prepared statement. I will be pleased to answer any questions that you or other members of the Subcommittee have.