# Camp Management Plan for Temporary Worker Housing

As an operator or manager of Temporary Worker Housing (TWH), you need to have a Camp Management Plan (plan) for your TWH facility(s). The plan is to assure that your housing is operated in a safe and secure manner and is kept within its approved capacity.

You need to inform your occupants of your Camp Management Plan in a language the occupant understands. Provide individual copies of it to each occupant or post the plan in the housing area for the occupants to see.

For licensing purposes, you also need to provide a copy of your Camp Management Plan to the Department of Health. Please submit your plan in English and Spanish and mail it to: **Washington State Department of Health, Housing Programs, PO Box 47824 Olympia, WA 98504.**

Inspection staff will verify that you have distributed your Camp Management Plan during occupancy inspections.

We have provided a template for the plan on the back of this document. The template provides three of the four essential parts that you need to cover in your plan. Planning is described separately, below. This information will help you establish an effective Camp Management Plan. You can use the template for ideas for your plan or you can copy the template, fill it out, and use it. Whatever you choose, please provide the appropriate information and tailor the rules to your specific needs. The template is also provided in Spanish.

## Four Essential Parts Needed in Your Plan

**Planning**Explain how you will maintain a safe site. Describe how you ensure security on-site, and describe how you ensure camp occupants can get immediate medical attention and other emergency services. Please submit descriptions to the department.

**Emergency Contact Information**Provide emergency contact and location information, including how to get a hold of the owner/manager. Important contacts are listed in the template. Please fill in the needed information or create your own list. Remember to provide emergency procedures in case of fire, earthquake, or serious injury. Include others as appropriate.

**Fees/Charges**Include information about any fees or charges required of the occupants to stay in your temporary worker housing.

**Camp Rules**Include camp rules in your Camp Management Plan. Let the list of rules provided in the template serve as examples. Please add and subtract rules as you need for your camp.

## More Resources

For licensing, frequently asked questions, laws and rules, and other program services, see [www.doh.wa.gov/TemporaryWorkerHousing](http://www.doh.wa.gov/TemporaryWorkerHousing).

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For people with disabilities, this document is available on request in other formats. Call 1-800-525-0127 (TDD/TTY call 711).

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|  |  | | | | | | | | | | | | | | | | | | | | **Camp Management Plan** | | | |  |
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|  | These are the rules for living in this camp. The rules are for your protection and are intended to help you live in a safe place. Each person must follow the rules or they may be asked to leave. | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Emergency Contact Information** | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | Camp Owner/Manager Name: | | | | | |  | | | | | | | | | | | | | | Phone: | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Camp Address: | |  | | | | | | | | | | | | |  | | | | | City: | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Police Phone: | |  | | | | | | | | | | | | Ambulance Phone: | | | | | | | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Clinic Address: | |  | | | | | | | | | | | | | | | | | | Phone: | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Hospital Address: | |  | | | | | | | | | | | | | | | | | | Phone: | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | First Aid Trained Name: | | | |  | | | | | | | | | | How to contact: | | | | | | | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | First aid supplies are located at: | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | County Health Department Address: | | | | | | | |  | | | | | | | | | | | | Phone: | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Housing Complaints: | | | State Department of Health | | | | | | | | |  | | | | | | | | | Phone: | 1-800-832-8822 | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Emergency Procedures: | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | In case of fire, do this: | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | In case of earthquake, do this: | | | | | | | |  | | | | | | | | | | | | | | | |  |
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|  | **Note:** An emergency escape map/plan is posted in each building or sleeping area. If missing, notify the owner/manager. | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Camp Fees** | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Charges for staying in the camp (if applicable) are:** | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Rent:** $ |  | | | per month  per week | | | | | | | | **Utilities:** $ | | |  | | | | | | per month  per week | | |  |
|  |  |  | | |  | | | | | | | |  | | |  | | | | | |  | | |  |
|  | **Damage Deposit:** $ | | | |  | | | | | | | | **Other Charges:** $ | | | | | | |  | | | | |  |
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|  | **Camp Rules** | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * Do not overcrowd the housing. The maximum number of people allowed to stay in the camp is: | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | * Report problems – sickness, drinking water quality, or gas fumes and odor – to the owner/manager. * Know your exit routes, keep them clear and unobstructed, report any exit routes that do not open. * Do not alter or remove batters from smoke detectors, or repair electrical wiring or devices. * Report to owner/manager any equipment or items that do not operate or are broken; e.g. stoves, heaters, hot water, air conditioning, laundry, toilets, broken septic, windows, leaks, drains. * Do not damage the camp, its equipment, or contents. * Put all garbage in proper containers and put the lids back on the containers. * Flush all used toilet paper down the toilet. * No fighting, alcohol, firearms, or other illegal activities. * No keeping livestock in the dwelling units or in the housing area. * No storing toxic or hazardous materials in the camp and report any to the owner/manager. * Keep cook areas clean, and food in proper storage containers to prevent mice and insect damage. * Laundry facilities are for camp occupant use only. | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * Do not change your car oil here. You can change your car oil at: | | | | | | | | | | | | | | | | |  | | | | | | |  |
|  | * Do not move beds. | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * No unauthorized persons are allowed. Report unauthorized or suspicious people to owner/manager. | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * Follow camp hours for arriving | | | | | | | | |  | | and leaving | | |  | | | | and guests must leave by | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * No loud noises before | | | | |  | | | | | a.m. or after | | |  | | | p.m. | | | | | | | |  |
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|  | **Each person must follow the rules or they may be asked to leave.** | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | | | | | | | | | **Plan de Manejo del Campamento** | | | | | | | | | | | | | |  |
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|  | Estas son las reglas para vivir en este campamento. Las reglas son para su protección y ayudarle a vivir en un lugar seguro. Cada personal debe seguir las reglas o se les pueden pedir que se vayan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Información de Contacto en Caso de Emergencia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Dueño/Administrador del Campamento Nombre: | | | | | | | | | | | |  | | | | | | | | | | | | | Teléfono: | | | | |  | | |  |
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|  | Dirección del Campamento: | | | |  | | | | | | | | | | | | | | | |  | | | | | Ciudad: | | | | |  | | |  |
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|  | Teléfono de la Policia: | | | |  | | | | | | | | | | | | | Teléfono de la Ambulancia: | | | | | | | | | | | | |  | | |  |
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|  | Dirección de la Clinica: | | | |  | | | | | | | | | | | | | | | | | | | | | Teléfono: | | | | |  | | |  |
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|  | Dirección de la Hospital: | | | |  | | | | | | | | | | | | | | | | | | | | | Teléfono: | | | | |  | | |  |
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|  | Entrenado en Primeros Auxilios Nombre: | | | | | | | | |  | | | | | | | | | | | | | Cómo contactar: | | | | | | | |  | | |  |
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|  | Lugar donde están los Suministros de Primeros Auxilios: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
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|  | Departamento de Salud del Condado Dirección: | | | | | | | | | | |  | | | | | | | | | | | | | Teléfono: | | | | | |  | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Quejas de Vivienda: | | Departamento de Salud del Estado | | | | | | | | | | | | | | | |  | | |  | | | | | Teléfono: | | | | 1-800-832-8822 | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Información para casos de emergencia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | En caso de incendio, **haga esto**: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | En caso de un terremoto, **haga esto**: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Nota:** Un mapa/plan de salida en caso de emergencia se encuentra en cada edificio o habitación. Si no està el plan/mapa,  notifica al dueño/administrador. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Costos de Campamento** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Costos para quedarse en el campamento (si se aplica) son:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Alquiler:** $ |  | | al mes  por semana | | | | | | | | | | | | **Luz/Agua:** $ | | | | |  | | | | | | | al mes  por semana | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Depósito por Daños :** $ | | |  | | | | | | | | | | | | **Otros Cobros:** $ | | | | | | | |  | | | | | | | | | |  |
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|  | **Reglas del Campamento** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * No está permitido el hacinamiento. El máximo número de personas permitidas para alojarse en este | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | este campamento es: | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | * Reporte al dueño/administrador si hay problemas – como enfermedades, calidad del agua, escapes de gas u olor a gas. * Conozca donde están las salidas de emergencia y manténgalas libreas de barreras. Reporte al dueño/administrador si hay salidas que no abren. * No cambie ni quite las pilas de los detectores de humo, ni repare los cables u otro equipo eléctrico. * Reporte al dueño/administrador cualquier equipo o cosas que no funcionan o que están rotas como la cocina, la calefacción, el calentador de agua, el aire acondicionado, la lavadora, el inodoro, pozo séptico roto, las ventanas, goteras, o problemas con el desagüe. * No hagan daño al campamento, el equipo o su contenido. * Ponga toda la basura en los contenedores adecuados y vuelva a tapar los contenedores. * Use el inodoro o excusado para eliminar el papel sanitario. * No se permiten peleas, alcohol, armas, ni otras actividades ilegales. * No deje entrar ganado en los lugares donde usted habita o en el área de viviendas. * No guarde materiales tóxicos en el campamento y repórtelos al dueño/administrador. * Mantega las áreas limpias donde se cocina. Guarde alimentos en contenedores apropriados para prevenir los ratones e insectos. * Las facilidades para lavar ropa son para las personas del campamento solamente. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * No cambie el aceite de su auto aquí. Usted puede cambiar el aceite del auto en: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  | * No mueva las camas. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * No se permiten personas no autorizadas. Reporte personas no autorizadas o sospechosas al administrador. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * Siga las horas del campamento para llegar | | | | | | | | | | | | | |  | | | | | | y para salir | | | | | | | |  | | | | ; y los |  |
|  |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | |  |  |
|  | invitados tienen que irse a las | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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|  | * No haga ruido antes de las | | | | | |  | | | | | | | de la mañana o después de las | | | | | | | | | | | | | | |  | | | de la noche. | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Cada persona debe respetar las reglas o se le puede pedir que se vaya.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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