

Division of Community Hygiene

Swimming Pool/Spa Pool CHILD
SAFETY PLAN

Purpose: This report certifies to DC Health the measures that the reporting facility has undertaken to ensure the safety of children under the age of fourteen (14) in or around the aquatic facility's swimming pool or spa pool. This report is required by 25-C DCMR 305.

Applicability: This report or a reasonable substitute meeting the regulatory requirements of 25-C DCMR 305, must be prepared by any aquatic facility that operates a public swimming pool or public spa pool (hydrotherapy unit) that does not have a lifeguard on duty when the swimming pool or spa pool is open to bathers.

Instructions: A completed original and a copy of the facility's child safety measures report must be provided for DC Health review prior to, or at a swimming pool or spa pool pre-opening inspection. The aquatic facility must complete a separate report for each swimming pool or spa that it operates. Use additional pages if necessary. The report must be approved by DC Health before the swimming pool or spa pool can be opened to bathers.

An approved copy of the aquatic facility's Child Safety Plan must remain on the premises at all times.

Number of Swimming Pools _____

Number of Spa Pools _____

This report is for a: Swimming Pool Spa Pool

(Check only one. A separate report must be submitted for each swimming pool or spa pool.)

1. Facility Contact Information

Facility Name:	_____
Facility Address:	_____ _____
Telephone:	_____ Fax: _____
Email address:	_____
Owner:	_____
Manager:	_____

Facility Name: _____ Address _____

2. Operational Information

a. Operating Season (Check below the months of the year that your swimming pool or spa pool is open.)

January April July October
February May August November
March June September December

b. Hours of Operation:

Weekdays opens: _____ am pm closes: _____ am pm

Weekends opens: _____ am pm closes: _____ am pm

3. Location

Describe where the swimming pool or spa pool is located in the aquatic facility:

4. Unit Information

Minimum depth of water _____ feet
Maximum depth of water _____ feet
Maximum bather load _____

5. Bather Population Characteristics

Operating Month	Number of Bathers Daily Average	Percentage of Bathers Under Age 14	Percentage of Bathers Over Age 14
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Facility Name: _____ Facility Address _____

6. Description of Safety Measures

Describe below the measures that the aquatic facility will take to monitor access to the swimming pool or spa pool area and to view the swimming pool or spa pool area when it is open for use by bathers. (i.e., keycard access given to adults only, key sign out, and video camera monitoring at all times by security staff)

7. Special Events and Circumstances

Describe below any special circumstances or events that you anticipate will occur during the swimming season. Please explain how the bather population will change during those events or circumstances and how the aquatic facility plans to accommodate the changes. (i.e.: “Our facility hosts an annual summer party in July where residents are encouraged to invite their young grandchildren to enjoy the pool facilities. On that day bather population increases by an additional 30 bathers, all children. On that day we will have two lifeguards on site.”)

8. Pool Operator/Lifeguard Information

Pool and Spa Operator:

Name: _____ Address: _____

City, ST, Zip code: _____ Telephone: _____ Email: _____

Lifeguard (when used):

Name: _____ Address: _____

City, ST, Zip code: _____ Telephone: _____ Email: _____

9. Certification Statement

A manager or owner of the aquatic facility shall certify this report as true and correct.

I hereby certify that I am familiar with the information contained in this report, and that the information is, to the best of my knowledge, true, complete, and accurate on the date that I sign, and that I am fully authorized to make the certification on behalf of this facility.

PRINTED NAME	
SIGNATURE	
TITLE	
DATE SIGNED	