



National Camp Accreditation Program

Summary Report of Deviation or Non Compliant Findings

(copy to be left with the camp at the conclusion of the site visit)

Camp Name _____

Council Name _____

Date _____

Region _____

Area _____

Team Leader _____

Day Camp FamilyCamp Cub Scout Resident Boy Scout Resident Venturing Resident Trek Camp Specialty Adventure High-Adv COPE/ Climbing Camp property

Std #	Finding DV or NC	Comments

Accredited Conditionally Accredited Denied Accreditation Request Authorization Review

Area Assessment Team Lead	For the Council
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The names of the Area Assessment Team and the Council Representatives should be listed on the back of this page