

## RECREATIONAL CAMP LICENSE APPLICATION

Camp Name and Location Information		
Camp Name: _____		
Location where camp operates: _____		
City: _____	State: _____	ZIP Code: _____
Phone: _____	Fax: _____	
Email: _____		
Website/Social Media address: _____		
Camp Owner/Organization Information		
Owner/Organization Name: _____		
Primary Mailing address: _____		
City: _____	State: _____	ZIP Code: _____
Phone(year-round): _____	Fax: _____	
Email: _____		
<input type="checkbox"/> no license to this email address		
Camp Director/Operator Information (if different than owner)		
Director/Operator Name: _____		
Primary Mailing address: _____		
City: _____	State: _____	ZIP Code: _____
Phone(year-round): _____	Fax: _____	
Email: _____		
<input type="checkbox"/> no license to this email address		
Coursework in Camp Administration _____		
Previous Camp Administration Experience _____		
Camp Operating Information		
If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:		
<input type="checkbox"/> From: _____ To: _____		
Name(s): _____		
N/A		
Has the camp's license ever been suspended or revoked:(check):	Day or Residential Camp:	
<input type="checkbox"/> Suspended	<input type="checkbox"/> Day	
<input type="checkbox"/> Revoked	<input type="checkbox"/> Residential	
<input type="checkbox"/> Neither		
Seasonal or Year-Round Camp:	Seasonal camp only:	
<input type="checkbox"/> Seasonal	Opening Date for camp: _____	
<input type="checkbox"/> Year-Round	Closing Date for camp: _____	
	Hours of Operation: _____	
Swimming Pool(s):	Pool Permit Number: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> Off-site	Off-Site Pools (if applicable): _____	
<input type="checkbox"/> No	Total Number of Pool(s): _____	

Bathing Beach(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Names of lake or river located at camp (if applicable): _____ Off-Site beaches (if applicable) : _____
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Meals Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Permit Number: _____
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Camp Capacity (per Session): Campers: _____    Staff: _____    Total Number for the Year: _____
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**Health Care Consultant Information**

Name: _____	
MA License Number: _____	Phone (to reach during camp operations): _____
Type of Medical License: <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant    (NOTE: Attach documentation of pediatric training if a PA) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nurse Practitioner	
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**Health Care Supervisor Information**

Name: _____	
MA License Number: _____	Age: _____
Type of Medical License, Registration or Training 105 CMR 430.159(C): <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other: _____ Please attach documentation of current First Aid / CPR Training <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner	

**Aquatics Director Information**

Name: _____		Age: _____
Lifeguard Certificate issued by: _____ Expiration date: _____	American Red Cross CPR Certificate: _____ Expiration date: _____	
American First Aid Certificate: _____ Expiration date: _____	Previous aquatics supervisory experience: _____ _____ _____	

**Firearms Instructor Information**

Name: _____	
National Rifle Association Instructor's card (or equivalent):	
Date Certified: _____	Expiration date: _____

### Horseback Riding Instructor Information

Name:

License Number:

Expiration date:

Stable Location:

Licensed in accordance with MGL c.111 §155, 158:

Yes

No

### Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to a town water supply?

PWS

Town water supply

Other: \_\_\_\_\_

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

Municipal/Off-Site

On-Site (if on-site, Date of most recent septic tank pumping and inspection: \_\_\_\_\_)

Other: \_\_\_\_\_

### Renewal or Previously Submitted Information

If **ALL** of the above information was previously submitted **and** has not changed, please note:

INFORMATION ON FILE from previous years

### Certification and Signature

I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.

Signature  
of applicant:

Title:

Name  
(Please Print):

Date:

### Comments or Additional Information

**Supervisory Staff**

On a separate sheet, please attach the names, ages, applicable current certifications including: CPR, first aid, etc. and the anticipated role of the staff person at the camp for all supervisory staff as defined below.

Defined as those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.

**Required Documentation:**

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]

**Please note:**

**When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]**



## Recreational Camp Operator Check-List

Recreational camps are required to develop and implement numerous site-specific policies and procedures, and to ensure that staff members are properly trained in all of them. Prior to the arrival of campers, camp operators must conduct an orientation where hands-on training can take place regarding programmatic aspects of the camp along with other required important policies and procedures. Below is a list of the documents that a camp may be required to have, along with a check-list to facilitate record keeping provisions and compliance. If you have questions as to whether a particular camp must have a certain plan, please contact your local board of health.

Documentation to Have on File	All Camps	Only If Applicable
Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)	✓	
Procedures for the background review of staff and volunteers [105 CMR 430.090]	✓	
A copy of promotional literature [105 CMR 430.190(C)]		✓
Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]	✓	
A camp health care policy [105 CMR 430.159(B)]	✓	
A discipline policy [105 CMR 430.191]	✓	
A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]	✓	
A written statement of compliance from the local fire department [105 CMR 430.215]	✓	
A Disaster/Emergency plan [105 CMR 430.210(B)]	✓	
A lost camper plan [105 CMR 430.210(C)]	✓	
A lost swimmer plan (when applicable) [105 CMR 430.210(C)]		✓
A traffic control plan [105 CMR 430.210(D)]	✓	
For Day Camps – contingency plans [105 CMR 430.211]		✓
For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]		✓
A current certificate of inspection from the local building inspector [105 CMR 430.451]	✓	
If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300]		✓



## Recreational Camp Operator Check-List

### Licensing:

	Complete	N/A
Contact the local <u>Board of Health</u> / <u>Health Department</u> regarding annual licensing at least 90 days prior to opening. <sup>1</sup>	<input type="checkbox"/>	
Contact the Municipal <u>Building and Fire Departments</u> for a facility annual inspection <b>OR</b> obtain a copy of the Municipal Building and Fire Departments annual inspection of the facility.	<input type="checkbox"/>	

### Policies and Procedures:

	Complete	N/A
Develop / Review / Update all required recreational camp policies and procedures.	<input type="checkbox"/>	
Review compliance with all associated regulations (food service, pools, beaches, medical waste, etc.).	<input type="checkbox"/>	
Review field trip itineraries, policies & procedures, staffing, and first aid kits.	<input type="checkbox"/>	
Review emergency plans, ensure adequate staff training, and conduct fire drills.	<input type="checkbox"/>	
Review all specialized high risk activities, including aquatics, have plans and staff in place.	<input type="checkbox"/>	
Ensure all facilities being maintained in good order (housekeeping, sanitation, egress, etc.).	<input type="checkbox"/>	

### Staff:

	Complete	N/A
Obtain applications, conduct background checks (including CORI/SORI) for all staff and volunteers, and finalize hiring.	<input type="checkbox"/>	
Obtain health records for all staff & campers, identify required medications for HCC.	<input type="checkbox"/>	
Finalize Health Care Consultant (HCC) Agreement; ensure health care policies are reviewed & signed.	<input type="checkbox"/>	
Ensure adequate on-site health care supervisor(s) in-place and trained by HCC (as applicable).	<input type="checkbox"/>	
Develop agenda for staff / volunteer orientation and all required training to be completed.	<input type="checkbox"/>	

<sup>1</sup> **Please note:** When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]