

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"/> and 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"/> and 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"/> Revoked <input type="checkbox"/> Neither		<input type="checkbox"/> Day <input type="checkbox"/> Residential	
Seasonal or Year-Round Camp:		Seasonal camp only:	
<input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round		Opening Date for camp: _____	
		Closing Date for camp: _____	
		Hours of Operation: _____	
Swimming Pool(s):		Pool Permit Number: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No		Off-Site Pools (If applicable): _____	
Total Number of Pool(s): _____			

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 InformationIf 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

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

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. ¹		
Contact the Municipal <u>Building and Fire Departments</u> for a facility annual inspection <u>OR</u> obtain a copy of the Municipal Building and Fire Departments annual inspection of the facility.		

Policies and Procedures:

Complete N/A

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

Staff:

Complete N/A

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

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