

**BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS - 4TH floor
1010 MASSACHUSETTS AVENUE
BOSTON, MA 02118
(617) 635-5326
Fax (617) 635-5388**

APPLICATION FOR RECREATIONAL CAMP LICENSE

DATE _____

NAME OF CAMP _____ PHONE # _____

CAMP ADDRESS _____ CITY/TOWN _____ ZIP _____

CAMP OWNER _____

FOR COMMUNITY CENTER (D/B/A) _____

MAILING ADDRESS _____ CITY/TOWN _____ ZIP _____

WINTER PHONE # _____ EMAIL _____

CAMP DIRECTOR _____ (***New Directors are required to schedule a preliminary review prior to operating. Camp Directors must meet minimum requirements and provide documentation of training / experience in order to operate a camp.**)

TYPE OF CAMP: Residential (Operates 24 hours) _____ Day (Operates less than 24 hours) _____
Sports _____ Other _____

If you have any **special needs campers** please note the needs: _____

Do you anticipate any overnights? Yes _____ No _____ Where? _____

Length of camp season: _____ to _____ Hours _____ A.M. _____ P.M.
(start) (finish)

Number of sessions per season: _____ Session dates: _____

Camp Capacity Per Session: _____ No. of Staff Persons: _____
(Max # of Campers) (Supervising Campers)

No. of volunteers: _____ Building Capacity: _____

Cert. of Inspection/Bldg. Div. **Certificate No.** _____ **Expires** _____

Date Recreational Camp Fire Dept. Inspection Completed _____ (**BFD inspection information on-line**)

What type of fire alarm, detector, or fire fighting equipment is present?

Has the camp owner or director obtained and reviewed the new CORI /Juvenile report and SORI of every staff person and volunteer and determined a background free from disqualification?

Yes _____ No _____

Staff persons / volunteers cannot be at the camp until background checks are completed and cleared from disqualification. (*New CORI / Juvenile reporting-required for all staff)

The Camp Director and staff meet eligibility criteria and have reviewed and understand the 105 CMR 430.000

Minimum Standards for Recreational Camps prior to camp operating Yes _____ No _____

FOOD SERVICE:

Is food handled, served or prepared? Yes _____ No _____

To what extent?

Snacks ____ Cooked and served by staff ____ Catered ____ If so, by whom? _____

Is refrigeration available for perishable foods? Yes ____ No ____ (OVER)

SWIMMING AREA:

Do you have or use recreational water facilities (beach, pool, pond, water fountain or park)?

Fresh water ____ Ocean ____ Pool ____ Other (explain) _____ None ____

If yes, location of beach and / or parks _____

If yes, location of pool _____

Who is the **Aquatics Director** responsible for the supervision of the pool or swimming area?

Qualifications of Aquatics Director:

Water Safety instructor or equivalent Yes ____ No ____

CPR Training Yes ____ No ____

First Aid Training Yes ____ No ____

Name(s) of other lifeguards and credentials: _____

If swimming site(s) is not at the permanent camp, have the site(s) been inspected by regulatory agents and approved by the aquatics director and camp operator? Yes ____ No ____

Does the camp participate in any watercraft/boating activities? Yes ____ No ____

Include the camp itinerary or list specialized activities / travel plans below:

WATER SUPPLY: Public ____ Private ____

If private, date sampled _____ By whom? _____

Results _____

SHELTERS- DAY / RESIDENTIAL CAMPS: Meet(s) current building and housing requirements ____ Yes

TOILET/SHOWER ROOMS: Number of toiletsfor males ____ for females ____

Handwash basinsfor males ____ for females ____

Showersfor males ____ for females ____

SEWAGE DISPOSAL: Public ____ Private ____ (please specify) _____

MEDICAL CARE: Who is responsible **at the camp** for medical care or first aid?

Name of Health Care Supervisor(s) at the camp _____

Name of Physician (qualifying Health Care Consultant) "on call": _____

Address _____ Phone No. _____

Name and address of **hospital** used for emergency services: _____

Does the camp have or contract with any transportation vehicles? Yes ____ No ____

Have you verified that the driver is properly licensed and meets required qualifications? Yes ____ No ____

Please provide the inspector with a copy of required, annually updated policies and procedures.

The annual \$50. Recreational Camp fee is (check one) enclosed already paid N/A

Signed: _____ (not valid without owner / operator signature)

Date: _____



BOSTON INSPECTIONAL SERVICES DEPARTMENT

Martin J. Walsh
Mayor

William Christopher
Commissioner

Camp Name: _____

March 1, 2015

Dear Recreational Camp Owner/Operator:

To ensure compliance with the **State Sanitary Code, 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children** and to renew your Recreational Camp permit for 2015, I am requiring you to furnish the Health Division with the following documents: ***(Please contact our office if you are no longer operating your camp in Boston)***

DOCUMENTS ENCLOSED

1. A completed recreational camp application YES _____
2. A copy of the City of Boston, Building Dept., Certificate of Occupancy/Certification of Inspection **(Code Requirement 430.451)** YES _____
3. A copy of the City of Boston, Fire Dept. Approval, *** See BFD Fire Requirements on-line (Code Requirement 430.215)**
www.cityofboston.gov/fire/inspections/SummerCamps.asp. YES _____
4. The written agreement between a licensed physician, nurse practitioner, or physician assistant with pediatric training detailing the health services program including first aid and emergency procedures. **(Code Requirement 430.159)** YES _____

Camps must have written procedures and conduct CORI / SORI background checks in accordance with CMR 430.090. No person shall be employed or volunteer until the operator has received, reviewed and made a determination with regard to all background information required.

Also, camps require current **BFD CAMP FIRE INSPECTIONS** and **BUILDING** permits before occupying the premises.

***Note – New Camp Directors and staff must meet minimum regulatory requirements and schedule a preliminary review prior to operating. Valid camp permits for 2015 will not be issued until we receive these documents and the camp passes an on site sanitary inspection.**

The State Sanitary Code, 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children and guidance documents are available on-line at

www.mass.gov/dph/dcs

Please return the application, fee and documentation before May 18, 2015

If you have any questions, please contact Daniel Prendergast, Principal Health Inspector, at (617) 961-3294, between 8:00 a.m. and 4:00 p.m.

HAVE A HAPPY, SAFE CAMP SEASON!

Sincerely,

John Meaney
Assistant Commissioner of Health

1010 MASSACHUSETTS AVENUE, BOSTON, MA 02118
(617) 635-5326 or (617) 961-3211 FAX (617) 635-5388

NEW OPERATOR -SELF- CHECK FOR RECREATIONAL CAMPS FOR CHILDREN

Name of Facility or Program: _____

Address of Facility or Program: _____

Name of Owner or Operator: _____ Phone: _____

I, the undersigned, hereby attest to the following under the pains and penalties of perjury:

(1) The Board of Health gave me the following documents:

- This **Self-Certification Form for Recreational Camps for Children** with Appendixes,
- A blank **Return to Compliance/Request for Variances Form**, and
- A copy of Chapter 4 of the State Sanitary Code, 105 CMR 430.000, **Minimum Sanitation Standards for Recreation Camps for Children**;

(2) I returned the following documents to the Board of Health:

- This **Self-Certification Form for Recreational Camps for Children**, and
- A completed **Return to Compliance/Request for Variances Form**;

(3) I have personally examined and am familiar with the information contained in the documents returned to the Board, including any and all documents accompanying this statement;

(4) The information contained in these documents is to the best of my knowledge, true, accurate, and complete;

(5) Any additional documents on file at the facility are identified on the following pages by the words "**DOCUMENT ON FILE**";

(6) Procedures to maintain compliance are in place at this facility and will be maintained for the coming year or season even if programs or operating procedures are changed over the course of the year or season; and

(7) I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information.

Signature: _____ Date: _____

Printed Name/Title: _____

Source of Signatory Authority:

If a Partnership:

General Partner

If a Sole Proprietorship:

Proprietor

If a Corporation:

President

Secretary

Treasure

Vice President (if authorized by corporate vote)

Representative of the Above (if authorized by corporate vote and if responsible for overall operation of the establishment)

<p>1 The program at this facility <u>does not</u> require a Recreation Camp permit from the Board of Health because it meets one of the following criteria:</p> <p>(a) A child care program licensed by the Office of Child Care Services in accordance with MGL c. 28A, s. 10.</p> <p>(b) Single-purpose classes, workshops, clinics or programs sponsored by municipal recreation departments, or neighborhood playgrounds designed to serve primary play interests and needs of children, as well as affording limited recreation opportunities for all people of a residential neighborhood, whether supervised or unsupervised, located on municipal or non-municipal property, whether registration is required or participation is on a drop-in basis as provided by MGL c. 111, s. 127A.</p> <p>(c) A program operated solely on a drop-in basis.</p> <p>(d) A classroom-based instructional program with no specialized or high-risk activities conducted as part of the program.</p> <p>(e) A summer school program accredited by a recognized educational accreditation agency, where the accreditation includes standards for specialized and high risk activities, if the program involves such activities (see 105 CMR 430.130), and the summer program meets those accreditation standards.</p> <p>(f) Other _____</p> <p>*If you check "yes" to any the items numbered 1(a) to 1(f), then do not fill out the rest of this form. Sign the front page and return it to the Board of Health.</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>n/a</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>2 The program at this facility <u>does</u> require a Recreation Camp permit from the Board of Health because it meets at least one of the following criteria:</p> <p>(a) Program promotes or advertises itself as a camp.</p> <p>(b) Program meets all of the following criteria:</p> <ul style="list-style-type: none"> ● Operates for profit or philanthropic or charitable purposes, whether or not a fee is charged, ● Serves five or more children who are not members of the family or personal guests of the operator; and ● Operates for any period of time between June 1 and September 30 of any year or not more than 14 consecutive days during any other time of year. <p>(c) Other _____</p> <p>**If you check "yes" to any the items numbered 2(a) to 2(c), then fill out the rest of this form.</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>n/a</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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<p>3 The following types of camp will operate at this facility (check all that apply):</p> <p>(A) <u>Day Camp</u> – Operates for more than 2 hours, but less than 24 hours per day for at least 5 days during a 2-week period.</p> <p>(B) <u>Residential Camp</u> – Operates at a permanent site for 4 or more consecutive overnights.</p> <p>(C) <u>Sports Camp</u> – Operates for 2 or more hours per day with a primary focus on one or sports.</p> <p>(D) <u>Travel Camp</u> – Provides care for not less than a 72-hour period and uses motorized transportation.</p> <p>(E) <u>Trip Camp</u> – Provides care for not less than a 72-hour period and moves campers either on foot, or by individually-guided vessels, vehicles or animals from one site to another.</p> <p>(F) <u>Medical Specialty Camp</u> – Provides programs for campers with specific medical/health needs.</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>n/a</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>4 Program specifics: Number of campers: _____ Number of staff: _____ Number of days per year open: _____</p>																						

5	DOCUMENT ON FILE – <u>Background Check Review Procedure</u> for all staff and volunteers employed by the camp (see CORI / SORI camp requirements). Completed prior to camp operating and determinations made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	DOCUMENTS ON FILE - <u>Staff Files</u> including prior work history, references, CORI, SORI, and out of state/international criminal background checks. Number of files checked by BoH: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Operator ensures that staff members and volunteers without approved background checks received and reviewed do not attend camp .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>STAFF ORIENTATION (430.091)</i>		Yes	No	n/a
8	DOCUMENT ON FILE – <u>Staff Orientation Plan</u> describing camp’s plan of orientation, which includes camp’s philosophy, organization, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	All paid staff and volunteers receive orientation (including medical policy) before working with children or supervising others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PREVENTION OF ABUSE AND NEGLECT (430.093)</i>		Yes	No	n/a
10	DOCUMENT ON FILE – <u>Prevention/Reporting Suspected Abuse of Neglect</u> procedures for reporting suspected incidents of child abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>COUNSELOR REQUIREMENTS (430.100)</i>		Yes	No	n/a
11	DOCUMENTS ON FILE – <u>Counselors</u> completed a camp counselor orientation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	DOCUMENTS ON FILE – <u>Junior Counselors</u> completed a junior counselor orientation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	All counselors and junior counselors have required experience and meet minimum age requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>CAMP DIRECTOR REQUIREMENTS (430.102)</i>		Yes	No	n/a
14	DOCUMENT ON FILE – <u>Camp Director</u> , if Day or Residential Camp, completed a course in camping administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Camp Director has required experience and meets minimum age requirements. Name of Camp Director: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Camp Director is on site at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SUPERVISION OF AQUATICS AND SWIMMING (430.103 A & B)</i>		Yes	No	n/a
17	DOCUMENTS ON FILE – <u>Aquatics Director</u> certifications include lifeguard, CPR, and first aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Aquatics Director has required experience and meets minimum age requirements. Name of Aquatics Director: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Aquatics Director provides direct supervision of aquatic activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SUPERVISION OF WATERCRAFT ACTIVITY (430.103 C)</i>		Yes	No	n/a
20	DOCUMENTS ON FILE – <u>Watercraft Supervisor</u> certifications include (1) lifeguard, CPR, and first aid, or (2) small craft safety and basic water rescue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Proper ratio of certified counselors to campers to supervise watercraft activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	All staff and campers wear U.S. Coast Guard-approved personal floatation devices while participating in watercraft activity. Full compliance with Christian’s Law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	A minimum of two counselors in each separate watercraft supervising all white water, hazardous salt water, or hazardous fresh water activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>SUPERVISION OF OTHER SPECIALIZED ACTIVITIES (430.103 D - G)</i>		Yes	No	n/a
24	DOCUMENT ON FILE – <u>Riding Instructor</u> licensed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

in accordance with
M.G.L. Ch. 128, s. 2A.

- 25 Specialized or high-risk activities are supervised by staff with required experience and certifications/licenses, who meet minimum age requirements.



**HEALTH RECORDS AND
REQUIRED
IMMUNIZATIONS (430.15C
- 430.152)**

Yes No n/a

- 26 **DOCUMENTS ON FILE**
– Required health records
maintained for campers
and staff. Number
of staff records checked
by Board of Health:



Number of camper
records checked by
Board of Health:

- 27 All campers and staff
under 18 years old have
the following
immunizations.
Number of records
checked by Board of
Health:



Immunization	Dose(s)	Comments
MMR	1	
Measles	2 nd dose	
Polio (OPV or e-IPV)	3	4 doses required if mixed schedule vaccine given – IPV and OPV
Diphtheria, Tetanus Toxoids and pertussis	4 DtaP/DTP/DT/Td	booster dose of Tetanus/diphtheria (Td) required if more than 10 years since last dose
Hepatitis B	3	for children born after 1/92

- 28 All campers and staff 18
years or older have the
following Immunizations.
Number of records
checked by Board of
Health:



Immunization	Dose(s)	Comments
Measles	2*	*unless born before 1957
Mumps	1*	*unless born before 1957
Rubella	1	
Diphtheria and Tetanus Toxoids	3	Booster dose of Tetanus/diphtheria (Td) required if more than 10 years since last dose

<i>INJURY REPORTS AND MEDICAL LOG (430.154 - 430.156)</i>		Yes	No	n/a
29	Injury reports completed for each fatality or serious injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	A copy of each injury report is sent to MDPH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Bound medical log with pre-numbered pages readily available; all entries in ink and no skipped lines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Medical records available to camp health personnel and authorized public health representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>HEALTH CARE STAFF TO BE PROVIDED (430.159)</i>		Yes	No	n/a
33	DOCUMENT ON FILE – <u>Health Care Policy</u> approved by the Board of Health and the camp health care consultant. Approved by the BoH on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	DOCUMENTS ON FILE – <u>Written Orders</u> signed by Health Care Consultant available for use by Health Supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	DOCUMENT ON FILE – <u>Package Sent to Parents</u> before each camper is admitted to camp, including policy for care of mildly ill campers, administration of medication, and procedures for emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	DOCUMENT ON FILE – <u>Health Care Consultant</u> is a Massachusetts licensed physician, nurse practitioner, or physician assistant with pediatric training. Name of Health Care Consultant: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37	DOCUMENT ON FILE – <u>Health Supervisor</u> is a Massachusetts licensed physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, or other person with first aid and CPR certifications. Name of Health Supervisor(s): _____	Yes	No	n/a
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Health Supervisor meet minimum age requirements and is present at camp at all times.		<input type="checkbox"/>	<input type="checkbox"/>
39	Each full-time staff member provided with copy of camp medical policy and trained in the program's infection control procedures and implementation of policy during staff orientation.		<input type="checkbox"/>	<input type="checkbox"/>
<i>STORAGE AND ADMINISTRATION OF MEDICATION (430.160)</i>		Yes	No	n/a
40	Medications properly labeled and kept in a lock storage cabinet.		<input type="checkbox"/>	<input type="checkbox"/>
41	List of medications signed by Health Care Consultant.		<input type="checkbox"/>	<input type="checkbox"/>
42	Medication administered only by Health Supervisor(s).		<input type="checkbox"/>	<input type="checkbox"/>
<i>EMERGENCY/MEDICAL FACILITIES AND EQUIPMENT (430.161)</i>		Yes	No	n/a
43	Infirmary provided, if Day Camp or Residential Camp.		<input type="checkbox"/>	<input type="checkbox"/>
44	Designated area provided for isolation of ill child		<input type="checkbox"/>	<input type="checkbox"/>
45	Required first aid supplies provided.		<input type="checkbox"/>	<input type="checkbox"/>
<i>PROTECTION FROM SUN AND TOBACCO (430.163 – 430.165)</i>		Yes	No	n/a
46	Operator encourages reduced exposure to ultraviolet rays from the sun.		<input type="checkbox"/>	<input type="checkbox"/>
47	Tobacco use restricted to designated areas not accessible to campers.		<input type="checkbox"/>	<input type="checkbox"/>
<i>GENERAL PROGRAM ACTIVITIES AND DISCIPLINE (430.190 – 430.191)</i>		Yes	No	n/a
48	DOCUMENT ON FILE – <u>Discipline Policy</u> describing camp's procedures for disciplining campers.		<input type="checkbox"/>	<input type="checkbox"/>
49	DOCUMENT ON FILE – <u>Package Sent to Parents</u> informing parents that copies of background check, health care and discipline policies, and grievance procedures are available upon request.		<input type="checkbox"/>	<input type="checkbox"/>
50	DOCUMENT ON FILE – <u>Promotional Literature</u> states "This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health."		<input type="checkbox"/>	<input type="checkbox"/>
51	Program of activities and physical environment meets the needs of the campers and does not pose a hazard to their health and safety.		<input type="checkbox"/>	<input type="checkbox"/>
52	Campers released only to parents or individual designated in writing by the parent unless approved in writing by the Board of Health.		<input type="checkbox"/>	<input type="checkbox"/>
<i>RIFLERY AND ARCHERY PROGRAMS (430.201 – 430.203)</i>		Yes	No	n/a
53	Archery equipment kept in good condition, stored under lock and key when not in use.		<input type="checkbox"/>	<input type="checkbox"/>
54	Archery range located away from other activity areas and clearly marked as a danger area. At least 25 yards clearance behind each target.		<input type="checkbox"/>	<input type="checkbox"/>
55	Personal weapons (i.e., bows, rifles, or similar equipment) only allowed with camp operator's written permission, and stored under lock and key by camp operator.		<input type="checkbox"/>	<input type="checkbox"/>
<i>WATERFRONT AND BOATING PROGRAM REQUIREMENTS (430.204)</i>		Yes	No	n/a
56	Swimming areas in clean and safe condition: no swimming at undesignated sites.		<input type="checkbox"/>	<input type="checkbox"/>
57	Proper ratio of properly certified counselors and lifeguards to campers for supervised swimming.		<input type="checkbox"/>	<input type="checkbox"/>
58	Camper swimming ability assessed; campers confined to appropriate swimming areas.		<input type="checkbox"/>	<input type="checkbox"/>
59	Method of supervising and checking bathers established; staff familiar will lost swimmer plan.		<input type="checkbox"/>	<input type="checkbox"/>
60	No swimming after dark unless adequate lighting is provided and swimming is restricted to shallow water.	Yes	No	n/a
			<input type="checkbox"/>	<input type="checkbox"/>
61	All watercraft equipped with U.S. Coast Guard-approved floatation devices.		<input type="checkbox"/>	<input type="checkbox"/>
62	No small craft in the swimming area unless used by lifeguards on duty.		<input type="checkbox"/>	<input type="checkbox"/>

63	Campers properly certified before participating in white water, hazardous salt water, or hazardous fresh water activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>CRAFTS EQUIPMENT (430.205)</i>		Yes	No	n/a
64	Arts and crafts equipment in good repair, of safe design, properly installed, and used with proper safety precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PLAYGROUND AND ATHLETIC EQUIPMENT AND FACILITIES REQUIREMENTS (430.206)</i>		Yes	No	n/a
65	Athletic equipment properly set up and maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Playing fields and surfaces free from holes and obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Playground equipment in good repair, of safe design, and securely anchored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	No concrete or asphalt surfaces under or around playground equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Canvas or other pliable seats for swings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>STORAGE AND OPERATION OF POWER EQUIPMENT (430.207)</i>		Yes	No	n/a
70	Power equipment stored and operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>HORSEBACK RIDING PROGRAM REQUIREMENTS (430.208)</i>		Yes	No	n/a
71	Riders wear a hard hat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	One experienced instructor for every ten riders on a trail excursion; minimum of two staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>TELEPHONES REQUIRED (430.209)</i>		Yes	No	n/a
73	Telephone provided with roster of emergency numbers, including health care consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>EMERGENCY AND CONTINGENCY PLANS (430.210 – 430.213)</i>		Yes	No	n/a
74	DOCUMENT ON FILE – <u>Fire Evacuation Plan</u> approved by Fire Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	DOCUMENT ON FILE – <u>Disaster Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	DOCUMENT ON FILE – <u>Lost Camper Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	DOCUMENT ON FILE – <u>Lost Swimmer Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	DOCUMENT ON FILE – <u>Traffic Control Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	DOCUMENT ON FILE – <u>Contingency Plan for Day Camp</u> describing procedures to deal with special contingencies involving children attending day camps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	DOCUMENT ON FILE – <u>Contingency Plan for Primitive, Travel or Trip Camp</u> describing day-to-day itinerary before departure, sources of emergency care, and contingency plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Means of emergency communication in place and recognized by all campers and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>STORAGE OF HAZARDOUS MATERIALS (430.214)</i>		Yes	No	n/a
82	Flammable materials labeled and stored in a locked building not occupied by campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Hazardous chemicals labeled and stored in an area not accessible to campers, and separate from food storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>FIRE PREVENTION AND SMOKE DETECTORS (430.215 - 430.217)</i>		Yes	No	n/a
84	DOCUMENT OF FILE – <u>Statement of Compliance</u> in writing issued by Fire Department on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Smoke detectors provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Tents fire-retardant and non-toxic; no open flame near tents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>VEHICLES AND TRANSPORTATION SAFETY (430.250 - 430.253)</i>		Yes	No	n/a
87	DOCUMENTS ON FILE – <u>Camp Vehicle Drivers</u> possess the required license for the type of vehicle, and a current first aid certificate (unless a 2 nd staff person with first aid certificate rides in vehicle).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88	Camp Vehicle Drivers have required experience and meet minimum age requirements. Names of Drivers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Vehicles for transporting campers in compliance with M.G.L. Ch. 90, in particular ss. 7B and 7D and regulations of the Massachusetts Registry of Motor Vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	All campers, attendants and drivers wear seat belts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Any special needs of campers are communicated to the driver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	All vehicles used to transport campers have required amounts of liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER AND PLUMBING (430.300 – 430.302)		Yes	No	n/a
93	DOCUMENT OF FILE – <u>Private Well Report</u> of chemical and bacterial analyses of private water supply, if not regulated by DEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Potable water supply provided with adequate quantity and pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	Adequate and centralized drinking water facilities provided; no common drinking cups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Plumbing maintained in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	No cross connections between any pipe carrying drinking water and waste pipes or drains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD SERVICE (430.320 – 430.335)		Yes	No	n/a
98	Food service operated in compliance with Chapter 10 of the State Sanitary Code, 105 CMR 590.000, <i>Minimum Sanitation Standards for Food Service Establishments</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99	Nutritious meals that include a variety of foods served, and menus are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	Meals provided at <u>Day Camp</u> meets 1/3 of the “Recommended Dietary Allowances” of Food and Nutrition Board, National Academy of Sciences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Adequately trained staff and equipment provided to ensure handicapped campers are eating nutritionally adequate meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	Operator provides proper methods for storing meals brought from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Meals are provided to campers who arrive without a bag lunch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOLID WASTE AND SEWAGE DISPOSAL (430.350 - 430.360)		Yes	No	n/a
104	Proper storage and disposal of solid waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	Facility is served by town sewer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	Facility is served by a septic system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Facility is served by its own wastewater treatment plant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BATHROOM FACILITIES (430.370 – 430.380)		Yes	No	n/a
108	Adequate number of toilets, sinks, and showers provided. # toilets: _____ # sinks: _____ # showers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Adequate toilets, sinks, and shower facilities for special needs campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	Adequate supply of toilet paper provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	Windows and other openings screened; screen doors self-closing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	Toilet and shower rooms ventilated to the outdoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Hot water at handwash sinks, showers, and bathtubs does not exceed 112°F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	Sanitary facilities maintained in a clean condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RODENT, INSECT, WEED CONTROL – RESIDENTIAL AND DAY CAMPS (430.400 - 430.401)		Yes	No	n/a
115	Adequate rodents and insect control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	Adequate weed and noxious plant control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOLS (430.431)		Yes	No	n/a

117	Swimming pools operated in accordance with Chapter 5 of the State Sanitary Code, 105 CMR 435.000, <i>Minimum Standards for Swimming Pools</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Permit posted, fence and safety equipment provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SITE LOCATION (430.450)</i>		Yes	No	n/a
119	Site location is accessible, has adequate surface drainage, drinking water, and sewage disposal, and has no unsafe traffic conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>BUILDING REQUIREMENTS (430.451 - 430.472)</i>		Yes	No	n/a
120	DOCUMENT ON FILE – <u>Certificate of Occupancy</u> issued by Building Inspector on _____ for all camp structures used for sleeping or assembly purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	Screening provided for food preparation and food service areas, screen doors are self-closing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122	Lighting provided for each kitchen, dining room, mess hall, infirmary, toilet room and stairway.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	Floors maintained smooth, clean, and free from chronic dampness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	Egresses adequate and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	Day Camp - adequate shelters to house and provide for on-going camp activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	Non-ambulatory campers and staff housed on ground level with egresses leading to grade or ramp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	Towels are sufficiently laundered, and no common towels are allowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>OTHER ITEMS</i>		Yes	No	n/a
128	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>