

**APPLICATION for LICENSE to Operate a
RECREATIONAL CAMP FOR CHILDREN in Hamilton, Massachusetts**

Must be completed and submitted to Board of Health at least 60 days before desired opening date

| | | | | | |
|---|------------------|-----------------------------------|---|-----------------------|------|
| Camp Name: | | Telephone#: | | | |
| In-Season Address: | | | | | |
| Owner's Name Phone Email | | Operator's Name Phone Email | | | |
| Off-Season Address: | | City: | | State: | Zip: |
| | | | | | |
| <u>Type of Camp:</u> | Residential: ___ | Day: ___ | Sports: ___ | Other (specify): ___ | |
| # Counselors per session: _____ | | | # Jr. Counselors per session: _____ | | |
| Counselors ages range: _____ | | | Jr. Counselors ages range: _____ | | |
| <hr/> | | | | | |
| # Campers per session 7yrs and older: _____ | | | # Campers per session 6yrs and younger: _____ | | |
| Ages range: _____ | | | Ages range: _____ | | |
| # Staff per season: | | # Volunteers per season: | | # Campers per season: | |

Dates of Operation: Opening: _____ Closing: _____

Hours of Operation: _____

Swimming Pool: Yes _____ Pool Permit Number _____ No _____

Bathing Beach: Yes _____ No _____

Meals Provided: Yes _____ Food Permit Number _____ No _____

Snacks Provided: Yes _____ No _____

Camp provides transportation: Yes _____ No _____

Camp Director (Present at all times)

Name: _____ Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Substitute Camp Director

Name: _____ Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Address: _____

Type of medical license (must be a physician, nurse practitioner, or physician assistant with pediatric training): _____

MA License Number: _____ Phone: _____

Attach Health Care Consultant Agreement

Health Care Supervisor

Name: _____ Age: _____

Type of medical license or training (See 105 CMR 430.159(C): _____

Attach copies of certifications

Aquatics Director

Name: _____ Age: _____

Lifeguard Certificate issued by: _____ Exp. date: _____

American Red Cross CPR Certificate: _____ Exp. date: _____

American First Aid Certificate: _____ Exp. date: _____

Previous aquatics supervisory experience: _____

Attach copies of certifications

Required Documents

The following list of documents must be completed and submitted at the inspection.

See the Massachusetts regulations: Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV-105 CMR 430.000 and guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health Care Policy (105 CMR 430.159 (B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210 (A))
- Disaster plan (105 CMR 430.210 (B))
- Lost camper plan (105 CMR 430.210 (C))
- Lost swimmer plan (105 CMR 430-210 (C))
- Traffic control plan (105 CMR 430.210 (D))
- Day camps – contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps – written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000 – lab analysis of private water supply (if applicable) (105 CMR 430.300.303)

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal of sewage and waste water

Signature of Applicant: _____

Official Title: _____ **Date:** _____