

TOWN OF MONTEREY BOARD OF HEALTH

Application for License to Operate a Recreational Camps for Children

Application for permit to operate a Recreational Camp for Children pursuant to Chapter 140, Section 32a of the Mass General Laws and 105 CMR 430.000 State Sanitary Code Chapter IV

PLEASE PRINT Recreational Children's Camp Fee (\$200) if applying for a hotel/motel cabin permit in addition to the Children's camp the fee is \$250 total and the Application for license to operate a hotel/motel/cabin application must also be completed and submitted to the Board of Health

DATE _____ Amount Paid: _____ Check #: _____

Company Name _____ Telephone _____ Fax _____

Facility Address _____

Name of Owner/Contact _____ Telephone _____ Fax _____

Mailing Address _____

Federal ID or Social Security No. _____

Potable Water Source: Public Private **Sewage Disposal:** Public Private

Please answer all questions applicable to your camp operation:

Name of Camp _____

Location Address _____

Name of Owner _____ Phone # _____ Name of Contact Person _____

Emergency Response Person _____ Home Phone _____

Number of swimming pools used _____ Name of Certified Pool Owner _____

List any natural water bodies used for swimming or other water sports activities: _____

Dates of Operation _____ Days and hours of operation _____

Number of Campers: _____ Number of Counselors: _____ Number of Counselors under age 16: _____

Number of Camp/Tent sites used: _____

Do all buildings have current certificates of inspection issued by the local Building Commissioner? _____

If response is no, please explain status: _____

In accordance with the provisions of Chapter 140 Section 32A of MGL, the applicant named above and it's director has complied to the fullest applicable regulations including CORI/SORI checks on all staff and volunteers.

Date _____
Signature of Applicant

Fee must accompany application

Recreational Children's Camp/ Checklist Prior to Inspection

Submit to Inter-Departmental Secretary at Town Hall
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| 1. Camp Application and fee | _____ |
| 2. Food Permit Application and fee (if applicable) | _____ |
| 3. Pool Permit Application and fee (if applicable) | _____ |
| 4. Phone Contact List for Camp Staff | _____ |

You may want to affix in Camp Binder by Appropriate Tab # (give to Health Agent)

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| 5. Health (Medical) care Policy | _____ |
| 6. Written Plan for First Aid | _____ |
| 7. Procedures for Isolating Ill Children | _____ |
| 8. Contingency Plan | _____ |
| ▪ Children who are registered and on the camp roll but fail to arrive for a given activity | _____ |
| ▪ Children who fail to arrive at the point of pickup following a given day's activities | _____ |
| ▪ Children who appear at camp without having registered and without prior notification | _____ |
| 9. Emergency Plan | _____ |
| ▪ Fire evacuation plan | _____ |
| ▪ Disaster & Emergency Care plan | _____ |
| ▪ Lost camper plan | _____ |
| ▪ Lost swimmer plan | _____ |
| ▪ Traffic control plan | _____ |
| 10. Discipline Plan | _____ |
| 11. Procedures for Background Review of Staff & Volunteers | _____ |
| 12. Orientation Plan for Staff and Volunteers | _____ |
| 13. Reporting Suspected Child Abuse and Neglect Plan | _____ |
| 14. Copy for State Regulations for Camps: 105 CMR 430.000 | _____ |

Additional Camp information including the State Regulations can be found at <http://www.state.ma.us/dph/dcs/>

To be Made Available/ Identified at Time of Inspection with Health Agent

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| ▪ Health Records for current staff: Health History, Physical Exam, and Certificate of Immunization | _____ |
| ▪ Health Records for current campers: Health History, Certificate of Immunization | _____ |
| ▪ Criminal/ Sexual Offender Record Information for current staff | _____ |
| ▪ Certificate of Occupancy | _____ |
| ▪ Permit from Fire Department | _____ |
| ▪ Injury Log Book (copies must go to MA DPH & Health Department) | _____ |
| ▪ Working telephone(s) with current roster posted with appropriate phone #'s | _____ |
| ▪ Locked Medication Storage Area | _____ |
| ▪ First Aid Area, Supplies, and Kits | _____ |
| ▪ Current First Aid and CPR certifications for required staff | _____ |

Please call Peter Kolodziej, Health Agent for Monterey if you have any questions 413-243-5540