



RECREATIONAL DAY/RESIDENTIAL CAMP LICENSE APPLICATION

Our Application Has Changed

Please check off all applicable categories for your camp. When prompted to include written plans be specific as to locations, buildings, procedures and protocols.

A separate application must be submitted for each camp. The fee is \$150.00 per camp. To avoid a late fee of \$50.00 you must submit the application at least 90 days prior to the first day of camp per 105 CMR 430. Payment of late fee does not guarantee camp inspection and licensure.

NEW:

- An alphabetized list of ALL potential staff & volunteers requiring CORI/SORI must accompany application.
- For on-site inspection ALL CORI/SORI must be filed alphabetically with documentation showing that CORI/SORIs have been completed.

As a reminder, within 30 days of the conclusion of each camp, fill out the required information on the Camp Closing Procedures Form and return it to the Southborough Board of Health Office.



**Town of Southborough
Board of Health**
9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013
Fax: (508) 229-2580

License Fee: \$150.00
Late Fee: \$50.00

RECREATIONAL DAY/RESIDENTIAL CAMP LICENSE APPLICATION

NAME OF CAMP:		CAMP LOCATION:	
OWNER/OPERATOR:		OFF SEASON ADDRESS:	
CAMP DIRECTOR:		APPLICANT PHONE #:	
TYPE OF CAMP (circle): Day ~ Residential Sport ~ Non-Sport ~ Medical Specialty Trip ~ Primitive/Outpost ~ Travel	Number of Days: Hours of Operation:	Camp Dates: _____ _____	Est. Number of Campers: _____ _____

Regulation – 105 CMR 430		Yes	N/A	Comments
.451	Current Certificate(s) of Inspection from local building inspector for sleeping/assembly areas			INCLUDE COPY
.215	Written compliance from local fire department			INCLUDE COPY
Plans and Policies				
.090(A)	Procedures for background review of Staff and Volunteers.			INCLUDE COPY
.090(C)	Staff – CORI/SORI Previous Work History (5yrs) – 3 Positive Reference Checks Out-of-state/International Criminal Background Checks			INCLUDE COPY ALPHABETIZE LIST OF CORI/SORI STAFF
.090(D)	Volunteer Staff – CORI/ SORI Previous Work/Volunteer History (5yrs) Out-of-state/International Criminal Background Checks			INCLUDE COPY ALPHABETIZE LIST OF CORI/SORI VOLUNTEERS
.090(F)	All Background Info – Received, reviewed & made determination required pursuant to .090 (C&D)			
.091 .159(B)(1) .210	Staff and Volunteer Orientation Plan			INFORMATION ON-SITE
.093	Abuse & Neglect Prevention Policies & Procedures			INFORMATION ON-SITE
.191	Discipline Policy: Appropriate Discipline Methods & Prohibitions:			INFORMATION ON-SITE
.210(A)	Fire Evacuation Plan – Drills conducted with first 24 hrs. of each session			INCLUDE COPY
.210(B)	Disaster/Emergency Plan - Including information on transportation			INCLUDE COPY
.210(C) & .210(D)	Lost Camper Plan / Lost Swimmer Plan			INCLUDE COPY
.210(D)	Traffic Control Plan			INCLUDE COPY

Regulation – 105 CMR 430		Yes	N/A	Comments
Contingency Plans - Day Camp				
.211(A) .211(B) .211(C)				INCLUDE COPY
Promotional Literature/General Requirement				
.159(B)(2)	Copy of Policy re: Care of Mildly Ill Campers, Administration of Meds & Emergency Health Care Provision			INCLUDE COPY
.157(C)	Meningococcal Disease & Immunization info provided to parents/guardians annually			
.190(B)	Camper released only to Parents/Guardians or Designated Individual with written authorization			INCLUDE COPY
.190(C)	Regulatory Compliance & Licensing Statement: "This camp must comply with regulations of the MDPH & be licensed by the LBOH."			INCLUDE COPY
.190(D) (at time of application)	Inform parents of right to review background check, health care, discipline policies and grievance procedures upon request.			INCLUDE COPY
.190(E)	Protocol in place to handle unrecognized persons at camp.			
Field Trips				
.212(A) .212(B) .212(C) .212(D)				INCLUDE COPY
Transportation				
.250 .253 .251(C) .251(D)(E) .251(I) .252				INCLUDE COPY
Staff Qualifications				
Camp Director				
.102(A) .102(B) .102(C) .102(D)				INFORMATION ON-SITE
Counselors/Junior Counselors				
.100(C)(2) .100(A) .100(C)(1) .100(A) .100(C)(3)				INFORMATION ON-SITE
Required Counselor Ratios				
.101(A) .101(B) .159(C) .101(A&B) .103				INFORMATION ON-SITE
Aquatics Director and Life Guard				
.020 .103(A)				INFORMATION ON-SITE

Regulation – 105 CMR 430		Yes	N/A	Comments
Medical Personnel				
.159(A)	Health Care Consultant (HCC) Name: _____ MD/DO NP PA (w/pediatric training) License #: _____ Health Care Consultant Agreement			INCLUDE COPY
.159(A)(6) .160(C) .160 (E)(G)(H)				
.020 .159(C)(E)	Health Care Supervisor (on site at all times) Name: _____ MD PA NP RN LPN or... 18 yrs.+, First Aid & CPR certified			INCLUDE COPY
Medical Policies And Facilities				
.159(B)	Camp Health Care Policy			INCLUDE COPY
.160 (A)(I)	ALL Medications stored in Original Containers and meds properly disposed of with disposal log.			INFORMATION ON-SITE
.160(B)	Meds stored in secured manner (ACA standards) Medication refrigerator temp 36°F - 46°F			INFORMATION ON-SITE
.160 (C)(D)	Written Medication Administration Policy: Medication administered by HCC authorized staff only; oral/topical medication administration training; and epi-pen and insulin use.			INFORMATION ON-SITE
.163	Sunscreen policy with parent/guardian sign off			INCLUDE COPY
.155	Medical Log Book – bound, pre-numbered pages, ink entries, no skipped lines			ON-SITE
.154	Injury Report completed for a fatality or serious injury. Copy sent to MDPH and BOH.			INCLUDE COPY
.161(A)	Day / Residential Camps - Infirmary provided Residential Camps - Easily recognizable and accessible during the day and night.			INFORMATION ON-SITE
.453	Lighting provided in infirmary.			INFORMATION ON-SITE
.161(B)	Residential Camp - Area for isolation of ill child with ability to provide negative pressure.			INFORMATION ON-SITE
.161(C)	First Aid Kit: meet ANSI Z308.1-2015 standards Minimum: 1 Class B kit and 1 Class A kit			INFORMATION ON-SITE
.140 & .160(F)	Medical/Biological waste managed in accordance with 105 CMR 480.000.			RED BIOHAZARD CONTAINER ON-SITE
MEDICAL RECORDS				
.150 .160(D) .190(A)	Health Record for each Camper & Staff: Staff/Camper < 18 yrs: Emergency Contact Info, Written Parental Permission for Meds, Emergency Care, and Self-Administration of epi-pen or insulin Camper > 18 yrs: Emergency Contact Info			INFORMATION ON-SITE
.151(A)(B)	Residential, Travel, Trip, Sports – Medical History & physical within past 18 months Day – Medical history signed off by Parent/Guardian			INFORMATION ON-SITE

Regulation – 105 CMR 430		Yes	N/A	Comments
IMMUNIZATIONS				
.152	Campers and Staff under 18yrs			INFORMATION ON-SITE
.152	Campers and Staff over 18yrs			INFORMATION ON-SITE
.153	Exemption Documentation			INFORMATION ON-SITE
ACTIVITIES				
.190(A)	Activities and physical environment meet the needs of campers; do not pose hazard to health/safety.			
Aquatics:				
.430	Swimming Pool			
.432 .204(C) Christian's Law .204(C) .430(B)	Bathing Beach			
.103 .204(D) .204 .204(F)	Proper supervision at swimming venue			
.204(H) .103(B)(4) .204(I) .103(B)	Watercraft			
Crafts:				
.205	Equipment in good repair, safety precautions taken.			
.206 (A)(B) .206(C)	Playground/Athletic Equipment			
.202(A) .202(B) .203 .103(E)	Archery			
.201(A) .201(B) .201(C) .201(D) .201(E)	Firearms			
.103(D)	Direct Supervisor			
.103(F) .208(A) .208(A) .208(B)	Horseback Riding			
.103(G)(1) .103(G)(2) .103(G)(3)	Challenge Courses and Climbing Walls			
.457 .216 .456 .453 .454	Cabins & Structures			

Regulation – 105 CMR 430		Yes	N/A	Comments
.458 .470 .459 .452 .454	Sleeping Areas - Residential Camps			
.217	Tents			
.360 .301 .370 .372 .373 .374 .378-.380 .453 .375 .376 374(B) .377	Toilets/Hand wash Sinks/showers			
.162 .472	Laundry			
GROUNDS				
.300 .300(B) .304 .350/.355 .209				
.213	Emergency Communication System			INCLUDE COPY
.450 .165 .166 .207 .214 .400 .401				
FOOD SERVICE				
.320	Food service in compliance with 105 CMR 590.000, Minimum Standards for Food Establishments. Prominently displayed food permit from BOH.			INCLUDE COPY
.320(B)	USDA Summer Food Service Program – written documentation of compliance with 105 CMR 590.			INCLUDE SAMPLE MENU
.330	Nutritious meals that include a variety of foods served. Menus posted.			INCLUDE SAMPLE MENU
.331 .332 .334 .335 .452 .453 .471				
MAINTENANCE OF RECORDS				
.145	Operator maintains all records relating to campers, staff, and volunteers for a minimum of 3 years.			