

RECREATIONAL CAMP APPLICATION



*Sutton Municipal Center
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Board of Health Town Of Sutton

APPLICATION FOR A LICENSE TO CONDUCT RECREATIONAL CAMP FOR CHILDREN

FEE: \$120.00/each additional week \$60.00

PERMIT NO.: _____

Name of Camp: _____ **(Include copy of site plan showing all buildings, facilities)**

Address: _____ Telephone _____

Name of Camp Owner: _____

Owner Address: _____ Owner telephone: _____

Name of Camp Director (if different) _____

Operator Address: _____ Operator telephone: _____

Health Care Consultant (HCC): _____ Designation: _____ MA License # _____

Address: _____ Telephone # _____

Health Care Supervisor (Must be on site at all times) Name: _____

Age: _____ (18 yrs or older) MA Med Lic # _____ or **First Aid & CPR certificates attached Yes ___ No ___ .159**

Type of Camp: Day _____ Residential _____ // Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____ Days of Operation: _____

Water supply: Public ___ Private ___ Semi-public ___ If not public, **copy of well results attached Yes ___ No ___**

Wastewater: Public ___ Private ___

Swimming Pool: Yes ___ No ___ Pool Permit # _____

Bathing Beach: Yes ___ No ___ **If yes, copy of preseason test results included: Yes ___ No ___**

Name of sampler _____ Name of laboratory _____

Meals Provided: Yes ___ Food Permit # _____ Permit posted Yes ___ No ___ **Menu provided Yes ___ No ___**

Meals meet Recommended Dietary Allowances (RDA) Yes ___ No ___

If meals are brought from home, how are they kept cold, if necessary _____ .335

Meals provided if campers arrive without a lunch Yes ___ No ___ .335

Number of Campers Per Age Group: _____

Number of Staff MORE than 18 Years of Age _____ Number of Staff LESS than 18 Years of Age _____

Ratio of staff to campers > 6 years old _____ 6 years or less _____ Trip _____ Special Needs _____

Stable Name: _____ Location: _____

REQUIRED DOCUMENTS (must be complete and included with this submission, arranged in same order as application)

HEALTH CARE

	Reference #	Yes ___ No ___
Health Care Consultant Agreement	.159	Yes ___ No ___
Health Care Policy, signed by HCC	.159	Yes ___ No ___
Sun Protection Policy, campers and staff	.163	Yes ___ No ___

All campers, staff

Immunization records	.150	Yes ___ No ___
Emergency contact info		Yes ___ No ___

Campers only

Written parental permission for meds and emergency care Yes ___ No ___

Other

Certificate of Occupancy from Building Dept for sleeping/assembly areas	.451	Yes ___ No ___
Written Compliance from Fire Department	.215	Yes ___ No ___
Fire evacuation plan and drills	.210	Yes ___ No ___
*Procedures for Background review of staff and volunteers	.090	Yes ___ No ___
Staff orientation plan	.091	Yes ___ No ___
Abuse and neglect prevention/reporting procedures	.093	Yes ___ No ___
*Discipline Policy, w/appropriate discipline methods and prohibitions	.191	Yes ___ No ___
*Grievance Procedure		Yes ___ No ___
Disaster Plan	.210	Yes ___ No ___
Lost Camper Plan	.210	Yes ___ No ___
Lost swimmer Plan, if applicable	.210	Yes ___ No ___
Traffic Control Plan	.210	Yes ___ No ___
Contingency Plans (Day camp only)	.211	Yes ___ No ___
Camper doesn't show up for day		
Camper doesn't show up for pick up		
Unregistered Child arrives at camp		
Daily Itinerary (Also Copy to parents)	.212	Yes ___ No ___
Source of emergency care		
Camper release plan	.190	Yes ___ No ___
Promotional literature packet with following policies:		
* Care of mildly ill campers (Health care policy)	.159	Yes ___ No ___
Administration of meds		Yes ___ No ___
Emergency Health care provision		Yes ___ No ___
Statement re: regulatory compliance and licensing	.190	Yes ___ No ___
Parent Advisory of right to review policies (starred above)		Yes ___ No ___
Transportation Plan for field trips	.250-.253	Yes ___ No ___

Required documents for all staff and volunteers:		.090	
CORI/ SORI reports			Yes ___ No ___
Previous work history (resume)			Yes ___ No ___
Three references			Yes ___ No ___
Out of state/international criminal background checks			Yes ___ No ___
Ages (all counselors three years older than campers)	.100		Yes ___ No ___
Certifications for high risk activities, ie, Firearms		.103	Yes ___ No ___ NA_

Required documents for Camp Director, Asst. Camp Director:		
Qualifications/experience (resume)	.102	Yes ___ No ___

Required documents for Firearms training:		
Firearms Instructor NRA Certification		NA ___ Yes ___ No ___

Required documents for Aquatics:		.103	NA ___
American Red Cross Lifeguard Training Certificate			Yes ___ No ___
CPR for Professional Rescuer Certificate			Yes ___ No ___
First Aid Certificate			Yes ___ No ___
Whitewater, salt or fresh water hazardous activities certification			Yes ___ No ___

Required documents for Horseback Riding:		
Horseback Riding Instructor Certification		Yes ___ No ___
Stable License		Yes ___ No ___

Required documents for Camp Vehicle Drivers:		.252	NA ___
Current license for type of vehicle, copy required			Yes ___ No ___
First Aid Certificate			Yes ___ No ___

ADDITIONAL REQUIREMENTS-no documents, inspection required

Medical		
Proper Medication Storage	.160	Yes ___ No ___
Secured medication cabinet, refrigerated as necessary		Yes ___ No ___
Medical log book, bound, pre-numbered pages		.155 Yes ___ No ___
Infirmary, with area for isolation of ill child	.161	Yes ___ No ___
First Aid kit:		Yes ___ No ___
Non-perfumed soap, sterile gauze squares,		
Compresses, adhesive tape, bandage scissors,		
Triangular and rolled bandages, CPR mask,		
Tweezers, cold pack, gloves		

Activities		
Swim test to classify swimmers	.204	Yes ___ No ___
Lifeguard/counselor ratio to campers		Yes ___ No ___
US Coast Guard Approved flotation devices for watercraft activities		Yes ___ No ___
Minimum 2 counselors supervising in separate watercraft	.103	Yes ___ No ___
Shooting range away from other activities	.201	Yes ___ No ___
Locked firearms cabinet		Yes ___ No ___
Archery equipment in locked area	.202	Yes ___ No ___
Archery range located away from other activities		Yes ___ No ___
Minimum number certified riding instructors, counselors to campers		Yes ___ No ___

Camp vehicle drivers

Greater than 18 years of age Yes ___ No ___
Two years driving experience Yes ___ No ___

Residential camps

Adequate sleeping space .458, .470 Yes ___ No ___
Handicap equipped 378, .380, .459 Yes ___ No ___
Screens provided .452 Yes ___ No ___
Tents fire retarded, non-toxic .217 Yes ___ No ___
Toilet less than 200' from sleeping rooms .372 Yes ___ No ___
2 toilets per sex, >20/sex, additional toilet per 10 campers/sex Yes ___ No ___
One shower per every twenty people .374 Yes ___ No ___
Shower rooms ventilated to outside .375 Yes ___ No ___
Laundry facilities provided .162 Yes ___ No ___

Facilities

Day-2 toilets per sex, >60/sex, additional toilet needed per 30 campers/sex .37 Yes ___ No ___
Windows to toilet rooms screened .372 Yes ___ No ___
Screen doors to toilet rooms self closing Yes ___ No ___
One sink every thirty people .373 Yes ___ No ___
Handicap equipped .378, .380 Yes ___ No ___
Toilet rooms ventilated to outside .375 Yes ___ No ___
Hot water at sinks 110-112 degrees Fahrenheit .376 Yes ___ No ___
Adequate, centralized drinking water facilities .300, .304 Yes ___ No ___
Telephone readily available .209 Yes ___ No ___
Telephone numbers readily available:
 Health care consultant
 Local Hospital
 Police, Fire, Ambulance Yes ___ No ___
Emergency communication system .213 Yes ___ No ___
Tobacco use restricted to areas inaccessible to campers .165 Yes ___ No ___
Proper storage, disposal of solid waste .350, .355 Yes ___ No ___
Power equipment, stored/operated properly .207 Yes ___ No ___
Flammable, hazardous materials labeled properly .214 Yes ___ No ___
Flammable, hazardous materials stored in locked, unoccupied building Yes ___ No ___
Shelter has adequate smoke detectors .216 Yes ___ No ___
Rodent, insect control program .400 Yes ___ No ___
Weed, noxious plant control program .401 Yes ___ No ___
Site location accessible at all times .450 Yes ___ No ___
Site location does not cause undue traffic hazards Yes ___ No ___
Day camp shelter .457 Yes ___ No ___
Adequate egresses free from obstruction .456 Yes ___ No ___

Explanations for 'No' answers above:

Signature of Applicant:

Official Title: _____ Date: _____