

Recreational Camp for Children Application Checklist

Please Note: The Deerfield Board of Health requires all original (i.e., first-time) camps to go through a public hearing process.

Required Documents

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

- Staff information forms (see attached),
- 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 the 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 applying for an original license, you must file a plan showing the following with the Board of Health at least 90 days before your desired opening date (See 105 CMR 430.631):

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



Board of Health

Municipal Offices
8 Conway Street
S. Deerfield MA 01373
Voice: 413-665-1400
Facsimile: 413-665-1411
Website: www.deerfieldma.us

APPLICATION FOR A LICENSE TO CONDUCT A
RECREATIONAL CAMP FOR CHILDREN

Name of Camp: _____

Name of Camp Operator: _____

Site Address: _____

Office Address: _____

Telephone Number: _____

Email Address: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: Day _____ Residential _____

Number of Sessions: _____

Number of Campers expected: _____

Dates of Operation: Opening: _____ Closing: _____

Hours of Operation: _____

Meals Provided: Yes _____ Food Permit Number _____ No _____

Swimming Pool: Yes _____ Pool Permit Number _____ No _____

Bathing Beach: Yes _____ No _____

Signature of Applicant: _____

Official Title: _____ Date: _____

See the application checklist for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.

Camp Director

Name: _____

Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician’s assistant with pediatric training): _____

MA License Number: _____

Health Supervisor

Name: _____

Age: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C)): _____

Aquatics Director

Name: _____

Age: _____

Lifeguard Certificate issued by: _____

Expiration date: _____

American Red Cross CPR Certificate: _____

Expiration date: _____

American First Aid Certificate: _____

Expiration date: _____

See the application checklist for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.

Previous Aquatics supervisory experience: _____

Firearms Instructor

Name: _____

National Rifle Association Instructor's card (or equivalent): _____

Date certified: _____ Expiration date: _____

Horseback Riding Instructor

Name: _____

License Number. _____ Expiration date: _____

Stable

Location: _____

Licensed in accordance with MGL Ch. 111 § 155, 158: Yes _____ No _____

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

“Supervisory Staff” means those persons with the responsibility, authority, and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.

See the application checklist for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.

**THE FOLLOWING FORMS ARE PROVIDED
FOR USE BY CAMP OWNERS/OPERATORS.**

**PLEASE SEE THE MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
WEBSITE FOR MORE INFORMATION ON
RECREATIONAL CAMPS FOR CHILDREN.**

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/camps-recreational.html>

HEALTH CARE CONSULTANT AGREEMENT

NAME OF CAMP

ADDRESS OF CAMP

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below.

430.159(A) Health Care Consultant A designated Massachusetts licensed physician, nurse practitioner or physician assistant with pediatric training as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aid training of the staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders to be followed by the on-site health supervisor in the administration of his/her related duties.

If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. 105 CMR 430.160(C)

430.159(B) Health Care Policy A written medical policy, approved by the local board of health and by the camp health care consultant. Such policy shall include, but not be limited to, daily health supervision, infection control, handling of health emergencies and accidents, available ambulance services, provision for medical, nursing and first aid services, the name of the designated on-site camp health supervisor, the name, address and phone number of the camp health care consultant required by 105 CMR 430.159(A) and the name of the health supervisor required by 105 CMR 430.159(E), if applicable.

430.160(C) Administration of Medication The health care consultant shall acknowledge in writing a list of all medications administered at the camp.

I meet the requirements of the health care consultant as described in 105 CMR 430.159(A). I have reviewed these referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same.

Print Name

Title

Signature

MA License/Registration Number

Address

Telephone Number

Date:

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____

Parent/Guardian Name: _____

Food/Drug Allergies: _____

Home Telephone: _____

Diagnosis (at parents discretion): _____

Business Telephone: _____

Emergency Telephone: _____

Name of Licensed Prescriber: _____

Business Telephone: _____

Emergency Telephone: _____

Name of Medication: _____ Dose given at camp: _____ Route of Administration: _____

Frequency: _____ Date Ordered: _____ Duration of Order: _____ Quantity Received: _____

Expiration date of Medications Received: _____ Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parents' discretion): _____

Location where medication administration will occur: _____

(Over)

Authorization to Administer Medication to a Camper (2)

I hereby authorize _____ to administer, to my child, _____ the medication(s)
(NAME OF CAMP) (NAME OF CHILD)
listed above, in accordance with 105 CMR 430.160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Parent/Guardian Signature: _____

Date: _____

Sample Daily Log for Medication Administration (complete for each medication)

Year _____ Name of Camper: _____ Gender: _____ Age: _____

Name and Dosage of Medication: _____ Route: _____ Frequency: _____

Directions: Initial with time of administration. Include a complete signature and initials of persons administering medication below.

	1	2	3	4	5	6	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																																
June																																
July																																
Aug																																

Initial (Person administering medication)

Signature

1. _____
2. _____
3. _____
4. _____
5. _____

Codes for administration: (A) Absent (E) Early Dismissal (X) No Camp (O) No Show (F) Field Trip (N) No medication available

(D/C) Medication Discontinued

Sample Health Care Consultant Acknowledgement of On-Site Medications

I, _____, acknowledge that I serve as the Health Care Consultant for _____ (camp) _____. As such, I hereby authorize the following listed medications to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication.

I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and other pertinent information with all personnel administering medications to campers and not that I have reviewed or determined the appropriateness of the medications for the camper. My signature further acknowledges that all personnel listed below, who administer medications at the camp, are either licensed health care providers authorized to administer medications or designated health care supervisors who are appropriately trained to and are doing so under my professional oversight.¹

Names of individual authorized to administer medications at camp:

Health Care Consultant signature: _____ Date: _____

Updated January 2000 to reflect the amendments to “Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV” 105 CMR 430.000.

1

¹See advisory document of the Massachusetts Department of Public Health – “Guidelines for the Storage and Administration of Medication in Camps”

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
COMMUNITY SANITATION PROGRAM
RECREATIONAL CAMPER INJURY REPORT FORM**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), 105 CMR 430.154 specifically requires that a report be completed, on a form prescribed by the Massachusetts Department of Public Health, for each fatality or serious injury as a result of which a camper or staff person is sent home, or is brought to the hospital or a physician's office and where a positive diagnosis is made. Such injuries shall include, but shall not necessarily be limited to, those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. **A copy of each injury report must be sent to the Massachusetts Department of Public Health within SEVEN (7) days of the occurrence of the injury.** PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EVERY QUESTION.

1. Name of Camp: _____

2. Address: _____ City/ Town _____

3. Name of Camp Director: _____ 4. Telephone: _____

5. Today's Date: _____ 6. Date of Injury: _____ 7. Time of Injury: _____ (AM/PM)

8. Did the injury involve a camper, staff person or both : _____

9a. Age of Camper and/or Staff Person: _____ 9b. Gender: Male _____ Female _____

10. Briefly describe the incident and subsequent injury: **(Please do not include personal identifying information)**

11. If the injury occurred outdoors, what were the weather conditions at the time of the incident?

Report ID Number

(Internal Use Only)

(continued over)

12. Did the injury occur on the campground? If not, specify the off-site location where the injury occurred.
(please describe the exact location)

13. What body part(s) were injured:

01. Head/Skull _____ 02. Face _____ 03. Neck _____ 04. Arm _____ 05. Hand _____
06. Back _____ 07. Abdomen _____ 08. Leg _____ 09. Ankle _____ 10. Foot _____
11. Other, please specify _____

14. How did injury occur?

01. Falling _____ 02. Collision with person or object _____ 03. Struck by another person or object _____
04. Drowning or near drowning _____ 05. Bite or Sting _____ 06. Cut _____ 07. Burn _____
08. Other, please specify _____

15. Where was the injured person treated?

01. Treated in camp infirmary _____ 02. Treated in hospital Emergency Room, Physician's Office _____
03. Admitted to Hospital _____ 04. Other, please specify _____

16. Was the camper sent home as a result of the injury?

Yes _____ No _____

17. Was more than one camper injured? Yes _____ No _____ If Yes, how many? _____

18. Did the injury involve alleged abuse / neglect? Yes _____ No _____

19. What changes were made in the camp, its environment, or operation as a result of this injury to prevent a reoccurrence?
Please describe specific changes made:

PLEASE MAIL OR FAX CAMPER INJURY REPORTS TO:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
COMMUNITY SANITATION PROGRAM
250 WASHINGTON STREET-7th FLOOR
BOSTON, MA 02108-4619
TELEPHONE (617)-624-5757
FAX (617) 624-5777

To: Camp Operators, Boards of Health
Fr: MA Department of Public Health, Division of Community Sanitation
Re: Recreational Camps for Children-Fire Prevention Inspection Checklist
Dt: February 2, 2000

Note: This document includes a checklist to assist you in reviewing your camp to assess potential fire hazards. Also included is a form that may be used in recording and documenting the history of all required fire drills. This form may be duplicated for future use. Use of these documents does not substitute for the fire department's inspection/written statement of compliance required by 430.215.

Fire Prevention Inspection Checklist

Housekeeping and Maintenance

- | | | |
|---|-----------|------------|
| 1. "No Smoking" signs posted. | No | Yes |
| 2. "No Smoking" regulations observed. | No | Yes |
| 3. Flammable liquid safely stored in approved containers away from combustibles. | No | Yes |
| 4. Trash/rubbish removal done on a regular basis. | No | Yes |
| 5. All electrical plugs, switches and cords legal and in good repair. | No | Yes |
| 6. Cords are not to be run across doorways or under carpets or mats where they may be stepped on. | No | Yes |
| 7. No extensive use of cords from outlets (octopus). | No | Yes |
| 8. Heat-producing appliances well ventilated. | No | Yes |
| 9. Electrical equipment turned off when not in use. | No | Yes |
| 10. Malfunctioning electrical equipment immediately reported or taken out of service. | No | Yes |
| 11. Areas kept as clean and neat as possible. | No | Yes |
| 12. Materials stacked so as not to tip or fall. | No | Yes |

13. Corridors and doorways kept free and clear of obstructions. **No** **Yes**

Fire and Life Protection Systems

1. Adequate lighting in corridors, exits, and stairwells **No** **Yes**

2. Exit signs illuminate as required (all lights working). **No** **Yes**

3. Evacuation routes adequately posted. **No** **Yes**

4. Evacuation signs maintained-none defaced or missing. **No** **Yes**

5. Fire doors not wedged or blocked open, especially stairwells. **No** **Yes**

6. Stairwells free of obstacles, storage, debris, etc. **No** **Yes**

7. Corridors and exits unobstructed (no storage of files, furniture, etc.). **No** **Yes**

8. Stairwells, corridors, and exits free of trip and slip hazards. **No** **Yes**

9. Fire detection and alarm systems tested regularly. **No** **Yes**

10. Fire sprinkler connections and shut off valves visible and accessible. **No** **Yes**

11. Fire sprinkler heads clean and unobstructed. **No** **Yes**

12. Adequate clearance (3 feet) for all fire extinguishers and hoses. **No** **Yes**

13. Fire equipment in proper locations and undamaged. **No** **Yes**

14. Fire evacuations director and assistant positions updated and fully Staffed **No** **Yes**

15. All occupants instructed on evacuation plan. **No** **Yes**

CAMP LOCATION _____

INSPECTION DATE _____ INSPECTED BY _____

OFFICIAL TITLE _____

FIRE DRILL CHECKLIST

Name of Building: _____

Building Address: _____

Name of Day Camp: _____

Drill Monitor: _____ Title/Position _____

Fire Drill Location: _____ Floor/Location to which occupants relocated: _____

Method of activation of fire alarm: _____

Time fire alarm activated: _____ Time occupants vacated fire drill floor: _____

Floor Response Personnel

1. Evacuation Director present:	No	OK	Unobserved
2. Assistant Evacuation Director (s) present:	No	OK	Unobserved
3. Stair well monitors:	No	OK	Unobserved
4. Elevator monitors:	No	OK	Unobserved
5. Search monitors:	No	OK	Unobserved
6. Assistants to the physically disabled and non-ambulatory:	No	OK	Unobserved
7. Interior doors closed but not locked after searched.	No	OK	Unobserved
8. Evacuation assistants checked rest rooms.	No	OK	Unobserved
Over all response of floor response team.	Satisfactory		Unsatisfactory

Occupant Response

1. Occupant initial response on sounding of alarm.	Satisfactory		Unsatisfactory
2. Occupant noise level.	Satisfactory		Unsatisfactory
3. Occupants aware of location of stairwell.	Yes	No	Unobserved
4. Did evacuation proceed in smooth and orderly manner?	Yes	No	Unobserved
5. Did visitors to building participate in drill?	Yes	No	Unobserved
6. Overall response of occupants.	Satisfactory		Unsatisfactory

Drill Monitor Signature: _____

Date of fire drill:

**STATE SANITARY CODE: CHAPTER IV, MINIMUM SANITATION AND SAFETY STANDARDS
FOR RECREATIONAL CAMPS FOR CHILDREN, 105 CMR 430.000**

RECREATIONAL CAMP FOR CHILDREN INSPECTION REPORT

NAME OF CAMP:		ADDRESS:
OWNER/OPERATOR:		OFF SEASON ADDRESS:
CAMP DIRECTOR:		INSPECTED BY:
TYPE OF CAMP: (Circle) Day Residential (Sport/Non-Sport) Trip Primitive Travel Swimming Pool: Yes No VGB Compliance Letter: Yes No	WATER SOURCE:	DATE AND TIME OF INSPECTION:
	CAMPER CAPACITY:	ACCOMPANIED BY:

“No” column = “√” marked below indicates a violation of 430.000.

“Yes” column = “√” marked below indicates compliance with provision of 430.000.

“N/A” column = “√” marked below indicates that the provision of 430.000 is not applicable to this camp.

Regulation		Yes	No	N/A	Comments
Permits					
.451	Current Certificate(s) of Occupancy from local building inspector for sleeping/assembly areas				
.215	Written compliance from local fire dept				
.633	Camp license posted in prominent location				
.300(A)(2)(a)	Private water supply - DEP approval (>25 people, >60 days/yr)				
.300(A)(2)(b)	Private water supply - BOH approval and chemical and bacterial analyses (<25 people, <60days/yr)				
Plans and Policies - Written					
.090(A)	Procedures for background review of staff and volunteers (Available/Followed)				
.090(C)	CORI and SORI , previous work history, 3 references, out of state/international criminal background checks for staff				
.090(D)	CORI and SORI , previous work history, 3 references, out of state/international criminal background checks for volunteers -CITs (paying campers or unpaid volunteers)				
.090(E)	Background information maintained for 3 years				
.090(F)	Received, reviewed, and made determination in regards to all background information				
.091	Staff and volunteer orientation plan and review				
.093	Abuse and neglect prevention/reporting procedures				
.191(B)(C)	Discipline Policy with: appropriate discipline methods and prohibitions				
.210(A)	Fire evacuation plan and drills -Drills conducted within the first 24 hours of each session				
.210(B)	Disaster Plan -Including information on transportation				

Regulation		Yes	No	N/A	Comments
.210(C)	Lost Camper Plan				
.210(C)	Lost Swimmer Plan				
.210(D)	Traffic Control Plan				
	Contingency plans - Day Camp:				
.211 (A)	Camper doesn't show up for camp				
(B)	Camper doesn't show up at point of pick up				
(C)	Child not registered arrives				
	Contingency plans - Primitive, Travel and Trip:				
.212 (A)	Itinerary daily - copy provided to parents				
(B)	Source of emergency care				
	Camper release:				
.190(B)	Camper released only to parents or parent-designated individual in writing -Other plan - approved in writing by BOH				
Promotional Literature and Informational Packets					
.159(B)(2)	Copy of policy re: care of mildly ill campers, administration of meds and emergency health care provision				
.190(C)	Statement re: regulatory compliance and licensing				
.190(D)	Inform parents of right to review background check, health care, discipline policies and grievance procedures upon request				
Transportation					
.250	Vehicle must comply with MGLc.90 s7B&7D: <14 passengers and driver is camp coach, director, etc. private vehicles may be used >14 passengers, vehicle must be school bus All vehicles must be RMV compliant				
.253	Proper automobile insurance				
.251(C)(F)	Seatbelts must be worn and special needs of campers communicated to driver				
.251(H)	Camper <7yrs not transported longer than 1 hr to or from camp				
Staff Qualifications					
	Camp Director:				
.102(A)	Residential Camp: 25 yrs, completed course in camp administration or at least 2 seasons of experience				
.102(B)	Day Camp: 21 yrs, completed camp administration course or 2 seasons of experience				
.102(C)	Primitive, Travel, Trip: 21 yrs and proof of experience				
.102(D)	Designated substitute when director off-site >12 hrs -Sub must meet criteria above				

Regulation		Yes	No	N/A	Comments
	Counselors/Junior Counselors:				
.100	Day camps, non-sport: Counselor=16 yrs. Junior Counselor=15 yrs.				
.100	Other camps: Counselors= 18 yrs or graduated from high school. Junior Counselors= 16 yrs				
.100	All counselors 3 yrs older than campers				
	Required Counselor Ratios:				
.101(A)	Residential and Day Camps: 1 staff per 10 kids over 6 yrs 1 staff per 5 campers 6 yrs and under				
.101(B)	Primitive, Travel, Trip: 1 counselor per 10 campers. 2 counselor min				
.101(C)	Special Needs: 1 counselor per 4 mildly disabled campers 1 counselor per 2 severely disabled campers				
.103	Aquatics Director: Name _____ None _____ American Red Cross Lifeguard Trng cert., CPR for Professional Rescuer and First Aid Cert. or their equivalents -If supervise 2 staff, 21yrs and experience w/management				
.103	Lifeguard: American Red Cross Lifeguard Trng cert., CPR for Professional Rescuer cert. and First Aid Cert. or their equivalents -List names				
.103	Certifications for other high-risk activities, eg: NRA instructor certification for firearms. -List Names and Certifications:				
.252	Camp vehicle drivers: 18yrs, 2yrs driving experience, current license for type of vehicle -First Aid certified if no other trained staff aboard				
Medical Personnel, Records, and Facilities					
.159(A)	<u>Health Care Consultant</u> Name: _____ MD NP PA(w/pediatric training) License #: _____ Check for Health Care Consultant Agreement <ul style="list-style-type: none"> Review and approve first aid training of staff HCC available for consultations at all times Signed written orders for HS 				
.159(C)	<u>Health Supervisor</u> (on site at all times) Name: _____ 18yrs, First Aid and CPR certified OR, MD PA NP RN LPN EMT -special needs or residential with >150 staff and campers must have health professional				
.159(B)	Health Care Policy <ul style="list-style-type: none"> Approved by LBOH and HCC Policy provided to all full time staff during orientation 				

Regulation		Yes	No	N/A	Comments
.160(A)	Medication stored in original containers				
.160(B)	<p>Meds stored in secured cabinet and if necessary refrigerated in box affixed to refrigerator (if no secondary lock)</p> <ul style="list-style-type: none"> Cabinet used for no other purpose Refrigerator temperature 38 to 42⁰F 				
.160(C)	<p>Medication administered by Health Supervisor</p> <ul style="list-style-type: none"> HCC written acknowledgement of all medications administered at eh camp (if HS is not MD PA NP RN LPN) Written premising from parent/guardian 				
.154	Injury Reports completed for fatality or serious injury. Copy sent to MDPH within 7 days				
.155	Medical log book - bound, pre-numbered pages, ink entries, no skipped lines				
.161(A)	<p>Infirmary provided - day and resident camps</p> <ul style="list-style-type: none"> Clearly Labeled as Infirmary/Medical Area Exterior light (residential Camps) 				
.453	Lighting provided in infirmary				
.161(B)	<p>Area for isolation of ill child - Residential Camps</p> <ul style="list-style-type: none"> Not used for any other purpose 				
.161(C)	First Aid Kit: non-perfumed soap, sterile gauze squares, compresses, adhesive tape, bandage scissors, triangular and rolled bandages, CPR mask, tweezers, cold pack, gloves.				
.150	<p>Health record for each camper and staff: -emergency contact info -camper <18 yrs must have written parental Permission for meds and emergency care Residential, Sport, Travel/Trip: -Health History, Physical Exam(≤2yrs) -Record of Immunizations (noted below) Day Camp Non-Sport: -Health History signed by parent/guardian or physician -Record of Immunizations (noted below)</p>				Number of records checked: _____ Number of med/care permissions missing: _____ Number health history/exam missing: _____
	Immunizations:				
.152(A)	<p>Campers and staff under 18yrs:</p> <p>-MMR: 1st dose = 12 mos or older, -Measles: 2nd dose = grades K-12 or age equiv -Polio: 3 doses IPV or OPV, or 4 doses mix IPV/OPV -Diphtheria, Tetanus Toxoids, and Pertussis*: 4 doses DTaP/DTP/DT or, 3 doses of Td Campers and Staff >7 years *Booster dose of Td: -grades 7-10 need booster if >5yrs since last dose of DTaP/DTP/DT -grades 11-12 need booster if more than 10 yrs since last dose of DTaP/DTP/DT/Td -Hep B: 3 doses if born on or after 1/1/92</p>				Number of records checked: _____ Vaccination records missing: _____ Number of missing _____: _____ Number of missing _____: _____ Number of missing _____: _____

Regulation		Yes	No	N/A	Comments
.152(B)	<p>Campers and staff 18 yrs or older:</p> <p>-Measles: 2 doses (exempt if born before 1957) -Mumps: 1 dose (exempt if born before 1957) -Rubella: 1 dose (exempt if born before 1957) -Diphtheria and Tetanus Toxoids*: 3 doses DTaP/DTP/DT/Td</p> <p>*Booster dose of Td: -If more than 10 yrs since last dose</p>				Number of records checked: _____ Vaccination records missing: _____ Number of missing _____: _____ Number of missing _____: _____
Activities					
.190(A)	Activities and physical environment meet the needs of campers; do not pose hazard to health and safety				
.163	Operator encourages sun protection for all				
	Aquatics:				
.430	<p>Swimming Pool: in compliance with 105 CMR 435.00 -permit posted</p>				
.204(B)	<p>Bathing Beach: in compliance with 105 CMR 445.00 -weekly water sampling conducted/available</p>				
.103	<p>Proper supervision at swimming venue: 1 lifeguard per 25 campers 1 counselor per 10 campers -Plan to check swimmers-“buddy system”</p>				
.204(A)	Swimming areas clean and safe, no swimming at undesignated sites or at night without lighting				
.204(C)	Swim test to classify swimmers by ability				
.204(E)	Piers and floats in good repair				
.204(G)	Watercraft : equipped with US Coast Guard approved flotation devices and worn by all campers and staff participating in watercraft activities				
.204(H)	Campers must be certified by American Red Cross or equivalent for white water, hazardous salt or fresh water activities				
.103(C)	Minimum 2 counselors in separate watercraft supervising white water, hazardous salt or fresh water activities				
	Arts and Crafts:				
.205	Equipment in good repair, safety precautions taken				
	Playground and Athletic Equipment:				
.206	Equipment properly maintained, fields/surfaces free of holes/accident hazards				
.206	Playground equipment secure, no concrete under/around it, pliable swing seats				

Regulation		Yes	No	N/A	Comments
	Horseback Riding:				
.208(A)	1 certified instructor per 10 campers (Min.2 counselors)				
.208(A)	Riders must wear hard hat				
.208(B)	Licensed stable				
	Firearms:				
.201	Single shot rifles only				
.201	Shooting range away from other activity areas				
.201	Firearms in good condition, stored in locked cabinet. Ammunition locked in separate cabinet				
	Archery:				
.202	Equipment in good condition, stored in locked area				
.202	Range away from other activity areas, clearly marked as danger area. Must have common firing line and 25 yards clearance behind targets				
.203	No personal weapons, bows, rifles allowed				
Cabins, Structures, and Facilities					
	All Structures:				
.216	Smoke detectors provided in all structures				
.453	Lighting provided in: -kitchen and dining room -toilet rooms -stairways				
.454	Floors maintained in all structures				
.455/456	Egresses comply with Bldg. Code and are free from obstruction				
	Day Camp Shelters:				
.457	Day Camp provides shelter for on-going camp activities				
	Residential Camps - Sleeping Areas:				
.452	Screens and self-closing screen door provided				
.458	Provide adequate space: -40sqft /person in single bed -35sqft/person in bunk bed -50sqft/person in sleeping area requiring special equipment				
.459	Campers and staff with limited mobility housed on ground level with egresses leading to grade or ramp provided				
.470	Bed or cot provided to each person with: -6 feet between sleeper's heads -3 feet between single beds or 4 ^{1/2} feet between bunks -Triple bunk beds are prohibited				
	Tents:				
.217	Fire-retardant and non-toxic -No open flame nearby				
.458	35 sqft/person in tent				
	Toilets and Showers:				
.301	Plumbing in good working order				
.302	Cross-connections				

Regulation		Yes	No	N/A	Comments
.360	Proper sewage disposal				
.370	Adequate # of toilets: -All camps: 2 toilets/privy seats for each gender -Day Camp: >60 of one sex, provide 1 additional toilet per every 30 people of that gender -Non-Day Camp: >20 of one sex, provide 1 additional toilet per every 10 people of that gender				
.373	Adequate # of sinks: -Day Camp: 1 per every 30 people -Residential Camp: 1 per every 30				
.374	Adequate # of showers: -Residential Camp: 1 shower or tub per 20 people				
.375	Toilets and shower rooms ventilated to exterior				
.376	Hot water at sinks, showers, or tubs not more than 112°F				
.377	Sanitary facilities maintained in clean condition - Shower room floors washed daily				
.378/.380	Special needs campers provided facilities that meet their needs				
	Laundry				
.162	Residential Camp: Laundry facilities provided				
.472	Bedding and towels laundered; no common towels, sheets washed every 7 days, sleeping bags aired out every 5 days				
Grounds					
.165	Tobacco use restricted to designated areas not accessible to campers				
.207	Proper storage and operation of power equipment				
.209	Telephone readily available: -with emergency contact number posted: HCC, EMS, police, fire -Day and Residential Camps only				
.213	Emergency communication system				
.214(A)	Flammable and hazardous materials labeled and stored in locked unoccupied building				
214(B)	Storage of cleaning and other chemicals				
.300	Potable water provided				
.300/.304	Adequate and centralized drinking water facilities -No common drinking cups				
.350/.355	Proper storage and disposal of solid waste				
.400(A)	Rodent and insect infestation				
.400(B)	Rodent and insect control plan: -Proper extermination method				
.401(A)(B)	Weed and noxious plant control				
.450(A)(D)	Site location does not cause undue traffic hazards and is accessible at all times				
.450(B)	Site location not located where surface drainage conditions create no health or safety hazard				

