

# Town of Northborough Health Department

63 Main Street  
Office: (508)-393-5009  
Fax: 508) 393-6996

## APPLICATION FOR RECREATIONAL CAMP FEE \$50.00

NAME OF CAMP \_\_\_\_\_

CAMP ADDRESS \_\_\_\_\_ SITE PHONE #: \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CAMP OWNER \_\_\_\_\_ PHONE # \_\_\_\_\_

CAMP DIRECTOR \_\_\_\_\_ PHONE #: \_\_\_\_\_

**TYPE OF CAMP:** Residential (Operates 24 hours)  Day (Operates less than 24 hours)

Will you have any **special needs campers** (i.e. handicapped)? Yes  No

Do you anticipate any overnights? Yes  No  If yes, where? \_\_\_\_\_

Length of camp season: \_\_\_\_\_ to \_\_\_\_\_ Hours: \_\_\_\_\_

Number of sessions per season: \_\_\_\_\_ Number of Campers per session: \_\_\_\_\_

Number of Staff Persons: \_\_\_\_\_ Total # of Campers expected for season: \_\_\_\_\_

**Has the camp owner or director obtained and reviewed the CORI's and SORI's of each staff person who may have contact with a Camper?** Yes  No  If No, why? \_\_\_\_\_

\_\_\_\_\_

### MEDICAL CARE

Name of Health Care Consultant: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ MA License #: \_\_\_\_\_

Name and address of **hospital** used for emergency services: \_\_\_\_\_

\_\_\_\_\_

Name of Health Supervisor: \_\_\_\_\_

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### FOOD SERVICE

Is food handled, served, or prepared on site? Yes  No

If yes, to what extent? Snacks  Cooked and served by staff  Catered

If catered, list name and address of caterer: \_\_\_\_\_

Is refrigeration available for perishable foods? Yes  No

**SWIMMING/BOATING**

Do you have or use the following for swimming purposes: Swimming Pool, Ocean or Fresh Water? Yes  No

If Yes, name & address of pool: \_\_\_\_\_

If Yes, name & address of ocean or fresh water pond/lake: \_\_\_\_\_

**Aquatic Director** responsible for the supervision of the pool or swimming area? \_\_\_\_\_

**Name of lifeguards** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does the camp participate in any watercraft/boating activities?** Yes  No

If yes, name & address of watercraft/boating activity: \_\_\_\_\_

**Christian’s Law:** municipal and recreational programs and camps that conduct swimming activities at marine or freshwater beaches must have the following in place:

- 1) Determine each minor’s swimming ability prior to allowing participation in swimming activities;
- 2) Ensuring that Coast Guard approved personal flotation devices (PFDs) are made available to nonswimmers and at-risk swimmers or accept a PFD from a parent or guardian of a minor for the minor to use while in attendance at the program or camp.

**TRANSPORTATION**

Does the camp have any transportation vehicles? Yes  No

Is the vehicle properly insured, registered, and state inspected? Yes  No

Have you verified that the driver is properly licensed? Yes  No

**When will the camp be ready for inspection?** \_\_\_\_\_  
(DATE)

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Date: \_\_\_\_\_

See next page 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 to expedite the licensing process.

**REQUIRED DOCUMENTS**

See the MA 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.

- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
  - Copy of Policy re: mildly ill campers, administration of meds and emergency health care provision
  - State re: regulatory compliance w/ DPH and licensing by BOH.
  - Inform parents of right to review polices: background review, health care, discipline polices and grievance.
- 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) - Must list prohibitions at .191B
- 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 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 or sewage and waste water

Please refer to state website for recreational camp info: [www.mass.gov/dph/dcs](http://www.mass.gov/dph/dcs)