

# SELF-CERTIFICATION FORM FOR RECREATIONAL CAMPS FOR CHILDREN

Name of Facility or Program: \_\_\_\_\_

Address of Facility or Program: \_\_\_\_\_

Name of Owner or Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned, hereby attest to the following under the pains and penalties of perjury:

- (1) The Board of Health gave me the following documents:
  - This Self-Certification Form for Recreational Camps for Children with Appendixes,
  - A blank Return to Compliance/Request for Variances Form, and
  - A copy of Chapter 4 of the State Sanitary Code, 105 CMR 430.000, Minimum Sanitation Standards for Recreation Camps for Children;
- (2) I returned the following documents to the Board of Health:
  - This Self-Certification Form for Recreational Camps for Children, and
  - A completed Return to Compliance/Request for Variances Form;
- (3) I have personally examined and am familiar with the information contained in the documents returned to the Board, including any and all documents accompanying this statement;
- (4) The information contained in these documents is to the best of my knowledge, true, accurate, and complete;
- (5) Any additional documents on file at the facility are identified on the following pages by the words "**DOCUMENT ON FILE**";
- (6) Procedures to maintain compliance are in place at this facility and will be maintained for the coming year or season even if programs or operating procedures are changed over the course of the year or season; and
- (7) I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information.

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

Printed Name/Title: \_\_\_\_\_

Source of Signatory Authority:

If a Partnership:

General Partner

If a Sole Proprietorship:

Proprietor

If a Corporation:

President

Secretary

Treasurer

Vice President (if authorized by corporate vote)

Representative of the Above (if authorized by corporate vote and if responsible for overall operation of the establishment)



<i>EMPLOYMENT BACKGROUND INFORMATION (430.090)</i>		Yes	No	n/a
5	<b>DOCUMENT ON FILE</b> – <u>Background Check Review Procedure</u> for staff persons who may have unsupervised contact with a camper (see Appendix A).	θ	θ	θ
6	<b>DOCUMENTS ON FILE</b> - <u>Staff Files</u> including prior work history, references, CORI, SORI, and out of state/international criminal background checks. Number of files checked by BoH: _____	θ	θ	θ
7	Operator ensures that staff members without approved background checks do not have unsupervised contact with campers. May be with a staff person with an approved background check.	θ	θ	θ
<i>STAFF ORIENTATION (430.091)</i>		Yes	No	n/a
8	<b>DOCUMENT ON FILE</b> – <u>Staff Orientation Plan</u> describing camp's plan of orientation, which includes camp's philosophy, organization, policies and procedures.	θ	θ	θ
9	All paid staff and volunteers receive orientation (including medical policy) before working with children or supervising others.	θ	θ	θ
<i>PREVENTION OF ABUSE AND NEGLECT (430.093)</i>		Yes	No	n/a
10	<b>DOCUMENT ON FILE</b> – <u>Prevention/Reporting Suspected Abuse of Neglect</u> procedures for reporting suspected incidents of child abuse and neglect.	θ	θ	θ
<i>COUNSELOR REQUIREMENTS (430.100)</i>		Yes	No	n/a
11	<b>DOCUMENTS ON FILE</b> – <u>Counselors</u> completed a camp counselor orientation program.	θ	θ	θ
12	<b>DOCUMENTS ON FILE</b> – <u>Junior Counselors</u> completed a junior counselor orientation program.	θ	θ	θ
13	All counselors and junior counselors have required experience and meet minimum age requirements.	θ	θ	θ
<i>CAMP DIRECTOR REQUIREMENTS (430.102)</i>		Yes	No	n/a
14	<b>DOCUMENT ON FILE</b> – <u>Camp Director</u> , if Day or Residential Camp, completed a course in camping administration.	θ	θ	θ
15	Camp Director has required experience and meets minimum age requirements. Name of Camp Director: _____	θ	θ	θ
16	Camp Director is on site at all times.	θ	θ	θ
<i>SUPERVISION OF AQUATICS AND SWIMMING (430.103 A &amp; B)</i>		Yes	No	n/a
17	<b>DOCUMENTS ON FILE</b> – <u>Aquatics Director</u> certifications include lifeguard, CPR, and first aid.	θ	θ	θ
18	Aquatics Director has required experience and meets minimum age requirements. Name of Aquatics Director: _____	θ	θ	θ
19	Aquatics Director provides direct supervision of aquatic activities.	θ	θ	θ
<i>SUPERVISION OF WATERCRAFT ACTIVITY (430.103 C)</i>		Yes	No	n/a
20	<b>DOCUMENTS ON FILE</b> – <u>Watercraft Supervisor</u> certifications include (1) lifeguard, CPR, and first aid, or (2) small craft safety and basic water rescue.	θ	θ	θ
21	Proper ratio of certified counselors to campers to supervise watercraft activities.	θ	θ	θ
22	All staff and campers wear U.S. Coast Guard-approved personal floatation devices while participating in watercraft activity.	θ	θ	θ
23	A minimum of two counselors in each separate watercraft supervising all white water, hazardous salt water, or hazardous fresh water activities.	θ	θ	θ

*SUPERVISION OF OTHER SPECIALIZED ACTIVITIES (430.103 D - G)*

Yes No n/a

24 **DOCUMENT ON FILE** – Riding Instructor licensed in accordance with M.G.L. Ch. 128, s. 2A.

θ θ θ

25 Specialized or high-risk activities are supervised by staff with required experience and certifications/licenses, who meet minimum age requirements.

θ θ θ

*HEALTH RECORDS AND REQUIRED IMMUNIZATIONS (430.150 - 430.152)*

Yes No n/a

26 **DOCUMENTS ON FILE** – Required health records maintained for campers and staff.

θ θ θ

Number of staff records checked by Board of Health: \_\_\_\_\_

Number of camper records checked by Board of Health: \_\_\_\_\_

27 All campers and staff under 18 years old have the following immunizations.

θ θ θ

Number of records checked by Board of Health: \_\_\_\_\_

Immunization	Dose(s)	Comments
MMR	1	
Measles	2 <sup>nd</sup> dose	
Polio (OPV or e-IPV)	3	4 doses required if mixed schedule vaccine given – IPV and OPV
Diphtheria, Tetanus Toxoids and pertussis	4 DtaP/DTP/DT/Td	booster dose of Tetanus/diphtheria (Td) required if more than 10 years since last dose
Hepatitis B	3	for children born after 1/92

28 All campers and staff 18 years or older have the following Immunizations.

θ θ θ

Number of records checked by Board of Health: \_\_\_\_\_

Immunization	Dose(s)	Comments
Measles	2*	*unless born before 1957
Mumps	1*	*unless born before 1957
Rubella	1	
Diphtheria and Tetanus Toxoids	3	Booster dose of Tetanus/diphtheria (Td) required if more than 10 years since last dose

*INJURY REPORTS AND MEDICAL LOG (430.154 - 430.156)*

Yes No n/a

29 Injury reports completed for each fatality or serious injury.

θ θ θ

30 A copy of each injury report is sent to MDPH.

θ θ θ

31 Bound medical log with pre-numbered pages readily available; all entries in ink and no skipped lines.

θ θ θ

32 Medical records available to camp health personnel and authorized public health representatives

θ θ θ

*HEALTH CARE STAFF TO BE PROVIDED (430.159)*

Yes No n/a

33 **DOCUMENT ON FILE** – Health Care Policy approved by the Board of Health and the camp health care consultant. Approved by the BoH on \_\_\_\_\_.

θ θ θ

34 **DOCUMENTS ON FILE** – Written Orders signed by Health Care Consultant available for use by Health Supervisor.

θ θ θ

35 **DOCUMENT ON FILE** – Package Sent to Parents before each camper is admitted to camp, including policy for care of mildly ill campers, administration of medication, and procedures for emergency care.

θ θ θ

36 **DOCUMENT ON FILE** – Health Care Consultant is a Massachusetts licensed physician, nurse practitioner, or physician assistant with pediatric training.

θ θ θ

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

37	<b>DOCUMENT ON FILE</b> – <u>Health Supervisor</u> is a Massachusetts licensed physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, or other person with first aid and CPR certifications. Name of Health Supervisor(s): _____	θ	θ	θ
38	Health Supervisor meet minimum age requirements and is present at camp at all times.	θ	θ	θ
39	Each full-time staff member provided with copy of camp medical policy and trained in the program's infection control procedures and implementation of policy during staff orientation.	θ	θ	θ
<b>STORAGE AND ADMINISTRATION OF MEDICATION (430.160)</b>		Yes	No	n/a
40	Medications properly labeled and kept in a lock storage cabinet.	θ	θ	θ
41	List of medications signed by Health Care Consultant.	θ	θ	θ
42	Medication administered only by Health Supervisor(s).	θ	θ	θ
<b>EMERGENCY/MEDICAL FACILITIES AND EQUIPMENT (430.161)</b>		Yes	No	n/a
43	Infirmery provided, if Day Camp or Residential Camp.	θ	θ	θ
44	Designated area provided for isolation of ill child	θ	θ	θ
45	Required first aid supplies provided.	θ	θ	θ
<b>PROTECTION FROM SUN AND TOBACCO (430.163 – 430.165)</b>		Yes	No	n/a
46	Operator encourages reduced exposure to ultraviolet rays from the sun.	θ	θ	θ
47	Tobacco use restricted to designated areas not accessible to campers.	θ	θ	θ
<b>GENERAL PROGRAM ACTIVITIES AND DISCIPLINE (430.190 – 430.191)</b>		Yes	No	n/a
48	<b>DOCUMENT ON FILE</b> – <u>Discipline Policy</u> describing camp's procedures for disciplining campers.	θ	θ	θ
49	<b>DOCUMENT ON FILE</b> – <u>Package Sent to Parents</u> informing parents that copies of background check, health care and discipline policies, and grievance procedures are available upon request.	θ	θ	θ
50	<b>DOCUMENT ON FILE</b> – <u>Promotional Literature</u> states "This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health."	θ	θ	θ
51	Program of activities and physical environment meets the needs of the campers and does not pose a hazard to their health and safety.	θ	θ	θ
52	Campers released only to parents or individual designated in writing by the parent unless approved in writing by the Board of Health.	θ	θ	θ
<b>RIFLERY AND ARCHERY PROGRAMS (430.201 – 430.203)</b>		Yes	No	n/a
53	Archery equipment kept in good condition, stored under lock and key when not in use.	θ	θ	θ
54	Archery range located away from other activity areas and clearly marked as a danger area. At least 25 yards clearance behind each target.	θ	θ	θ
55	Personal weapons (i.e., bows, rifles, or similar equipment) only allowed with camp operator's written permission, and stored under lock and key by camp operator.	θ	θ	θ
<b>WATERFRONT AND BOATING PROGRAM REQUIREMENTS (430.204)</b>		Yes	No	n/a
56	Swimming areas in clean and safe condition: no swimming at undesignated sites.	θ	θ	θ
57	Proper ratio of properly certified counselors and lifeguards to campers for supervised swimming.	θ	θ	θ

58	Camper swimming ability assessed; campers confined to appropriate swimming areas.	0	0	0
59	Method of supervising and checking bathers established; staff familiar with lost swimmer plan.	0	0	0
60	No swimming after dark unless adequate lighting is provided and swimming is restricted to shallow water.	0	0	0
61	All watercraft equipped with U.S. Coast Guard-approved floatation devices.	0	0	0
62	No small craft in the swimming area unless used by lifeguards on duty.	0	0	0
63	Campers properly certified before participating in white water, hazardous salt water, or hazardous fresh water activities.	0	0	0
<i>CRAFTS EQUIPMENT (430.205)</i>		Yes	No	n/a
64	Arts and crafts equipment in good repair, of safe design, properly installed, and used with proper safety precautions.	0	0	0
<i>PLAYGROUND AND ATHLETIC EQUIPMENT AND FACILITIES REQUIREMENTS (430.206)</i>		Yes	No	n/a
65	Athletic equipment properly set up and maintained.	0	0	0
66	Playing fields and surfaces free from holes and obstructions.	0	0	0
67	Playground equipment in good repair, of safe design, and securely anchored.	0	0	0
68	No concrete or asphalt surfaces under or around playground equipment.	0	0	0
69	Canvas or other pliable seats for swings.	0	0	0
<i>STORAGE AND OPERATION OF POWER EQUIPMENT (430.207)</i>		Yes	No	n/a
70	Power equipment stored and operated properly.	0	0	0
<i>HORSEBACK RIDING PROGRAM REQUIREMENTS (430.208)</i>		Yes	No	n/a
71	Riders wear a hard hat.	0	0	0
72	One experienced instructor for every ten riders on a trail excursion; minimum of two staff members.	0	0	0
<i>TELEPHONES REQUIRED (430.209)</i>		Yes	No	n/a
73	Telephone provided with roster of emergency numbers, including health care consultant.	0	0	0
<i>EMERGENCY AND CONTINGENCY PLANS (430.210 – 430.213)</i>		Yes	No	n/a
74	<b>DOCUMENT ON FILE</b> – <u>Fire Evacuation Plan</u> approved by Fire Dept.	0	0	0
75	<b>DOCUMENT ON FILE</b> – <u>Disaster Plan</u> .	0	0	0
76	<b>DOCUMENT ON FILE</b> – <u>Lost Camper Plan</u> .	0	0	0
77	<b>DOCUMENT ON FILE</b> – <u>Lost Swimmer Plan</u> .	0	0	0
78	<b>DOCUMENT ON FILE</b> – <u>Traffic Control Plan</u> .	0	0	0
79	<b>DOCUMENT ON FILE</b> – <u>Contingency Plan for Day Camp</u> describing procedures to deal with special contingencies involving children attending day camps.	0	0	0
80	<b>DOCUMENT ON FILE</b> – <u>Contingency Plan for Primitive, Travel or Trip Camp</u> describing day-to-day itinerary before departure, sources of emergency care, and contingency plans.	0	0	0

81	Means of emergency communication in place and recognized by all campers and staff.	0	0	0
<i>STORAGE OF HAZARDOUS MATERIALS (430.214)</i>		Yes	No	n/a
82	Flammable materials labeled and stored in a locked building not occupied by campers.	0	0	0
83	Hazardous chemicals labeled and stored in an area not accessible to campers, and separate from food storage.	0	0	0

<i>FIRE PREVENTION AND SMOKE DETECTORS (430.215 - 430.217)</i>		Yes	No	n/a
84	<i>DOCUMENT OF FILE</i> – <u>Statement of Compliance</u> in writing issued by Fire Department on _____.	0	0	0
85	Smoke detectors provided.	0	0	0
86	Tents fire-retardant and non-toxic; no open flame near tents.	0	0	0

<i>VEHICLES AND TRANSPORTATION SAFETY (430.250 - 430.253)</i>		Yes	No	n/a
87	<i>DOCUMENTS ON FILE</i> – <u>Camp Vehicle Drivers</u> possess the required license for the type of vehicle, and a current first aid certificate (unless a 2 <sup>nd</sup> staff person with first aid certificate rides in vehicle).	0	0	0
88	Camp Vehicle Drivers have required experience and meet minimum age requirements. Names of Drivers: _____ _____	0	0	0
89	Vehicles for transporting campers in compliance with M.G.L. Ch. 90, in particular ss. 7B and 7D and regulations of the Massachusetts Registry of Motor Vehicles.	0	0	0
90	All campers, attendants and drivers wear seat belts.	0	0	0
91	Any special needs of campers are communicated to the driver.	0	0	0
92	All vehicles used to transport campers have required amounts of liability insurance.	0	0	0

<i>WATER AND PLUMBING (430.300 – 430.302)</i>		Yes	No	n/a
93	<i>DOCUMENT OF FILE</i> – <u>Private Well Report</u> of chemical and bacterial analyses of private water supply, if not regulated by DEP.	0	0	0
94	Potable water supply provided with adequate quantity and pressure.	0	0	0
95	Adequate and centralized drinking water facilities provided; no common drinking cups.	0	0	0
96	Plumbing maintained in good working order.	0	0	0
97	No cross connections between any pipe carrying drinking water and waste pipes or drains.	0	0	0

<i>FOOD SERVICE (430.320 – 430.335)</i>		Yes	No	n/a
98	Food service operated in compliance with Chapter 10 of the State Sanitary Code, 105 CMR 590.000, <i>Minimum Sanitation Standards for Food Service Establishments</i> .	0	0	0
99	Nutritious meals that include a variety of foods served, and menus are posted.	0	0	0
100	Meals provided at <u>Day Camp</u> meets 1/3 of the "Recommended Dietary Allowances" of Food and Nutrition Board, National Academy of Sciences.	0	0	0
101	Adequately trained staff and equipment provided to ensure handicapped campers are eating nutritionally adequate meals.	0	0	0

102	Operator provides proper methods for storing meals brought from home.	0	0	0
103	Meals are provided to campers who arrive without a bag lunch.	0	0	0
<i>SOLID WASTE AND SEWAGE DISPOSAL (430.350 - 430.360)</i>		Yes	No	n/a
104	Proper storage and disposal of solid waste.	0	0	0
105	Facility is served by town sewer.	0	0	0
106	Facility is served by a septic system.	0	0	0
107	Facility is served by its own wastewater treatment plant.	0	0	0

<i>BATHROOM FACILITIES (430.370 - 430.380)</i>		Yes	No	n/a
108	Adequate number of toilets, sinks, and showers provided. # toilets: _____ # sinks: _____ # showers: _____	0	0	0
109	Adequate toilets, sinks, and shower facilities for special needs campers.	0	0	0
110	Adequate supply of toilet paper provided.	0	0	0
111	Windows and other openings screened; screen doors self-closing.	0	0	0
112	Toilet and shower rooms ventilated to the outdoors.	0	0	0
113	Hot water at handwash sinks, showers, and bathtubs does not exceed 112°F.	0	0	0
114	Sanitary facilities maintained in a clean condition.	0	0	0

<i>RODENT, INSECT, WEED CONTROL - RESIDENTIAL AND DAY CAMPS (430.400 - 430.401)</i>		Yes	No	n/a
115	Adequate rodents and insect control.	0	0	0
116	Adequate weed and noxious plant control.	0	0	0

<i>SWIMMING POOLS (430.431)</i>		Yes	No	n/a
117	Swimming pools operated in accordance with Chapter 5 of the State Sanitary Code, 105 CMR 435.000, <i>Minimum Standards for Swimming Pools</i> .	0	0	0
118	Permit posted, fence and safety equipment provided.	0	0	0

<i>SITE LOCATION (430.450)</i>		Yes	No	n/a
119	Site location is accessible, has adequate surface drainage, drinking water, and sewage disposal, and has no unsafe traffic conditions.	0	0	0

<i>BUILDING REQUIREMENTS (430.451 - 430.472)</i>		Yes	No	n/a
120	<b>DOCUMENT ON FILE</b> - <u>Certificate of Occupancy</u> issued by Building Inspector on _____ for all camp structures used for sleeping or assembly purposes.	0	0	0
121	Screening provided for food preparation and food service areas, screen doors are self-closing.	0	0	0
122	Lighting provided for each kitchen, dining room, mess hall, infirmary, toilet room and stairway.	0	0	0
123	Floors maintained smooth, clean, and free from chronic dampness.	0	0	0
124	Egresses adequate and free from obstructions.	0	0	0
125	Day Camp - adequate shelters to house and provide for on-going camp activities.	0	0	0



126	Non-ambulatory campers and staff housed on ground level with egresses leading to grade or ramp.	0	0	0
127	Towels are sufficiently laundered, and no common towels are allowed.	0	0	0
	<i>OTHER ITEMS</i>	Yes	No	n/a
128	_____	0	0	0
	_____			
129	_____	0	0	0
	_____			
130	_____	0	0	0
	_____			



## RETURN TO COMPLIANCE/REQUEST FOR VARIANCE FORM FOR RECREATIONAL CAMPS FOR CHILDREN

Name of Facility or Program: \_\_\_\_\_

Address of Facility or Program: \_\_\_\_\_

Name of Owner or Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

PLAN TO RETURN TO COMPLIANCE			
#	Description of Steps to be Taken to Return to Compliance	Correction Date	BoH Use Only

### REQUEST FOR VARIANCE

Note: In order to request a variance, you must fill out this form and attend a hearing in front of the Board of Health. You will be notified in writing of the date and time of the hearing. Section 105 CMR 430.800 of the State Sanitary Code allows the Board of Health to vary the application of any provision of the code with respect to any particular case when, in its opinion, the enforcement thereof would do manifest injustice; provided, that the decision of the Board shall not conflict with the intent and spirit of these minimum standards.

Relevant Code Sections	Description of the Requested Variances
430. _____	
430. _____	
430. _____	

