

**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**,
  - ✓ A blank **Recreational Camp for Children Application**.
- (2) I returned the following documents to the Board of Health:
  - This **Self-Certification Form for Recreational Camps for Children** with all required documents attached,
  - A completed **Return to Compliance/Request for Variances Form**,
  - Completed **Recreational Camp for Children Application**, with permit fee.
- (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
  - Treasure
  - 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)

**Section A - Definition of "Camp" (Items 1 - 3)**

<p>1 The program at this facility <u>does not</u> require a Recreation Camp permit from the Board of Health because it meets one of the following criteria:</p>	Yes	No	n/a
(a) A child care program licensed by the Office of Child Care Services in accordance with MGL c. 28A, s. 10.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
(b) Single-purpose classes, workshops, clinics or programs sponsored by municipal recreation departments as provided by MGL c. 111, s. 127A.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
<p>Note: This exemption does <u>not</u> apply to camp programs that rent or use facilities under the control of a municipal recreation department. Programs that are operated by municipal employees who are on the recreation department's payroll <u>are</u> exempt, provided that they do not advertise as a camp.</p>			
(c) Neighborhood playgrounds designed to serve primary play interests and needs of children, as well as affording limited recreation opportunities for all people of a residential neighborhood, whether supervised or unsupervised, located on municipal or non-municipal property, whether registration is required or participation is on a drop-in basis as provided by MGL c. 111, s. 127A.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
(d) A program operated solely on a drop-in basis.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
(e) A classroom-based instructional program with no specialized or high-risk activities conducted as part of the program.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
(f) A summer school program accredited by a recognized educational accreditation agency, where the accreditation includes standards for specialized and high risk activities, if the program involves such activities (see 105 CMR 430.130), and the summer program meets those accreditation standards.	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
<p>* If you check "yes" to any of the items numbered 1(a) to 1(f), then do not fill out the rest of this form. Sign the front page and return it to the Board of Health.</p>			
<p>2 The program at this facility <u>does</u> require a Recreation Camp permit from the Board of Health because it meets at least one of the following criteria:</p>	Yes	No	n/a
(a) Program promotes or advertises itself as a camp.	<input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>
<p>(b) Program meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>• Operates for profit or philanthropic or charitable purposes, whether or not a fee is charged,</li> <li>• Serves five or more children who are not members of the family or personal guests of the operator; and</li> <li>• Operates for any period of time between June 1 and September 30 of any year or not more than 14 consecutive days during any other time of year.</li> </ul>	<input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>
<p>** If you check "yes" to any of the items numbered 2(a) or 2(b), then fill out the rest of the form</p>			
<p>3 The following types of camp will operate at this facility (check all that apply):</p>	Yes	No	n/a
(a) <u>Day Camp</u> – Operates for more than 2 hours, but less than 24 hours per day for at least 5 days during a 2-week period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) <u>Residential Camp</u> – Operates at a permanent site for 4 or more consecutive overnights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) <u>Sports Camp</u> – Operates for 2 or more hours per day with a primary focus on one or sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) <u>Travel Camp</u> – Provides care for not less than a 72-hour period and uses motorized transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) <u>Trip Camp</u> – Provides care for not less than a 72-hour period and moves campers either on foot, or by individually-guided vessels, vehicles or animals from one site to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) <u>Medical Specialty Camp</u> – Provides programs for campers with specific medical/health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B - Required Before Camp Opens (Items 4 - 35)

**Note:** No person can be employed or volunteer at a camp until after the operator has obtained, reviewed and made a determination concerning all background information summarized below.

**Background Information for Staff [430.090 (C)]**

4	For Staff Persons Who are Residents of Massachusetts - No <u>staff person</u> whose permanent U.S. residence is <u>in Massachusetts</u> is or will be employed before the operator obtains, reviews, and makes a determination using all of the following background information:	Yes	No	n/a
	(a) Prior work history for previous five (5) years including a name, address, and phone number of a contact person at each place of employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Three (3) positive reference checks from individuals not related to the staff person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Self-reporting of any felony conviction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Criminal offender record information and juvenile report (CORI/Juvenile Report) from the Massachusetts Criminal History Systems Board (CHSB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Sex offender registry information (SORI) check from the Massachusetts Sex Offender Registry Board (SORB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5	For Staff Persons Who are Residents of Other States - No <u>staff person</u> whose permanent U.S. residence is <u>outside of Massachusetts</u> , is or will be employed before the operator obtains, reviews, and makes a determination using all of the following background information:	Yes	No	n/a
	(a) Prior work history for previous five (5) years including a name, address, and phone number of a contact person at each place of employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Three (3) positive reference checks from individuals not related to the staff person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Self-reporting of any felony conviction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Criminal offender record information and juvenile report (CORI/Juvenile Report) from the Massachusetts Criminal History Systems Board (CHSB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Sex offender registry information (SORI) check from the Massachusetts Sex Offender Registry Board (SORB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Criminal record check, or equivalent where practicable*, from the staff person's state of residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*If an out-of-state criminal record check is impossible to obtain, then the prospective staff person is deemed to be in compliance with 105 CMR 430.090(C)(3)(c) if the out-of-state or foreign jurisdiction notifies the camp in writing that no criminal background check or recognized equivalent is available from the jurisdiction.

"Where practicable" also means that the staff person has completed all other requirements of 105 CMR 430.090, and that documents on file at the camp show that:

- (a) The operator has requested the criminal history check from the appropriate jurisdiction in a timely fashion (proof of mailing by certified mail) and that the requested authority failed to answer in writing; and
- (b) The staff person has completed all other requirements of 105 CMR 430.090.

6	For Staff Persons Who are Residents of Other Countries - No <u>staff person</u> whose permanent residence is <u>outside of the United States</u> , is or will be employed before the operator obtains, reviews, and makes a determination using all of the following background information:	Yes	No	n/a
(a)	Prior work history for previous five (5) years including a name, address, and phone number of a contact person at each place of employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Three (3) positive reference checks from individuals not related to the staff person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Self-reporting of any felony conviction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d)	Criminal offender record information and juvenile report (CORI/Juvenile Report) from the Massachusetts Criminal History Systems Board (CHSB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Criminal record check, or equivalent where practicable*, from the staff person's country of residence. Information can be obtained from the country's criminal information system, local chief of police, or other local authority with relevant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*For international staff screened by an agency, the prospective staff member is deemed to be in compliance with 105 CMR 430.090(C)(3)(c) if the agency certifies in writing that a thorough background check was completed and that no criminal report from the staff person's local jurisdiction is available.			
(f)	For international staff who have previously <u>been in the United States</u> : Sex offender registry information (SORI) check from the Massachusetts Sex Offender Registry Board (SORB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Background Information for Volunteers [430.090 (D)]</b>				
7	For All Volunteers - No <u>volunteer</u> is or will be allowed to volunteer before the operator obtains, reviews, and makes a determination using all of the following background information:	Yes	No	n/a
(a)	Prior work or volunteer history for previous five (5) years including a name, address, and phone number of a contact person at each place of employment or place of volunteer service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Criminal offender record information and juvenile report (CORI/Juvenile Report) from the Massachusetts Criminal History Systems Board (CHSB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Sex offender registry information (SORI) check from the Massachusetts Sex Offender Registry Board (SORB).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Staff Orientation [430.091]</b>				
8	<b>DOCUMENT ON FILE</b> – <u>Orientation Plan</u> describing camp's plan of orientation, which includes camp's philosophy, organization, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	All paid staff and volunteers receive orientation (including medical policy) before working with children or supervising others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Counselor Requirements [430.100]</b>				
10	<b>DOCUMENTS ON FILE</b> – <u>Counselors</u> completed a camp counselor orientation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<b>DOCUMENTS ON FILE</b> – <u>Junior Counselors</u> completed a junior counselor orientation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	All counselors and junior counselors have required experience and meet minimum age requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Health Records [430.150 - 430.151]</b>		Yes	No	n/a
30	<b>DOCUMENTS ON FILE</b> – Required health records maintained for campers and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of staff records checked by Board of Health: _____				
Number of camper records checked by Board of Health: _____				
<b>Required Immunizations [430.152]</b>		Yes	No	n/a
31	All campers and staff <u>under 18 years old</u> have the following immunizations:			
	<b>Immunization</b>	<b>Minimum Dose(s)</b>		
	MMR	A minimum of one dose of MMR vaccine(s) must be administered at or after 12 months of age.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Measles	A second dose of live measles-containing vaccine given at least 4 weeks after the first, is required for all campers and staff, who will be entering grades K-12 or college in the school year immediately following the camp session is required.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Polio (OPV or e-IPV)	A minimum of three doses of inactivated polio vaccine (e-IPV) or oral polio vaccine (OPV) are required. If a mixed IVP and OPV schedule was used, four doses is required.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Diphtheria, Tetanus Toxoids and Pertussis	A minimum of four doses of DTaP/DTP/DT or at least 3 doses of Td is required. Where a camper or staff person is seven or more years of age and requires additional immunizations to satisfy 105 CMR 430.152(A)(3), Td is to be substituted for DTaP, DTP or DT vaccine.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Hepatitis B	For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Number of vaccination records checked by Board of Health: _____				
32	All campers and staff <u>18 years or older</u> have the following Immunizations.			
	<b>Immunization</b>	<b>Minimum Dose(s)</b>		
	Measles	Unless born before 1957, two doses of live measles-containing vaccine administered at or after 12 months of age (at least 4 weeks apart) is required.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Mumps	Unless born before 1957, at least one dose of mumps vaccine administered at/or after 12 months of age is required.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Rubella	Unless born before 1957, at least one dose of rubella vaccine administered at/or after 12 months of age is required.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Diphtheria and Tetanus Toxoids	At least three doses of DT/Td are required. A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose of DTaP/DTPDT/Td vaccine.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Number of vaccination records checked by Board of Health: _____				
<b>Emergency/Medical Facilities and Equipment [430.161]</b>		Yes	No	n/a
33	Infirmary provided, if Day Camp or Residential Camp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Designated area provided for isolation of ill child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Required first aid supplies provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C - Camp Operations (Items 36 - 93)

36	Total number of days per year that camp is open: _____			
<b>Prevention of Abuse and Neglect [430.093]</b>		Yes	No	n/a
37	<b>DOCUMENT ON FILE</b> – <u>Prevention/Reporting Suspected Abuse of Neglect</u> procedures for reporting suspected incidents of child abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Injury Reports and Medical Log [430.154 - 430.156]</b>		Yes	No	n/a
38	Injury reports completed for each fatality or serious injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	A copy of each injury report is sent to MDPH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Bound medical log with pre-numbered pages readily available; all entries in ink and no skipped lines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Medical records available to camp health personnel and authorized public health representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Care Staff to be Provided [430.159]</b>		Yes	No	n/a
42	<b>DOCUMENT ON FILE</b> – <u>Health Care Policy</u> approved by the Board of Health and the camp health care consultant. Approved by the BoH on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	<b>DOCUMENTS ON FILE</b> – <u>Written Orders</u> signed by Health Care Consultant available for use by Health Supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<b>DOCUMENT ON FILE</b> – <u>Package Sent to Parents</u> before each camper is admitted to camp, including policy for care of mildly ill campers, administration of medication, and procedures for emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<b>DOCUMENT ON FILE</b> – Health Care Consultant is a Massachusetts licensed physician, nurse practitioner, or physician assistant with pediatric training. Name of Health Care Consultant: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<b>DOCUMENT ON FILE</b> – Health Supervisor 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): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Health Supervisor meet minimum age requirements and is present at camp at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storage and Administration of Medicine [430.160]</b>		Yes	No	n/a
49	Medications properly labeled and kept in a locked storage cabinet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	List of medications signed by Health Care Consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Medication administered only by Health Supervisor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Sun and Tobacco [430.163 – 430.165]</b>		Yes	No	n/a
52	Operator encourages reduced exposure to ultraviolet rays from the sun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Tobacco use restricted to designated areas not accessible to campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>General Program Activities and Discipline [430.190 – 430.191]</b>		Yes	No	n/a
54	<b>DOCUMENT ON FILE</b> – <u>Discipline Policy</u> describing camp’s procedures for disciplining campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	<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.”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Program of activities and physical environment meets the needs of the campers and does not pose a hazard to their health and safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Campers released only to parents or individual designated in writing by the parent unless approved in writing by the Board of Health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Riflery and Archery Programs [430.201 – 430.203]</b>		Yes	No	n/a
59	Archery equipment kept in good condition, stored under lock when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Archery range located away from other activity areas and clearly marked as a danger area. At least 25 yards clearance behind each target.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Personal weapons (i.e., bows, rifles, or similar equipment) only allowed with camp operator’s written permission, and stored under lock by camp operator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Waterfront and Boating Program Requirements [430.204]</b>		Yes	No	n/a
62	Swimming areas in clean and safe condition: no swimming at undesignated sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Proper ratio of properly certified counselors and lifeguards to campers for supervised swimming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Camper swimming ability assessed; campers confined to appropriate swimming areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Method of supervising and checking bathers established; staff familiar with lost swimmer plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	No swimming after dark unless adequate lighting is provided and swimming is restricted to shallow water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	All watercraft equipped with U.S. Coast Guard-approved floatation devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	No small craft in the swimming area unless used by lifeguards on duty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Campers properly certified before participating in white water, hazardous salt water, or hazardous fresh water activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Crafts Equipment [430.205]</b>		Yes	No	n/a
70	Arts and crafts equipment in good repair, of safe design, properly installed, and used with proper safety precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Horseback Riding Program Requirements [430.208]</b>		Yes	No	n/a
71	Riders wear a hard hat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	One experienced instructor for every ten riders on a trail excursion; minimum of two staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Telephone Required [430.209]</b>		Yes	No	n/a
73	Telephone provided with roster of emergency numbers, including health care consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Emergency and Contingency Plans [430.210 – 430.213]</b>		Yes	No	n/a
74	<b>DOCUMENT ON FILE</b> – <u>Fire Evacuation Plan</u> approved by Fire Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	<b>DOCUMENT ON FILE</b> – <u>Disaster Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	<b>DOCUMENT ON FILE</b> – <u>Lost Camper Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	<b>DOCUMENT ON FILE</b> – <u>Lost Swimmer Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	<b>DOCUMENT ON FILE</b> – <u>Traffic Control Plan</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Means of emergency communication in place and recognized by all campers and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vehicles and Transportation Safety [430.250 - 430.253]</b>		Yes	No	n/a
82	<b>DOCUMENTS ON FILE</b> – <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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Camp Vehicle Drivers have required experience and meet minimum age requirements. Names of Drivers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	All campers, attendants and drivers wear seat belts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Any special needs of campers are communicated to the driver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	All vehicles used to transport campers have required amounts of liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Service [430.320 – 430.335]</b>		Yes	No	n/a
88	Food service operated in compliance with Chapter 10 of the State Sanitary Code, 105 CMR 590.000, Minimum Sanitation Standards for Food Service Establishments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Nutritious meals that include a variety of foods served, and menus are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Meals provided at <u>Day Camp</u> meets 1/3 of the “Recommended Dietary Allowances” of Food and Nutrition Board, National Academy of Sciences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Adequately trained staff and equipment provided to ensure handicapped campers are eating nutritionally adequate meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Operator provides proper methods for storing meals brought from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Meals are provided to campers who arrive without a bag lunch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D - Camp Facility (Items 94 - 131)

<b>Playground and Athletic Equipment and Facilities Requirement [430.206]</b>		Yes	No	n/a
94	Athletic equipment properly set up and maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	Playing fields and surfaces free from holes and obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Playground equipment in good repair, of safe design, and securely anchored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	No concrete or asphalt surfaces under or around playground equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	Canvas or other pliable seats for swings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storage and Operation of Power Equipment [430.207]</b>		Yes	No	n/a
99	Power equipment stored and operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storage of Hazardous Materials [430.214]</b>		Yes	No	n/a
100	Flammable materials labeled and stored in a locked building not occupied by campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Hazardous chemicals labeled and stored in an area not accessible to campers, and separate from food storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Prevention and Smoke Detectors [430.215 - 430.217]</b>		Yes	No	n/a
102	<b>DOCUMENT OF FILE</b> – <u>Statement of Compliance</u> in writing issued by Fire Department on _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Smoke detectors provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	Tents fire-retardant and non-toxic; no open flame near tents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Water and Plumbing [430.300 – 430.302]</b>		Yes	No	n/a
105	<b>DOCUMENT OF FILE</b> – <u>Private Well Report</u> of chemical and bacterial analyses of private water supply, if not regulated by DEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	Potable water supply provided with adequate quantity and pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Adequate and centralized drinking water facilities provided; no common drinking cups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	Plumbing maintained in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	No cross connections between any pipe carrying drinking water and waste pipes or drains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Solid Waste and Sewage Disposal [430.350 - 430.360]</b>		Yes	No	n/a
110	Proper storage and disposal of solid waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	Facility is served by town sewer: _____ by septic system: _____			

<b>Bathroom Facilities [430.370 – 430.380]</b>		Yes	No	n/a
112	Adequate number of toilets, sinks, and showers provided. # toilets: _____ # sinks: _____ # showers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Adequate toilets, sinks, and shower facilities for special needs campers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	Adequate supply of toilet paper provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115	Windows and other openings screened; screen doors self-closing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	Toilet and shower rooms ventilated to the outdoors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	Hot water at handwash sinks, showers, and bathtubs does not exceed 112°F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Sanitary facilities maintained in a clean condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rodent, Insect, Weed Control – Residential and Day Camps [430.400 - 430.401]</b>		Yes	No	n/a
119	Adequate rodents and insect control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Adequate weed and noxious plant control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Swimming Pools [430.431]</b>		Yes	No	n/a
121	Swimming pools operated in accordance with Chapter 5 of the State Sanitary Code, 105 CMR 435.000, Minimum Standards for Swimming Pools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122	Permit posted, fence and safety equipment provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Site Location [430.450]</b>		Yes	No	n/a
123	Site location is accessible, has adequate surface drainage, drinking water, and sewage disposal, and has no unsafe traffic conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building Requirements [430.451 - 430.472]</b>		Yes	No	n/a
124	<b>DOCUMENT ON FILE</b> – Certificate of Occupancy issued by Building Inspector on _____ for all camp structures used for sleeping or assembly purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	Screening provided for food preparation and food service areas, screen doors are self-closing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	Lighting provided for each kitchen, dining room, mess hall, infirmary, toilet room and stairway.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	Floors maintained smooth, clean, and free from chronic dampness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	Egresses adequate and free from obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	Day Camp - adequate shelters to house and provide for on-going camp activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	Non-ambulatory campers and staff housed on ground level with egresses leading to grade or ramp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131	Towels are sufficiently laundered, and no common towels are allowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>