

**RECREATIONAL CAMP
APPLICATION**



*Sutton Municipal Center
4 Uxbridge Road
Sutton, MA. 01590
Telephone (508) 865-8724
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**Board of Health
Town Of Sutton**

**APPLICATION FOR A LICENSE TO CONDUCT
RECREATIONAL CAMP FOR CHILDREN**

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

PERMIT NO.: _____

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

Address: _____ Telephone _____

Name of Camp Owner: _____

Owner Address: _____ Owner telephone: _____

Name of Camp Director (if different) _____

Operator Address: _____ Operator telephone: _____

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

Address: _____ Telephone # _____

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

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

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

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

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

Wastewater: Public ___ Private ___

Swimming Pool: Yes ___ No ___ Pool Permit # _____

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

Name of sampler _____ Name of laboratory _____

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

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

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

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

Number of Campers Per Age Group: _____

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

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

Stable Name: _____ Location: _____

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

HEALTH CARE

Reference #

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

All campers, staff

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

Campers only

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

Other

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

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

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

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

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

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

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

ADDITIONAL REQUIREMENTS-no documents, inspection required

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

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

Camp vehicle drivers

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

Residential camps

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

Facilities

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

Explanations for 'No' answers above:

Signature of Applicant:

Official Title: _____ Date: _____