

TOWN OF WINCHESTER, MA
APPLICATION TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN - Fee \$200*

NAME OF CAMP: _____

SITE ADDRESS: _____ **SITE TELEPHONE:** _____

NAME OF CAMP OWNER: _____

OFFICE ADDRESS: _____ **TELEPHONE NUMBER:** _____

NAME OF CAMP OPERATOR (if different): _____

OFFICE ADDRESS: _____ **TELEPHONE NUMBER:** _____

TYPE OF CAMP (circle all that apply): DAY RESIDENTIAL TRIP TRAVEL PRIMITIVE

NUMBER OF CAMPERS: _____ **NUMBER OF STAFF:** _____

DAYS OF OPERATIONS:

(check off days of operation)

- SUNDAY
- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY

HOURS OF OPERATION:

(indicate hours of operation on corresponding days of operation)

Dates of Operation:

HEALTH CARE CONSULTANT

NAME: _____ **LICENSE NUMBER:** _____

OFFICE ADDRESS: _____ **TELEPHONE NUMBER:** _____

TYPE OF MEDICAL LICENSE (MD, NP, PA, with Pediatric Training): _____

CAMP DIRECTOR

NAME: _____ **AGE:** _____

NUMBER OF YEARS OF ADMINISTRATION EXPERIENCE: _____

FOOD IS FOOD BEING PREPARED AND/OR SERVED? YES NO (If yes, complete item below)

BOH FOOD PERMIT NUMBER: _____

DAY CAMP DETAILS

LOCATION OF TOILETING/HANDWASH FACILITIES: _____

IDENTIFY SOURCE OF POTABLE WATER: _____

METHOD(S) OF STORING/ PROTECTING CAMPER FOOD: _____

SURVEY OF ACTIVITIES

AQUATICS

USE OF SWIMMING POOL AND/OR BATHING BEACHES? YES NO (If yes, complete items below)

POOL PERMIT NUMBER: _____ BATHING BEACH LOCATION: _____

AQUATICS DIRECTION NAME: _____ AGE: _____

LIFEGUARD CERTIFICATE ISSUED BY: _____ EXPIRES: _____

RED CROSS CPR EXPIRES: _____

AMERICAN FIRST AID CERTIFICATE EXPIRES: _____

DESCRIBE AQUATICS SUPERVISORY EXPERIENCE: _____

RIFLERY USE OF FIREARMS? YES NO (If yes, complete items below)

RIFLERY INSTRUCTOR NAME: _____

NRA INSTRUCTORS' CARD CERTIFICATION DATE: _____ EXPIRES: _____

HORSEBACK USE OF HORSES? YES NO (If yes, complete items below)

RIDING INSTRUCTOR NAME: _____

LICENSE NUMBER: _____ EXPIRES: _____

STABLE LOCATION: _____ BOH PERMIT NUMBER: _____

CHALLENGE COURSE/CLIMBING WALL

USE OF CHALLENGE COURSE/CLIMBING WALL? YES NO (If yes, complete items below)

520 CMR 5.00 LICENSE NUMBER: _____

TRIPS/TRAVEL ARE TRIPS/TRAVEL PLANNED? YES NO (If yes, describe below)

PLEASE DESCRIBE: _____

..... I authorize the verification of the information provided in and with the application is true, complete, and
..... not misleading to the knowledge and belief of the signer. I understand that any license granted based on
..... false, incomplete, or misleading information shall be subject to suspension or revocation.

SIGNATURE OF APPLICANT: _____ PRINTED NAME: _____

OFFICIAL TITLE: _____ DATE: _____

ACHIEVING COMPLIANCE

Please find the tool below to help guide you through the application process. These tools are designed to communicate expectations for obtaining a permit. Please refer to *105 CMR 430.000: Minimum Standards For Recreational Camps For Children* for specificity related to each regulatory requirement. As you prepare your application, the specifics should be incorporated into each item. The items listed in sections **A1** and **B1** are required for all types of camps—the expectation is for all of these items to be complete and submitted. Review the “if” boxes to determine if those specific requirements pertain to your application—the expectation is for these items to be complete and submitted.

SECTION A1: COPIES OF POLICIES	SECTION B1: COPIES OF DOCUMENTS
<ul style="list-style-type: none"> <input type="checkbox"/> Employee/Volunteer background check policy. Includes process for foreign residents. <input type="checkbox"/> Staff orientation policy <input type="checkbox"/> Prevention of abuse and neglect policy <input type="checkbox"/> Camp counselor/junior counselor requirements <input type="checkbox"/> Staffing ratio policy <input type="checkbox"/> Procedures for disposing medical waste <input type="checkbox"/> Maintenance of records policy <input type="checkbox"/> Policy for maintaining health records <input type="checkbox"/> Policy for physical exams/immunizations/exemptions <input type="checkbox"/> Injury reporting /medical log policy <input type="checkbox"/> Communicable disease/parent education policy <input type="checkbox"/> Health care (105 CMR 430.160) policy <input type="checkbox"/> Storage and administration of medication policy <input type="checkbox"/> Protection from the sun policy <input type="checkbox"/> Tobacco/ nicotine device use policy <input type="checkbox"/> Alcohol and marijuana use policy <input type="checkbox"/> Release of camper policy <input type="checkbox"/> Unrecognized person policy <input type="checkbox"/> Camper discipline policy <input type="checkbox"/> Personal weapons policy <input type="checkbox"/> Natural disaster/emergency/traffic control plans <input type="checkbox"/> Day camp special contingency plans 	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of list of activities <input type="checkbox"/> Staff completion of “Heads-up” per staff member <input type="checkbox"/> Special high risk activity licenses/certifications/contracts/insp. <input type="checkbox"/> Copy of blank health record form for campers/staff <input type="checkbox"/> Copies of immunization forms for campers/staff <input type="checkbox"/> Blank copy of injury report form provided from the Department <input type="checkbox"/> Copy of medical log <input type="checkbox"/> Copy of agreement with Health Care Consultant <input type="checkbox"/> Copy of certifications for Health Care Supervisor <input type="checkbox"/> List of staff licensed/trained to administer medications. Signed off by Consultant*. <input type="checkbox"/> List of staff trained for hypo/hyperglycemia. Signed off by Consultant*. <input type="checkbox"/> Copy of promotion literature with statement
IF RISK/ TRAVEL ACTIVITIES...	IF RISK/TRAVEL ACTIVITIES...
<ul style="list-style-type: none"> <input type="checkbox"/> Riflery program policy <input type="checkbox"/> Archery program policy <input type="checkbox"/> Waterfront/boating policies <input type="checkbox"/> Horseback riding program policy <input type="checkbox"/> Transportation safety policy <input type="checkbox"/> Swimmer ability assessment and control plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of NRA Instructor card <input type="checkbox"/> Copy of pool/bathing beach permit <input type="checkbox"/> Compliance from Fire Department for fire prevention <input type="checkbox"/> Copy of CPR for all drivers <input type="checkbox"/> Sample travel itinerary <input type="checkbox"/> Copy of automobile liability insurance <input type="checkbox"/> Copy of bathing beach/pool permit <input type="checkbox"/> Copy of inspection report for climbing wall/challenge course
IF SERVING FOOD...	IF SERVING FOOD...
<ul style="list-style-type: none"> <input type="checkbox"/> Residential/travel/trip camps—policy for min food <input type="checkbox"/> Day camps—min. food requirements policy <input type="checkbox"/> Therapeutic diet policy <input type="checkbox"/> Feeding of camper policy 	<ul style="list-style-type: none"> <input type="checkbox"/> Copies of menus <input type="checkbox"/> Name and qualifications for dietician (therapeutic diets)
IF HOUSING...	IF HOUSING...
<ul style="list-style-type: none"> <input type="checkbox"/> Rodent/pest control policy/plan <input type="checkbox"/> Weed/noxious plan control plan <input type="checkbox"/> Laundry/linen policy 	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of pest control company contract <input type="checkbox"/> Certificate of occupancy from Building Department <input type="checkbox"/> If using vendor for laundry/linen, copy of vendor agreement

ACHIEVING COMPLIANCE DURING INSPECTION

Please find the tool below to help guide you and with the inspection process. These tools are designed to communicate expectations for obtaining a permit. Please refer to *105 CMR 430.000: Minimum Standards For Recreational Camps For Children* for specificity related to each regulatory requirement.

DURING INSPECTION	
<ul style="list-style-type: none"> <input type="checkbox"/> Compliance with details as submitted in application <input type="checkbox"/> Final documentation review** <input type="checkbox"/> Site location—accessible, no hazards, facilities, traffic <input type="checkbox"/> Day camp shelter <input type="checkbox"/> First Aid Kit/ Infirmery Area <input type="checkbox"/> Facilities for good hygiene (handwashing/shower) <input type="checkbox"/> Playground equipment <input type="checkbox"/> Storage of power equipment <input type="checkbox"/> Telephones with phone numbers nearby <input type="checkbox"/> Emergency communication system <input type="checkbox"/> Source of potable water <input type="checkbox"/> No common drinking cups <input type="checkbox"/> Methods/areas for storage of food <input type="checkbox"/> Facilities for solid waste storage <input type="checkbox"/> Toileting / Sanitary facilities—clean, good working order <input type="checkbox"/> Hot water (handwashing/shower) <input type="checkbox"/> Special needs toileting/handwash facilities--adaptive <input type="checkbox"/> Rodent/pest control of grounds/structures <input type="checkbox"/> Vegetation control <input type="checkbox"/> Structure maintenance <input type="checkbox"/> Egresses 	<div style="background-color: #c0e0e0; padding: 2px;">IF SPECIALIZED ACTIVITIES/TRAVEL...</div> <ul style="list-style-type: none"> <input type="checkbox"/> Requirements for tents <input type="checkbox"/> Vehicle/ transportation safety requirements <input type="checkbox"/> Crafts/Sports equipment <input type="checkbox"/> Horseback riding/stable <input type="checkbox"/> Swimming pool/bathing beach areas <div style="background-color: #ffcc99; padding: 2px;">IF PREPARING/SERVING FOOD...</div> <ul style="list-style-type: none"> <input type="checkbox"/> Food service 105 CMR 590.000 + provisions <input type="checkbox"/> Feeding of campers <input type="checkbox"/> Nutritious foods <div style="background-color: #c0e0c0; padding: 2px;">IF HOUSING CAMPERS...</div> <ul style="list-style-type: none"> <input type="checkbox"/> Storage of hazardous materials <input type="checkbox"/> Smoke and Carbon monoxide alarms <input type="checkbox"/> Install/maintenance of plumbing <input type="checkbox"/> No cross connections between good water and waste <input type="checkbox"/> Sewage disposal <input type="checkbox"/> Number + location of toilets/urinal substitute <input type="checkbox"/> Bathing facilities-min. requirement, clean, no duckboards <input type="checkbox"/> Ventilation—dressing room, showers, pools <input type="checkbox"/> Showering facilities—special needs—adaptive <input type="checkbox"/> Screens for doors/windows <input type="checkbox"/> Lighting <input type="checkbox"/> Shelters for residential camps <input type="checkbox"/> Space for non-ambulatory campers <input type="checkbox"/> Separate beds <input type="checkbox"/> No sleeping in food areas <input type="checkbox"/> Linens and towels

* Please make checks payable to the Town of Winchester for \$200