

Permit Number

\$50 Fee

Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2nd Floor / PO Box 325, Sheffield, MA 01257-0325
413-229-7000 Ext. 157 Fax: 413-229-7010 Email: boh@sheffieldma.gov

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

(The Permit Fee is \$50 per session; it must accompany this application. The recreational camp inspection fee is \$250 (up to 5 hours) & \$50 per additional hour or portion thereof.)

Name of Camp: _____

Camp Address: _____

Camp Telephone: _____ Camp Fax: _____

Name of Camp Owner: _____

Address of Owner: _____

Telephone: _____ Fax: _____ Email: _____

Name of Camp Director: _____

Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Name of Health Care Consultant: _____

Address: _____

Telephone: _____ MA License Number: _____

Type of Medical License: _____

Name of Applicant: _____

Signature of Applicant: _____

Official Title: _____

Phone Number: _____ Date: _____

CAMP INFORMATION

Type of Camp: Day: _____ Residential: _____ Sports: _____

Camp Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____
(If more than one session, please note opening & closing dates of each session)

Swimming Pool: Yes _____ Pool Permit Number #: _____

Bathing Beach: Yes _____ No _____

Meals or Snacks Provided: Yes _____ Food Permit Number #: _____

Water Supply: Municipal: _____ Private*: _____

** For Private water supplies – camp must submit water quality test for coliform bacteria, nitrate, nitrite, sodium and lead.*

Sewage Disposal: Municipal/ On-site sewage or Portable Toilets: _____

Please note how many toilets will be provided.

Total number of Campers: _____

of Campers OVER the age of 6: _____ # of campers 6 & under: _____

Number of Counselors: Employed: _____ Volunteers: _____

If camp operates for more than one session – please break down total number of campers and counselors expected to participate in each session.

Are any campers transported to any other site for camp related activities? Yes ____ No ____

If YES, where: _____

STAFF INFORMATION FORM

Name of Health Care Supervisor: _____

Age: _____

Type of Medical License, Registration or Training: MA License Number: _____ **or**

First Aid & CPR Trained: Yes _____ No _____

Supervision of Specialized Activities

Aquatics Director (includes swimming, boating canoeing, watercraft and water skiing)

Name: _____ Age: _____

Lifeguard Certificate issued by: _____ Expiration date: _____

American Red Cross CPR Certificate: _____ Expiration date: _____

American First Aid Certificate: _____ Expiration date: _____

Previous aquatics supervisory experience: _____

Firearms Instructor: Name: _____

National Rifle Association Instructor's card (or equivalent): _____

Date certified: _____ Expiration date: _____

Horseback Riding Instructor Name: _____

License Number: _____ Expiration date: _____

Stable Location: _____

Licensed in accordance with MGL Ch.111 § 155, 158: Yes _____ No _____

Please explain in detail any other **specialized or high-risk activities** (archery, scuba diving, etc.) that may occur at camp: _____

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

Supervisory staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.

Required Documents

Please 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.

- Staff information forms (see above). Additional staff information and certifications as needed.
Supervisory staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- 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)
- Fire evacuation plan ó 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 ó contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps ó 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)
- 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