

TOWN OF EAST LONGMEADOW

BOARD OF HEALTH

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: Day _____ Residential _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Swimming Pool: Yes _____ Pool Permit Number _____ No _____

Bathing Beach: Yes _____ No _____

Meals Provided: Yes _____ Food Permit Number _____ No _____

Signature of Applicant: _____

Official Title: _____ Date: _____

See the next page for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.

Required Documents

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 attached)
- 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 – 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 – contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.251)
- ~~430.251~~ statement of compliance from the local fire department (105 CMR 430.251)
- ~~430.303~~ Applying for initial license after January 1, 2000 – 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

Camp Director

Name: _____

Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): _____

MA License Number: _____

Health Supervisor

Name: _____

Age: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C)): _____

Aquatics Director

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 _____

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.

CAMP CHECKLIST FOR INSPECTION PREPARDNESS

- Certificate of Occupancy from Building Commissioner
- Approved fire evacuation plan by local Fire Department
- Procedures for background review of staff and volunteers
- Orientation plan for staff and volunteers
- Discipline policy
- Disaster plan
- Last camp plan
- Last summer plan
- Traffic control plan
- Contingency plan: Day camps
- Camper release form
- Promotional literature
- Background info on staff and volunteers
 - Prior work history for previous 5 years
 - 3 positive references (non-relative)
 - Criminal history (SORI and CORI)
- Abuse and neglect prevention and reporting form
- Discipline policy
- Health care consultant agreement
- Medical records for staff, volunteers, and campers
 - Allergies
 - Medications
 - Immunizations
- Emergency phone on site
 - Emergency numbers posted
- Drinking water source tested and approved if a drinking well is source

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

April 2005

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 2,600 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-15% may lose limbs, become deaf, have seizures or strokes, or have other problems with their nervous system.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk for meningococcal disease. Children and adults with damaged or removed spleens or an inherited immune disorder (called "terminal complement component deficiency") are also at risk. People who live in settings such as college dormitories are also at greater risk of disease.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

There are currently 2 vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Protection with the meningococcal polysaccharide vaccine lasts about 3 to 5 years. A meningococcal vaccine (conjugate vaccine), which was licensed in January 2005, is expected to help decrease disease transmission and to provide more long-term protection.

Should my child receive meningococcal vaccine?

Meningococcal vaccine is **not** recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child's health care provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can;
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219.

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
COMMUNITY SANITATION PROGRAM
RECREATIONAL CAMPER INJURY REPORT FORM**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), 105 CMR 430.154 specifically requires that a report be completed, on a form prescribed by the Massachusetts Department of Public Health, for each fatality or serious injury as a result of which a camper or staff person is sent home, or is brought to the hospital or a physician's office and where a positive diagnosis is made. Such injuries shall include, but shall not necessarily be limited to, those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. **A copy of each injury report must be sent to the Massachusetts Department of Public Health within SEVEN (7) days of the occurrence of the injury.** PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EVERY QUESTION.

1. Name of Camp: _____
2. Address: _____ City/ Town _____
3. Name of Camp Director: _____ 4. Telephone: _____
5. Today's Date: _____ 6. Date of Injury: _____ 7. Time of Injury: _____ (AM/PM)
8. Did the injury involve a camper, staff person or both : _____
- 9a. Age of Camper and/or Staff Person: _____ 9b. Gender: Male _____ Female _____
10. Briefly describe the incident and subsequent injury: **(Please do not include personal identifying information)**

11. If the injury occurred outdoors, what were the weather conditions at the time of the incident?

Report ID Number

(Internal Use Only)

(continued over)

12. Did the injury occur on the campground? If not, specify the off-site location where the injury occurred.
(please describe the exact location)

13. What body part(s) were injured:

01. Head/Skull _____ 02. Face _____ 03. Neck _____ 04. Arm _____ 05. Hand _____
06. Back _____ 07. Abdomen _____ 08. Leg _____ 09. Ankle _____ 10. Foot _____
11. Other, please specify _____

14. How did injury occur?

01. Falling _____ 02. Collision with person or object _____ 03. Struck by another person or object _____
04. Drowning or near drowning _____ 05. Bite or Sting _____ 06. Cut _____ 07. Burn _____
08. Other, please specify _____

15. Where was the injured person treated?

01. Treated in camp infirmary _____ 02. Treated in hospital Emergency Room, Physician's Office _____
03. Admitted to Hospital _____ 04. Other, please specify _____

16. Was the camper sent home as a result of the injury?
Yes _____ No _____

17. Was more than one camper injured? Yes _____ No _____ If Yes, how many? _____

18. Did the injury involve alleged abuse / neglect? Yes _____ No _____

19. What changes were made in the camp, its environment, or operation as a result of this injury to prevent a reoccurrence?
Please describe specific changes made:

PLEASE MAIL OR FAX CAMPER INJURY REPORTS TO:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
CENTER FOR ENVIRONMENTAL HEALTH
COMMUNITY SANITATION PROGRAM
250 WASHINGTON STREET-7th FLOOR
BOSTON, MA 02108-4619
TELEPHONE (617)-624-5757
FAX (617) 624-5777