



**OFFICE OF THE BOARD OF HEALTH
TOWN OF LEICESTER**

3 WASHBURN SQUARE • LEICESTER, MASSACHUSETTS 01524-1333

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www.leicesterma.org



**APPLICATION FOR A LICENSE TO CONDUCT RECREATIONAL CAMP FOR CHILDREN
MUST BE RECEIVED IN HEALTH DEPARTMENT **FOUR WEEKS** PRIOR TO START OF CAMP**

FEE: \$ 100.00

PERMIT NO: _____

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

Address: _____ Telephone: _____

Name of Camp Owner: _____ Owner Telephone: _____

Owner Address: _____ Owner Email: _____

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 License # _____ 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 test results attached: Yes _____ No _____**

Wastewater: Public _____ Private _____

Swimming Pool: Yes _____ No _____ Pool Permit # _____ **(attach copy of permit)**

Bathing Beach: Yes _____ No _____ **If yes, copy of pre-season 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: _____

of Staff MORE than 18 Years of Age _____ # of Staff LESS than 18 Years of Age _____ # of Volunteers _____

Ratio of Staff to Campers: more than 6 years old _____ 6 years or less _____ Trip _____ Special Needs _____

Stable Name: _____ Location: _____

REQUIRED DOCUMENTS (must be complete and included with this submission, arrange in same order as application)**HEALTH CARE**

	Reference #	Yes___	No___
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 and Staff

Immunization Records	.150	Yes___	No___
Emergency Contact Information		Yes___	No___

Campers Only

Written Parental Permission for Meds and Emergency Care		Yes___	No___
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Other

Certificate of Occupancy from Building Department 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 Does Not Show Up For Day			
Camper Does Not 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 Medications		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 for Field Trips	.250-.253	Yes___	No___

Required Documents for All Staff and Volunteers:

CORI / SORI Reports	.090	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 (EX: Firearms)	.103	Yes___	No___ N/A___

Required Documents for Camp Director, Assistant Camp Director:

Qualifications / Experience (Resume)	.102	Yes___	No___
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Required Documents for Firearms Training:

Firearms Instructor NRA Certification		N/A___	No___
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Required Documents for Aquatics:

American Red Cross Lifeguard Training Certificate	.103	N/A___		
CPR for Professional Rescuer Certificate		Yes___	No___	
First Aid Certificates		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:

Current License for Type of Vehicle (Copy Required)	.252	N/A___		
First Aid Certificate		Yes___	No___	

ADDITIONAL REQUIREMENTS – No Documents or 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 and gloves				

Activities

Swim Test to Classify Swimmers	.204	Yes___	No___	NA___
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___	NA___
Shooting Range Away from Other Activities	.201	Yes___	No___	NA___
Locked Firearms Cabinet		Yes___	No___	NA___
Archery Equipment in Locked Area	.202	Yes___	No___	NA___
Archery Range Located Away from Other Activities		Yes___	No___	NA___
Minimum Number Certified Riding Instructors, Counselors to Campers		Yes___	No___	NA___

Camp Vehicle Drivers

Greater Than 18 Years of Age		Yes___	No___	
Two Years Driving Experience		Yes___	No___	

Residential Camps

Adequate Sleeping Space	.458, .470	N/A___		
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___	
Two (2) Toilets per Sex, >20/Sex, Additional Toilet per Ten (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 Thirty (30) Campers/Sex	.370	Yes___	No___
Windows to Toilet Rooms Screened	.372	Yes___	No___
Screen Doors to Toilet Rooms Self Closing		Yes___	No___
One Sink Every Thirty (30) People	.373	Yes___	No___
Handicap Equipment	.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			
Local Hospital			
Police, Fire, Ambulance		Yes___	No___
Emergency Communication System	.213	Yes___	No___
Tobacco Use Restricted to Areas Inaccessible to Campers	.165	Yes___	No___
Proper Storage and 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___

Explanation for "No" Answers Above: _____

Signature of Applicant: _____ Print Name: _____

Official Title: _____ Date: _____