



Public Health
Prevent. Promote. Protect.

TOWN OF ACTON

Application to operate a Recreational Camp

Health Dept. Phone: 978-929-6632

www.acton-ma.gov

www.health@acton-ma.gov



No. _____

Fee: _____

Total: _____

Number of Campers per season: _____

Number of Staff per season _____

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Website: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____

Name of Camp Operator: _____

Address: _____

Telephone: _____

E-mail: _____

Type of Camp: Day: _____ Residential: _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Swimming Pool: Yes: _____ Pool Permit Number: _____ No: _____

Meals Provided: Yes: _____ Food Permit Number: _____ No: _____

Signature of Applicant: _____

Title: _____

Date: _____

Camp Director

Name: _____

Age: _____

Certification in camping administration: _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Type of License: _____

MA License Number: _____

Telephone: _____

Email: _____

Health Supervisor

Name: _____

Age: _____

Type of Medical License, Registration or Training: _____

Aquatics Director

Name: _____

Age: _____

Lifeguard Certification issued by: _____

Expiration Date: : _____

American Cross CPR Certification: : _____

Expiration Date: : _____

American First Aid Certification: : _____

Expiration Date: : _____

Previous aquatics supervisory experience: _____

Firearms Instructor

Name: _____

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

Date certified: _____

Expiration: _____

Horseback Riding Instructor

Name: _____

License Number: _____

Expiration date: _____

Stable

Location: _____

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

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.

1. Staff information forms – (i.e. Orientation Plan describing camps plan of orientation, which includes camp philosophy, organization, policies and procedures)
2. Procedures for the background review of staff (105 CMR 430.090)
3. Copy of promotional literature (105 CMR 430.190 (C))
4. Prevention/Reporting Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
5. Health care policy (105 CMR 430.159 (B))
6. Discipline policy (105 CMR 430.191)
7. Fire evacuation plan – approved by local fire department (105 CMR 430.210 (A))
8. Disaster plan (105 CMR 430.210 (B))
9. Lost camper plan (105 CMR 430.210 (C))
10. Lost swimmer plan (105 CMR 430.210 (C))
11. Traffic control plan (105 CMR 430.210 (D))
12. Day camps – contingency plan (105 CMR 430.211)
13. Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care and contingency plans (105 CMR 430.212)
14. Current certificate of occupancy from local building inspector (105 CMR 430.451)
15. Written statement of compliance from the local fire department (105 CMR 430.215)

Recreational Camp Application Fees

All applicants are required to submit the following fees along with the Recreational Camp application

Site Permit	\$60.00
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Plus one of the following:

Operations Permit up to 50 campers	\$155.00
Operation Permit 51 – 200 campers	\$275.00
Operation Permit 200 + campers	\$400.00

Plus one of the following:

High Risk Activities (includes horseback riding, hiking, scuba diving, rock climbing, firearms, canoeing and aquatic events)	\$105.00
Low Risk Activities (includes all over activities not covered above)	\$60.00

THIS DOCUMENT IS MEANT TO BE USED AS A GUIDE AND SHOULD NOT BE USED AS A SUBSTITUTE FOR INSPECTION. ALL CAMPS SHALL HAVE A COPY OF 105 CMR 430

Check List for Recreation Camps for Children Application (105 CMR 430)

- Application & Fee Received In Health Department Office
- Occupancy Permit (If Applicable) (.451)
- Water Quality Report (If Applicable)(.303)
- Policies & Procedures On Background Review Of Staff & Volunteers (.090)
- Orientation Plan For Staff & Volunteers (Roles & Responsibilities) (.091)
- Policy On Reporting Of Suspected Child Abuse (.093)
- Discipline Policy ("Time-Out" Or Similar, Must List Prohibitions) (.191)
- Fire Evacuation Plan (Drill W/In First 24 Hours) (.210)(A)
- Disaster Plan (Transportation Resources, Emergency Shelter, Etc.) (.210)(B)
- Lost Camper Plan (Explain Procedure, Include Calling 911) (.210) (C)
- Lost Swimmer Plan (Lifeguard Procedure For Shallow/Deep Areas) (.210) (C)
- Traffic Control Plan (Methods For Reducing Hazardous, Drop Off/ Up) (.210) (D)
- Contingency Plans (No-Show Camper, "Last Minute" Camper) (.211)
- Camper Release Policy (Written Designee To Pick Up) (.190)(B)
- Promotional Literature (.190)
- CORI/SORI Reviewed For All Staff & Volunteers!
- Medical Forms & Immunizations for Campers/Staff
- First Aid Kit
- Health Policies/Consultant/Supervisor
- Site Inspection
- Full Compliance With All Parts of 105 CMR 430 as applicable