



CITY OF NEWBURYPORT HEALTH DEPARTMENT

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Required Documents:

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 <http://www.mass.gov/eohhs/docs/dph/regs/105cmr430.pdf> 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 with required MDPH wording (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)) and Signed Health Care Agreement 105 CMR 430.159(A)
- 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 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If 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 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

**APPLICATION FOR A LICENSE TO CONDUCT A
RECREATIONAL CAMP FOR CHILDREN**

Name of Camp: _____

Site Address: _____

Site Telephone: _____ Email: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____ Email: _____

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: _____

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 attached). 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.

Complete the Recreational Camps For Children Reporting Form.

Helpful Link: This is the link to the MDPH Division of Community Sanitation. Here you will find helpful information which includes guidance documents for writing plans and storage of medications, camper injury forms, medication logs, healthcare consultant agreement and other useful information:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/camps-recreational.html>

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
RECREATIONAL CAMPS FOR CHILDREN REPORTING FORM**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards of Fitness for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. In addition, 105 CMR 430.632 requires that the local board of health shall notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community.

RECREATIONAL CAMP INFORMATION			
Camp Name:	Tel#:	Email:	
Owner's Name:		Director's Name:	
In-Season Address (No PO Boxes):		City:	Zip:
Off-Season Address:		City:	State: Zip:
Type of Camp: <input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):			
# Staff per season:		# Volunteers per season:	# Campers per season:

Please complete the required information for your camp.