



## ***TOWN OF DEERFIELD***

*Office of the Board of Health*  
8 Conway Street  
South Deerfield, MA 01373  
Voice: 413.665.1400  
Facsimile: 413.665.1411  
Web: [www.deerfieldma.us](http://www.deerfieldma.us)

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

Name of Camp: \_\_\_\_\_

Name of Camp Operator: \_\_\_\_\_

Site Address: \_\_\_\_\_

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 \_\_\_\_\_

Number of Sessions: \_\_\_\_\_

Number of Campers expected: \_\_\_\_\_

Dates of Operation: Opening: \_\_\_\_\_ Closing: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Meals Provided: Yes \_\_\_\_\_ Food Permit Number \_\_\_\_\_ No \_\_\_\_\_

Swimming Pool: Yes \_\_\_\_\_ Pool Permit Number \_\_\_\_\_ No \_\_\_\_\_

Bathing Beach: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Official Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Recreation Camp for Children Application Checklist

***Please Note:*** The Deerfield Board of Health requires all original (i.e., first-time) camps to go through a public hearing process.

### **Required Documents**

See the Massachusetts 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 430.451),
- 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 applying for an original license, you must file a plan showing the following with the Board of Health at least 90 days before your desired opening date (See 105 CMR 430.631):

- Buildings, structures, fixtures and facilities,
- Proposed source of water supply,
- Works for disposal of sewage and wastewater.

**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's 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.