

Weymouth Health Department

Director
Daniel McCormack,
R.S., C.H.O

Mayor
Robert L. Hedlund



Health Department
75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112

CAMP PERMIT APPLICATION PROCESS LETTER

In accordance with 105 CMR 430.000, Recreational Camp applications must be submitted to us 90 days **before** the camp opens.

Completed application packets must be mailed or dropped off at the Health Department. Applications cannot be submitted electronically. Contact our office at 781-340-5008 with any questions.

All documents requiring signature must be signed and each section completed in full. Incomplete applications will be returned.

GENERAL INFORMATION

The Health Inspectors and Public Health Nurses must inspect the camp prior to operation.

A complete set of the State's Camp Rules and Regulations can be found on the Massachusetts Department of Public Health's (DPH) website: <https://www.mass.gov/regulations/105-CMR-43000-minimum-standards-for-recreational-camps-for-children-state-sanitary-code-chapter-iv>

Weymouth Health Department

Director
Daniel McCormack,
R.S., C.H.O

Mayor
Robert L. Hedlund



Health Department
75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112

2024

RECREATIONAL CAMP FOR CHILDREN LICENSE APPLICATION

In accordance with Code of Massachusetts Regulations 105 CMR 430.00, the Health Department is required to license Recreational Camps for children. This license application must be completed in its entirety including attachments and returned it to our office 90 days prior to the desired opening date. Once the application is approved, our staff will perform an inspection and review medical records.

Name of Camp:			
Camp Site Address:			
Camp Phone:		Camp Fax:	
Type of Camp:	Day: <input type="checkbox"/> Residential: <input type="checkbox"/>	Hours of Operation:	
Overnight:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Dates of Operation:	

Camp Owner:	
Address:	
Phone # & Email	

Camp Operator:	
Address:	
Phone # & Email	

Health Care Consultant:			
Phone #		MA License #	
Type of Medical License (must be Physician, Nurse Practitioner or Physical Asst. w/Pediatric Training)			

Health Care Supervisor:			
Age:			
Type of Medical License, Registration or Training (see 105 CMR 430.159(C))			

Name of Camp Director:		Age:	
Course work in camping admin.:			
Previous camp admin. exp:			

CAMP INFORMATION:

Water Supply: **Municipal:** ☐ **Private:** ☐
Number of Campers: _____ **Age Range:** _____
Numbers of Counselors: **Employed** _____ **Volunteers** _____

Please check any activities that apply:

Archery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Horseback Riding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Firearms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Boating Activities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Swimming Pool	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Bathing Beach	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Meals/Snacks Prov.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

Are any campers transported to any other site for camp related activities: Yes ☐ No ☐

If yes, where: _____

If yes, by whom: _____

Aquatics Director:		Age:	
Lifeguard Certificate issued by:		Exp. Date	
American Red Cross CPR Cert.:		Exp. Date	
First Aid Certificate:		Exp. Date	
Previous aquatics supervisory experience:			

Firearms Instructor:			
National Rifle Association Instructor's card (or equivalent):			
Date Certified:		Exp. Date	

Horseback Riding Instructor:			
License Number:		Exp. Date	
Stable Location:			

All License in accordance with MGL Ch. III, Sect. 155, 158: Yes ☐ No ☐

Required Documents:

See the MA Regulation 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 Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

The following documentation must be attached to this application:

	<u>YES</u>	<u>NO</u>
• Staff information forms in compliance with 105 CMR 430 (Health Records) for every camper and staff person.	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures for the background review of staff (105 CMR 430.090)	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of promotional literature (105 CMR 430.190(C))	<input type="checkbox"/>	<input type="checkbox"/>
• Procedure for reporting suspected child abuse or neglect (105 CMR 430.093)	<input type="checkbox"/>	<input type="checkbox"/>
• Health care policy (105 CMR 430.159(B))	<input type="checkbox"/>	<input type="checkbox"/>
• Discipline policy (105 CMR 430.191)	<input type="checkbox"/>	<input type="checkbox"/>
• Fire evacuation plan – approved by local Fire Dept. (105 CMR 430.210(A))	<input type="checkbox"/>	<input type="checkbox"/>
• Disaster plan (105 CMR 430.210(B))	<input type="checkbox"/>	<input type="checkbox"/>
• Lost camper plan (105 CMR 430.210(C))	<input type="checkbox"/>	<input type="checkbox"/>
• Lost swimmer plan (105 CMR 430.210(C))	<input type="checkbox"/>	<input type="checkbox"/>
• Traffic control plan (105 CMR 430.210(D))	<input type="checkbox"/>	<input type="checkbox"/>
• Day Camps – contingency plan (105 CMR 430.211)	<input type="checkbox"/>	<input type="checkbox"/>
• Primitive, Trip or Travel Camps – written itinerary, including sources of emergency care, contingency plans (105 CMR 430.212)	<input type="checkbox"/>	<input type="checkbox"/>
• Current certificate of occupancy from local building inspector (105 CMR 430.451)	<input type="checkbox"/>	<input type="checkbox"/>
• Written statement of compliance from the local fire department (105 CMR 430.215)	<input type="checkbox"/>	<input type="checkbox"/>
• If applying for initial license after January 1, 2000 – lab analysis of private water supply (if applicable) (105 CMR 430.300.303)	<input type="checkbox"/>	<input type="checkbox"/>
• All other specific information applicable to your type of camp pursuant to 105 CMR 430	<input type="checkbox"/>	<input type="checkbox"/>

You must include a plan showing the following:

1. Buildings, structures and facilities
2. Proposed source of water supply
3. Works for disposal of sewage and waste water

Signature of Applicant: _____

Official Title: _____ Date: _____

***** I have read and reviewed all the elements of the Recreational Camps Power Point:** ☐ *******



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. ☐ Board of Health 2. ☐ Building Department 3. ☐ City/Town Clerk 4. ☐ Licensing Board
5. ☐ Selectmen's Office 6. ☐ Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia

Weymouth Health Department

Director
Daniel McCormack,
R.S., C.H.O

Mayor
Robert L. Hedlund



Health Department
75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112

CORI / SORI PROCEDURE

Dear Camp Operator:

Per the Policy Statement Regarding Background Information Checks for Staff and Volunteers at Recreational Camps for Children received from the Commonwealth of Massachusetts Department of Public Health, the Weymouth Health Department will be following the below policy regarding the procedure used to verify CORI, SORI and Juvenile Report checks.

Procedure: Criminal records and SORI checks must be kept separate from the general camp paperwork and must only be accessed by individuals that are authorized to review them. If camps maintain the information at a location different from the camp site, for example in a central office, the camp must arrange for the documents to be at the camp for the initial inspection for licensure. If the documents are not on site at the time of the inspection, it will be necessary for the camp to arrange for the inspector to review the documents the next business day. For any employee or volunteer that the records cannot be verified that employee or volunteer will not be allowed to work at the camp. A roster list of all employees and volunteers will be requested and reviewed at the camp with backup documentation of their CORI, SORI and Juvenile Report checks. Please note – an individual returning from one summer to the next, but not employed during the year by the camp organization is not considered a permanent staff person; therefore, the camp must complete new criminal history and SORI checks each camp season. If there is no interruption in a staff member's employment by the camp/organization from the time of the yearly background check, no new criminal or sex offender history is required but a copy of their yearly one must be available for verification. Any break in employment requires a new criminal history and SORI check for that employee. **DO NOT** send copies of these reports to the Health Department these reports will only be reviewed on site at the camp at the initial licensure inspection.

If you have any questions or need further information, please contact us at 781-340-5008. A complete set of the State's Rules and Regulations can be found on the Massachusetts Department of Public Health's (DPH) website <https://www.mass.gov/policy-statement/background-information-checks-for-staff-and-volunteers-at-recreational-camps-for-children#downloads>

Sincerely,

Daniel McCormack, R.S., C.H.O.
Director, Weymouth Health Department

Health Care Consultant Agreement

Recreational Camp Information

Camp Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Agreement Information

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below:

430.159(A) Health Care Consultant: A designated Massachusetts licensed physician, certified nurse practitioner or physician assistant having documented pediatric training, as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aid training of the staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders, including for prescription medication administration, to be followed by the on-site health care supervisor in the administration of his or her related duties; and
7. Provide training and tests of competency as required by 105 CMR 430.160 to the health care supervisor and other camp staff.

If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. 105 CMR 430.160(C)

430.159(B) Health Care Policy: A written health care policy, approved by the Board of Health and by the camp health care consultant. Such policy shall include, but not be limited to: daily health supervision; infection control; medication storage and administration, including self-administration when appropriate, pursuant to the requirements of 105 CMR 430.160(D); procedures for using insect repellent; conducting tick checks; promoting allergy awareness; handling health emergencies and accidents, including parental/guardian notifications; available ambulance services; provision for medical, nursing and first aid services; the name(s) of the designated on-site camp health care supervisor; the name, address, and phone number of the camp health care consultant required by 105 CMR 430.159(A); and the name of the health care supervisor(s) required by 105 CMR 430.159(E), if applicable.

430.160(D) Assist in developing the Camp's Administration of Medication Policy: The health care consultant shall acknowledge in writing a list of all prescription and over-the counter medications administered at the camp, approve circumstances in which a health care supervisor or other employee may administer medication and give approval for campers to self-administer epinephrine or inulin (if appropriate).

430.160(E) The camp's health care consultant shall train health care supervisors on the signs and symptoms of hypo or hyperglycemia, and appropriate diabetic plan management.

430.160(G) The camp's health care consultant shall train health care supervisors, and other camp employees designated to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3), including content standards and a test of competency developed and approved by the Department;

430.160(H) The health care consultant shall: document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration; and provide a training review and informational update at least annually for those camp staff authorized to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3).

I meet the requirements of the health care consultant as described in 105 CMR 430.159(A).

I have reviewed theses referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same.

Signature

Print Name/Title: _____

Address: _____

MA License #: _____

Signature /Date: _____