



**TOWN OF DUDLEY
COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE BOARD OF HEALTH**

Fee: \$200

*Application and fee must be submitted 90 business days prior to camp opening date.
CORI check(s) must be submitted 10 business days prior to camp opening date.*

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp: _____

Site Address: _____

Site Telephone: _____

of staff _____ # of volunteer's _____ # of camper's _____

OWNER

Name of Camp Owner: _____

Office Address: _____

Telephone: _____

OPERATOR

Name of Camp Operator (if different than owner): _____

Address: _____

Telephone: _____

CAMP DIRECTOR

Name: _____ Age: _____

Coursework in Camping Administration: _____

Previous Camp Administration experience: _____

HEALTH CARE

Name of Health Care Consultant: _____

Address: _____

Telephone: _____

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): _____

Massachusetts License Number: _____

HEALTH SUPERVISOR

Name: _____ Age: _____

Type of Medical License, Registration or Training (see 105 CMR430.159 (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 M.G.L. Chapter 111, sections 155 and 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 is 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.

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 #'s _____ no ___

Below is a list of documents that must be reviewed by the Health Agent before your application for a license can be fully processed.

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:

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|--|-----------------------|
| \ 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 |
| \ Healthcare 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 |
| \ Lab analysis of private water supply (if applicable). | 105 CMR 430.300, .303 |

NOTE: If you are applying for an original camp license, that is the original camp license in each community where the camp is located, you must file a plan showing the following with the Board of Health at least 90 days before your desired opening date (see M.G.L. Chapter 140, section 32A):

- \ Buildings, structures, fixtures and facilities
- \ Proposed source of water supply
- \ Works for disposal or sewage and waste water
- \ Copy of State of Massachusetts Camp regulations

Signature of Applicant: _____

Official Title: _____ Date: _____

Cell Phone: _____ Email: _____