

Getting Back to Camp

Massachusetts Association of Nonprofit Schools and Colleges
Camp Operator Training
May 11, 2022



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Presentation Overview

- Policies and Procedures
- Staffing Requirements and File Reviews
- Healthcare and Infirmary Requirements
- Orientation
- High Risk Activities
- Christian's Law
- On-Site Camp Requirements

Reviewing Camp's Written Policies and Procedures

- Recommend developing a Camp “Policies and Procedures” binder
- Site specific information
 - Including field trips
- Reviewed for completeness
- Written policies match what is provided to parents



Reviewing Camp's Written Policies and Procedures

Did the camp develop:

Background check policies [.090]

- What information is collected
- Who is authorized to view results
- Minor vs Adult staff/volunteers

Abuse and Neglect Prevention policy [.093] including:

- Immediately reporting suspected incidents to Camp Director and/or DCF
 - Incidents that occur at camp
- Allegedly abusive/neglectful staff person does not have any unsupervised contact with campers
- Notifying **BOH and DPH** that a 51A report was filed
 - Do not send actual report
 - Follow instructions on *Camper Injury Report and Notification Form*

Reviewing Camp's Written Policies and Procedures

Did the camp develop:

Discipline Policies [.191] including:

- Describes behavior that warrants discipline
- How campers will be appropriately disciplined at camp
- Encourage camps to copy and paste prohibitions statement into policy

Prohibitions:

- (1) Corporal punishment, including spanking, is prohibited;
- (2) No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse;
- (3) No camper shall be denied food, water or shelter;
- (4) No child shall be punished for soiling, wetting or not using the toilet.

Reviewing Camp's Written Policies and Procedures

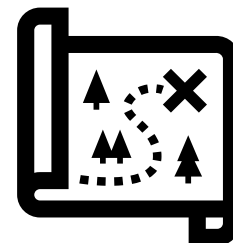
Did the camp develop:

Fire Evacuation Plan [.210(A)]

- Plan must indicate drill conducted within first 24 hours of EACH camp session

Disaster/Emergency Plans [.210(B)]

- Identify shelter location(s)
 - Large enough to accommodate all staff/volunteers present at camp?
- Transportation resources



Lost Camper/Swimmer Plan [.210(C)]

- Include search of entire campground
- Staff/Volunteer responsibilities clearly outlined
- When and who calls 911



Reviewing Camp's Written Policies and Procedures

Did the camp develop:

Protocols for Unrecognized Persons at Camp [.190(E)]

- When/how initial contact is made
- Staff/volunteers informed of protocol

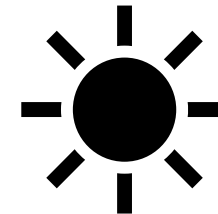
Day Camp Contingency Plans [.211]

- Registered camper doesn't show up in the morning
- Fails to arrive at point of pickup at the end of the day
- Unregistered camper arrives

Procedures relative to releasing campers [.190(B)]

Sunscreen policy [.163]

- Obtaining parent/guardian authorization



Reviewing Camp's Written Policies and Procedures

For any Field Trips, did the camp:

- Develop a written itinerary [.212(A)]
 - Do they have a means to notify parents/guardians of changes
- Provide at least 1 designated HCS [.212(B)]
 - Did the HCS receive proper training and obtained proper authorization?
- Maintain health records in a readily accessible format [.212(C)]
- Store medications in a secure manner and provide a First Aid Kit
- Have contingency plans available [.212(D)]

For Primitive, Travel, Trip Camps:

- Available emergency care and means to contact them identified on itinerary [.212(B)]

Promotional Literature & Parent/Guardian Information

Are all parents/guardians **provided**:

- Care for a mildly ill camper policy [.159(B)(2)]
- Administration of medication policy [.159(B)(2)]
- Emergency health care provisions [.159(B)(2)]
- Meningococcal Disease and Immunization [.157(C)]

At the *time of application*, are all parents/guardians informed of their right to review policies pertaining to [190(D)]:

- Background checks
- Health care
- Discipline policies
- Procedures for filing a grievance

Does ALL promotional literature have the compliance statement [.190(C)]:

“This camp must comply with regulations of the MDPH & be licensed by the LBOH.”

Conducting File Reviews

- Operator shall develop and follow written procedures for the review of the background of each staff person or volunteer [.090(A)]
- No person shall be employed/volunteer until all background information has been reviewed [.090(F)]
- Prior to attending or after receiving offer of employment every camper and staff must provide [.151]:
 - Medical history
 - Physical (if applicable)
 - Certificate of immunization

Minimum Requirements for Staff/Volunteers

Camp Director

Day Camp

- 21 years old
- Camping administration training or sufficient experience

Residential

- 25 years old
- Camping administration training or sufficient experience

Primitive, Travel, Trip

- 25 years old
- Proof of experience

Counselors and Junior Counselors

Day Camp

- Counselor: 16 years old with experience
- Jr Counselor: 15 years old

Residential, Primitive, Travel, Trip, Sport, and Medical Specialty

- Counselor: 18 years old or HS graduate with experience
- Jr Counselor: 16 years old

Conducting File Reviews - Background Information

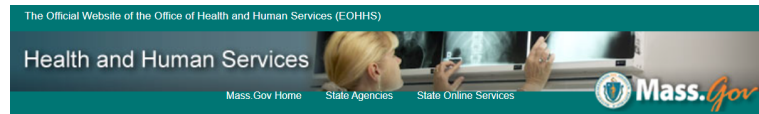
| Background Check Requirements: | Staff | | | | | | Volunteer | |
|-----------------------------------------------------------------|-----------------------------|----------|-------------------------------------------------------|----------|-----------------------------|-------------------------------------|------------|----------|
| | MA Resident | | Out-Of-State | | International | | | |
| | Year-Round | Seasonal | Year-Round | Seasonal | Year-Round | Seasonal | Year-Round | Seasonal |
| 5 Year Work History | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3 Positive References | May use references on file* | | May use references on file* | | May use references on file* | | | |
| MA CORI/Juvenile Report (Level 3) | Once every 3 years | ✓ | Once every 3 years | ✓ | Once every 3 years | ✓ | ✓ | ✓ |
| MA SORI | Once every 3 years | ✓ | Once every 3 years | ✓ | Once every 3 years | X Exempt if never been in the US | ✓ | ✓ |
| Criminal Record Check (or equivalent) from State of Residence | | | Once every 3 years | ✓ | | | | |
| | | | National Background Check Fingerprinting - Acceptable | | | | | |
| Criminal Record Check (or equivalent) from Country of Residence | | | | | Once every 3 years | ✓ | | |

*Gap in employment for 1+ camping seasons need new references

Conducting File Reviews - Medical Records

| Medical Record Contents: | <u>Day Camp (Non-Sport)</u> | | | <u>Day Camp (Sport)</u> | | | <u>Residential, Travel, or Trip Camp</u> | | |
|--------------------------------------|---------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|--------------------------------|-------------------------------------------------------|--------------------------------|------------------------------------------|-------------------------------------------------------|--------------------------------|
| | Staff | | Camper | Staff | | Camper | Staff | | Camper |
| | <i>Under 18</i> | <i>18+</i> | | <i>Under 18</i> | <i>18+</i> | | <i>Under 18</i> | <i>18+</i> | |
| Health Record | ✓ | Rec emergency contact info and authorization for care | ✓ | ✓ | Rec emergency contact info and authorization for care | ✓ | ✓ | Rec emergency contact info and authorization for care | ✓ |
| Immunization/Exemption Documentation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Injury Reports (if applicable) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Current Health History | signed by parent/guardian or health care provider | signed by staff member or health care provider | signed by parent/guardian or health care provider | signed by health care provider | signed by health care provider | signed by health care provider | signed by health care provider | signed by health care provider | signed by health care provider |
| Physical | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Healthcare Consultant (HCC)



Welcome to the Massachusetts Health Professions License Verification Site

On this site you can verify the status of an individual or a business license and view any disciplinary action, or download a data file of your search results at no cost.

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing issued by the Board of Registration in Nursing, the Board of Registration of Physicians Assistants, the Board of Registration of Perfusionists and the Board of Respiratory Care in adherence to [Order of the Commissioner of Public Health Covid 19 Order No. 2021-13](#) extending authorization for the issuance of temporary licenses for certain providers, and renewal or reactivation of certain temporary licenses (issued November 12, 2021).

PLEASE NOTE WHEN REVIEWING THE EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, Perfusionists, and Respiratory Care with an expiration date between March 10, 2020 and June 30, 2022, are current under the Commissioner's order, but will expire on June 30, 2022. If the expiration date is on or after June 30, 2022 for a license in one of these professions, the license is current and will expire on the stated date. MCSRs in these professions with a status of "Current COVID-19" will expire on June 30, 2022.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See [Emergency Medical Technicians \(EMTs\) and Paramedics](#) for more information.

Select a Profession and enter one or more additional fields below. Searching by license number or last name will produce the most efficient results. Otherwise you may retrieve too large a data set to work with on your screen.

Search form fields:

- Profession: All (dropdown)
- License Type: All (dropdown)
- First Name: (text input)
- Last Name: (text input)
- License Number: (text input)
- License Status: All (dropdown)
- City: (text input)
- State: (text input)
- Zipcode: (text input)

Buttons: Search, Clear

Links: [Click here to search for a Business](#), [Click here for User Manual](#), [Click here for Frequently Asked Questions](#)

[Visit the DPH public web site](#)

[Public Records Request](#)

<https://madph.mylicense.com/verification/>

430.159 - Health Care Staff to be Provided

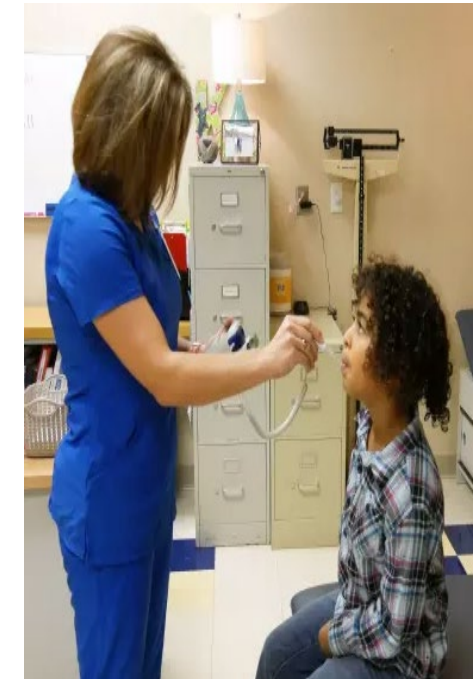
- All camps must have a Health Care Consultant (HCC)
 - MA Physician, NP, or PA with documented pediatric experience
- HCC must sign off on all the camp's health care policies
- Camps must provide list to HCC of:
 - All Health Care Supervisors (HCS) and
 - List of all medication administered at camp
- HCC must train *all unlicensed* HCS
- Training & test of competency for unlicensed HCSs per 430.160

Healthcare Supervisor (HCS)

Present at licensed camps at all times and responsible for the day-to-day operation of camp's health program

May have other non-health related duties (counselor, director, etc.)

| HCS | Required Certifications / Provided Trainings |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physician, Physician Assistant, Certified Nurse Practitioner, Registered Nurse, or Licensed Practical Nurse | Current MA license |
| Specially trained 18-year-old | <ul style="list-style-type: none">• First Aid• CPR• Oral/Topical Prescription Medication Administration Training• Administering Epinephrine Auto-Injectors• Signs and Symptoms of Hypo and Hyperglycemia |



Health Care Policy Components [.159(B)]

- Name and contact information of Health Care Consultant (HCC)
 - HCC agreement signed and dated *annually*
- Names of designated Health Care Supervisor(s) (HCS)
- Daily Health Supervision including but not limited to:
 - *Care of mildly ill campers (this should match what is provided to parents)*
 - Written orders developed by camp's HCC
- Infection Control, including but not limited to:
 - Exclusion/isolation of sick campers or staff
- Procedure for using insect repellant and conducting tick checks
- Promoting allergen awareness
- Handling Emergency Care:
 - Must include how and when parents are notified
 - Ambulance services
 - Provision for medical, nursing, and other first aid services
- Supervising and Supporting Diabetic Campers:
 - Document circumstances a camper may self-administer insulin injections

Health Care Policy Components [.159(B)]

Prescription Medication Administration and Storage:

- List all HCS who will be administering medications
 - Unlicensed HCS: Properly trained for oral/topical meds and epi pens
- List of ALL prescription medication to be administered at camp signed by HCC
- Must require written parental approval to administer medication to campers
- Where medications will be stored
- Medications must be provided and administered from original container

Epi Pen Use Written Policies:

- What is permitted at camp:
 - Self-Carry/Administration;
 - By specially trained individuals and HCS; or
 - Both?
- HCC and camper's parents must sign off on the above listed practices
- Documented HCC provided training (content standards) and test of competency for all unlicensed individuals

Infirmary/First Aid Facility Requirements

| <u>What is needed?</u> | <u>Day Camp</u> | <u>Residential Camp</u> |
|------------------------------------------------------------------------------------------------|-----------------|-------------------------|
| Single facility identified as Infirmary/First Aid Facility | ✓ | ✓ |
| Adequate lighting provided | ✓ | ✓ |
| Infirmary/First Aid Facility easily recognizable and accessible during the day and night | | ✓ |
| Designated space for isolation of sick child with ability to provide negative pressure | | ✓ |
| Ability to store medications in a secure manner (refrigerated and non-refrigerated medication) | ✓ | ✓ |
| Fully stocked class A and class B First Aid kits | ✓ | ✓ |
| Medical Log Book | ✓ | ✓ |
| Injury Report Forms | ✓ | ✓ |

Requirements for Orientation

- Necessary trainings for camp activities
- Specialized trainings to meet the requirements of campers with unique physical/behavioral needs
- Online Head Injury Safety Awareness Training – completed annually
- Health Care Policy – discuss implementation thoroughly with staff
 - Physical copy provided to full time staff members [.159(B)(1)]
- Fire Drills [.210]
- Disaster/Emergency Plans [.210]
- Lost Camper/Swimmer [.210]
- Traffic Control [.210]

Specialized High-Risk Activities

Means those activities posing an inherent risk of serious injury or death due to the nature of the activity regardless of reasonable precautions and supervision. Such activities present an increased risk to health and safety beyond the routine risk of exercising and being active in various weather conditions.

Specialized High-Risk Activities

Aquatics



Specialized High-Risk Activities

Swimming Pool:

- ✓ Posted Permit
- ✓ Written VGB confirmation should be readily available in logbook
- ✓ Appropriate pool fencing
- ✓ Testing Kit – K-2006 and Secchi Disc

Staff:

- ✓ Properly trained CPO
- ✓ Aquatics director
- ✓ Lifeguards (LG)
- ✓ Trained Counselors

Safety Equipment:

- ✓ Hard wired emergency communication device that connects to 911
- ✓ Posted emergency contact numbers near phone
- ✓ Ring buoy
- ✓ Assembled rescue hook
- ✓ LG Equipment: rescue tube, whistle, voice amplifying device, proper bathing suit
- ✓ Backboard with straps

Swim Tests:

- ✓ Swim tests conducted at campers first swim session
- ✓ Ability to confine campers to swimming areas consistent with their abilities

Specialized High-Risk Activities

Beaches:

- ✓ 445 permit kept on file
- ✓ Water quality testing conducted and kept on file [.204(B)]
- ✓ Proper signage at entrance [.204(B)]
- ✓ Sufficient water clarity (secchi disk readily visible in 4 ft of water) [.432(A)(2)]
- ✓ 1 ring buoy for every 2,000ft² of water surface [.432(C)]
 - Ring Buoy: 2.5 lbs minimum inside diameter 15" attached to a 1/4" rope no less than 60 ft in length
- ✓ Piers, floats, platforms all in good repair [.204(F)]
 - No sharp corners/projections
 - Ladders and platforms secured in place
 - Treads of stairs and ladders for diving areas must have non-slip covering and handrail [.432(B)]

Specialized High-Risk Activities

Supervision of Swimming Activities:

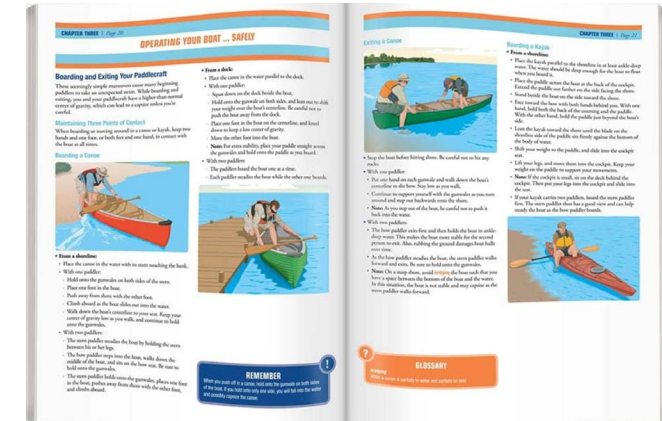
- ✓ Lifeguard Present: 1 Lifeguard for every 25 people [.103(A)]
- ✓ Additional 1 Staff member for every 10 campers in or near the water [.103(A)]
- ✓ Aquatics Director must be present if 50 or more campers are in/near the water [.103(A)]
- ✓ Buddy System in place [.204(D)]

Supervision of Watercraft Activities:

- ✓ Supervision of Watercraft Activities: 1 properly trained staff for every 10 campers in watercraft [.103(B)(1)]
- ✓ PFDs always worn during watercraft activities [.103(B)(4)]

Specialized High-Risk Activities

Guidance issued March 2020 on alternatives for
ARC Small Craft Safety



| Option 1 | Option 2 | Option 3 |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> •Lifeguard | <ul style="list-style-type: none"> •American Red Cross Small Craft Safety (valid until certificate expires) AND •American Red Cross Basic Water Rescue | <ul style="list-style-type: none"> •American Red Cross Basic Water Rescue AND •American Canoe Association Paddle Sports (online) https://www.boat-ed.com/paddlesports/ AND •In-person participatory training specific for the watercraft activities staff will oversee |

Staffing: Watercraft Certification



Course Completion Certificate

| Certificate Number | Date Issued | Match Code |
|--------------------|------------------|--------------|
| US13400616 | January 17, 2020 | YNAYWTIICYTF |

This certificate is presented to
Kerry Wagner
in recognition of successful completion of the
ACA Online Paddlesports Course

| Last Name | First Name | MI |
|-----------|------------|----|
| Wagner | Kerry | |

| Address | City | State | Zip |
|-----------------------|-------------|-------|-------|
| 67 FOREST ST, STE 100 | MARLBOROUGH | MA | 01752 |

| DOB (yyyy-mm-dd) | Gender |
|------------------|--------|
| | F |

I hereby certify that I am personally responsible for completing the work associated with the ACA Online Paddlesports Course.

Student Signature

Date

Continue your paddlesports education with in-person classes. Find one near you at <http://www.americancanoe.org>.

Paddlesports

ACA
Paddlesport
Online Course

ACA Skills
Courses

Sailing

US Sailing
Instructor
Course

Boat

Boat
Massachusetts

Guidance document outlines
minimum requirements

Several other additional training
options available

Christian's Law

Christian's Law, 2012:



All municipal and recreational programs or licensed camps conducting swimming activities at fresh or saltwater beaches shall:

1. Ensure that all minors are swim tested at the first swimming session,
2. Make available a Type I, II, or III personal flotation device (PFD) to all minor children determined to be either a non-swimmer or an at-risk swimmer, and
3. Allow parents or legal guardians to provide their own PFD to their child if they so choose.

432.020 - Applicability

Who must comply?

Municipal and Recreational Programs or Camps that use:

- Public,
- Semi-public, or
- Private **bathing beaches** for bathing or swimming activities
[\[432.020\(A\)\]](#)

Swim Tests

- **All minors must be swim tested [432.100(C)]**
- **Swim Test:** A swimming ability determination conducted at a minimum once per summer for every minor at each program or camp by a certified swim instructor or a swim assessor
- Conducted by CSI or Swim Assessor [432.100(B)]
 - Certified Swim Instructor (CSI):
 - ARC WSI or
 - YMCA LG 2011 – AQ711B
 - Swim Assessor:
 - At least 16 years old, CPR, First Aid, certified Lifeguard **AND**
 - At a minimum, observed one and participated in one annual swim test training conducted by a CSI.
 - *Both* trainings must be documented.

Classification

- Identify Swimmers and Non-Swimmers/At-Risk Swimmers [432.010]:
 - Non-Swimmers have not passed YMCA level 4 (minnow) or ARC level 3 swim tests
 - At-risk Swimmers may or may not have passed a YMCA level 4 (minnow) or ARC level 3 swim test, but have been determined to have a physical, psychological, medical or cognitive disability that could have a negative impact on their swimming ability.
- Take place at the venue the swimming will take place [432.100(D)]
 - If the camp/program is bringing dedicated lifeguards to a waterfront field trip, swim test may be conducted in a pool prior to field trip
 - If the waterfront provides lifeguards through a contractual agreement, the swim test must be conducted at the waterfront

Operator Responsibility and PFDs

1. Operators must ensure that properly sized PFDs are made available [\[432.120\(A\)\]](#)
2. All PFDs shall be in serviceable condition [\[432.120\(B\)\]](#)
3. Operators shall ensure the PFDs are properly sized and fitted for each minor prior to swimming activity [\[432.120\(C\)\]](#)
4. Operators must have an adequate number and range of sizes of PFDs [\[432.120\(D\)\]](#)
5. Operators may contract with off-site bathing beach operators for supply of PFDs [\[432.120\(E\)\]](#)

PFDs and Parents/Guardians

1. An operator shall **not** refuse a PFD from a parent/guardian [\[432.130\(A\)\]](#)
2. The minor shall wear the PFD at all times except during:
 - a. Swim tests;
 - b. Swimming lessons;
 - c. Diving Lessons; and
 - d. Closely supervised beach waterfront activities[\[432.130\(B\); Guidance for Implementing\]](#)
3. PFD must be clearly labeled with the child's name and the parent/guardian emergency contact info and it must be a Type I, II, III properly sized and fitted [\[432.130\(C\) + \(D\)\]](#)
4. If the PFD provided by a parent or guardian is not properly fitting, or is damaged, or otherwise not in serviceable condition: [\[432.130\(E\)\]](#)
 - a. The child should not be allowed to swim,
 - b. The camp/program must gain permission from parent/guardian before providing a different properly sized and fitted PFD to that child
 - c. Ensure EVERYTHING is documented

Policies and Record Keeping

- ☐ An orientation plan for all staff and volunteers;
- ☐ Procedures for identifying non-swimmers and at-risk swimmers;
- ☐ A daily check-in routine for reviewing and confirming proper swimming level identification;
- ☐ A plan to ensure an adequate inventory of serviceable PFD's and their proper storage;
- ☐ Procedures for PFD distribution to participants;
- ☐ Appropriate training for staff; and
- ☐ Compliance with required recordkeeping.

Guidance Tools

- ❑ Swim and Fit Test Model Documentation Form
- ❑ Guidance Checklist
 - ❑ Will help to ensure compliance with 432.000
- ❑ Guidance for Implementing Regulations
 - ❑ Swim Determinations
 - ❑ Identifying Non-Swimmers and At-Risk Swimmers
 - ❑ Suggested Methods
 - ❑ Confinement to Dedicated Swimming Areas

Specialized High-Risk Activities

Challenge Courses, Climbing Walls, and Inflatables

- Licensed and maintained in accordance with 520 CMR 5.00 Amusement Devices [.103(G)]
- All elements have annual inspection with written report [.103(G)]
- USID plate visibly displayed at site of course/climbing wall [5.14 and 5.15]
 - Updated each year with annual permit
 - Permit includes individual numbers for each element
- Inflatables need to be marked with a number issued by the Office of Public Safety and Inspections [5.09]
- Sufficient supervision [.103(G)]:
 - 1 counselor for every 10 campers

Sample License:

The Commonwealth of Massachusetts
Office of Public Safety and Inspections
License to Operate Challenge Course

License #: MA-###
Expiration Date: MM/DD/YYYY

Challenge Course Manager
Challenge Course Manager's Name

Owner's Name
Name of Camp/Company
Camp/Company Address
City / Town MA Zip Code

Contact's Name
Contact's Phone Number

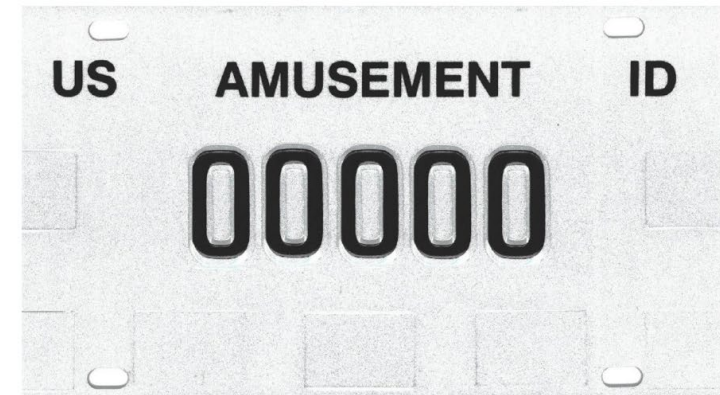
| U.S.I.D. # | Device | U.S.I.D. # | Device | U.S.I.D. # | Device |
|------------|------------|------------|------------|------------|------------|
| 00000-01 | Element #1 | 00000-03 | Element #3 | 00000-05 | Element #5 |
| 00000-02 | Element #2 | 00000-04 | Element #4 | 00000-06 | Element #6 |

Layla R. D'Emilia
Layla R. D'Emilia
Commissioner of Public Safety and Inspection

MM/DD/YYYY
Issued Date

Page 1 of 1

Sample USID Plate:



Sample Sticker:



Specialized High-Risk Activities

Firearms/Riflery Programs

- A segregated shooting range is provided in accordance with NRA standards [.201(B)]
- A firing line is in place [.201(D)]
- Firearms [.201(A)]:
 - In good condition
 - Stored in locked cabinet
 - Ammunition stored in separate locked facility
- Personal equipment only allowed with camp operator's written permission [.203]
- Sufficient supervision [.103(D)]:
 - 1 NRA Instructor directly supervising (can be included in below ratio)
 - 1 counselor for every 10 campers

Archery Programs

- Segregated from other activities [.202(B)]
- 25 yards of clearance behind each target [.202(B)]
- Clearly marked danger area behind targets [.202(B)]
- Common firing line in place [.202(B)]
- Ready line marked behind the firing line [.202(B)]
- Bows and Arrows [.202(A)]:
 - In good condition, and
 - Stored under lock and key
- Personal equipment allowed with operator's written permission [.203]
- Sufficient supervision [.103(E)]:
 - 1 counselor for every 10 campers

Site Requirements

Assembly Areas (including sleeping areas):

- Sufficient shelter space sufficiently large enough to house all campers and staff at Day Camps [.457]
- Current certificate of inspection from local building inspector [.451]
- Egresses unobstructed and maintained in accordance with 780 MA State Building Code [.456]
- Fire/CO alarms [.216]
- Adequate lighting in all infirmaries and stairways [.453]
- Structural and interior maintenance [.454]

Additional Requirements for Sleeping Areas:

- Determining adequate square footage per person in cabin/sleeping area [.458]:
 - 40 ft² single beds
 - 35 ft² bunk beds
 - 50 ft² individuals with special equipment
- Determining appropriate bed arrangements [.470]:
 - 6 ft distance between heads of sleepers
 - Head to toe sleeping common practice
 - 3 ft between single beds
 - 4.5 ft between bunk beds
- Tents under 400 ft² must be labeled as fire resistant [.217]
- Screens in place for all windows [.452]
- Self-closing doors that open in direction of flow of traffic out of building [.452]

Site Requirements

Food Service:

- On-site food service establishment
 - Food permit posted or
 - Written compliance with 590 for USDA Summer Food Service Program (if applicable) [.320]
- Proper methods to store meals brought from home
 - Method to provide lunch if camper arrives without one [.335]
- Screens in all windows and self-closing exterior doors [.452]
- Adequate lighting in all kitchens and dining areas [.453]

Additional items:

- Potable water [.300]
- Emergency communication system [.213]
- Immediate access to a reliable phone with emergency contact numbers posted/readily accessible [.209]
 - Confirm local Police Department has correct address for camp



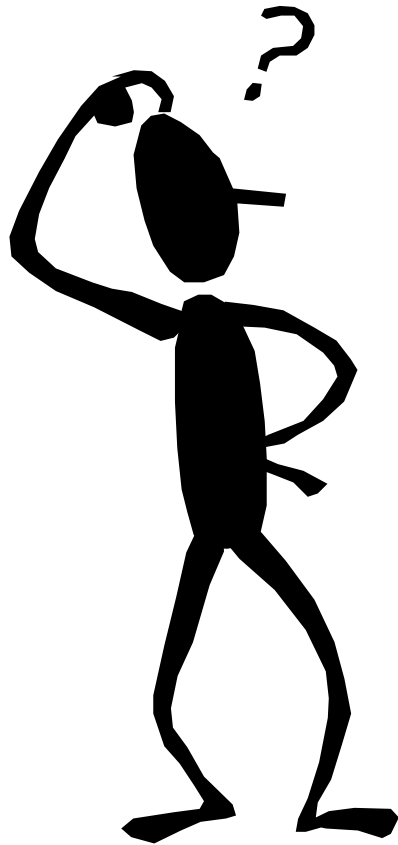
Camp Reporting

All Boards of Health are required to report to the Department all recreational camps for children that have been licensed in their communities on the MDPH Recreational Camps for Children Reporting Form.

All fields on the camp reporting form must be completed and the information requested is vital to the camp reporting process.

| <u>RECREATIONAL CAMP INFORMATION</u> | | | |
|--------------------------------------|--------------------------------------|------------------------------|---------------------------------------------------------------------------|
| 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: | |
| Health Care Consultant Name: | License/Registration # : | | |

Questions ?



Thank You!

Kerry Wagner

Kerry.F.Wagner@mass.gov