

# Town of Ipswich Department of Public Health

25 Green Street  
Ipswich, MA 01938  
978-356-6606; Fax 978-356-6680

## RECREATIONAL CAMP FOR CHILDREN LICENSE APPLICATION SUBMITTED AT LEAST NINETY (90) DAYS BEFORE THE FIRST DAY OF CAMP

**\$150.00 Fee Payable to the Town of Ipswich**

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Public Health Department at least 90 days prior to the desired opening date, or the \$50 late fee will be assessed. The late fee must be paid before the application is processed.

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application.

Camp Name and Location Information			
Camp Name:			
Address where camp operates:			
City:	State:	ZIP Code:	
Phone:	Fax:		
Email:			
Website/Social Media address:			
Camp Owner/Organization Information			
Owner/Organization Name:			
Primary Mailing address:			
City:	State:	ZIP Code:	
Phone(year-round):	Fax:		
Email:			
<input type="checkbox"/> send license to this email address			
Camp Director/Operator Information (if different than owner)			
Director/Operator Name:			
Primary Mailing address:			
City:	State:	ZIP Code:	
Phone (year-round):	Fax:		
Email:			
<input type="checkbox"/> send license to this email address			
Camp Operating Information			
If the camp previously operated in Massachusetts, provide year(s) the camp operated and the name(s) the camp operated under:			
Operated	From: _____ To: _____		
Name(s): _____			
<input type="checkbox"/> N/A			

<p>Has the camp's license ever been suspended or revoked:(check):</p> <p><input type="checkbox"/> Suspended</p> <p><input type="checkbox"/> Revoked</p> <p><input type="checkbox"/> Neither</p>	<p>Type of Camp:</p> <p><input type="checkbox"/> Day                      <input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Residential              <input type="checkbox"/> Primitive</p> <p><input type="checkbox"/> Sport                      <input type="checkbox"/> Travel</p> <p><input type="checkbox"/> Non Sport                <input type="checkbox"/> Trip</p>
<p>Seasonal or Year-Round Camp:</p> <p><input type="checkbox"/> Seasonal</p> <p><input type="checkbox"/> Year-Round</p>	<p>Seasonal camp only:</p> <p>Opening Date for camp: _____</p> <p>Closing Date for camp: _____</p> <p>Hours of Operation: _____</p>
<p>Swimming Pool(s):</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> Off-site</p> <p><input type="checkbox"/> No</p>	<p>Pool Permit Number: _____</p> <p>Off-Site Pools (if applicable): _____</p> <p>Total Number of Pool(s): _____</p>
<p>Bathing Beach(s):</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> Off-site</p> <p><input type="checkbox"/> No</p>	<p>Names of beach, lake or river located at camp (if applicable): _____</p> <p>Off-Site beaches (if applicable) : _____</p>
<p>Meals Provided:    <input type="checkbox"/>    <input type="checkbox"/></p> <p style="text-align: center;">Yes    No</p>	<p>Food Permit Number: _____</p>
<p>Camp Capacity (per Session):</p> <p>Camper: _____    Staff: _____    Total Number for the Year: _____</p>	
<b>Health Care Consultant Information</b>	
Name: _____	
MA License Number: _____	Phone (to reach during camp operations): _____
Type of Medical License:	
<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant with pediatric training <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nurse Practitioner	
<b>Health Care Supervisor Information</b>	
Name: _____	
MA License Number: _____	Age: _____
Type of Medical License, Registration or Training 105 CMR 430.159(C):	
<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner    Attach current First Aid / CPR Training Certifications	
<b>Aquatics Director Information</b> <input type="checkbox"/> N/A	
Name: _____	
Age: _____	
<p>Lifeguard Certificate issued by: _____</p> <p>Expiration date: _____</p>	<p>American Red Cross CPR Certificate: _____</p> <p>Expiration date: _____</p>
<p>American First Aid Certificate: _____</p> <p>Expiration date: _____</p>	<p>Previous aquatics supervisory experience: _____</p> <p>_____</p> <p>_____</p>

**Firearms Instructor Information**  N/A

Name: \_\_\_\_\_

National Rifle Association Instructor's card (or equivalent): \_\_\_\_\_

Date Certified: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Horseback Riding Instructor Information**  N/A

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Stable Location: \_\_\_\_\_

Licensed in accordance with MGL c.111 §155, 158:  Yes  No

**Drinking Water and Plumbing Information**

Is the camp a Public Water System (PWS) or connected to a town water supply?

PWS  
 Town water supply  
 Other: \_\_\_\_\_

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

Municipal/Off-Site  
 On-Site (if on-site, Date of most recent septic tank pumping and inspection: \_\_\_\_\_)  
 Other: \_\_\_\_\_

**Comments or Additional Information**

\_\_\_\_\_

**Certification and Signature**

I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.

Signature of applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

**Documents to be submitted with Application**

- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- iCORI details page and CORI policy (if applicable)
- Orientation Plan for Staff and Volunteers that lists all plans and procedures and describe each person's responsibilities
- List of all counselors, junior counselors, director, alternate director and volunteer names, ages, anticipated role at the camp, and all applicable certification(s)
- Documents to support the qualification of director and alternate director. Certifications for Health Supervisor, staff supervising specialized activities and lifeguards (if applicable)
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- Health Care Consultant Agreement
- Health Care Consultant Acknowledgement of On-Site Medications
- Written policy for administration of medications and staff authorized

- Policy prohibiting use of tobacco, alcohol and marijuana at camp
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- Camper release policy
- Policy for unidentified person at camp [105 CMR 430.190E]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]
- A plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]
- Certification that the tent is fire-resistant and non-toxic, if applicable.