



TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MA 01519

(508) 839-5335 x 119 * Fax: (508) 839-8559

E-mail: healthdept@town.grafton.ma.us

HEALTH AGENT
Lois Luniewicz, REHS/RS, CHO
(508) 839-5335 X 128

PUBLIC HEALTH NURSE
Patricia Pighetti Parent, R.N.
(508) 839-5335 X 129

BOARD OF HEALTH
Deborah A. Chouinard RNC, MSN
Karen Gwozdowski Gauvin
Richard J. Kirejczyk

APPLICATION FOR A LICENSE TO CONDUCT RECREATIONAL CAMP FOR CHILDREN

FEE: \$ 75.00

PERMIT NO.: _____

Name of Camp: _____ **(Include copy of site plan showing all buildings, facilities)**

Address: _____ Telephone: _____

Name of Camp Owner: _____

Owner Address: _____ Owner telephone: _____

Name of Camp Director (if different): _____

Operator Address: _____ Operator telephone: _____

Health Care Consultant (HCC): _____ Designation: _____ MA License # _____

Address: _____ Telephone # _____

Health Care Supervisor (Must be on site at all times) Name: _____

Age: _____ (18 yrs or older) MA License # _____ or **First Aid & CPR certificates attached Yes ___ No ___ .159**

Type of Camp: Day _____ Residential _____ // Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____ Days of Operation: _____

Water supply: Public ___ Private ___ Semi-public ___ If not public, **copy of well results attached Yes ___ No ___**

Wastewater: Public ___ Private ___

Swimming Pool: Yes ___ No ___ Pool Permit # _____

Bathing Beach: Yes ___ No ___ **If yes, copy of preseason test results included: Yes ___ No ___**

Name of sampler _____ Name of laboratory _____

Meals Provided: Yes ___ Food Permit # _____ Permit posted Yes ___ No ___ **Menu provided Yes ___ No ___**

Meals meet Recommended Dietary Allowances (RDA) Yes ___ No ___

If meals are brought from home, how are they kept cold, if necessary _____ .335

Meals provided if campers arrive without a lunch Yes ___ No ___ .335

Number of Campers Per Age Group: _____

Number of Staff MORE than 18 Years of Age _____ Number of Staff LESS than 18 Years of Age _____

Ratio of staff to campers > 6 years old _____ 6 years or less _____ Trip _____ Special Needs _____

Stable Name: _____ Location: _____

REQUIRED DOCUMENTS (must be complete and included with this submission, arranged in same order as application)

HEALTH CARE	Reference #	
Health Care Consultant Agreement	.159	Yes ___ No ___
Health Care Policy, signed by HCC	.159	Yes ___ No ___
Sun Protection Policy, campers and staff	.163	Yes ___ No ___
 All campers, staff		
Immunization records	.150	Yes ___ No ___
Emergency contact info		Yes ___ No ___
 Campers only		
Written parental permission for meds and emergency care		Yes ___ No ___
 Other		
Certificate of Occupancy from Building Dept for sleeping/assembly areas	.451	Yes ___ No ___
Written Compliance from Fire Department	.215	Yes ___ No ___
Fire evacuation plan and drills	.210	Yes ___ No ___
*Procedures for Background review of staff and volunteers	.090	Yes ___ No ___
Staff orientation plan	.091	Yes ___ No ___
Abuse and neglect prevention/reporting procedures	.093	Yes ___ No ___
*Discipline Policy, w/appropriate discipline methods and prohibitions	.191	Yes ___ No ___
*Grievance Procedure		Yes ___ No ___
Disaster Plan	.210	Yes ___ No ___
Lost Camper Plan	.210	Yes ___ No ___
Lost swimmer Plan, if applicable	.210	Yes ___ No ___
Traffic Control Plan	.210	Yes ___ No ___
Contingency Plans (Day camp only)	.211	Yes ___ No ___
Camper doesn't show up for day		
Camper doesn't show up for pick up		
Unregistered Child arrives at camp		
Daily Itinerary (Also Copy to parents)	.212	Yes ___ No ___
Source of emergency care		
Camper release plan	.190	Yes ___ No ___
Promotional literature packet with following policies:		
* Care of mildly ill campers (Health care policy)	.159	Yes ___ No ___
Administration of meds		Yes ___ No ___
Emergency Health care provision		Yes ___ No ___
Statement re: regulatory compliance and licensing	.190	Yes ___ No ___
Parent Advisory of right to review policies (starred above)		Yes ___ No ___
Transportation Plan for field trips	.250-.253	Yes ___ No ___
 Required documents for all staff and volunteers:		
	.090	
CORI/ SORI reports		Yes ___ No ___
Previous work history (resume)		Yes ___ No ___
Three references		Yes ___ No ___
Out of state/international criminal background checks		Yes ___ No ___
Ages (all counselors three years older than campers)	.100	Yes ___ No ___
Certifications for high risk activities, ie, Firearms	.103	Yes ___ No ___ NA ___
 Required documents for Camp Director, Asst. Camp Director:		
Qualifications/experience (resume)	.102	Yes ___ No ___
 Required documents for Firearms training:		
Firearms Instructor NRA Certification		NA ___ Yes ___ No ___

Required documents for Aquatics:	.103	NA ___
American Red Cross Lifeguard Training Certificate		Yes ___ No ___
CPR for Professional Rescuer Certificate		Yes ___ No ___
First Aid Certificate		Yes ___ No ___
Whitewater, salt or fresh water hazardous activities certification		Yes ___ No ___

Required documents for Horseback Riding:		Yes ___ No ___
Horseback Riding Instructor Certification		Yes ___ No ___
Stable License		Yes ___ No ___

Required documents for Camp Vehicle Drivers:	.252	NA ___
Current license for type of vehicle, copy required		Yes ___ No ___
First Aid Certificate		Yes ___ No ___

ADDITIONAL REQUIREMENTS-no documents, inspection required

Medical		
Proper Medication Storage	.160	Yes ___ No ___
Secured medication cabinet, refrigerated as necessary		Yes ___ No ___
Medical log book, bound, pre-numbered pages	.155	Yes ___ No ___
Infirmery, with area for isolation of ill child	.161	Yes ___ No ___
First Aid kit:		Yes ___ No ___
Non-perfumed soap, sterile gauze squares,		
Compresses, adhesive tape, bandage scissors,		
Triangular and rolled bandages, CPR mask,		
Tweezers, cold pack, gloves		

Activities		
Swim test to classify swimmers	.204	Yes ___ No ___ NA ___
Lifeguard/counselor ratio to campers		Yes ___ No ___
US Coast Guard Approved flotation devices for watercraft activities		Yes ___ No ___
Minimum 2 counselors supervising in separate watercraft	.103	Yes ___ No ___ NA ___
Shooting range away from other activities	.201	Yes ___ No ___ NA ___
Locked firearms cabinet		Yes ___ No ___ NA ___
Archery equipment in locked area	.202	Yes ___ No ___ NA ___
Archery range located away from other activities		Yes ___ No ___ NA ___
Minimum number certified riding instructors, counselors to campers		Yes ___ No ___ NA ___

Camp vehicle drivers		
Greater than 18 years of age		Yes ___ No ___
Two years driving experience		Yes ___ No ___

Residential camps		NA ___
Adequate sleeping space	.458, .470	Yes ___ No ___
Handicap equipped	378, .380, .459	Yes ___ No ___
Screens provided	.452	Yes ___ No ___
Tents fire retarded, non-toxic	.217	Yes ___ No ___
Toilet less than 200' from sleeping rooms	.372	Yes ___ No ___
2 toilets per sex, >20/sex, additional toilet per 10 campers/sex		Yes ___ No ___
One shower per every twenty people	.374	Yes ___ No ___
Shower rooms ventilated to outside	.375	Yes ___ No ___
Laundry facilities provided	.162	Yes ___ No ___

Facilities

Day-2 toilets per sex, >60/sex, additional toilet needed per 30 campers/sex	.370	Yes ___ No ___
Windows to toilet rooms screened	.372	Yes ___ No ___
Screen doors to toilet rooms self closing		Yes ___ No ___
One sink every thirty people	.373	Yes ___ No ___
Handicap equipped	.378, .380	Yes ___ No ___
Toilet rooms ventilated to outside	.375	Yes ___ No ___
Hot water at sinks 110-112 degrees Farenheit	.376	Yes ___ No ___
Adequate, centralized drinking water facilities	.300, .304	Yes ___ No ___
Telephone readily available	.209	Yes ___ No ___
Telephone numbers readily available:		
Health care consultant		
Local Hospital		
Police, Fire, Ambulance		Yes ___ No ___
Emergency communication system	.213	Yes ___ No ___
Tobacco use restricted to areas inaccessible to campers	.165	Yes ___ No ___
Proper storage, disposal of solid waste	.350, .355	Yes ___ No ___
Power equipment, stored/operated properly	.207	Yes ___ No ___
Flammable, hazardous materials labeled properly	.214	Yes ___ No ___
Flammable, hazardous materials stored in locked, unoccupied building		Yes ___ No ___
Shelter has adequate smoke detectors	.216	Yes ___ No ___
Rodent, insect control program	.400	Yes ___ No ___
Weed, noxious plant control program	.401	Yes ___ No ___
Site location accessible at all times	.450	Yes ___ No ___
Site location does not cause undue traffic hazards		Yes ___ No ___
Day camp shelter	.457	Yes ___ No ___
Adequate egresses free from obstruction	.456	Yes ___ No ___

Explanations for 'No' answers above: _____

Signature of Applicant: _____

Official Title: _____ Date: _____