Department of Public Health – Community Sanitation Program

105 CMR 430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN

STATE SANITARY CODE, CHAPTER IV

|  |  |  |
| --- | --- | --- |
| RECREATIONAL CAMP FOR CHILDREN INSPECTION FORM | | |
| **NAME OF CAMP:** | | **ADDRESS:** |
| **OWNER/OPERATOR:** | | **OFF SEASON ADDRESS:** |
| **CAMP DIRECTOR:** | |
| **DATE/TIME OF INSPECTION:** |
| **PHONE #:** | |
| **TYPE OF CAMP:**  Day ~ Residential  Sport ~ Non-Sport ~ Medical Specialty  Trip ~ Primitive/Outpost ~ Travel | **WATER SOURCE:** | **INSPECTED BY:** |
| **CAMPER CAPACITY:** |

“No” column = ✓ marked below indicates a violation of 430.000.

“Yes” column = ✓ marked below indicates compliance with provision of 430.000.

“N/A” column = ✓ marked below indicates that the provision of 430.000 is not applicable to this camp.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regulation – 105 CMR 430** | | | **Yes** | **No** | **N/A** | **Comments** |
| **PERMITS** | | | | | | |
| **.451** | Current Certificate(s) of Inspection from local building inspector for sleeping/assembly areas. | |  |  |  |  |
| **.215** | Written compliance from local fire department. | |  |  |  |  |
| **.300(A)(2)(a)** | Private water supply:  DEP approval (>25 people, >60 days/yr) | |  |  |  |  |
| **.300(A)(2)(b)** | Private water supply: (<25 people OR <60days/yr)  BOH approval, chemical & bacterial analyses, no more than 45 days prior to opening | |  |  |  |  |
| **CAMP POLICIES - WRITTEN** | | | | | | |
| **.090(A)** | Procedures for Background Review of  Staff and Volunteers. | |  |  |  |  |
| **.090(C)** | **Staff** – CORI and SORI  Previous Work History (5yrs) – 3 Positive Reference Checks  Out-of-state/International Criminal Background Checks | |  |  |  |  |
| **.090(D)** | **Volunteer Staff** – CORI and SORI  Previous Work/Volunteer History (5yrs) Out-of-state/International Criminal Background Checks | |  |  |  |  |
| **.090(F)** | All Background Info - Received, reviewed, & made determination required pursuant to .090 (C&D). | |  |  |  |  |
| **.091**  **.159(B)(1)**  **.210** | Staff/Volunteer Orientation: Orientation Plan & Attendance Records, Training on Disaster/Emergency Plans, Health Care Policies, & Concussion Awareness | |  |  |  |  |
| **.093** | Abuse & Neglect Prevention Policies & Procedures  Report procedures in accordance w/ M.G.L. c. 119, § 51A  Written notification to MDPH and BOH. | |  |  |  |  |
| **.191** | Discipline Policy: Appropriate Discipline Methods & 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 | |  |  |  |  |
| **Regulation – 105 CMR 430** | | | **Yes** | **No** | **N/A** | **Comments** |
| **CAMP PLANS - WRITTEN** | | | | | | |
| **.210(A)** | Fire Evacuation Plan and Drills | |  |  |  |  |
| **.210(B)** | Disaster/Emergency Plan | |  |  |  |  |
| **.210(C)** | Lost Camper Plan / Lost Swimmer Plan | |  |  |  |  |
| **.210(D)** | Traffic Control Plan | |  |  |  |  |
| **SPECIAL CONTINGENCY PLANS - DAY CAMP** | | | | | | |
| **.211(A)** | Camper doesn’t show up for day. | |  |  |  |  |
| **.211(B)** | Camper doesn’t show up at point of pick up. | |  |  |  |  |
| **.211(C)** | Child not registered arrives. | |  |  |  |  |
| **Promotional Literature/General Requirement** | | | | | | |
| **.159(B)(2)** | Copy of Policy **(Parents/Guardians)**: Care of Mildly Ill Campers, Administration of Meds & Emergency Health Care Provision. | |  |  |  |  |
| **.157(C)** | Meningococcal Disease & Immunization info provided to parents/guardians annually. | |  |  |  |  |
| **.190(B)** | Camper released only to Parents/Guardians or Designated Individual with written authorization. | |  |  |  |  |
| **.190(C)** | Regulatory Compliance & Licensing Statement:  “This camp must comply with regulations of the MDPH & be licensed by the LBOH.” | |  |  |  |  |
| **.190(D)**  **(at time of application)** | Inform parents of right to review background check, health care, discipline policies and grievance procedures upon request. | |  |  |  |  |
| **.190(E)** | Protocol in place to handle unrecognized persons at camp. | |  |  |  |  |
| **FIELD TRIPS** | | | | | | |
| **.212(A)** | Written itinerary provided to parents/guardians before departure. | |  |  |  |  |
| **.212(B)** | Source of emergency care identified; minimum 1 health care supervisor accompanying trip. | |  |  |  |  |
| **.212(C)** | Health records easily accessible for all campers/staff, medications stored securely and accessible only by HCS. First aid kit present. | |  |  |  |  |
| **.212(D)** | Written contingency plans brought on all field trips: (natural disasters, lost camper/swimmer, injuries and illnesses) | |  |  |  |  |
| **TRANSPORTATION** | | | | | | |
| **.250** | Vehicle must comply with M.G.L. c. 90 §§ 7B & 7D:  <14 passengers & driver is camp coach, director, etc. camp vehicles may be used  >14 passengers, vehicle must be school bus All vehicles RMV compliant w/ annual safety insp | |  |  |  |  |
| **.253** | Proper automobile insurance. | |  |  |  |  |
| **.251(C)** | Seatbelts must be worn. | |  |  |  |  |
| **.251(D)(E)** | 1 staff person required when transporting:  Campers to the pick-up/drop-off site; or  8+ campers under 5 yrs. of age; or  2+ campers with physical handicaps. | |  |  |  |  |
| **.251(I)** | Camper under 7 yrs. are not transported longer than 1 hour non-stop. | |  |  |  |  |
| **.252** | Camp vehicle drivers: 18 yrs.+, 2yrs. driving experience, current license for type of vehicle. First Aid certified if no other trained staff aboard. | |  |  |  |  |
| **Regulation – 105 CMR 430** | | | **Yes** | **No** | **N/A** | **Comments** |
| **STAFF QUALIFICATIONS** | | | | | | |
| Camp Director: | | |  |  |  |  |
| **.102(A)** | **Residential:** 25 yrs.+, successful completion of Camp Administration Course or 2+ seasons experience. | |  |  |  |  |
| **.102(B)** | **Day**: 21 yrs.+, successful completion of Camp Administration Course or 2+ seasons experience. | |  |  |  |  |
| **.102(C)** | **Primitive, Travel, Trip**: 25 yrs.+ and proof of experience. | |  |  |  |  |
| **.102(D)** | Designated Substitute: | |  |  |  |  |
| Substitute must meet above criteria. | |
| Counselors/Junior Counselors: | | |  |  |  |  |
| **.100(C)(2)**  **.100(A)** | **Day Camp, Non-Sport**:  *Counselor* = 16 yrs.+ *Junior Counselor* = 15 yrs.+  4+ weeks experience & attend orientation and training | |  |  |  |  |
| **.100(C)(1)**  **.100(A)** | **Residential, Primitive, Sport, Travel, Trip, Medical:** *Counselors* = 18 yrs.+ or graduated from high school *Junior Counselors* = 16 yrs.+  4+ weeks experience & attend orientation and training | |  |  |  |  |
| **.100(C)(3)** | All counselors 3 yrs. older than campers. | |  |  |  |  |
| Required Counselor Ratios: | | |  |  |  |  |
| **.101(A)** | **Residential / Day / Sports Camps**:  1 counselor per 10 campers 7 yrs. or above  1 counselor per 5 campers under 7 yrs. | |  |  |  |  |
| **.101(B)**  **.159(C)** | **Primitive/Outpost, Travel, Trip Camps**:  1 counselor per 10 campers - 1 counselor at least 21 yrs.  2 counselor minimum with 1 counselor having First Aid Certificate or its equivalent | |  |  |  |  |
| **.101(A&B)**  **.103** | **All Camps:**  Staffing plan to supervise campers w/ disabilities during regular and specialized high risk activities. | |  |  |  |  |
| Aquatics Director: | | |  |  |  |  |
| **.020**  .**103(A)** | Lifeguard certification, 21 yrs.+, 6 weeks previous experience in similar supervisory position. | |
| Lifeguard: | | |  |  |  |  |
| **.020**  .**103(A)** | At least 16 years old with [American Red Cross Lifeguard Training Cert/Royal Bronze Medallion/Boy Scouts Lifeguard Cert/YMCA Lifeguard Cert]\* AND CPR AND First Aid Certificate\* \*Or their equivalent | |
| **MEDICAL PERSONNEL** | | | | | | |
| Health Care Consultant (HCC): | | |  |  |  |  |
| **.159(A)** | **MD/DO NP PA** (with documented pediatric training) \*Check for Health Care Consultant Agreement\* License #: | |
| **.159(A)(6)** | Develop written orders to be followed by HCS, including responsibilities for medication administration | |  |  |  |  |
| **.160(C)** | Develop a written list of all medication administered at camp | |  |  |  |  |
| **.160**  **(E)(G)(H)** | HCC Provided & Documented Trainings: HCS required trainings, signs of hypo/hyperglycemia, diabetic plan management, and administering epi-pen with evidence of competency | |  |  |  |  |
| **Regulation – 105 CMR 430** | | | **Yes** | **No** | **N/A** | **Comments** |
| **MEDICAL PERSONNEL** | | | | | | |
| Health Care Supervisor (HCS):  (All Camps must have at least 1 HCS on site at all times) | | |  |  |  |  |
| **.020**  **.159(C)(E)** | MD PA NP RN LPN or… 18 yrs.+, First Aid & CPR certified | |
| **MEDICAL POLICIES AND FACILITIES** | | | | | | |
| **.159(B)** | Camp Health Care Policy | |  |  |  |  |
| **.160**  **(A)(I)** | ALL Medications stored in Original Containers and meds properly disposed of with disposal log. | |  |  |  |  |
| **.160(B)** | Meds stored in secured manner (ACA standards) Medication refrigerator temp 36°F - 46°F | |  |  |  |  |
| **.160**  **(C)(D)** | Written Medication Administration Policy: Medication administered by HCC authorized staff only; oral/topical medication administration training; and  epi-pen and insulin use. | |  |  |  |  |
| **.163** | Sunscreen policy with parent/guardian sign off. | |  |  |  |  |
| **.155** | Medical Log: Readily available and signed by authorized staff person | |  |  |  |  |
| **.154** | Injury Report completed for a fatality or serious injury. Copy sent to MDPH and BOH. | |  |  |  |  |
| **.161(A)** | Day / Residential Camps - Infirmary provided **Residential Camps** - Easily recognizable and accessible during the day and night. | |  |  |  |  |
| **.453** | Lighting provided in infirmary. | |  |  |  |  |
| **.161(B)** | Residential Camp - Area for isolation of ill child with ability to provide negative pressure. | |  |  |  |  |
| **.161(C)** | First Aid Kit: meet ANSI Z308.1-2015 standardsMinimum: 1 Class B kit and 1 Class A kit | |  |  |  |  |
| **.140 & .160(F)** | Medical/Biological waste managed in accordance with 105 CMR 480.000. | |  |  |  |  |
| **MEDICAL RECORDS** | | | | | | |
| **.150**  **.160(D)**  **.190(A)** | Health Record for each Camper & Staff: **Staff/Camper < 18 yrs:** Emergency Contact Info,  Written Parental Permission for Meds, Emergency Care, and Self-Administration of epi-pen or insulin  **Camper > 18 yrs:** Emergency Contact Info | |  |  |  |  |
| **.151(A)(B)** | Residential, Travel, Trip, Sports – Medical History & physical within past 18 monthsDay – Medical history signed off by Parent/Guardian | |  |  |  |  |
| IMMUNIZATIONS: | | |  |  |  |  |
| **.152** | Campers and Staff under 18yrs: | |  |  |  | Number of records checked: \_\_\_\_\_\_\_\_ |
| **.152** | Campers and Staff over 18yrs: | |  |  |  | Number of records checked: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **.153** | Exemption Documentation | |  |  |  |  |
| Regulation – 105 CMR 430 | | | **Yes** | **No** | **N/A** | **Comments** |
| **ACTIVITIES** | | | | | | |
| **.190(A)** | Activities and physical environment meet the needs of campers; do not pose hazard to health/safety. | |  |  |  |  |
| AQUATICS: | | |  | | | |
| **.430** | Swimming Pool: in compliance with105 CMR 435.000 - Permit PostedCompliant w/ VGB Act & Pool Fence Requirements | |  |  |  |  |
| **.432** | Bathing Beach: in compliance with 105 CMR 445.000 - weekly water sampling, water clarity, and ring buoy present | |  |  |  |  |
| **.204(C)**  **Christian’s Law** | All camps in compliance with 105 CMR 432.000  M.G.L. c. 111 § 127A ½ | |  |  |  |  |
| **.204(C)**  **.430(B)** | Swim test to classify swimmers by ability at pools and beaches (Christian’s Law). | |  |  |  |  |
| **.103**  **.204(D)** | Proper supervision at swimming venue:  1 lifeguard per 25 campers  1 counselor per 10 campers  Plan to check swimmers - “buddy system”  50+ kids in/near water Aquatics Director must be present | |  |  |  |  |
| **.204** | Swimming areas clean and safe, no swimming at undesignated sites or at night without lighting. | |  |  |  |  |
| **.204(F)** | Piers, floats, and platforms in good repair. | |  |  |  |  |
| WATERCRAFT | | |  | | | |
| **.204(H)**  **.103(B)(4)** | Watercraft: equipped with USCG approved flotation devices and worn by all campers and staff engaging in watercraft activities.(paddle boards included) | |  |  |  |  |
| **.204(I)** | White water, hazardous salt/fresh water activities:  Campers certified with ARC Level 4+ Certificate or equivalent. | |  |  |  |  |
| **.103(B)** | White water, hazardous salt/fresh water activities:  Minimum 2 counselors in separate watercrafts  1 counselor per 10 campers (counselor must have lifeguard or small craft safety and basic water rescue cert, or equivalent ) | |  |  |  |  |
| CRAFTS: | | |  | | | |
| **.205** | Equipment in good repair, safety precautions taken. | |  |  |  |  |
| PLAYGROUND/ATHLETIC EQUIPMENT: | | |  | | | |
| **.206**  **(A)(B)** | Equipment properly maintained, fields/surfaces free of holes/accident hazards. | |  |  |  |  |
| **.206(C)** | Playground equipment securely anchored with no concrete under/around it, and pliable swing seats. | |  |  |  |  |
| **ARCHERY:** | | | Names/Certs: | | | |
| **.202(A)** | Equipment in good condition, stored locked. | |  |  |  |  |
| **.202(B)** | Range away from other activity areas, clearly marked danger area with 25 yards clearance behind each target. Common firing & ready line in place. | |  |  |  |  |
| **.203** | Personal weapons allowed with camp operator’s written permission. | |  |  |  |  |
| **.103(E)** | 1 counselor per 10 campers at range at all times. | |  |  |  |  |
| **Regulation – 105 CMR 430** | | | **Yes** | **No** | **N/A** | **Comments** |
| **FIREARMS:** | | | Names/Certs: | | | |
| **.201(A)** | Firearms in good condition, stored in locked cabinet. Ammunition locked in separate cabinet. | |  |  |  |  |
| **.201(B)** | Shooting range away from other activity areas. | |  |  |  |  |
| **.201(C)** | Only non-large capacity, single shot rifles permitted. | |  |  |  |  |
| **.201(D)**  **.201(E)** | Firing line in place, no crossing without instructor’s permission. | |  |  |  |  |
| **.103(D)** | **Direct Supervisor:** NRA Instructor’s certification and maintain compliance with applicable M.G.L.’s  **1 counselor per 10 campers** | |  |  |  |  |
| **HORSEBACK RIDING:** | | | Names/Certs: | | | |
| **.103(F)**  **.208(A)** | Excursions: 1 Certified Instructor per 10 campers  Minimum 2 counselors present during excursions  In accordance with M.G.L. c. 128, § 2A | |  |  |  |  |
| **.208(A)** | Riders must wear hard hat at all times. | |  |  |  |  |
| **.208(B)** | Licensed stable in use. | |  |  |  |  |
| CHALLENGE COURSES AND CLIMBING WALLS: | | | Operator: | | | |
| **.103(G)(1)** | Licensed and maintained in accordance with520 CMR 5.00 – Amusement Devices | |  |  |  |  |
| **.103(G)(2)** | Annual inspection with written report | |  |  |  |  |
| **.103(G)(3)** | 1 counselor per 10 campers at all times | |  |  |  |  |
| **CABINS & STRUCTURES** | | | | | | |
| **.457** | **Day Camp** provides shelter for on-going camp activities with certificate of inspection. | |  |  |  |  |
| **.216** | **Residential -** Smoke and carbon monoxide detectors provided. | |  |  |  |  |
| **.456** | Adequate egresses free from obstruction (780 CMR). | |  |  |  |  |
| **.453** | Lighting provided for stairways. | |  |  |  |  |
| **.454** | All structural and interior elements maintained in good repair and in a safe and sanitary condition. | |  |  |  |  |
| **SLEEPING AREAS - RESIDENTIAL CAMPS** | | | | | | |
| **.458** | Provide adequate space:  **Single bed:** 40ft2/person;  **Bunk bed**: 35ft2/person ;  50ft2/person requiring special equipment | |  |  |  |  |
| **.470** | Provide separate bed/cot per person with:  6 ft. between individuals heads; and  3 ft. between single beds & 4 ½ ft. between bunks | |  |  |  |  |
| **.459** | Campers and staff with limited mobility housed on ground level; egresses leading to grade or ramp provided. | |  |  |  |  |
| **.452** | Screens & screen doors provided. All doors equipped with a self-closing device. | |  |  |  |  |
| **.454** | All structural and interior elements maintained in good repair and in a safe and sanitary condition. | |  |  |  |  |
| **TENTS** | | | | | | |
| **.217** | Clearly labeled as fire resistant. No open flame in or near tent. | |  |  |  |  |
| Regulation – 105 CMR 430 | | | **Yes** | **No** | **N/A** | **Comments** |
| **TOILETS/HANDWASH SINKS/SHOWERS** | | | | | | |
| **.360** | Proper sewage disposal. | |  |  |  |  |
| **.301** | Plumbing maintained in good working order. | |  |  |  |  |
| **.370** | Adequate # of toilets:  **All Camps**: Min. 2 toilets/privy seats for each gender  **Day Camp**: >60 of one gender, provide 1 more toilet for each additional 30 persons of that gender.  **Residential:** >20 of one gender, provide 1 more  toilet for each additional 10 persons of that gender. | |  |  |  |  |
| **.372** | Toilets less than 200 feet from sleeping rooms.  Toilet paper provided.  Windows/ openings screened. Screen doors self-closing. | |  |  |  |  |
| **.373** | Adequate # of sinks in compliance w/ 248 CMR:  **Day Camp:** 1 sink per every 30 people  **Residential Camp**: 1 sink per every 10 people | |  |  |  |  |
| **.374** | Adequate # of showers (no duckboards):  **Residential Camp**: 1 shower/tub per 20 people | |  |  |  |  |
| **.378-.380** | Campers with special needs provided sanitary facilities meeting their needs. | |  |  |  |  |
| **.453** | Lighting provided. | |  |  |  |  |
| **.375** | Adequate ventilation provided for all bathhouses, dressing rooms, shower rooms, and toilets for indoor/outdoor pools. | |  |  |  |  |
| **.376** | Hot Water in sufficient quantity and pressure:  **Handwash Sink:** 110°F - 130°F  **Shower/Bathtub:** 100°F - 112°F | |  |  |  |  |
| **.374(B)**  **.377** | Sanitary facilities maintained in clean condition. Shower room floors washed daily. | |  |  |  |  |
| **LAUNDRY** | | | | | | |
| **.162** | **Residential Camp**: Laundry facilities provided. | |  |  |  |  |
| **.472** | Bedding and towels laundered; no common towels. | |  |  |  |  |
| **GROUNDS** | | | | | | |
| **.300** | Potable water provided. | |  |  |  |  |
| **.300(B)**  **.304** | Adequate and centralized drinking water facilities. No common drinking cups. | |  |  |  |  |
| **.350/.355** | Proper storage and disposal of solid waste. | |  |  |  |  |
| **.209** | **Residential/Day Camps:** Immediate access to reliable phone with posted dialing instructions &  (or have readily accessible) telephone numbers for HCC, police, emergency medical services, fire dept. | |  |  |  |  |
| **.213** | **Emergency Communication System** | |  |  |  |  |
| **.450** | Site location does not cause undue traffic hazards and is accessible at all times. | |  |  |  |  |
| **Regulation – 105 CMR 430** | | | **Yes** | **No** | **N/A** | **Comments** |
| **GROUNDS** | | | | | | |
| **.165** | Tobacco use prohibited at camp. | |  |  |  |  |
| **.166** | Alcohol and marijuana use prohibited during camp operating hours. | |  |  |  |  |
| **.207** | Proper storage and operation of power equipment  Power tools stored in locked place. | |  |  |  |  |
| **.214** | Flammable and hazardous materials labeled and stored in locked unoccupied building. | |  |  |  |  |
| **.400** | Rodent and insect control. | |  |  |  |  |
| **.401** | Weed and noxious plant control. | |  |  |  |  |
| **FOOD SERVICE** | | | | | | |
| **.320** | Food service in compliance with 105 CMR 590.000, Minimum Standards for Food Establishments. Prominently displayed food permit from BOH. | |  |  |  |  |
| **.320(B)** | USDA Summer Food Service Program – written documentation of compliance with 105 CMR 590. | |  |  |  |  |
| **.330** | Nutritious meals that include a variety of foods served. Menus posted. | |  |  |  |  |
| **.331** | **Residential, Travel, Trip camps** – Provide at least 3 nutritious meals per day. Foods must meet recommended dietary guidelines. | |  |  |  |  |
| **.332** | **Day camps** – If serving 1 or 2 meals per day food must meet recommended dietary guidelines. | |  |  |  |  |
| **.334** | Adequately trained staff and equipment to ensure campers with disabilities are eating nutritious meals. Meals not denied or forced. | |  |  |  |  |
| **.335** | Proper methods for storing meals brought from home. Meals provided to campers who arrive without a bag lunch. | |  |  |  |  |
| **.452** | Screening provided for food preparation and food service areas. Screen doors must be self-closing. | |  |  |  |  |
| **.453** | Lighting provided in kitchen and dining area. | |  |  |  |  |
| **.471** | Sleeping prohibited in food areas. | |  |  |  |  |
| **MAINTENANCE OF RECORDS** | | | | | | |
| **.145** | Operator maintains all records relating to campers, staff, and volunteers for a minimum of 3 years. | |  |  |  |  |
| **Date and Time of Re-Inspection (if applicable):** | | | | | | |
| **Regulation**  **105 CMR 430** | | **THE SPACE BELOW DESCRIBES VIOLATIONS MARKED ABOVE** | | | | |
|  | | **Camp Operator:**  Name:  Address:  Phone Number: Fax Number:  Email Address: | | | | |
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