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 ~ ResidentialSport ~ Non-Sport ~ Medical SpecialtyTrip ~ 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 & ProceduresReport 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 busAll 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; or8+ campers under 5 yrs. of age; or2+ 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 above1 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 Containersand 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 with 105 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 432.000M.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 campers1 counselor per 10 campersPlan 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 excursionsIn 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 with 520 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; and3 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 moretoilet 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 equipmentPower 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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