



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

**APPLICATION FOR A PERMIT TO OPERATE A
RECREATIONAL CAMP FOR CHILDREN**

Fee: \$250.00

(Checks payable to "Town of Foxborough")

***Submittal Requirements:** 30 days prior to planned opening (license renewals only)
90 days prior to planned opening (applicable for (first time) initial license in the Town)

***(\$200.00 late fee will be charged if submittal time frame requirements are not met)**

BHP # _____
DATE REC'D _____
CHECK# _____

Name of Camp: _____

Site Address: _____

Site Telephone #: _____

Website/Social Media Address: _____

Name of Camp Owner: _____

E-mail Contact: _____ Cell Phone #: _____

Address: _____

Telephone #: _____

Please specify the e-mail you would like your permit sent to: _____

Name of Camp Director/Operator (if different): _____

Address: _____ Telephone #: _____

E-mail: _____

Camp Operating Information:

Type of Camp: Day_____ Residential_____

Dates of Operation: Opening: _____ Hours of Operation: _____
Closing: _____ # of days/week: _____

Additional Camp Information:

Has the Camp previously operated in Massachusetts? ___ Yes ___ No

If yes – What was the Camp Name(s) under which it operated: _____
Operating years: _____

Health Care Consultant Name: _____

Phone # (to reach during camp operation): _____

MA License Number: _____

Type of Medical License (choose one): ___ Physician
___ Physician Assistant (Must have pediatric training)
___ Nurse Practitioner
___ Other: _____
(please specify)

Health Care Supervisor Name: _____

MA License Number: _____ Age: _____

Type of Medical License, Registration or Training as required under 105 CMR 430.159(C):
___ Physician
___ Physician Assistant
___ Nurse
___ Nurse Practitioner
___ Other: _____
(please specify)
(Must have current First Aid/CPR Training)

Additional Requirements (as applicable):

- Does your camp utilize swimming pools? ___ Yes ___ No
 - ***If Yes – Total # of Pools:*** _____
 - ***If Yes – Aquatics Director Name:*** _____

- ***If Yes – Submit “Application for Swimming Pool/Spa” and fee. You must comply with 105 CMR 435.000 (Minimum Standards for Swimming Pools)***

- Does your camp offer any of the following high risk activities? *(Check all that apply)*
 - Watercraft Activities
 - Scuba Diving
 - Firearms
 - Archery
 - Horseback Riding
 - Challenge Course and/or Climbing Wall

(If any of the above has been checked, you must comply with 105 CMR 430.103 for all applicable requirements)

- Will your camp provide campers with any food or beverage? Yes No
 - ***If Yes – Submit the “Food Establishment Permit Application” and fee. You must comply with 105 CMR 590.000 (Minimum Sanitation Standards for Food Establishments)***

- Will your camp provide off site field trips? Yes No
- Will your camp provide off site field trips that involve water activities? Yes No
 - ***If Yes – You must comply with 105 CMR 432.000 (Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps, aka “Christian’s Law”)***
 - ***If Yes – Off-site Beach/Pool Location(s):*** _____

- Will your camp be utilizing any “Town-owned” fields? Yes No
 - ***If Yes – You must contact Debbie Giardino with the Foxborough Recreation Department @ 508-543-7255 for permission to use these fields.***

- Is your camp supplied by a private drinking water supply (i.e. private well)? Yes No
 - ***If Yes – Provide the Board of Health with the laboratory results of the drinking water sample as required by 105 CMR 430.300)***

- What is your camp’s sewage disposal system? Town Sewer Private Sewer
 - ***If connected to a private on-site sewage disposal system, attach most recent septic tank pumping.***

Yes No

I understand the Board of Health may require a pre-opening inspection to be conducted at either the Camp location or the Board of Health’s Office. During this inspection, the Health Director or his/her agent will need access to all camp related documents including, but not limited to, staff experience documentation, camper and staff immunization records, and documentation showing proof of CORI and SORI background checks have been conducted.

Yes No *I have included with this application all requested documents (as applicable)*

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: _____

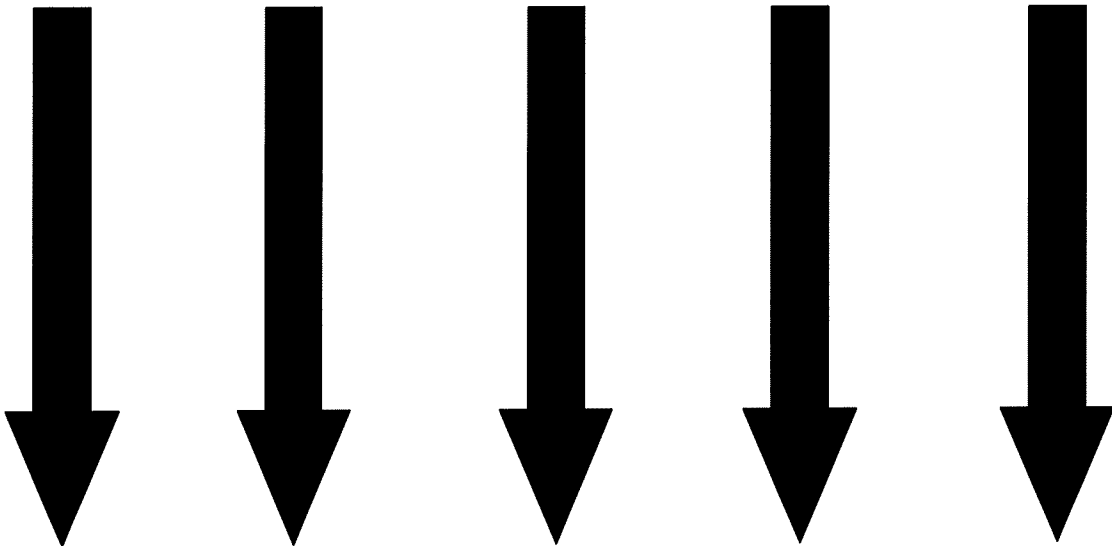
Print: _____

Official Title: _____

Applicant E-mail: _____

Date: _____

PLEASE SEE LAST PAGE FOR ALL REQUIRED DOCUMENTATION THAT MUST BE SUBMITTED WITH THIS APPLICATION



To expedite the permit approval process, please refer to the following list of documents that MUST BE INCLUDED WITH THIS APPLICATION for our review. These documents should also be incorporated into your staff training and part of your Camp Binder which must be kept onsite and accessible at all times.

Please consult the State Sanitary Code, Chapter IV – Minimum Standards for Recreational Camps for Children (105 CMR 430.000) and the guidance documents issued by the Department of Public Health, Division of Community Sanitation while developing the following documents. You can find the Division of Community Sanitation at <https://www.mass.gov/community-sanitation>.

Required documents for submittal:

- Procedures for the Background Review of Staff and Volunteers (105 CMR 430.090)
- Written Policies and Procedures Related to Staff Orientation and Training (105 CMR 490.091)
- Procedures for Reporting Suspected Child Abuse or Neglect (105 CMR 430.093)
- Health Care Policy (105 CMR 430.159(B))
- Administration of Medications at Camp Policy (105 CMR 430.160(D))
- Topical Application of Sunscreen Policy (105 CMR 430.163)
- Copy of Printed Promotional Literature (105 CMR 430.190(C))
- Written Protocol for the Appropriate Identification and Handling of Unrecognized Persons at Camp (105 CMR 430.190(E))
- Discipline Policy (105 CMR 430.191)
- Lost Swimmer Plan (105 CMR 430.204(D), 105 CMR 430.210(C))
- Fire Evacuation Plan - Approved by Local Fire Department (105 CMR 430.210(A))
- Disaster/Emergency Plan (105 CMR 430.210(B))
- Lost Camper Plan (105 CMR 430.210(C))
- Traffic Control Plan (105 CMR 430.210(D))
- Day Camps – Special Contingency Plans (105 CMR 430.211)
- For all field trips - Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Written Statement of Compliance from the Local Fire Department (105 CMR 430.215)
- Current Certificate of Inspection from the Local Building Inspector (105 CMR 430.451)
- Auto Insurance Certificate if Transporting Campers (105 CMR 430.253)

If applying for an initial license, please provide the following:

- Lab analysis of private water supply (if applicable) (105 CMR 430.300)
- A plan showing the following (105 CMR 430.631):
 - Buildings, structures, fixtures and facilities
 - Source of water supply
 - Proper disposal or sewage and waste water