



CITY OF FRAMINGHAM
Public Health Department



Public Health
Prevent. Promote. Protect.

(508) 532-5470
health@framinghamma.gov
www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Application to Operate a Recreational Camp

Recreational Camp for Children means any day, primitive or outpost, residential, travel, or trip camp on private or public land which is conducted wholly or in part for recreational or instructional purposes and accommodating for profit or for philanthropic or charitable purposes five or more children who are not members of the family or personal guests of the operator and is operated for any period of time between June 15 and September 30 of any year or not more than 14 consecutive days during any other time of the year.

Recreational Camp for Children shall also mean any program or activity which is promoted or advertised as a recreational camp for children regardless of whether such program or activity is carried out at a school, playground, resort, hospital, wilderness area, government land or other place not primarily designed for or used as a recreational camp for children. Provided that it is not promoted or advertised as a recreational camp for children, none of the following shall be deemed to be a recreational camp for children: a child care program holding a current license from the Office of Child Care Services, an instructional program operated for two hours or less daily; a summer school program when the curriculum is offered for academic credit and is taught by a Massachusetts State Department of Education certified teacher; single-purpose classes, workshops, clinics or programs sponsored by municipal recreational departments, or neighborhood playground designed to serve primary play interests and needs of children, as well as affording limited recreational opportunities for all people of a residential neighborhood, whether supervised or unsupervised, located on municipal or non-municipal property, whether registration is required or participation is on a drop-in basis.

Date: _____

Type of Camp

[] Recreation Camp [] Primitive or Outpost Camp [] Residential Camp [] Travel or Trip Came

[] Other - Specify: _____

Camp Information

Name of Camp: _____

Address of Camp: _____ Framingham, MA 0170 _____

Phone Number: _____

Date(s) of Operation: _____

Hours of Operation: _____

Describe the Camp Program: _____

Name of Applicant: _____ Title: _____

Phone Number: _____ Email: _____

Name of Camp Director: _____

Phone Number: _____ Email: _____

The Health Care Consultant can be a Physician, Nurse Practitioner or Physician Assistant with pediatric training

Name of Health Care Consultant: _____ Title (MD, NP etc.): _____

Mailing Address: _____

Phone Number: _____ Email: _____

Include a copy of health care consultant agreement and health care policy with is application

Do vehicles transport campers or staff members? Yes No

If yes, describe: _____

Activities & Facilities

Does the camp have the following: Check all applicable

<input type="checkbox"/> Archery Program	<input type="checkbox"/> Bathing Beach	<input type="checkbox"/> Boating Program
<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Playing Field	<input type="checkbox"/> Playground
<input type="checkbox"/> Riflery Program	<input type="checkbox"/> Shelter(s)	<input type="checkbox"/> Tents

Swimming Pool – According to 105 CMR 435.000, a Permit to Operate a Swimming Pool is required

Will meal(s) be prepared for campers? Yes No Will meal(s) be prepared for staff? Yes No

- If yes, a permit to Operate a Food Establishment is required

Is there a private water supply (well)? Yes No

- If yes, the water MUST be tested as required by **310 CMR 22.00 Drinking Water** regulations. The results MUST be included with this application.

Number of staff: _____ Number of Volunteers: _____

Number of Campers: _____

Integrated Pest Management Information (IPM) – Rodent & Insect Control Information

Name of Company: _____

Address: _____

Phone Number: _____

Name of Contact Person (if applicable): _____

Phone Number: _____ Email: _____

Waste Removal Information

Name of Solid Waste Disposal Company: _____

Address: _____ Phone Number: _____

- The company must have a valid permit with the Framingham Public Health Department

Statement: I, _____ have read and agree to comply with the Minimum Standards for Recreational Camps for Children – State Sanitary Code, Chapter IV, 105 CMR 430.000. Pursuant to M.G.L. Ch. 62C, § 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature: _____ Print: _____

Social Security Number or Federal Identification Number: _____

Submit the following to obtain a Permit to Operate a Recreational Camp

Completed application. Missing information may cause a delay in the permitting process

Applicable fee: Make check payable to “**City of Framingham**”. All fees are nonrefundable.

Less than 50 campers \$100.00

51 – 150 campers \$150.00

More than 151 campers \$200.00

Completed “Workers’ Compensation Insurance Affidavit: General Businesses” form (page 5). Include the front copy of your policy.

**When the permit is issued, submit a copy to: Executive Office of Health and Human Services
Department of Public Health
Division of Community Sanitation
305 South Street, Jamaica Plain, MA 02130-3597**

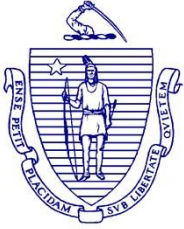
Required Document to Operate a Recreational Camp

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance in developing the following documents.

- Staff information forms
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159(B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210(A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps – contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Disposal or sewage and waste water plan



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office

6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia