



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

Day Camp means a program which: (1) operates on a site for more than two hours but less than 24 hours a day; (2) operates for at least four days during a 14 consecutive day period in a city or town; and (3) meets the definition of a recreational camp for children.

Recreational Camp for Children means Any day, primitive or outpost, residential, sports, travel or trip camp conducted wholly or in part for recreation or recreational instruction which: (a) operates for profit or philanthropic or charitable purposes, whether or not a fee is charged; (b) serves five or more children who are not members of the family or personal guests of the operator; and (c) operates for any period of time between June 1 and September 30 of any year or fewer than 15 business days during any other time of the year.

Provided it is not promoted or advertised as a camp, none of the following shall be deemed to be a recreational camp for children: (a) a child care program licensed by the Department of Early Education and Care in accordance with M.G.L. c. 15D; (b) single purpose classes, workshops, clinics or programs sponsored by municipal recreation departments, or neighborhood playgrounds designed to serve primary play interests and needs of children, as well as affording limited recreation 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 as provided in M.G.L. c. 111, § 127A; (c) a program operated solely on a drop-in basis; (d) a classroom-based instructional program provided no specialized high risk activities (see 105 CMR 430.103) are conducted as part of the program; (e) a summer school program accredited by a recognized educational accreditation agency, where the accreditation includes standards for specialized high risk activities, if the program involves such activities (see 105 CMR 430.103), and the summer program meets those accreditation standards.

Sports Camp means a program which: (1) meets the definition of a recreational camp for children; (2) has a primary focus on one or more sports activities; (3) operates on a site for more than two hours but less than 24 hours a day; and (4) operates for at least four days during a 14 consecutive calendar day period in a city or town.

2. Camp Information

Date:
Name of Camp:
Address of Camp (where the camp operates): Framingham, MA 0170
Phone Number: Website/Social Media Address:

3. Camp Owner/Organization Information

Owner/Organization Name:
Primary Mailing Address:
Town/City: State: Zip Code:
Phone Number (year-round): Email:

4. Camp Director Information

Name of Camp Director/Operator: _____
Primary Mailing Address: _____
Town/City: _____ State: _____ Zip Code: _____
Phone Number (year-round): _____ Email: _____

5. 24-Hour Emergency Contact Information

Name of 24-Hour Contact: _____ 24-Hour Phone number: _____

Camp Operating Information

Did this camp operate previously in Massachusetts? Yes No

If yes, provide dates of operation: From: _____ To: _____

Name(s) of Camp: _____

Has the camp's license ever been suspended or revoked? Suspended Revoked Neither

Type of Camp

Recreation/Day Camp Primitive or Outpost Camp Residential Camp Sports Camp

Travel or Trip Camp Other – Specify: _____

Seasonal Year-Round

Seasonal Camp Only - Opening Date Closing Date Hours of
for Camp: for Camp: Operation: _____

Check All That is Applicable

Archery Program Boating Program Horseback Riding Playing Field

Playground Riflery Program Shelter(s) Tents

Bathing Beach - Location: _____

Swimming Pool: On-Site Off-Site – Address: _____

Swimming Pool Permit Number: _____ Total Number of Pool(s): _____

According to 105 CMR 435.000, a Permit to Operate a Swimming Pool is required. To obtain a Swimming Pool Permit to Operate Application, visit:

<https://www.framinghamma.gov/DocumentCenter/View/38949/Swimming-Pool-Application-to-Operate-Packet>

Will meal(s) be provided? Yes No

If yes, a permit to Operate a Food Establishment is required. To obtain a Food Establishment Application, visit:

<https://www.framinghamma.gov/DocumentCenter/View/39034/Food-Establishment-Permit-Application-w-Workers-Compensation-Insurance-Affidavit-Emp-Health-VomitDiarrheal-Clean-up?bidId=>

Camp Capacity (per Session) - Campers: _____ Staff: _____ Total Number for the Year: _____

6. Health Care Consultant Information

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

Name of Health Care Consultant: _____

MA License Number: _____ Phone Number (during camp operations): _____

Type of Medical License

Physician Physician Assistant - Attach documentation of pediatric training Nurse Practitioner

Other – Specify: _____

7. Health Care Supervisor Information

Name of Health Care Supervisor: _____ Age: _____

MA License Number: _____ Phone Number (during camp operations): _____

Type of Medical License

Physician Physician Assistant Nurse Nurse Practitioner

Other – Specify: _____ Provide documentation of current First Aid / CPR Training

8. Aquatics Director Information

NA

Name: _____ Age: _____

9. Firearms Instructor Information

NA

Name: _____

National Rifle Association Instructor's Card (or equivalent): _____

Date Certified: _____ Expiration Date: _____

10. Horseback Riding Instructor Information

NA

Name: _____ License Number: _____

Expiration Date: _____

Stable Address: _____

Licensed in accordance with MGL c.111 §155, 158: Yes No

11. Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to the city water supply? PWS City Water

Other – Specify: _____

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

Municipal/Off-Site On-Site – Date of most recent septic tank pumping and inspection: _____

Other – Specify: _____

Statement: I, _____ authorize the verification of the
Print Name

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. 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: _____

Title: _____ Federal Identification Number: _____

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

Completed "Application to Operate a Recreational Camp." Missing information may delay the review process and issuing a permit.

Applicable fee: Make check payable to "City of Framingham."
 Credit cards are not accepted at this time. 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 6). Include the front copy of your policy.

Completed page 5 including the documents specified on page 5.

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**

For Official Use Only

Approved as submitted

Approved as submitted with the following condition(s): _____

Disapproved as submitted – Reason(s): ** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector

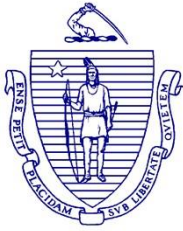
Date Permit was Issued: _____

Required Documents to Submit
Provide the corresponding page numbers for each of the documents below

Name of Camp: _____ Phone Number: _____

Code Reference	Description of Document	Page Number
430.090(A)	Procedures for background review of each staff and volunteer	
430.091	Staff and volunteer orientation plan and review	
430.093	Abuse and neglect prevention/reporting procedures	
430.159(A)	Health Care Consultant Agreement	
430.159(B)	Health Care Policy <ul style="list-style-type: none"> • Approved by Board of Health (BOH) and by the camp health care consultant (HCC) • Policy provided to all full-time staff during orientation • Policy provided to parents prior to camp opening 	
430.160	Guidelines for storage and administration of medications <ul style="list-style-type: none"> • Medication administration competency skill checklist • DPH standards for training health care supervisor in medication administration checklist 	
430.163	Sun Protection Policy <ul style="list-style-type: none"> • Parent/guardian signed authorization 	
430.190(B)	The operator shall release campers only to the camper's parent or legal guardian or an individual designated in writing by the camper's parent or legal guardian unless alternative documented arrangements are authorized in writing by the Board of Health.	
430.190(C)	Copy of promotional material showing statement "This camp must comply with regulations of the MDPH and be licensed by the local board of health."	
430.190(D)	Inform parents of right to review background check, health care, discipline policies and grievance procedures upon request	
430.190(E)	Protocol for unrecognized persons at camp	
430.191(B)(C)	Written Discipline Policy with appropriate discipline methods and prohibitions	
430.210(A)	Fire evacuation plan and drills. Drills conducted within the first 24 hours of each session	
430.210(B)	Disaster Plan/Emergency Plans, including information on transportation	
430.210(C)	Lost Camper Plan	
430.210(C)	Lost Swimmer Plan	
430.210(D)	Traffic Control Plan with site map showing key locations	
430.211(A)	Camper doesn't show up for camp	
430.211(B)	Camper doesn't show up at point of pick up	
430.211(C)	Child not registered arrives	
430.212(A-D)	Field Trips <ul style="list-style-type: none"> • Written itinerary and contingency plans • First Aid Kit, designated health care supervisor, medical records and medications must be accessible during field trip 	
430.215	Written compliance from local fire department	
430.430	Swimming Pool & Beach: Water Safety Plan. Swim testing policy and documentation	
430.451	All camp structures used for sleeping or assembly purposes shall have a current certificate issued by the local building inspector (<i>see 780 CMR: The Massachusetts State Building Code</i>). Furthermore, the buildings shall be easy to keep clean and have a roof which is weathertight and waterproof.	
430.457	The operator of each day camp shall provide shelter, on or off site, sufficiently large to house and provide for on-going camp activities. Such structure shall comply with 105 CMR 430.451.	

For additional information, visit: <https://www.mass.gov/lists/recreational-camps-for-children-community-sanitation>



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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>

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