

**Concord Health Division
41 Keyes Rd. Concord, MA
(978) 318-3275**

**105 CMR 430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN
(STATE SANITARY CODE, CHAPTER IV)**

Camp Name and Location Information			
Camp Name: _____			
Location where camp operates:			
City: _____	State: Massachusetts	ZIP Code: _____	
Phone: _____		Fax: _____	
Email: _____			
Camp Owner/Organization Information			
Owner/Organization Name: _____			
Phone (year-round): _____		Email: _____	
Camp Director/Operator Information (if different than owner)			
Director/Operator Name: _____			
Phone (year-round): _____		Email: _____	
Type of Camp:			
<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Travel/Trip	<input type="checkbox"/> Primitive	<input type="checkbox"/> Medical Specialty	_____
Camp Capacity:			
Expected Number of Staff per Season: _____			
Expected Number of Volunteers per Season: _____			
Expected Number of Campers per Season: _____			
Dates of Operation:			
Number of sessions per season: _____		Hours of operation: _____	
Session Date(s): _____			
Inspection Information			
Inspection Date: _____		Reinspection Date (if applicable): _____	
Inspection Conducted By: _____			
Accompanied During the Inspection By: _____			
<input type="checkbox"/> Operator demonstrated compliance with 105 CMR 430.000. License will be issued. 2026 License Number: _____			
<input type="checkbox"/> Operator was unable to demonstrated compliance with 105 CMR 430.000. License will not be issued.			
Inspector Signature: _____			

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This form can be used to document areas of compliance or violations of 105 CMR 430.000 Minimum Standards for Recreational Camps for Children. This form should be completed in its entirety. Additional comments or details of a violation may be added to the end of this form.

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

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

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

Written Records- Pre-inspection					
Regulation 105 CMR 430.000		Yes	No	N/A	Comments
.050	Current license to operate a Recreational Camp for Children from the Local Board of Health (LBOH)				
PERMITS AND APPROVALS					
.451	Current certificate(s) of inspection from local building inspector for all sleeping or 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				
BACKGROUND INFORMATION AND ORIENTATION REQUIREMENTS					
.090(A)	Written procedures for review of background information of Staff and Volunteers				
.091 .210	Staff/Volunteer Orientation: Detailed Orientation Plan with attendance records, specialized trainings, training on Disaster/Emergency Plans, Health Care and Infection Control Policies , and annual concussion awareness training				Date(s) of Orientation:
WRITTEN CAMP POLICIES					
.093	Abuse and Neglect Prevention Policies and Procedures <ul style="list-style-type: none"> • Reporting procedures in accordance with M.G.L. c. 119 § 51A • Written notification to MDPH and LBOH if 51A report is filed with DCF 				
.190(D)	Protocol to handle unrecognized persons at camp				
.191	Discipline Policy: Identify appropriate discipline methods and list the <u>Prohibitions</u> (exactly as stated below): (1) Corporal Punishment, including spanking, is prohibited (2) No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse				

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	(3) No camper shall be denied food, water, or shelter (4) No child shall be punished for soiling, wetting or not using the toilet				
.210(A)	Fire Evacuation Plan and Drills: Plan indicates fire drills held within the first 24 hours of each session				
.210(B)	Disaster/Emergency Plan				
.210(C)	Lost Camper Plan / Lost Swimmer Plan				
.210(D)	Traffic Control Plan				
.210(E)	Disease Outbreak Response Plan				
.190(B)	Camper released only to Parents/Guardians or: <ul style="list-style-type: none"> • Designated individual with Parent/Guardian authorization (electronic or hard copy form) • Authorized alternative arrangements 				
.163	Sunscreen policy with parent/guardian sign off				
DAY CAMPS – SPECIAL CONTINGENCY PLANS					
.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 REQUIREMENTS					
.157(C)	Meningococcal Disease & Immunization information provided to Parents/Guardians annually				
.157(D)	Policies Provided to Parents/Guardians: Care of Mildly Ill Campers, Administration of Medications and Emergency Health Care Provisions				
.190(C)	Regulatory compliance and licensing statement on all promotional literature/advertisements: "This camp must comply with regulations of the MDPH and be licensed by the LBOH."				
.157(E) (at time of application)	Inform parents of their right to review Background Check, Health Care , Discipline Policies, and grievance procedures upon request				
FIELD TRIPS					
.212(A)	Written itinerary provided to Parents/Guardians and means to notify Parents/Guardians of changes to itinerary before departure				
.212(D)	Written contingency plans for all field trips (natural disasters, lost camper/swimmer, injuries and illnesses)				
TRANSPORTATION					
.250	Vehicles comply with M.G.L. c. 90 §§ 7B & 7D: <ul style="list-style-type: none"> • <14 passengers & driver is camp coach, director, etc. camp vehicles may be used • >14 passengers, vehicle must be school bus • RMV compliant w/ annual safety inspection 				
.253	Proper automobile insurance				
STAFF QUALIFICATIONS					

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Camp Director Requirements					
.102(A)	Residential: 25 yrs.+ , complete a Camp Administration Course or 2+ seasons experience				
.102(B)	Day: 21 yrs.+ , complete a Camp Administration Course or 2+ seasons experience				
.102(C)	Primitive, Travel, Trip: 25 yrs.+ and proof of experience supervising children in similar activities				
.102(D)	Designated Substitute:				
Counselors/Junior Counselors					
.100(C)(2) .100(A)(B)	Day Camp, Non-Sport: Counselor= 16 yrs.+ OR Junior Counselor=15 yrs.+ 4+ weeks experience and attend orientation/required training(s)				
.100(C)(1) .100(A)(B)	Residential, Primitive, Sport, Travel, Trip, Medical Specialty Camp: Counselors = 18 yrs.+ or graduated from high school OR Junior Counselors = 16 yrs.+ 4+ weeks experience and attend orientation/required training(s)				
Required Ratio of Counselors to Campers					
.101(A)(B) .103	All Camps: Staffing plan to supervise campers with disabilities during regular and specialized high risk activities				
.100(C)(3)	All counselors 3 yrs. older than campers				

MEDICAL PERSONNEL					
HEALTH CARE CONSULTANT (HHC)				Name: License Number:	
.020 .159(A)	MD/DO NP PA <i>*Check for Annual Health Care Consultant Agreement*</i>				
.159(A) (1-5)	Assists in the development, review, and approval of the Health Care Policy/First Aid training of staff, and is available for consultation at all times				
.159(A)(6)	Develop written orders to be followed by HCS, including responsibilities for medication administration				
.160(C)	Acknowledge in writing a list of all medications administered at camp				

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.160 (I)(J)	<p>Develop/provide trainings and tests of competency for:</p> <ul style="list-style-type: none"> • HCS on prescription medication administration • HCS and other staff on administering Epinephrine Auto-Injectors • Unlicensed individuals authorized to administer medications for diabetes care <u>only</u> at medical specialty camps • Unlicensed HCS on the signs and symptoms of hypo- and hyperglycemia and appropriate diabetic plan management (no test required) 				
HEALTH CARE SUPERVISOR (HCS) *Must have at least one HCS on site at all times		Name(s): License Number (is applicable):			
.020 .159(C)(E)	MD PA NP RN LPN with CPR/First Aid certificate OR 18 yrs.+ , with First Aid/CPR certificate				
.160(I)	<p>Documentation of completed required trainings for unlicensed HCS:</p> <ul style="list-style-type: none"> • Prescription medication administration • Administering Epinephrine Auto-Injectors • Signs/symptoms of hypo- and hyperglycemia and appropriate diabetic plan management 				
HEALTHCARE TRAINING FOR OTHER CAMP STAFF					
.160(I)(2)	Documentation of completed required training and test of competency for other camp staff designated to administer Epinephrine Auto-Injectors				
.160(I)(4)	<p>Medical Specialty Camps Only:</p> <p>Documentation of complete required training and test of competency for unlicensed individuals authorized under 105 CMR 430.159(F) to administer medications for diabetes care</p>				
MEDICAL POLICIES AND FACILITIES					
.159(B)	Written Camp Health Care Policy				
.160(C)(E) (F)(G)	<p>Written Medication Administration Policy:</p> <ul style="list-style-type: none"> • List HCS authorized to administer medications, individuals authorized to administer Epinephrine Auto-Injectors, and individuals authorized to administer medications for diabetes care pursuant to 105 CMR 430.159(F) • Training requirements • Obtain written Parent/Guardian permission or informed consent for medication(s) to be administered to minors 				
.140 .160(L)	Medical/Biological waste managed in accordance with 105 CMR 480.000				
HEALTH AND MEDICAL RECORDS					

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<p>.150 .160(C)(F) (G)(H)</p>	<p>Health Records for Campers & Staff: Staff/Campers under 18 yrs.:</p> <ul style="list-style-type: none"> • Address, Parent/Guardian and Health Care Provider contact information • Authorization for medication administration, emergency care, and self-administration of epi-pens/insulin/inhalers • Injury/Incident Reports <p>Staff/Volunteers 18 yrs.+:</p> <ul style="list-style-type: none"> • Authorization for emergency care 				
<p>.151(A)</p>	<p>Residential, Travel, Sports, or Trip Camp:</p> <ul style="list-style-type: none"> • Medical history signed by health care provider • Physical within 18 months 				
<p>.151(B)</p>	<p>Day Camp: Medical history signed by Parent/Guardian or health care provider</p>				

SPECIALIZED HIGH-RISK ACTIVITIES

<p>.103</p>	<p>Confirmation that specialized high risk activities conducted outside of MA comply with all laws/regulations for such activities in the state/local jurisdiction where the activity is held, including required licenses/permits</p>				
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SWIMMING

<p>.430</p>	<p>MA Swimming Pool in compliance with 105 CMR 435.000 (Permit Posted) and compliant with VGB Act and pool fence requirements</p>				
<p>.432</p>	<p>MA Bathing Beach in compliance with 105 CMR 445.000. Beach signage, weekly water sampling, sufficient water clarity, and ring buoy</p>				
<p>.204(B)</p>	<p>Camp in compliance with 105 CMR 432.000 (Christian’s Law) and M.G.L. c. 111 § 127A ½</p>				

Aquatics Director Name:

<p>.020 .103</p>	<p>Camps that provide onsite aquatics activities shall have an aquatics director (Lifeguard certificate, 21 yrs+, 6 weeks previous experience in similar supervisory position)</p>				
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WATERCRAFT ACTIVITIES

<p>.103(B)(2)</p>	<p>Properly trained counselor supervising paddlesport watercraft activities:</p> <ul style="list-style-type: none"> • ARC Basic Water Rescue OR LG; and • ARC Small Craft Safety OR ACA Paddle Sports course; and • In person training specific to watercraft activities being overseen 				
<p>.103(B)(3)</p>	<p>Properly trained counselor supervising sailing or motor-powered watercraft activities:</p>				

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	<ul style="list-style-type: none"> Boater Safety Education Certificate issued by MA; and In person training specific to watercraft activities being overseen 				
.103(B)(6)	Written boating safety plan including procedures for emergencies on the water				
HORSEBACK RIDING					
Instructor(s) Name:					
.103(F)	Riding instructor(s) licensed in accordance with M.G.L. c. 128, § 2A				
.208(B)	Horses boarded in a stable licensed by LBOH in accordance with M.G.L. c. 111, §§ 155 and 158				
CHALLENGE COURSE OR CLIMBING WALL					
.103(G)(1)	Licensed and maintained in accordance with 520 CMR 5.00 Amusement Devices				
.103(G)(2)	Annual inspection with written report				
TOILETS, HANDWASH SINKS, AND SHOWERS					
.360	Approved sanitary drainage system				
FOOD SERVICE					
.320	Food service in compliance with 105 CMR 590 with food permit prominently displayed. USDA Summer Food Service Program written documentation of compliance with 105 CMR 590				

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Camp Name and Location Information		
Camp Name:		
Location where camp operates:		
City:	State: Massachusetts	ZIP Code:
Phone:	Fax:	
Email:		

IN-PERSON INSPECTION					
Regulation 105 CMR 430.000	Yes	No	N/A	Comments	
BACKGROUND INFORMATION AND ORIENTATION REQUIREMENTS					
.090(C)	Staff <ul style="list-style-type: none"> CORI and SORI reports available/stored securely Previous work history (minimum 5 years) 3 positive reference checks (no relatives) Out-of-state/International criminal background checks available (as needed) 				# CORI Viewed _____ # SORI Viewed _____
.090(D)	Volunteer(s) <ul style="list-style-type: none"> CORI and SORI reports available/stored securely Previous work/volunteer history (minimum 5 years) Out-of-state/International criminal background checks available (as needed) 				# CORI Viewed _____ # SORI Viewed _____
.090(F)	All Background Information - Received, reviewed, and determination for employment made pursuant to 105 CMR 430.090(C&D)				
.090(C)	Staff <ul style="list-style-type: none"> CORI and SORI reports available/stored securely Previous work history (minimum 5 years) 3 positive reference checks (no relatives) Out-of-state/International criminal background checks available (as needed) 				# CORI Viewed _____ # SORI Viewed _____
.090(F)	All Background Information - Received, reviewed, and determination for employment made pursuant to 105 CMR 430.090(C&D)				
FIELD TRIPS					
.212(B)	Minimum 1 health care supervisor (HCS) accompanying field trip and for travel/trip/primitive camps the source of emergency care identified				

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.212(C)	Health records and medications readily accessible for all campers/staff and First Aid kit present				
TRANSPORTATION					
.251(C)	Seatbelts must be worn				
.251(D)(E)	1 staff/volunteer required when transporting: <ul style="list-style-type: none"> • Campers to the pick-up/drop-off site • 8+ campers under 5 yrs. of age • 2+ campers with physical handicaps 				
.251(I)	Camper under the age of 7 are not transported longer than 1 hour non-stop				
.252	Camp vehicle drivers: 18 yrs.+, 2+ yrs. driving experience, current license for type of vehicle, and First Aid certified if no other trained staff aboard				
REQUIRED RATIO OF COUNSELORS TO CAMPERS					
.101(A)	Residential / Day / Sports Camps: <ul style="list-style-type: none"> • 1 counselor per 10 campers 7 yrs.+ • 1 counselor per 5 campers under 7 yrs. • Jr. counselors supervise 50% of counselor ratio and always under direct supervision of counselor 				
.101(B) .159(C)	Primitive / Travel / Trip Camps: 1 counselor per 10 campers <ul style="list-style-type: none"> • 1 counselor 21 yrs.+ • 2 counselor minimum with 1 counselor having a CPR and First Aid Certificate 				
MEDICAL POLICIES AND FACILITIES					
.160(A)(B)	ALL medications stored in original containers and kept in a secure manner. Refrigerated medications stored at temperatures of 36°F - 46°F				
.160(D)	Medical Specialty Camps Only: Administration of medication for diabetes care conducted under the direct supervision of a healthcare provided listed in 105 CMR 430.159(E) and maintain registration pursuant to M.G.L. c 94C, s. 9				
.155	Medical Log is readily available, signed by authorized staff and includes all health complaints, treatments, and medication administration errors				
.160(K)	All medications returned to Parents/Guardians or properly disposed of and documented in disposal log				
.154	Injury and Incident Report(s) completed for a fatality, serious injury/incident, or medication administration error . Electronic copy sent to MDPH & LBOH				

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.161(A)(B) .453	Day / Residential Camps - Infirmery provided with adequate lighting Residential Camps - Easily recognizable and accessible during the day and night. Isolation area for a sick child with the ability to provide negative pressure				
.161(C)	First Aid Kit: meet ANSI Z308.1-2015 standards Minimum: 1 Class B kit and 1 Class A kit				
IMMUNIZATIONS					
.161(C)	First Aid Kit: meet ANSI Z308.1-2015 standards Minimum: 1 Class B kit and 1 Class A kit				
.152	Campers/Staff under 18 yrs. <i>*Refer to annual memo</i>				Number of Records Checked:
.152	Staff 18 yrs.+ <i>*Refer to annual memo</i>				Number of Records Checked:
.153	Exemption Documentation				
CAMP ACTIVITIES					
.190(A)	Activities and physical environment meet the needs of campers, not a hazard to health/safety				
.205	Craft equipment in good repair, of safe design, properly installed with safety precautions taken				
.206	Playground equipment properly maintained: <ul style="list-style-type: none"> • Fields/surfaces free of holes/accident hazards • No concrete under/around securely anchored playground equipment • Pliable or canvas swing seats 				
SWIMMING					
.020 .103(A)(B)	<u>Lifeguard (LG)</u> present for swimming/watercraft activities who is 16 yrs+ with a Lifeguard Certificate, CPR and First Aid Certificates				
.204(B) .430(B)	Swim test to classify swimmers by ability at pools and beaches (Christian’s Law)				
.103 .204(C)	Proper supervision at swimming venue: <ul style="list-style-type: none"> • 1 lifeguard per 25 campers • 1 counselor per 10 campers • Plan to check swimmers - “buddy system” • 50+ kids in/near water Aquatics Director present 				
.204(A)(D)	Swimming areas clean and safe, no swimming at undesignated sites or at night without lighting				
.204(E)	Piers, floats, and platforms in good repair				
WATERCRAFT ACTIVITIES					

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.204(F)(H)	Comply with all Federal and Massachusetts boating laws: M.G.L. c. 90B, 323 CMR 2.00: <i>The Use of Vessels</i> . 323 CMR 4.00: <i>The Operation of Personal Watercraft</i> <ul style="list-style-type: none"> • On-board observer for towing activities 				
.204(G)	All participants in watercraft and boating activities shall wear a USCG approved PFD				
.103(B)(1)	Proper supervision of all watercraft activities: <ul style="list-style-type: none"> • 1 lifeguard per 25 campers • 1 properly trained counselor per 10 campers 				
.103(B)(4)(5)	White water paddlesport activities: <ul style="list-style-type: none"> • Minimum 2 counselors in separate watercrafts with previous experience • Water can be no more difficult than Class III, no unclassified waters • No sailing/motor-powered activities in hazardous conditions • Campers certified with ARC Level 4+ Certificate 				
FIREARMS					
Instructor(s) Name:					
.103(D)	Direct Supervisor: NRA Instructor's certification and maintain compliance with applicable M.G.L.'s 1 counselor per 10 campers				
.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)	Firing line in place, no crossing without instructor's permission				
.201(E)	Firing line in place, no crossing without instructor's permission				
.203	Personal weapons allowed with camp operator's written permission				
ARCHERY					
.103(E)	1 counselor per 10 campers at the range at all times				
.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 and ready line in place				
.203	Personal weapons allowed with camp operator's written permission				
HORSEBACK RIDING					
Instructor(s) Name:					
.208(A)	<u>Excursions:</u> 1 Riding Instructor per 10 campers Minimum 2 counselors present during excursions				
.208(A)	Riders must wear hard hat at all times				
CHALLENGE COURSE OR CLIMBING WALL					

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.103(G)(3)	1 counselor per 10 campers at all times				
CAMP GROUNDS					
Cabins and Structures					
.457	Day Camp provides shelter for on-going camp activities with certificate of inspection				
.216	Residential Camp - 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: <ul style="list-style-type: none"> • Single bed: 40ft²/person; • Bunk bed: 35ft²/person ; • 50ft²/person requiring special equipment 				
.470	Provide separate bed/cot per person with: <ul style="list-style-type: none"> • 6 ft. between individuals heads • 3 ft. between single beds • 4 ½ ft. between bunks 				
.459	Campers/staff with limited mobility housed on ground level; egresses leading to grade/ramp				
.452	Screens and screen doors provided. All doors equipped with self-closing devices				
Tents					
.217	If less than 400 ft ² , clearly labeled as fire resistant. No open flame in or near tent				
TOILETS, HANDWASH SINKS AND SHOWERS					
.301	Plumbing maintained in good working order				
.370	Adequate # of toilets: All Camps: Min. 2 toilets/privy seats for each gender separated by walls/partitions with a door 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				
.370(C)(D)	Toilets located less than 200 ft from sleeping rooms, all windows/openings screened, and screen doors equipped with self-closing devices				
.372	Operator shall provide at all toilets/handwash sinks a supply of toilet paper, soap, hand drying method, and covered receptacles				
.373(D)	Hand sanitizer present at additional handwash sinks where standard plumbing is unavailable				
.373	Adequate # of sinks in compliance with 248 CMR: Day Camp: 1 sink per every 30 people				

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	Residential Camp: 1 sink per every 10 people				
.374	Adequate # of showers at Residential Camps: 1 shower/tub per 20 people, no duckboards				
.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: <ul style="list-style-type: none"> • Handwash Sink: 110°F - 130°F • Shower/Bathtub: 110°F - 120°F 				
.374(B) .377	Sanitary facilities in good working order and kept clean, shower room floors washed daily				
LAUNDRY					
.162	Residential Camp: Laundry facilities provided				
.472	Bedding and towels laundered, no common towels				
ADDITIONAL CAMP GROUND REQUIREMENTS					
.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 dialing instructions and telephone numbers for HCC, police, emergency medical services, fire department readily accessible				
.213	Emergency Communication System to alert campers/staff and elicit a predetermined response				
.450	Site location requirements: <ul style="list-style-type: none"> • Accessible at all times • Surface drainage and traffic conditions do not cause undue hazards • Water supply/sewage disposal facilities are provided 				
.165/.166	Tobacco, alcohol, and marijuana use prohibited during camp operating hours				
.207	Proper storage/operation of power equipment and power tools stored in locked place				
.214	Flammable materials labeled and stored in locked unoccupied building. Hazardous chemicals labeled and stored in locked area				
.400	Rodent and insect control				
.401	Weed and noxious plant control				
FOOD SERVICE					
.330	Nutritious meals that include a variety of foods served with written menus developed/posted				

