

Town of East Longmeadow
Health Department
*Application for Permit to Conduct a
Recreational Camp Application*

Fee \$250.00

Name of Camp	
Site Address	
Site Phone	

Camp Owner Name			
Office Address			
Telephone		E-Mail	
Camp Operator, if different			
Address			
Telephone		E-Mail	
Health Care Consultant			
Address			
Telephone		E-Mail	

Type of Camp	Day <input type="checkbox"/>	Residential <input type="checkbox"/>
Dates of Operation	Opening	Closing
Hours of Operation		
Swimming Pool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide permit number		
Bathing Beach	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meals Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide permit number		

Applicant Name and Title: _____
 Applicant Signature _____
 Social Security number or Federal ID number _____
 24 hour Emergency Phone number _____

Board of Health:
 Application Received:
 Permit Approved:

Premises Inspected:
 Permit Number:



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Camp Director:

Name		Age	
E-Mail		Phone	
Coursework in camping administration			
Previous camp administration experience			

Health Care Consultant

Name		Age	
E-Mail		Phone	
Type of Medical License, Registration, or Training:			
MA License Number:			

Health Supervisor

Name		Age	
E-Mail		Phone	
Type of Medical License, Registration, or Training:			
MA License Number:			

Aquatics Director

Name		Age	
Email		Phone	
Lifeguard Certificate issued by:		Expiration:	
American Red Cross CPR Certificate:		Expiration:	
American First Aid Certificate:		Expiration:	
Previous aquatics supervisory experience:			

Firearms Instructor

Name			
E-Mail		Phone	
National Rifle Association Instructor's card (or equivalent):			
Date Certified		Expiration:	

Horseback Riding Instructor

Name			
E-Mail		Phone	
License Number:		Expiration:	

Stable

Location			
Licensed in accordance with MGL Ch 111 Section 155 Chapter 158			
YES <input type="checkbox"/> NO <input type="checkbox"/>			

Supervisory Staff means those persons with the responsibility, authority, and training to provide direct supervisor to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.

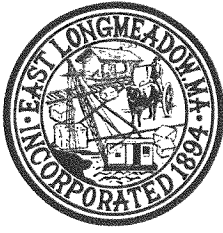
Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff, see below. Use as many pages as necessary to complete this.



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CAMP CHECKLIST FOR INSPECTION PREPAREDNESS

- Certificate of Occupancy from Building Commissioner
- Approved fire evacuation plan by local Fire Department
- Background information of staff and volunteers
 - Prior work history (previous 5 years)
 - Three positive references (not related)
 - **Criminal history (SORI and CORI)**
- Policy for reviewing background check reports
- Written Procedure for background review of staff and volunteers
- Orientation plan for staff and volunteers
- Traffic control plan
- Copy of promotional literature
- Camper release form and policy
- Abuse and neglect prevention and reporting form
- Discipline policy
- Health care consultant agreement
- Medical records for staff, volunteers, and campers
 - Allergies
 - Medications
 - Immunizations
- Emergency phone on site
 - Emergency numbers posted
 - Camps with private water supply require lab analysis of private water supply
- Medical waste policy
- Injury report log
- Copy of injury report forms from DPH website
- Approved Medicines/Supervisor permission from Health Care Consultant
- Medication permission form from parent
- Medication administration log
- Medication administration policy
- Health Care Consultant agreement form
- Training sign off from Health Care Consultant for the onsite health supervisor
- Training records for all staff
- Concussion training records for all staff and volunteers
- Medication storage policy
- Sun/tick protection policy- including parental authorization
- Tobacco/alcohol/marijuana use policy
- Written policy or procedure to prevent abuse or neglect
- Written policy for reporting potential abuse or neglect
- Application forms or orientation packet should include two disclaimers indicated in 430.190 (C and D)
- Written contingency plans outlines in 430.211
- Written emergency plans as outlined in 430.210
- All required transportation documentation as outlined in 430.251, 252, 253
- Lost camper plan



**TOWN OF EAST LONGMEADOW
HEALTH DEPARTMENT
60 CENTER SQUARE
EAST LONGMEADOW, MA 01028**

**Aimee Petrosky, CP-FS
Director of Public Health**

Phone: (413) 525-5400 ext. 1103
Fax: (413) 525-1025

ESORI Program Guidance

1. Using the attached excel spreadsheet, complete the contact information containing:
 - a. FIRST Name
 - b. LAST Name
 - i. Do not include suffixes (JR, SR, III, ect.) with the submitted LAST name.
 - ii. Do not include middle initials or middle names.
 - iii. All variations of a last name, such as hyphenated names, must be added as new data for a complete screening.
 - c. DOB (M/DD/YYYY)
 - d. You may include an optional 4th and 5th column, but it is not required
 - i. 4th column for: Last 4 digits of the Social Security numbers for data comparison
 - ii. 5th column for: Internal organization identifiers
2. Submit spreadsheet including required information to the SORI.SORI@Mass.gov
 - a. When sending the spreadsheet, include your complete contract information in the email so the Board can contact you directly with any questions.
 - b. Do not send multiple spreadsheets for processing within the attachment. Send separate e-mail requests if necessary.
3. If you have any additional questions on the camp process, you can contact David from the SORI Board at (978)740-6571.
4. After the spreadsheet data has been queried against the Sex Offender Registry database, the queried spreadsheet will be send to the requestor in Password Protected Read-Only form along with the statement indicating that the individual(s) in the attached document are cleared. Included in the body of the e-mail will be SOR SORI Unit contact information for the requestor.
 - a. If additional information is required regarding a certain individual, the requestor will be called by the Program Services Director and will be asked to provide additional identifying information to determine if the subject is the same individual that is being searched.
 - b. If the results of the query and a subsequent verification indicate a positive result, the Requestor will be notified in accordance with Massachusetts General Laws, Chapter 6, Section 178I.