

Massachusetts Department
of Public Health



105 CMR 430.000: Minimum Standards for Recreational Camps for Children, State Sanitary Code Chapter IV

April 2026

Kerry Wagner, MPH

Field Supervisor, EA III

Why We Regulate - MA DPH Mission and Vision

The mission of the Massachusetts Department of Public Health (DPH) is to promote and protect health and wellness and prevent injury and illness for all people, prioritizing racial equity in health by improving equitable access to quality public health and health care services and partnering with communities most impacted by health inequities and structural racism.

We envision a Commonwealth with an equitable and just public health system that supports optimal well-being for all people in Massachusetts, centering those with systemically and culturally oppressed identities and circumstances.

Our mission and vision includes protections for children, staff, and volunteers at recreational camps for children.

Presentation Overview

- Applicable Regulations
- Required Written Policies and Procedures
- Minimum Requirements for Directors and Counselors
- Health Information and Injury/Incident Report and Notification Form
- Heat Related Illness at Camp
- Health Care at Camp
 - Minimum Requirements for Staff
 - Policies, Procedures, and Trainings
 - Infirmary/First Aid Facility Requirements
- Camp Operations
 - Orientation
 - Camp Site and Field Trips
 - Specialized High Risk Activities
 - Christian's Law (105 CMR 432.000)
- Camp Reporting

Applicable Regulations

When inspecting recreational camps, the DPH and Local Health Authorities (LHA) apply:

1. 105 CMR 430.000: Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV
2. 105 CMR 432.000: Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps
3. 105 CMR 435.000: Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V
4. 105 CMR 445.000: Minimum Standards for Bathing Beaches, State Sanitary Code, Chapter VII
5. 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological waste, State Sanitary Code, Chapter VIII
6. 105 CMR 590.000: Minimum Sanitation Standards for Food Establishments, State Sanitary Code, Chapter X

Required Written Policies and Procedures

Required Written Policies and Procedures (Part 1)

Discipline Policy must include [.191]:

- A description of behavior that warrants discipline
- How campers will be appropriately disciplined at camp

The Goal: To maximize campers growth and development while protecting campers and staff



All Discipline Policies must include this list of specific Prohibitions:

1. Corporal punishment, including spanking, is prohibited
2. No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse
3. No camper shall be denied food, water, or shelter
4. No child shall be punished for soiling, wetting or not using the toilet

Required Written Policies and Procedures (Part 2)

Abuse and Neglect Prevention Policy requirements [.093]:

- All staff must immediately report suspected incidents of abuse or neglect that occur at camp to the Department of Children and Families (DCF) or the Camp Director
- If the Camp Director is informed of any incidents of abuse or neglect, they must immediately report the concern to DCF
- Suspected incidents of abuse or neglect that occur outside of camp must be reported to DCF

Camps must notify **the Local Board of Health and the DPH** that a 51A report was filed

- Do not send the actual 51A report to the Local Board of Health or the DPH
- Use the Recreational Camp Injury and Incident Report and Notification Form

After DCF is notified:

- Allegedly abusive/neglectful staff cannot have any unsupervised contact with campers
- Camp staff must cooperate with all official investigations of abuse or neglect



DCF Resources and Educational Material



Report of Child(ren) Alleged to be Suffering from Abuse or Neglect

Massachusetts law requires mandated reporters to immediately make a report to the Department of Children and Families (DCF) when they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect by:

STEP 1: Immediately reporting by oral communication to the local DCF Area Office (see contact information at end of form); and

STEP 2: Completing and sending this written report to the local DCF Area Office within 48 hours of making the oral report.

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see **A Guide for Mandated Reporters** available on the DCF website at www.mass.gov/dcf.



To report child abuse and/or neglect: Weekdays from 9:00 am to 5:00 pm call the local DCF Area Office. Weekdays after 5:00 pm and 24 hours on weekends and holidays call the **Child-At-Risk-Hotline 1-800-792-5200**

DCF AREA OFFICES

Boston Region

Dimock Street, Roxbury 617-989-2800
 Harbor, Chelsea 617-660-3400
 Hyde Park 617-363-5000
 Park Street, Dorchester 617-822-4700

Central Region

North Central, Leominster 978-353-3600
 South Central, Whitinsville 508-929-1000
 Worcester East 508-793-8000
 Worcester West 508-929-2000

Northern Region

Cambridge/Somerville 617-520-8700
 Cape Ann, Salem 978-825-3800
 Framingham 508-424-0100
 Haverhill 978-469-8800
 Lawrence 978-557-2500
 Lowell 978-275-6800
 Lynn 781-477-1600
 Malden 781-388-7100

Southern Region

Arlington 781-641-8500
 Brockton 508-894-3700
 Cape Cod & Islands 508-760-0200
 Coastal, Braintree 781-794-4400
 Fall River 508-235-9800
 Plymouth 508-732-6200
 New Bedford 508-910-1000
 Taunton/Attleboro 508-821-7000

Western Region

Greenfield 413-775-5000
 Holyoke 413-493-2600
 Pittsfield 413-236-1800
 Robert Van Wart Center, East Springfield 413-205-0500
 Springfield 413-452-3200

Find your local DCF location:

- <https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations>

Immediate assistance is available at:

- Child-At-Risk Hotline
800-792-5200

More information

- The DCF has developed educational materials to provide information regarding the [Warning Signs of Child Abuse and Neglect](#)

Required Written Policies and Procedures (Part 3)

Fire Evacuation Plan must [.210(A)]:

- Include the evacuation routes for each building used at camp
- Indicate the frequency of fire drills during the camping season
 - **Drills must be held within the first 24 hours of each camp session**
- Be reviewed and approved by the Local Fire Department

Disaster/Emergency Plan must [.210(B)]:

- Identify shelter location(s) at camp
 - Large enough to accommodate all staff/volunteers present at camp
- Include arrangements for transportation to emergency facilities



Required Written Policies and Procedures (Part 4)

Lost Camper/Swimmer Plan must [.210(C)]:

A Lost Camper/Swimmer Plan must [.210(C)]:

- Include the search of the entire campground
- Detail shallow and deep water searches
- Clearly outline staff/volunteer responsibilities
- Identify when and who calls 911

Don't delay contacting emergency services!

Disease Outbreak Response Plan [.210(E)]:

- Develop written procedures on how to prepare for and respond to disease outbreaks at camp
- Plans must include but are not limited to:
 - Alternative staffing plans
 - Isolation and quarantine spaces
 - Disease reporting requirements

Required Written Policies and Procedures (Part 5)

Protocols for Unrecognized Persons at Camp [.190(D)]:

- Include when/how initial contact is made with the unrecognized person
- Ensure staff/volunteers are informed of the protocols and understand their roles

Procedures Relative to Releasing Campers [.190(B)]:

- Procedure must state that campers may only be released to:
 - Parents/legal guardians or
 - Other individuals designated by the parents/guardians

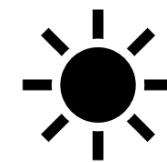
List of designated individuals can be provided in electronic or hard copy form

Day Camp Contingency Plans for when a [.211]:

- Registered camper doesn't show up in the morning
- Camper is missing from their pick-up location
- Camper that is unregistered arrives

Sunscreen Policy must [.163]:

- Detail procedures for sunscreen application at camp
- Obtain parent/guardian authorization



Required Written Policies and Procedures (Part 6)

At the *time of application*, all parents/guardians must be informed of their right to review policies pertaining to [.157(E)]:

- Discipline
- Background checks (the policy only)
- Health care and
- Procedures for filing a grievance

Parents/guardians must be **provided:**

- Care for a mildly ill camper policy [.157(D)]
- Administration of medication policy [.157(D)]
- Emergency health care provisions [.157(D)]
- Information on Meningococcal Disease and Immunization [.157(C)]



ALL promotional literature must have the compliance statement [.190(C)]

“This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Local Board of Health.”

Required Written Policies and Procedures (Part 7)

Review of Background Information [.090]

- Identify what information is collected on:
 - Staff and Volunteers (includes staff/volunteers under 18 yrs.)
 - Seasonal and Year-Round Counselors
 - MA residents and Out-Of-State or International
- Identify who is authorized to view results of background checks
- Identify who makes determinations on employment
- Ensure records are always stored securely
- Ensure destruction of records in accordance with 803 CMR 2.15 Destruction of CORI and CORI Acknowledgement Forms [.145(B)]

No person shall be employed or allowed to volunteer until all background information has been reviewed [.090(F)]



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
300 Arlington Street, Suite 2100, Boston, MA 02116, MA01001-2100
TEL: 617-680-6800 TTY: 617-680-6800 FAX: 617-680-4613

Massachusetts Criminal Offender Record Information (CORI)

Subject 1 of 1

Name: RECORD, TEST PCF Number: 1295
Date of Birth: 01/13/1979
Sex: MALE
Height: 600
Hair Color: BROWN
Address: 1 MAIN ST BOSTON MA
Father's Name: TEST TEST
Eye Color: BLUE
Place of Birth: [blank]
Weight: 200
Eye Color: BLUE
Mother's Name: TEST TEST

Adult Offender Offenses

Court Appearance 1 of 8

Offense List

Docket Number: 3911ZZA
Offense Type: MISDEMEANOR
Offense Level: OPEN END INFL OF LIQ
Offense Description: 1ST OFFENSE
Court Name: WORCESTER DISTRICT
Police Dept.: [blank]
Disposition Type: PENDING
Incarcerated: N/A
Case Status: OPEN
Court Phone: [blank]
Police Dept. Phone: [blank]
Disposition Date: UNKNOWN
Incar. Release Date: N/A
Appearance Date: 05/04/2012

Court Appearance 2 of 5

Offense List

Docket Number: 1166CR0181A
Offense Type: MISDEMEANOR
Offense Level: DISTURBING THE PEACE(BREACH)
Offense Description: [blank]
Court Name: MALDEN DISTRICT
Police Dept.: [blank]
Disposition Type: NON CONVICTION
Incarcerated: N/A
Case Status: CLOSED
Court Phone: [blank]
Police Dept. Phone: [blank]
Disposition Date: UNKNOWN
Incar. Release Date: N/A
Appearance Date: 03/04/2009

Court Appearance 3 of 8

Offense List

Docket Number: 86CR49HE
Offense Type: MISDEMEANOR
Offense Level: RECEIVING STOLEN PROPERTY
Offense Description: UNDER
Case Status: CLOSED
Court Phone: [blank]
Police Dept. Phone: [blank]
Disposition Date: [blank]
Incar. Release Date: [blank]
Appearance Date: 01/01/2007

Request ID: 211833-0000128
Requested By: 113 56368
Date Generated: 01/20/2012 11:35
DCJIS
Page 3 of 4

Minimum Requirements for Directors and Counselors

Minimum Requirements for Directors and Counselors

Camp Director

Day Camp

- 21+ years old
- Camping administration training or sufficient experience

Residential Camp

- 25+ years old
- Camping administration training or sufficient experience

Primitive, Travel, or Trip Camp

- 25+ years old
- Proof of experience

Counselors and Junior Counselors

Day Camp

- Counselor: 16+ years old with experience
- Junior Counselor: 15+ years old

Residential, Primitive, Travel, Trip, Sport, and Medical Specialty Camp

- Counselor: 18+ years old or High School graduate with experience
- Junior Counselor: 16+ years old

Counselor Experience: 4+ weeks as a junior counselor, participation in structured group camping, or working in a supervisory role with children

Minimum Requirements for Directors

Camp Director Requirements:

1. At least two seasons of previous experience working as part of the administrative staff for a camp in Massachusetts

OR

2. Successful completion of a course in camping administration offered by national professional camping associations or national agencies

When combined with participation in one of the DPH's annual Spring training sessions for the Massachusetts Camping Association, DPH recognizes the following courses:

- The **in-person** American Camp Association (ACA) New England - New Camp Director Workshop and
- The **online** ACA Camp Director Certificate course

Background Information

Background Check Requirements:	Staff						Volunteer	
	MA Resident		Out-Of-State		International		Year-Round	Seasonal
	Year-Round	Seasonal	Year-Round	Seasonal	Year-Round	Seasonal		
5 Year Work History	✓	✓	✓	✓	✓	✓	✓	✓
3 Positive References	May use references on file*		May use references on file*		May use references on file*			
MA CORI/Juvenile Report (Level 3)	Once every 3 years	✓	Once every 3 years	✓	Once every 3 years	✓	✓	✓
MA SORI	Once every 3 years	✓	Once every 3 years	✓	Once every 3 years	X Exempt if never been in the US	✓	✓
Criminal Record Check (or equivalent) from State of Residence			Once every 3 years	✓				
			National Background Check Fingerprinting - Acceptable					
Criminal Record Check (or equivalent) from Country of Residence					Once every 3 years	✓		

***A gap in employment for 1+ camping seasons requires new references**

As a reminder, CORI/SORI reports are required of all staff/volunteers regardless of age

Health Information and Injury/Incident Report and Notification Form

Health/Medical Information (Part 1)

Prior to attending camp or after receiving an offer of employment, every camper and staff must provide [.151]:



Medical History

- Allergies
- Medications
- Health Conditions or Impairments that may affect an individual's participation in camp activities



Physical

- Required for Residential, Travel, Sport, or Trip Camps
- Conducted within the last 18 months



Immunizations

- Annual DPH memo
- List the vaccine type/name and month and year of administration

Health/Medical Information (Part 2)

Medical Record Contents:	<u>Day Camp (Non-Sport)</u>			<u>Day Camp (Sport)</u>			<u>Residential, Travel, or Trip Camp</u>		
	Staff		Camper	Staff		Camper	Staff		Camper
	Under 18	18+		Under 18	18+		Under 18	18+	
Health Record	✓	✓ Authorization for Emergency Care	✓	✓	✓ Authorization for Emergency Care	✓	✓ Authorization for Emergency Care	✓	
Immunization/ Exemption Documentation	✓	✓	✓	✓	✓	✓	✓	✓	
Injury Reports (if applicable)	✓	✓	✓	✓	✓	✓	✓	✓	
Current Medical History	signed by parent/ guardian or health care provider	signed by staff member or health care provider	signed by parent/ guardian or health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider	signed by health care provider
Physical				✓	✓	✓	✓	✓	✓

Injury and Incident Report and Notification Form *(Part 1)*

Camp operators must use the electronic **Recreational Camp Injury and Incident Report and Notification Form** pursuant to 105 CMR 430.154 Injury Reports which states:

A report shall be completed on a form available from the Department for each fatality or serious injury or incident that results in a camper, staff person, or volunteer being sent home or brought to the hospital or treated by a health care provider, and where a positive diagnosis is made. A copy of each injury or incident report shall be sent to the Department, as well as the Board of Health, as soon as possible but no later than seven calendar days after the occurrence of the injury or incident. Such injuries or incidents shall include, but not be limited to:

- (1) cuts or lacerations for which suturing is required
- (2) when resuscitation or other life saving measures are required
- (3) fracture or dislocation
- (4) concussion
- (5) administration of an epinephrine auto-injector or
- (6) those resulting from errors in the administration of medications including diabetes care

Injury and Incident Report and Notification Form *(Part 2)*

The form can be accessed at this link:

[Camp Injury Reporting Form](#)

Please bookmark or save this link for use throughout the camping season

The form can also be accessed by scanning on your phone:



Injury and Incident Report and Notification Form (Part 3)

Page 1

Recreational Camp Injury/Incident Report & Notification Form

Community Sanitation Program Recreational Camp Injury/Incident Report & Notification Form

This form is issued pursuant to 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV) which requires a camp to submit a report on a form available from the Department for each fatality or serious injury or incident that results in a camper, staff person, or volunteer being sent home or brought to the hospital or treated by a health care provider, and where a positive diagnosis is made (105 CMR 430.154).

A copy of this report must be sent to the Massachusetts Department of Public Health and the local Board of Health within SEVEN (7) days of the occurrence of the injury.

This form may also be used for notification of filing a 51A Report with the Department of Children and Families (DCF) (105 CMR 430.093). If using for that purpose, please ONLY fill out questions # 1 - 6.

Response was added on 06-09-2023 12:56.

Date of Submission	06-09-2023
1. Name of Camp (as stated on the Recreational Camp License)	Summer Camp
2. Street Address (please indicate the camp's in-session, physical address):	123 Main Street
City/Town:	Test Town
State:	Ma
ZIP Code:	02468
3. Telephone Number (in-season number):	(617) 555-4444
4. Name of Camp Director:	Test Director
5. Name of Person Completing Form:	Test Counselor
6. Did a suspected incident of child abuse or neglect occur at camp, resulting in the filing of 51A report to DCF? If yes, enter the date the report was sent to DCF.	<input type="radio"/> Yes _____ <input checked="" type="radio"/> No _____

PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EACH QUESTION.

7. Date of Incident or Injury:	06-09-2023
8. What was the incident outcome? Please check all that apply.	<input checked="" type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Death <input type="checkbox"/> Other
9. Please specify where the incident occurred:	<input checked="" type="radio"/> On camp property <input type="radio"/> Off camp property

Page 2

10. If applicable, please specify if the incident occurred at or involved:	<input checked="" type="checkbox"/> Waterfront/Natural Body of Water <input type="checkbox"/> Swimming/Wading Pool or Splash Pad <input type="checkbox"/> Challenge/Ropes Course <input type="checkbox"/> Archery/Firearms Range <input type="checkbox"/> Motorized vehicle <input type="checkbox"/> N/A
11. Provide the total number of individuals injured from this incident.	1
Please submit additional forms for each injured/ill individual.	
12. Please select the age of injured/ill person (being reported on this form):	<input type="radio"/> under 7 <input type="radio"/> 7 to 10 <input checked="" type="radio"/> 11 to 14 <input type="radio"/> 15 to 18 <input type="radio"/> 19 to 22 <input type="radio"/> 23 or above
13. Specify what body part was injured. Please select all that apply.	<input type="checkbox"/> Head, Neck and/or Face <input type="checkbox"/> Torso <input type="checkbox"/> Upper Extremity <input checked="" type="checkbox"/> Lower Extremity <input type="checkbox"/> Internal <input type="checkbox"/> Other _____
Please provide additional information on where the injury occurred. Select all that apply.	<input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input checked="" type="checkbox"/> Foot <input type="checkbox"/> Toe(s) <input type="checkbox"/> Injury location not listed
14. Specify the type of injury or illness. Please check all that apply:	<input type="checkbox"/> Allergic reaction <input type="checkbox"/> Bite or sting <input type="checkbox"/> Bruise or contusion <input type="checkbox"/> Burn <input type="checkbox"/> Cold Related Illness (ex. Hypothermia) _____ <input type="checkbox"/> Concussion <input checked="" type="checkbox"/> Cut or laceration <input type="checkbox"/> Drowning <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Heat Related Illness (ex. Heat Exhaustion) <input type="checkbox"/> Incident resulting in the administration of glucagon <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Medication administration error <input type="checkbox"/> Muscle strain <input type="checkbox"/> Near drowning <input type="checkbox"/> Previous medical condition <input type="checkbox"/> Psychological or mental health condition <input type="checkbox"/> Seizure <input type="checkbox"/> Sprain <input type="checkbox"/> Undetermined <input type="checkbox"/> Viral or bacterial infection _____ <input type="checkbox"/> Other _____

Page 3

Please specify if any of the following were required:	<input checked="" type="checkbox"/> Stitches/sutures <input type="checkbox"/> Staples <input type="checkbox"/> None of the above
15. Explain in detail how the incident occurred (e.g. the type of activity was the individual was engaged in, the initial symptoms exhibited) and describe the nature of the injury or illness.	A camper was running on the beach and stepped on a rock which cut their foot. The camper was brought to the infirmary and their parents were called. The parents brought the camper to the Emergency Room where they were treated and provided stitches.
IMPORTANT: Do not include names or other personal identifying information regarding the injured individual or other involved parties.	
16. Explain how the individual was treated:	<input type="radio"/> Onsite and individual remained at camp <input type="radio"/> Onsite and individual sent home to recover <input checked="" type="checkbox"/> Off-site (e.g. care provided at Emergency Room, Physician's Office, Dentist's Office) <input type="checkbox"/> Off-site and admitted to Hospital <input type="radio"/> Other _____
17. Were corrective actions taken to prevent a similar occurrence?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Please check all that apply:	<input type="checkbox"/> Activity removed or prohibited <input type="checkbox"/> Changes to equipment implemented <input type="checkbox"/> New safety procedures implemented <input type="checkbox"/> Safety education provided <input type="checkbox"/> Training provided to staff/volunteers <input checked="" type="checkbox"/> Venue changed or altered <input type="checkbox"/> Other _____
Briefly explain changes implemented as a result of this incident.	The beach was cleared of any visible rocks and debris. The counselors were reminded to inspect the beach every day for possible hazards.
18. Has this incident been reported to the local board of health/health department?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Sample Report Form

- This form must be submitted to the DPH and LHA within 7 days of the injury/incident [430.154]
- A copy of the form must be placed in the individual's health record [430.150]

Injury and Incident Reports Data (Part 1)

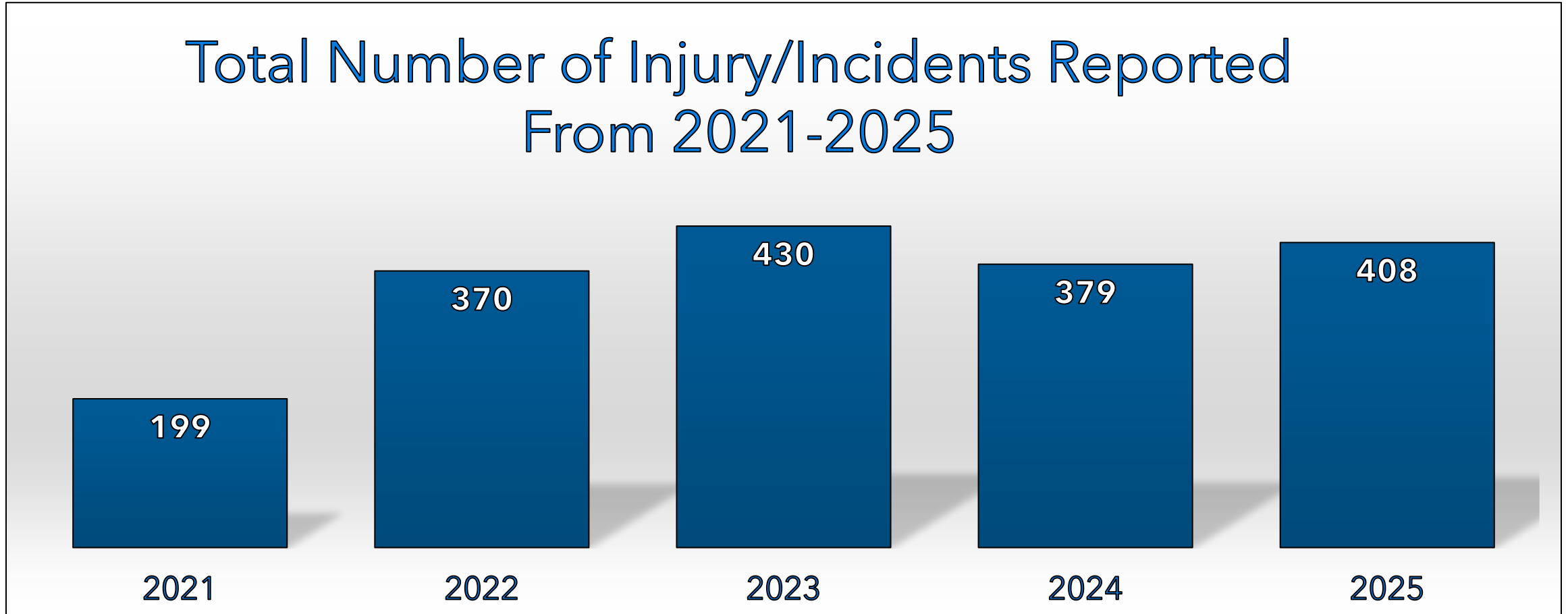


Chart Summary: This bar graph shows injuries/incidents peaking in 2023.

Injury and Incident Reports Data (Part 2)

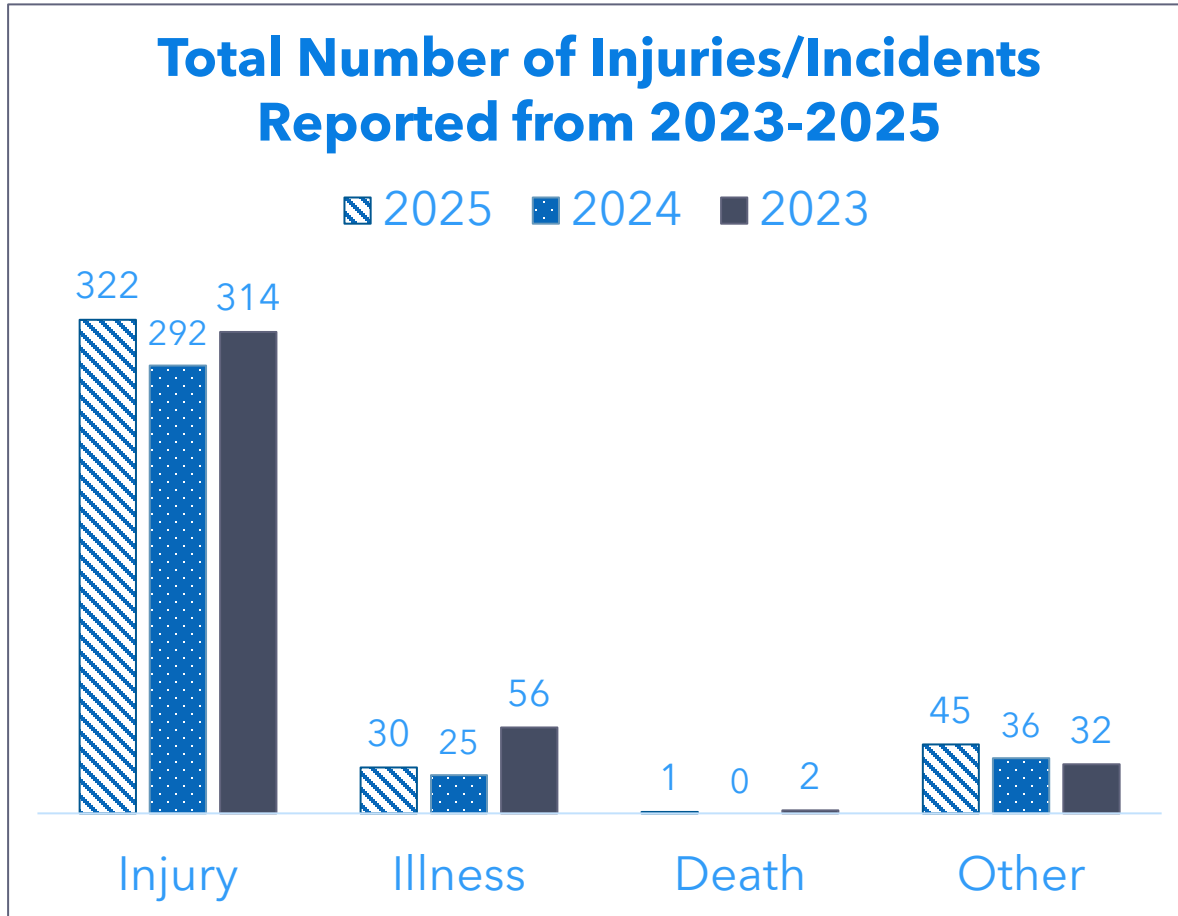


Chart Summary: This bar graph shows injuries as the most common incidents reported at camp.

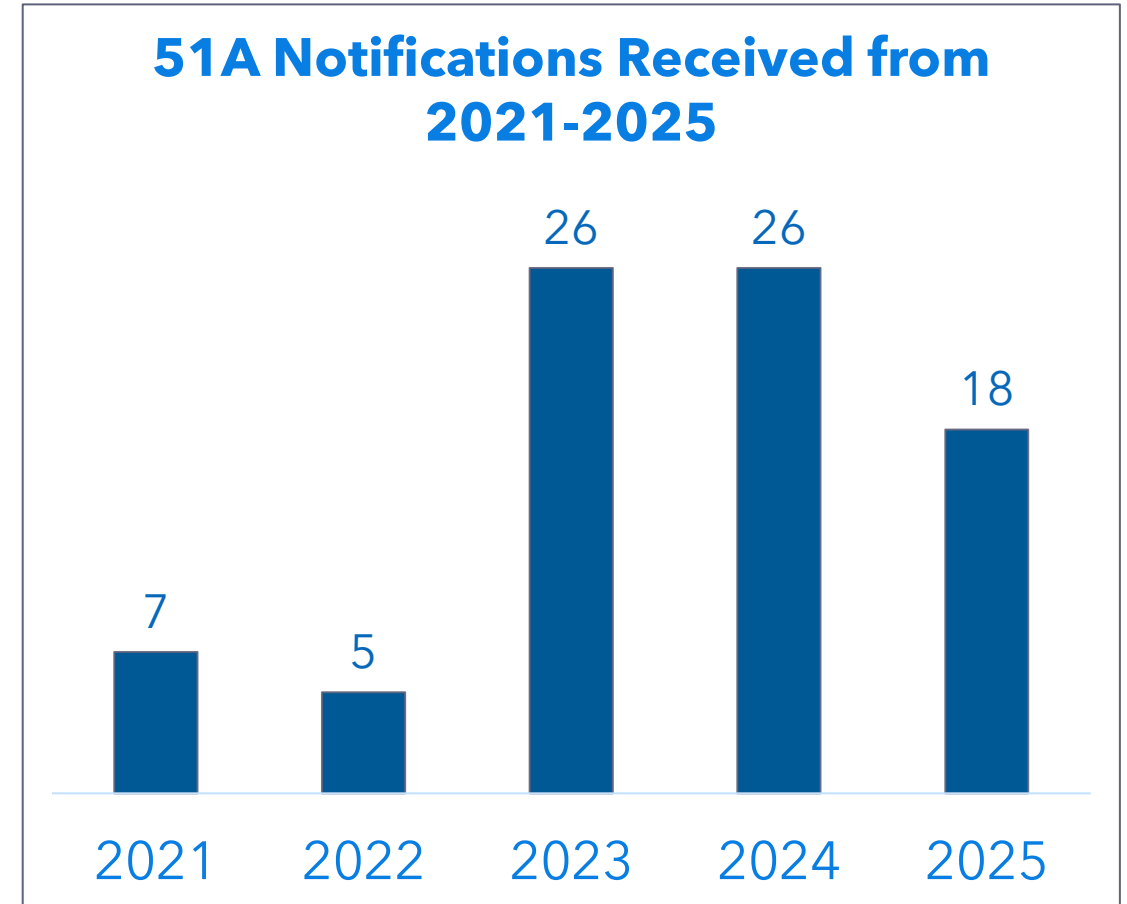


Chart Summary: This bar graph shows an increase in 51A notifications.

Injury and Incident Reports Data (Part 3)

Types of Reported Injuries/Incidents from 2023-2025

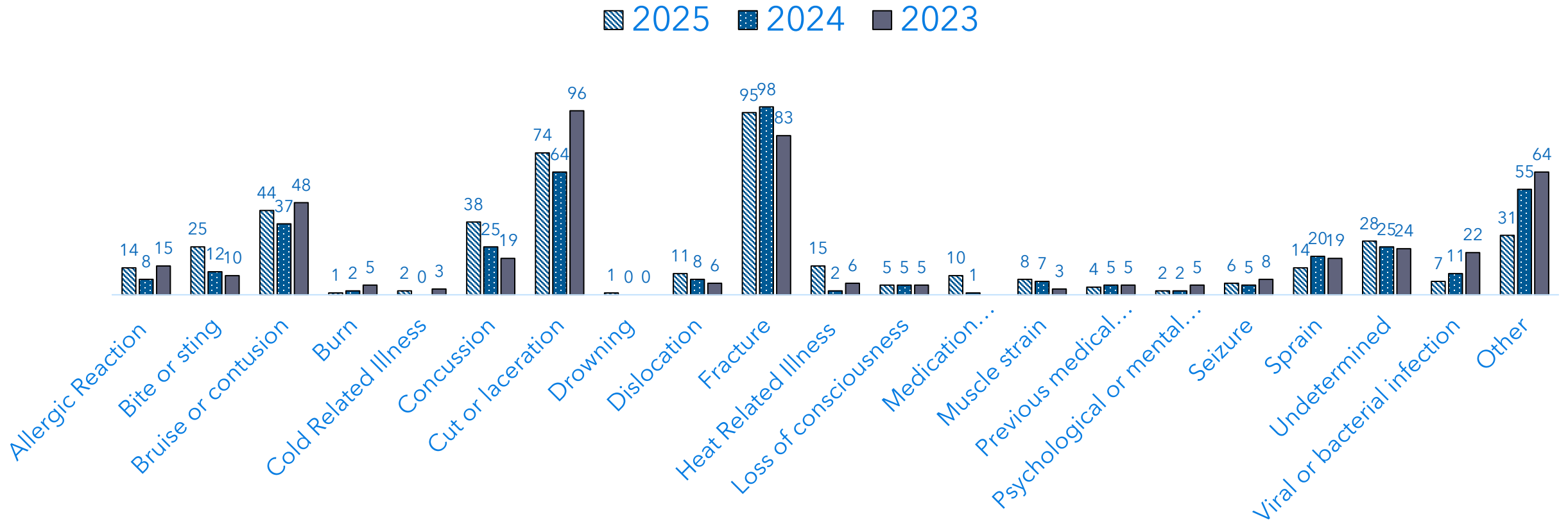


Chart Summary: This bar graph shows different types or reported injuries/incidents with fractures and cuts/lacerations being the most reported injuries.

Injury and Incident Reports Data (Part 4)

Types of Reported Head Injuries from 2023-2025

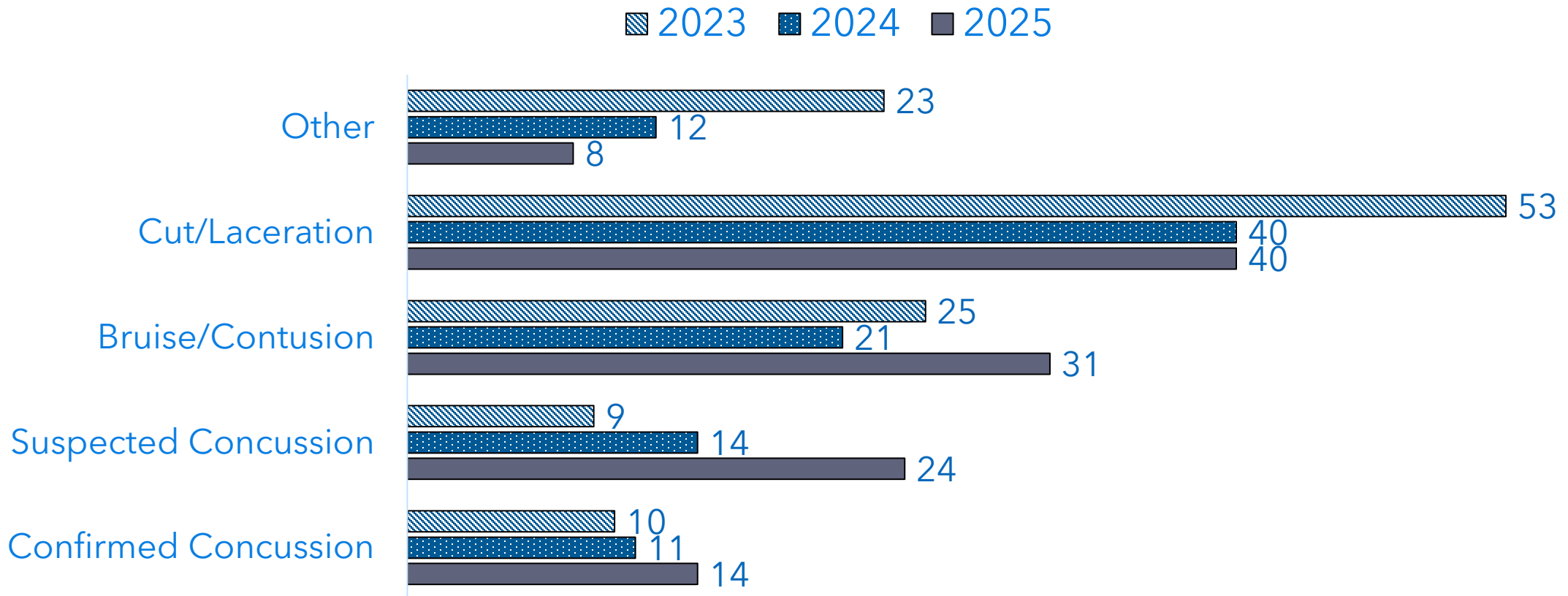


Chart Summary: This bar graph shows reports of suspected and confirmed concussion continuing to rise.

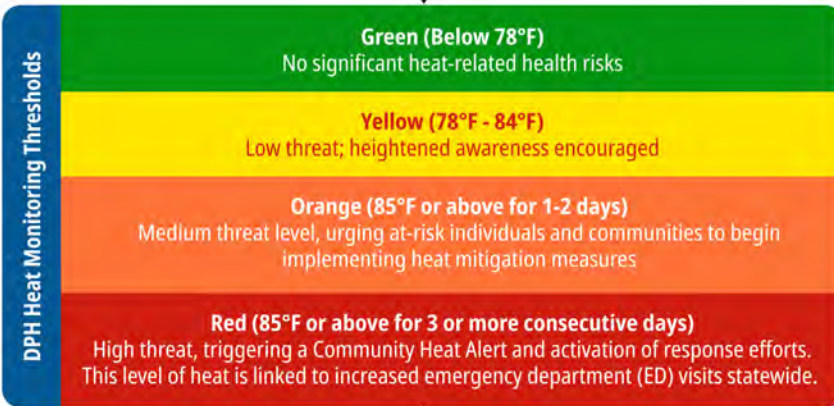
Heat Related Illness at Camp

HEAT Response : HHAN and Partner Alerts

Unhealthy Heat Alert Trigger Decision Tree

Check the Unhealthy Heat Forecast

Daily monitoring starts 08:00 am. Go on mass.gov/unhealthy-heat and view the forecast dashboard. (tool has 7 day maximum)



Does the Unhealthy Heat Forecast webpage show a forecast for unhealthy heatwave in the next 7 days?

Yes

Activate Alerts

No

No Alerts Sent

Vulnerable populations and stakeholders can monitor the Unhealthy Heat Forecast to remain up to date on the current heat threshold and read educational resources.

Health Care Sector

Long-term Care Facilities

Local Boards of Health

Health Equity Partners

Correctional Facilities

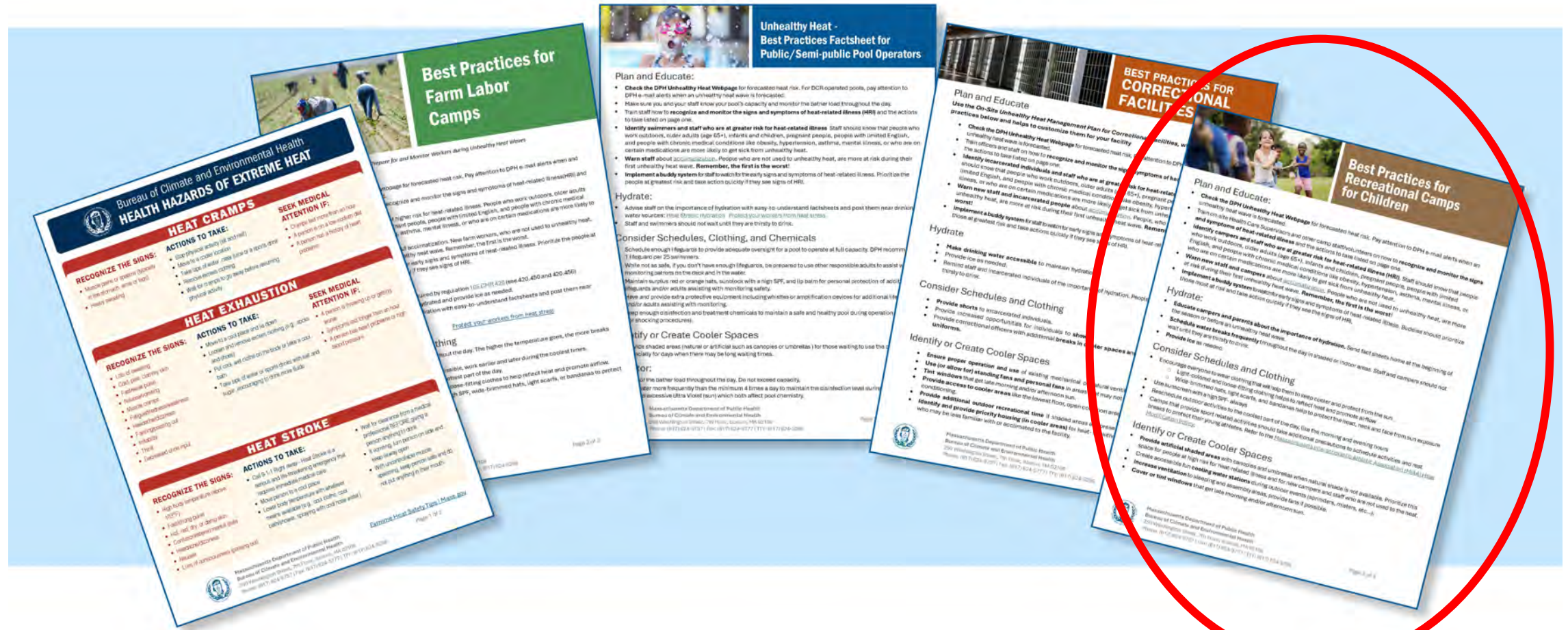
Recreation Camps for Children

Farm Labor Camps

DCR Partners for Pool Operators

Regional Planning Agencies

Heat Advisories



Key Components For Managing Unhealthy Heat



Know the signs and symptoms of **Heat Related Illness (HRI)** and actions to take



Identify the **high-risk populations** you serve



Hydration



Ventilation



Short term Mitigation



Identify **cooler areas/temporary relocation**



On-site **heat management plan** customized for the facility/location



Environmental Monitoring

Heat-Vulnerable Populations



Demographics

- Infants and young children under 5
- People over 65, especially those who live alone
- **Pregnant people**
- People of color due to systemic racism
- People with limited English proficiency
- People with low household incomes



Living Experience

- People without adequate shelter or who are unhoused
- People with medical conditions such as heart, lung, or kidney disease
- People with cognitive limitations, mental illness or dementia
- People who have mobility constraints, are confined to bed, or housebound
- People with disabilities that impair heat awareness or tolerance



Environment

- **People without air conditioning**
- **People working or exercising outdoors**
- **People working in hot indoor environments or wearing protective clothing or equipment**
- **People living or working in "heat islands" - areas where buildings and pavement retain heat**

Health Care at Camp

Health Care at Camp Overview



Professional Oversight: Health Care Consultant (HCC)



Onsite Care: Health Care Supervisor (HCS)



Policies and Procedures



Infirmery Requirements

Health Care Consultant (HCC) & Health Care Supervisors (HCS)

430.159 Health Care Staff to be Provided

Health Care Consultant (HCC)

All camps must have a HCC who is a current MA Physician, Nurse Practitioner, or a Physician's Assistant. The HCC must:

- Provide professional oversight for all health-related topics at camp and help develop/approve the Health Care Policy
- Always be available for consultation
- Acknowledge all HCS and train all unlicensed HCS
- Develop written orders to be followed by HCS
- Acknowledge, in writing, the list of prescription medications administered at camp
- Document the trainings and tests of competency for unlicensed HCS

Health Care Supervisor (HCS)

All camps must have at least one on-site HCS who is:

- 18+ years old; and
- First Aid and CPR Certified; and
- A current MA Physician, Physician Assistant, or Nurse; **or**
- A specially trained individual

A HCS must:

- Be responsible for the day to day operation of the health program, including administration of prescription medication
- **Be a licensed healthcare provider** at medical specialty camps, residential camps where the total number of on-site campers and staff is 150+, and when advised by the HCC

Health Care Supervisor (HCS)

In residential camps with less than 150 on-site campers/staff and in all day camps, the HCS may have additional non-health related duties but must be available to render emergency first aid

An unlicensed yet properly trained HCS means successful completion and documentation of the trainings and tests listed below:

- [DPH Standards for Training Health Care Supervisor in Medication Administration](#)
 - [Administration of Prescription Medication Test of Competency Checklist](#)
- [DPH Standards for Training Health Care Supervisor and Other Staff on Use of Epinephrine Auto- Injectors](#)
 - [Administration of Epinephrine Auto-Injectors Test of Competency Checklist](#)
- The signs and symptoms of hypo or hyperglycemia and appropriate diabetic plan management



Health Care Policy Components [.159(B) and .160]

A written **Health Care Policy** must outline all healthcare related policies and procedures and be approved by the HCC and the LHA. At a minimum, the policy must include:



Daily Health Supervision
& Infection Control



Medication Storage
& Administration



Use of Insect Repellent
& Tick Checks



Promote Allergen
Awareness



Health Emergencies &
Accidents, Notify
Parents/Guardians



Available Medical,
First Aid, &
Ambulance Services



Name(s) of designated
HCS



Name, Address, Phone
Number of HCC

Storage and Administration of Medications [.160] (Part 1)

Policy on Administering Medications [.160(E)]

1. List individuals at camp who are:
 - HCC or designated HCS authorized by scope of practice to administer medications
 - Qualified HCS who are properly trained and designated to administer oral and topical medications
 - Authorized to administer epinephrine auto-injectors
 - Authorized to administer medications for diabetes care at medical specialty camps
2. Require designated unlicensed HCS(s) be trained by the HCC to administer oral and topical prescription medications
3. Require individuals authorized to administer epinephrine auto-injectors be specifically trained to administer epinephrine auto-injectors under the direction of the HCC
4. Require individuals authorized to administer medications for diabetes care at medical specialty camps be specially trained by the HCC to administer medications for diabetes care and shall only be administered under the direct supervision of a health care provider listed in 105 CMR 430.159(E)

Storage and Administration of Medications [.160] (Part 2)

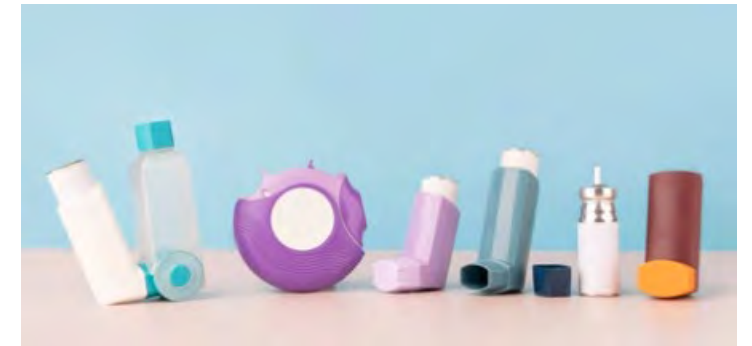
Policy on Administration of Epinephrine Auto-Injectors [160(F)]

- Identify what is permitted at camp:
 - Self-Carry/Administration and/or
 - By specially trained staff and the HCS
- The HCC and the camper's parents/guardians must provide written approval for the camper to self-administer or receive an injection by a licensed health care professional
- The HCC must provide written approval and the parent/guardian must give written informed consent for unlicensed staff to administer an epinephrine auto-injector to the camper, as needed
- All unlicensed individuals designated to administer epinephrine auto-injectors must complete a training developed by the HCC

Policy on Use of Inhalers [.160(H)]

A camp may allow a camper who has a prescription for an inhaler for a pre-existing medical condition to self-administer and possess an inhaler at all times for the purposes of self-administration if:

- The camper is capable of self-administration and
- The HCC and camper's parent/guardian have given written approval for the camper to self-administer



Storage and Administration of Medications [.160] (Part 3)

Administration of Medications for Diabetes Care [.160(G)] at non-medical specialty camps (most camps)

A **camper** may self-monitor and/or self-administer medication for diabetes care if:

- Blood monitoring activities take place in the presence of the HCS

and

- The HCC and parents/guardians have given written informed consent for the camper to self-monitor and self-administer

Licensed vs Unlicensed Health Care Supervisors (HCS)

Licensed HCS:

- Provided injections are within their scope of practice, licensed HCS may conduct blood monitoring activities and administer medications for diabetes care

Unlicensed yet properly trained HCS:

- May **support** a camper's process of self-monitoring and/or self-administering medications for diabetes care



Storage and Administration of Medications [.160] (Part 4)

Administration of Medications for Diabetes Care [.160(G)] at medical specialty camps

A camp may allow a camper, licensed HCS, or individual authorized at a medical specialty camp to monitor blood sugar or administer medication for diabetes care, including insulin injections.

A camper may self-monitor and/or self-administer medication for diabetes care if:

- Blood monitoring activities take place in the presence of a properly trained and/or licensed HCS

and

- The HCC and parents/guardians have given written informed consent for the camper to self-monitor and self-administer

An individual authorized **at a medical specialty camp** may monitor a camper's blood sugar or administer medications for diabetes care if:

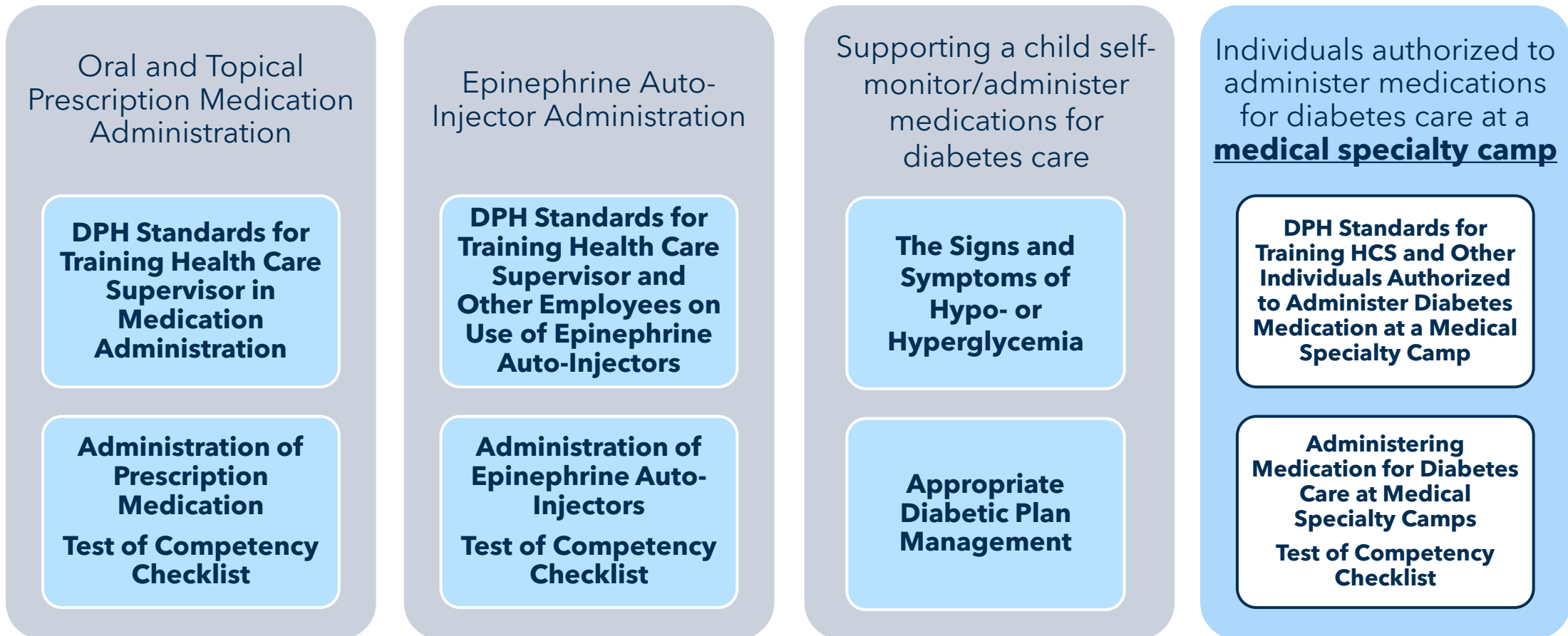
- The HCC and parents/guardians have given written informed consent for an unlicensed individual authorized under 105 CMR 430.159(F) to monitor the camper's blood sugar and administer medications for diabetes care

and

- All unlicensed individuals authorized under 105 CMR 430.159(F) must complete a training by the HCC and are under the direct supervision of a health care provider listed in 105 CMR 430.159(E)

Storage and Administration of Medications [.160] (Part 5)

Required Trainings for unlicensed HCS or individuals authorized to administer medications for diabetes care at a medical specialty camp pursuant to 105 CMR 430.159(F) must include [.160(I)]:



Infirmary/First Aid Facility Requirements

<u>What is required?</u>	<u>Day Camp</u>	<u>Residential Camp</u>
Single facility identified as the Infirmary/First Aid Facility	✓	✓
Adequate lighting provided	✓	✓
Infirmary/First Aid Facility is easily recognizable and accessible during the day and night		✓
Designated space for the isolation of a sick child with the ability to provide negative pressure		✓
Ability to store medications in a secure manner (refrigerated and non-refrigerated medication)	✓	✓
Fully stocked class A and class B First Aid kits	✓	✓
Medical Log Book *must include information on all medication administration errors	✓	✓
Injury Report Forms	✓	✓

Camp Operations

Camp Operations Overview



Orientation



Camp Site and Field Trips



High Risk Activities



Christian's Law (105 CMR 432.000)

Requirements for Orientation

- Describe, in writing, the necessary trainings for all camp activities [.091(A)]
- Specialized trainings to meet the requirements of campers with unique physical/behavioral needs [.091(A)]
- Online Head Injury Safety Awareness Training - **completed annually** [.091(B)]
- Health Care Policy and infection control procedures
 - Physical copy provided to all staff and volunteers [.091(A)]
- Fire Drills [.210]
- Disaster/Emergency Plans [.210]
- Lost Camper/Swimmer Plan [.210]
- Traffic Control Plan [.210]
- Disease Outbreak Response Plans [.210]

An attendance sheet for orientation, tilted at an angle. The columns are labeled with days of the week: Monday (red), Tuesday (yellow), Wednesday (green), Thursday (blue), and Friday (purple). The rows list names: Steve, Amy, Celeste, Nick, Bharathi, Kerry, Scott, Amy, Pat, Shanene, and Katharine. Each cell contains an 'X' indicating attendance. A large, bold, blue watermark reading 'Take Attendance!' is overlaid across the center of the table.

	Monday	Tuesday	Wednesday	Thursday	Friday
Steve	X	X	X	X	X
Amy	X	X	X	X	X
Celeste	X	X	X	X	X
Nick	X	X	X	X	X
Bharathi	X	X	X	X	X
Kerry	X	X	X	X	X
Scott	X	X	X	X	X
Amy	X	X	X	X	X
Pat	X	X	X	X	X
Shanene	X	X	X	X	X
Katharine	X	X	X	X	X

Camp Site Requirements (*Part 1*)

Safety Requirements

- Immediate access to a reliable phone with emergency contact numbers posted/readily accessible [.209]
- An emergency communication system [.213]
- Fire/CO alarms [.216]
- A current certificate of inspection from the local building inspector for all structures used for sleeping or assembly purposes [.451]
- Egresses unobstructed and maintained in accordance with 780 *MA State Building Code* requirements [.456]

Additional Requirements

- Sufficient shelter space large enough to house all campers and staff at Day Camps [.457]
- Adequate lighting in all infirmaries and stairways [.453]
- Structural and interior maintenance [.454]
 - Elements maintained in good repair and
 - Interior of the facility maintained in a safe, clean, and sanitary condition
- Potable water that is always available [.300]
 - Drinking facilities must be centrally located
- Sufficient handwash sink, toilet, and shower facilities
 - [.360 - 380]

Camp Site Requirements (Part 2)

Sleeping Area and Spacing Requirements

- Provide adequate square footage per person [.458]:
 - 40 ft² for single beds
 - 35 ft² for bunk beds
 - 50 ft² for individuals with special equipment
- Maintain appropriate bed arrangements [.470]:
 - 6 ft of distance between the heads of sleepers
 - Head to toe sleeping is a common practice
 - 3 ft between single beds
 - 4.5 ft between bunk beds
- Tents under 400 ft² must be labeled as fire resistant [.217]
- Screens must be in place for all windows [.452]
- Self-closing doors that open in the direction of the flow of traffic out of the building [.452]



Camp Site Requirements (Part 3)

Food Service at Camp

Camps that prepare and/or serve meals must comply with 105 CMR 590.000 *Minimum Sanitation Standards for Food Establishments*

- Prominently display a Food Service permit
- Obtain written compliance with 105 CMR 590 for the USDA Summer Food Service Program (if applicable) [.320]
- Ensure proper storage methods for meals brought from home [.335]
- Provide lunches if a camper arrives without one [.335]
- Install screens in all windows and self-closing exterior doors [.452]
- Ensure adequate lighting in all kitchens and dining areas [.453]



Field Trips



All camps that conduct field trips must:

- Develop a written itinerary [.212(A)]
 - Have a means to notify parents/guardians of changes to the itinerary
- Provide at least 1 designated HCS [.212(B)]
- Maintain health records in a readily accessible format [.212(C)]
- Store medications in a secure manner and bring a First Aid Kit [.212(C)]
- Develop contingency plans for off-site field trip locations [.212(D)]

In addition, Primitive, Travel, or Trip Camps must:

- Identify on the itinerary the available emergency services and the means to contact them [.212(B)]

Specialized High Risk Activities *(Part 1)*

Means those activities posing an inherent risk of serious injury or death due to the nature of the activity regardless of reasonable precautions and supervision

Such activities present an increased risk to health and safety beyond the routine risk of exercising and being active in various weather conditions

Any recreational camp for children that operates specialized high risk activities outside of Massachusetts shall comply with all state and local laws or regulations for such activities in the state or local jurisdiction where the activity is held

Specialized High Risk Activities (Part 2)

Aquatics



Specialized High Risk Activities (Part 3)

Swimming Pools must comply with 105 CMR 435.00 *Minimum Standards for Swimming Pools*

Swimming Pools must have:

- A posted current pool permit
- Written confirmation of *Virginia Graeme Baker Pool and Spa Safety Act* compliance
- Appropriate pool fencing
- An appropriate water chemistry test kit and secchi disc

Staff must include:

- A properly trained Certified Pool Operator (CPO)
- Lifeguards (LG)
- Trained Counselors

A Lifeguard must be at least 16 years old and hold the following current certifications:

(1) One of the following lifeguard training programs:

(a) An American Red Cross Lifeguard Training Certificate; or

(b) Lifesaving Society of Canada National Lifeguard Service; or

(c) Boy Scouts of America Lifeguard Certificate; or

(d) National YMCA Lifeguard Certificate; or

(e) Ellis and Associates International Lifeguard Training Program; and

(2) A CPR Certificate; and

(3) First Aid Certificate

Specialized High Risk Activities (Part 4)

Swimming Pools must comply with 105 CMR 435.00 *Minimum Standards for Swimming Pools*

Safety Equipment must include:

- A hard wired emergency communication device that connects directly to 911 with emergency contact numbers posted near phone
- A US Coast Guard approved ring buoy and assembled rescue hook
- LG equipment including a rescue tube, whistle, voice amplifying device, and proper bathing suit
- A backboard with straps

Camps must:

- Conduct swim tests at a camper's *first* swimming session
- Have the ability to confine campers to swimming areas consistent with their skill level
- Confirm out-of-state pools hold all required licenses and permits where they operate [.103]

Specialized High Risk Activities (Part 5)

Beaches must comply with 105 CMR 445.000 *Minimum Standards for Bathing Beaches*

- A Bathing Beach permit must be kept on file
- Water quality testing must be conducted and kept on file [430.432(A)(1)]
- Proper signage must be posted at the beach entrance [430.432(A)(1)]
- Sufficient water clarity must be maintained [430.432(A)(2)]
- A secchi disc must be readily visible in 4 ft of water
- 1 US Coast Guard approved ring buoy must be provided for every 2,000ft² of water surface [430.432(C)]
 - A ring buoy must weigh at least 2.5 lbs, have a minimum inside diameter of 15", and be attached to a 1/4" rope that is no less than 60 ft in length
- All piers, floats, and platforms must be maintained in good repair [.204(E)]
 - There should be no sharp corners/projections
 - Ladders and platforms must be secured in place
 - Treads of stairs and ladders for diving areas must have a non-slip covering and handrail [430.432(B)]

**BEACH NAME
HERE**

**Open June 21-
September 1**

Operated by Such and Such Party
PHONE: ###-###-#### PERMIT: ###-####-###

**NOTICE:
Bacteria levels are
not monitored
outside the above
dates of operation.**

Specialized High Risk Activities (Part 6)

Supervision of Aquatic Activities



Aquatics Director

- **Camps that offer onsite aquatic activities must have an Aquatics Director [.103]**
- A trained water safety professional
- Certified Lifeguard
- 21+ years old with 6+ weeks of experience
- Present when 50 or more campers are in/near the water [.103]



Swimming

- 1 Lifeguard for every 25 people [.103(A)]
- 1 additional staff member for every 10 campers in or near the water [.103(A)]
- A Buddy System is in place [.204(C)]



Paddle Sport Activities

- **1 properly trained staff for every 10 campers in a watercraft activity [.103(B)(1) and (B)(2)]**
- **1 LG for every 25 campers [.103(B)(1)]**
- Personal Flotation Devices (PFDs) are always worn [.204(G)]



Sailing and Boating

- **1 properly trained staff for every 10 campers in a watercraft activity [.103(B)(1) and (B)(3)]**
- **1 LG for every 25 campers [.103(B)(1)]**
- Personal Flotation Devices (PFDs) are always worn [.204(G)]

Specialized High Risk Activities (Part 7)

Training Requirements to Supervise Paddle Sport Activities [.103(B1 and 2)]

For every **10 campers** participating in watercraft activities there shall be **1 specially trained counselor** and for every **25 campers** participating in watercraft activities, **1 counselor shall be a Lifeguard**

Option # 1	Option # 2
<ul style="list-style-type: none"> • Lifeguard <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • American Canoe Association Paddle Sports course (online) <u>or</u> • American Red Cross Small Craft Safety <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • In-person participatory training specific to the watercraft activities staff will oversee 	<ul style="list-style-type: none"> • American Red Cross Basic Water Rescue <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • American Canoe Association Paddle Sports course (online) <u>or</u> • American Red Cross Small Craft Safety <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • In-person participatory training specific to the watercraft activities staff will oversee <p>AND Lifeguards at a 1:25 ratio</p>



<https://www.boat-ed.com/paddlesports/>

Specialized High Risk Activities (Part 8)

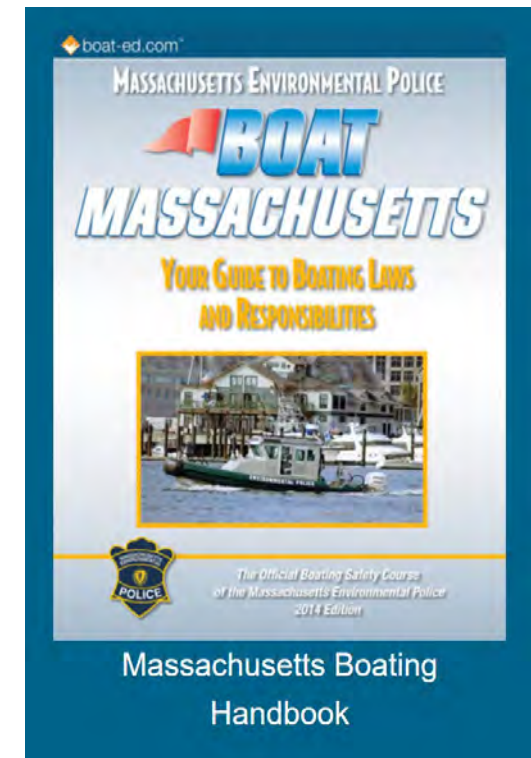
Training Requirements to Supervise Sailing or Motor-Powered Watercraft Activities [.103(B1 and 3)]

For every **10 campers** participating in watercraft activities there shall be **1 specially trained counselor AND** for every **25 campers** participating in sailing and motor-powered watercraft activities, **1 counselor shall be a Lifeguard**

Specially trained means:

- Obtain a Boater Safety Education Certificate issued by the Commonwealth of Massachusetts
- and**
- Complete an in-person participatory training specific to the watercraft activities staff will oversee

Operators shall comply with all Federal and MA Boating Laws including the use of PFDs



Specialized High Risk Activities (Part 9)

Hanson-Milone Boater Safety Act

- Introduces a mandatory boater education program for all **motorized** vessel operators that aligns Massachusetts' boating regulations with federal U.S. Coast Guard safety standards
 - Aims to ensure that every boater is equipped with the knowledge and skills necessary to safely navigate the state's waterways
- Goes into effect April 1, 2026
- To register for Boater education programs:
 - In Person (free): **Register-Ed.com - Boat MA Course Schedule** to find and register for a MA Boater Safety course.
 - Online: Boat-Ed Boating Safety Course <https://www.boat-ed.com/massachusetts/>

Lose your safety certificate? Visit www.ilostmycard.com to request a replacement.

CONTACT

Boat and Recreation Vehicle Safety Bureau

Online

Boat Safety Courses

boatsafetycourse@mass.gov

OHV Safety Courses

OHVSafetyCourse@mass.gov

Phone

[\(508\) 564-4961](tel:(508)564-4961)

Open M-F 9am-5pm

Specialized High Risk Activities (Part 10)

Challenge Courses, Climbing Walls, and Inflatables

- Licensed and maintained in accordance with 520 CMR 5.00 Amusement Devices [.103(G)]
- All elements have an annual inspection with a written report [.103(G)]
- US identification (USID) plate visibly displayed at the site of the course/climbing wall [5.14 and 5.15]
 - Updated each year with the annual permit which includes individual numbers for each element
- Inflatables must be marked with a number issued by the Office of Public Safety and Inspections [5.09]
- Sufficient supervision is provided at all times [.103(G)]:
 - 1 counselor for every 10 campers
- Operators are responsible for confirming out-of-state sites hold all required licenses and permits where they operate [.103]

Sample License:

The Commonwealth of Massachusetts
Office of Public Safety and Inspections
License to Operate Challenge Course

License #: MA-###
Expiration Date: MMDD/YYYY
Challenge Course Manager
Challenge Course Manager's Name

Courser's Name
Name of Camp/Company
Camp/Company Address
City/Town MA Zip Code

Contact's Name
Contact's Phone Number

U.S.I.D. #	Device	U.S.I.D. #	Device	U.S.I.D. #	Device
00000-01	Element #1	00000-03	Element #3	00000-05	Element #5
00000-02	Element #2	00000-04	Element #4	00000-06	Element #6

Layla R. D'Emilia
Layla R. D'Emilia
Commissioner of Public Safety and Inspection

MMDD/YYYY
Issued Date

Page 1 of 1

Sample USID Plate:



Sample Sticker:



Specialized High Risk Activities (Part 11)

Firearms/Riflery Programs

- A segregated shooting range is provided in accordance with NRA standards [.201(B)]
- A firing line is in place [.201(D)]
- Firearms must be [.201(A)]:
 - Maintained in good condition and
 - Stored in a locked cabinet
- Ammunition must be stored in a locked facility separate from the firearms
- Personal equipment is only allowed with the camp operator's written permission [.203]
- Sufficient supervision is provided at all times [.103(D)]:
 - 1 NRA Instructor directly supervising (can be included in below ratio)
 - 1 counselor for every 10 campers

Archery Programs

- A segregated archery range is provided separate from other activities [.202(B)]
- 25 yards of clearance is maintained behind each target [.202(B)]
- A common firing line is in place [.202(B)]
- A ready line is marked behind the firing line [.202(B)]
- Danger area is clearly marked behind targets [.202(B)]
- Bows and Arrows must be [.202(A)]:
 - Maintained in good condition and
 - Stored under lock and key
- Personal equipment is only allowed with the camp operator's written permission [.203]
- Sufficient supervision is provided at all times [.103(E)]:
 - 1 counselor for every 10 campers

Christian's Law

105 CMR 432.000 Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps

Protects **all minor campers, staff, and volunteers** who swim at fresh or saltwater beaches while attending recreational camps or programs

These Regulations:

- **Set the minimum** requirements for swim tests of all minors and the use of personal flotation devices (PFDs)
- Provide qualifications to determine swimmers, non-swimmers, and at-risk swimmers
- Apply to the operators of recreational camps or programs that swim at public, semi public, or private bathing beaches
 - Does not apply to swimming pools



Swim Tests

- **All minors must be swim tested at their first swimming session**
[432.100(C)]
- A swimming ability determination must be conducted at a minimum once per summer for every minor at each program or camp by a certified swim instructor or a swim assessor
- Qualifications for a Certified Swim Instructor (CSI) or Swim Assessor
[432.100(B)]
 - Certified Swim Instructor (CSI):
 - American Red Cross (ARC) Water Safety Instructor (WSI) **or**
 - YMCA LG 2011 - AQ711B
 - Swim Assessor:
 - At least 16 years old, CPR, First Aid, certified Lifeguard **AND**
 - At a minimum, observed one and participated in one annual swim test conducted by a CSI
 - Both must be documented

Classification

The identification of Swimmers and Non-Swimmers/At-Risk Swimmers [432.010]

- Non-Swimmers have not passed an YMCA level 4 (minnow) or an ARC level 3 swim test
- At-Risk Swimmers may or may not have passed a YMCA level 4 (minnow) or a ARC level 3 swim test, but have been determined to have a physical, psychological, medical or cognitive disability that could have a negative impact on their swimming ability

The swim test location [432.100(D)]

- If the camp/program is bringing dedicated lifeguards on a field trip, the swim tests may be conducted in a pool prior to the field trip
- If the waterfront provides lifeguards through a contractual agreement, the swim tests must be conducted at the waterfront

Operator's Responsibilities

1. Operators must ensure that properly sized PFDs are made available [432.120(A)]
2. All PFDs shall be in serviceable condition [432.120(B)]
3. Operators shall ensure the PFDs are properly sized and fitted for each minor prior to swimming [432.120(C)]
4. Operators must have an adequate number and range of sizes of PFDs [432.120(D)]
5. Operators may contract with an off-site bathing beach operator for the supply of PFDs [432.120(E)]



A Parent/Guardian Provided PFD

1. An operator shall **not** refuse a PFD provided by a parent/guardian [432.130(A)]
2. Any minor designated as a non or at-risk swimmer shall wear a PFD at all times except during:
 - Swim tests
 - Swimming lessons
 - Diving Lessons and
 - Closely supervised beach waterfront activities [432.130(B)]
3. The PFD must be clearly labeled with the child's name and the parent/guardian emergency contact information and it must be a properly sized and fitted Type I, II, or III PFD [432.130(C) + (D)]
4. If the PFD provided by a parent/guardian is not properly fitting, or is damaged, or otherwise not in serviceable condition [432.130(E)]:
 - The child should not be allowed to swim until the Operator has gained permission from parent/guardian to provide a different, properly sized, and fitted PFD to the child
 - Ensure EVERYTHING is documented

Policies and Record Keeping

An operator must develop and implement written policies and procedures to ensure compliance with 105 CMR 432.000, which include but are not limited to [432.400]:

- An orientation plan for all staff and volunteers
- Procedures for identifying non-swimmers and at-risk swimmers
- A daily check-in routine for reviewing and confirming proper swimming level identification
- A plan to ensure an adequate inventory of serviceable PFD's and their proper storage
- Procedures for PFD distribution to minors
- Appropriate training for staff and
- Compliance with required record keeping

DPH Guidance Tools (Part 1)

Swim and Fit Test Form

Municipal and Recreational Program or Camp: _____	
Address: _____	
Operator/Director: _____	Phone Number: _____
SWIM TEST	FIT TEST
Name and Age of Child: _____	
Date: _____	PFD Provided by Parent? (circle) Yes / No
Swim Level: _____	PFD Required Per Swim Test? (circle) Yes / No
Swim Test Location: _____	Type of PFD: _____ Size of PFD: _____
CSI or Swim Assessor - Print NAME: _____	Individual conducting Fit Test - Print NAME: _____

Additional Documents

- The Christian's Law Guidance Checklist
 - To help ensure compliance with the regulatory requirements
- The Guidance for Implementing Regulation 105 CMR 432.000
 - To clarify swimming ability determinations
 - To provide suggested methods for identifying non-swimmers and at-risk swimmers
 - To provide examples of confinement areas based on swimming levels
- All guidance documents can be found at <https://www.mass.gov/service-details/christians-law>

DPH Guidance Tools (Part 2)

Swim and Fit Test Form

Municipal and Recreational Program or Camp: _____	
Address: _____	
Operator/Director: _____	Phone Number: _____
SWIM TEST	FIT TEST
Name and Age of Child: _____	
Date: _____	PFD Provided by Parent? (circle) Yes / No
Swim Level: _____	PFD Required Per Swim Test? (circle) Yes / No
Swim Test Location: _____	Type of PFD: _____ Size of PFD: _____
CSI or Swim Assessor - Print NAME: _____	Individual conducting Fit Test - Print NAME: _____

Additional Documents

- The Christian's Law Guidance Checklist
 - To help ensure compliance with the regulatory requirements
- The Guidance for Implementing Regulation 105 CMR 432.000
 - To clarify swimming ability determinations
 - To provide suggested methods for identifying non-swimmers and at-risk swimmers
 - To provide examples of confinement areas based on swimming levels
- All guidance documents can be found at <https://www.mass.gov/service-details/christians-law>

Camp Reporting

Camp Reporting *(Part 1)*

Annual Recreational Camp Reporting Requirements

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code, Chapter IV), all recreational camps operating in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. The Massachusetts Department of Public Health (Department) shall be notified annually of all recreational camps licensed within each community on a form provided by the Department pursuant to 105 CMR 430.632.

Camp Reporting *(Part 2)*

In 2024, the Department implemented a new web-based reporting form. This form must be used to annually report:

All recreational camps licensed in each city/town; and

No licensed recreational camps in a city/town.

The new reporting form can be found here:

[Camp Injury Reporting Form](#)

Camp Reporting (Part 3)

Completed Form



The Commonwealth of Massachusetts
Department of Public Health

Recreational Camps for Children Reporting Form

AAA
⊕ ⊞

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed annually by the Local Board of Health or Health Department (Local Health Authority). In addition, 105 CMR 430.632 requires that the Local Health Authority notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community.

Please complete the required information listed below.

Local Health Authority Information			
Local Health Authority:	Health Department		
Address:	67 Forest Street	Marlboro	01752
Contact Information:	Kerry	Wagner	EAllI
	(617) 448-7410 ext8	kerry.f.wagner@mass.gov	

Were any recreational camps licensed in your city/town in 2024? * must provide value

Confirmation Page and Email

Close survey



Thank you for submitting the Recreational Camp for Children Reporting Form. If you have any questions please contact: recreationalcamps@mass.gov.

Enter your email to receive confirmation message?







A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

* Your email address will not be associated with or stored with your survey responses.

Recreational Camp Reporting

 recreationalcamps@mass.gov
To:  Wagner, Kerry F (DPH)

 20241104142341_survey_91a0d383.pdf
35 KB

     
2:24 PM

Thank you for submitting the Recreational Camp for Children Reporting Form. If you have any questions please contact: recreationalcamps@mass.gov.

Camp Reporting (Part 4)

In-Season Address:	<input type="text" value="In-Season Address"/>	<input type="text" value="City/Town"/>	<input type="text" value="Zip Code"/>
Off-Season Address: (if different than address above)	<input type="text" value="Off-Season Address"/>	<input type="text" value="Off-Season City/Town"/>	<input type="text" value="Off-Season Zip Code"/>
Owner Information:	<input type="text" value="First Name"/>		<input type="text" value="Last Name"/>
Director Information: (if different than Owner)	<input type="text" value="First Name"/>		<input type="text" value="Last Name"/>
Day or Residential? (Select all that apply)	<input type="checkbox"/> Day <input type="checkbox"/> Residential		
Camp Type: (Select all that apply)	<input type="checkbox"/> Sports <input type="checkbox"/> Non-Sports <input type="checkbox"/> Travel/Trip <input type="checkbox"/> Medical Specialty <input type="checkbox"/> Primitive <input type="checkbox"/> Not Applicable		
Number Per Season:	Staff: <input type="text" value="Number of Staff"/>	Volunteers: <input type="text" value="Number of Volunteers"/>	Campers: <input type="text" value="Number of Campers"/>
Health Care Consultant:	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="License Number"/>

Submit and

All boxes highlighted in RED are required fields

Connect with DPH



X: [@MassDPH](https://twitter.com/MassDPH)



LinkedIn:

[Massachusetts Department of Public Health](https://www.linkedin.com/company/massachusetts-department-of-public-health)



mass.gov/DPH