



# Town of Sudbury

## Board of Health

Sudbury Health Department  
275 Old Lancaster Road  
Sudbury, MA 01776  
978-440-5479  
Health@sudbury.ma.us

To: Sudbury Camp Directors  
From: Vivian Zeng, Health Director  
Date: 2/12/2025  
Re: 2025 Summer Camp Applications

**The camp application can be found at: [Sudbury.ma.us/health](https://Sudbury.ma.us/health)  
Follow the links to PERMITS: Camp Packet 2025**

Welcome to the 2025 Camp Season. Applications and standard operating documentation must be submitted no later than **12 noon on Wednesday, April 9<sup>th</sup>, 2025**. Late applications and late follow-up information are subject to late fees, which is double the cost of your permit. This may result in your inability to obtain a permit for your camp.

All camp binders will be required to have an index page. **As a condition of your camp permit, we are requiring all camp directors to attend a summer camp director webinar to review the State Camp Code and the Health Department's expectations.**

**Camp Director Orientation webinar:  
Monday, March 10, 2025 @ 10:00 am  
Wednesday, March 12, 2025 @ 2:30 pm**

**To register for one of these webinars, please contact us:  
[Health@sudbury.ma.us](mailto:Health@sudbury.ma.us)**

**CAMP REGULATIONS CAN BE FOUND:  
[mass.gov/lists/recreational-camps-for-children-community-sanitation](https://mass.gov/lists/recreational-camps-for-children-community-sanitation)**

Follow-up information is due in this office fourteen (14) days in advance of the camp opening inspection.

**USE ALL FORMS FOUND IN THE CAMP PACKET ON THE HEALTH DEPARTMENT WEBSITE.**

Documents that are incomplete or do not meet the requirements will be returned for revision. Camp staff and camper records will be reviewed by the public health nurse at least two weeks prior to the session opening. It is your responsibility to schedule this appointment with the department.

**Camps that DO NOT provide adequate documentation or complete forms will not be permitted to open.**

Please remember that it is your responsibility to review and meet all current camp regulations. The regulations must be on site during camp operation. We look forward to assisting you through the camp permitting process and to a safe camping season for all.

Sudbury Health Department

275 Old Lancaster Road  
Sudbury, MA 01776

Telephone: (978) 440-5477

Fax: (978) 440-5404

# of sessions:	Permit: 2024	
	FEE:	Date paid:

**RECREATIONAL CAMP PERMIT APPLICATION**  
**APPLICATION DEADLINE: Wednesday, April 17, 2024 (12 noon)**

Camp Name: \_\_\_\_\_

Location where camp operates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

On site phone(s): \_\_\_\_\_

**24/7 Emergency on-site contact:** \_\_\_\_\_ Cell # \_\_\_\_\_

Website/Social Media addresses: \_\_\_\_\_

**A check payable to “Town of Sudbury” must accompany this application.**

**Camp fees are based on the number of operating sessions:**

<b>1 camp session - \$250</b> <b>2-4 camp sessions - \$300</b> <b>5-6 camp sessions - \$400</b> <b>7+ sessions - \$500</b>
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Please list camp sessions in the order of which they occur. (Attach additional sheet if needed.)

CAMP NAME	Opening Date	Closing Date	Hours of Operation	Day or Overnight	# of campers per session	# of staff per session
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

10.						
TOTAL						

**CAMP OWNER/ORGANIZATION INFORMATION**

Name of Camp Owner/Organization: \_\_\_\_\_

Primary mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (year-round): \_\_\_\_\_ Fax: \_\_\_\_\_

**24/7 Emergency Contact Name:** \_\_\_\_\_

**24/7 Emergency Contact Number:** \_\_\_\_\_

Email address: \_\_\_\_\_

**CAMP DIRECTOR/OPERATOR INFORMATION (IF DIFFERENT THAN OWNER)**

Director/Operator Name: \_\_\_\_\_

Primary mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (year-round): \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Camp Director Name: \_\_\_\_\_ must be 21 yrs.+

**Residential, Trip, Travel must be 25 yrs.+**

**24/7 Emergency Contact Number:** \_\_\_\_\_

Coursework in camping administration: \_\_\_\_\_

Previous camp administration experience: \_\_\_\_\_

**CAMP OPERATING INFORMATION**

If the camp previously operated in Massachusetts provide year(s) the camp operated, and the name(s) operated under:

From: \_\_\_\_\_ to: \_\_\_\_\_ Name(s): \_\_\_\_\_

Has the camp's license ever been suspended or revoked: (check):

\_\_\_\_ Suspended      \_\_\_\_\_ Revoked      \_\_\_\_\_ Neither

Swimming Pool:      Yes: \_\_\_\_\_      Pool location: \_\_\_\_\_

Bathing Beach:      Yes: \_\_\_\_\_      Beach location: \_\_\_\_\_

Meals Purchased: Yes: \_\_\_\_\_

Bring own lunch Yes: \_\_\_\_\_

Meals Provided: Yes: \_\_\_\_\_

Snack Provided Yes: \_\_\_\_\_

Bring Own Snack: Yes: \_\_\_\_\_

Describe camper food source: \_\_\_\_\_

Describe food storage (ie fridge, etc): \_\_\_\_\_

**Health Care Consultant Information**

Name: \_\_\_\_\_

MA License Number: \_\_\_\_\_

Phone (to reach during camp operation)" \_\_\_\_\_

Type of Medical License, Registration or Training (See 105 CMR 430.159(A): \_\_\_\_\_

\_\_\_\_\_

**Health Care Supervisor Information #1**

Name: \_\_\_\_\_ must be 18 yrs.+

MA License Number: \_\_\_\_\_

Type of Medical License, Registration or Training (See 105 CMR 430.159(C): \_\_\_\_\_

\_\_\_\_\_

**Health Care Supervisor Information #2**

Name: \_\_\_\_\_ must be 18 yrs.+

MA License Number: \_\_\_\_\_

Type of Medical License, Registration or Training (See 105 CMR 430.159(C): \_\_\_\_\_

\_\_\_\_\_

**Aquatics Director Information**

Name: \_\_\_\_\_ must be 21 yrs.+

Lifeguard Certificate issued by:

\_\_\_\_\_ Expiration date: \_\_\_\_\_

American Red Cross CPR Certificate:

\_\_\_\_\_ Expiration date: \_\_\_\_\_

American First Aid Certificate:

\_\_\_\_\_ Expiration date: \_\_\_\_\_

Previous aquatics supervisory experience: \_\_\_\_\_

\_\_\_\_\_

**Horseback Riding Instructor Information**

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Stable Location: \_\_\_\_\_

Licensed in accordance with MGL CH.111 § 155, 158: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Certification and Signature**

I, \_\_\_\_\_, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the camp operation will comply with all applicable law and local regulations. I read and understand the current camp regulations and that I will ensure that a copy of these regulations will be on site at all times.

Print Name : \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Official Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contact number: \_\_\_\_\_ Cell # \_\_\_\_\_

## 14 DAY ADVANCE REQUIRED DOCUMENTS CHECKLIST

### Follow-up Documents

**Follow-up documents must be submitted to the Health Department fourteen (14) days in advance of camp opening inspection.**

	<b>DOCUMENT REQUIRED</b>	<b>DUE DATE</b>
	Staff Health and Immunization Records (105 CMR 430.151A)	<u>fourteen (14) days</u> in advance of camp opening
	Campers Health and Immunization Records (105 CMR 430.151B)	<u>fourteen (14) days</u> in advance of camp opening
	Documentation of Required Staff Certifications (CPR/First Aid) (105 CMR 430. 100; 430.101; 430.103) <ul style="list-style-type: none"> <li>• <b>NO ONLINE CERTIFICATION FOR CPR/FIRST AID</b></li> </ul>	<u>fourteen (14) days</u> in advance of camp opening
	Documentation of background review of all staff (105 CMR 430.090) (INCLUDES CORI AND SORI) <ul style="list-style-type: none"> <li>• <b>Expanded CORI to include juvenile records</b></li> </ul>	<u>fourteen (14) days</u> in advance of camp opening
	Documentation of all staff orientation and training (105 CMR 430.091) <ul style="list-style-type: none"> <li>• <b>Must include head injury training</b></li> </ul>	<u>fourteen (14) days</u> in advance of camp opening
	Camp Roster	<u>fourteen (14) days</u> in advance of camp opening
	Staff Roster	<u>fourteen (14) days</u> in advance of camp opening
	Certification of Compliance with 105 CMR 430.090	<u>fourteen (14) days</u> in advance of camp opening

### **Required Documentation:**

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff Information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan - approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps -contingency plans [105 CMR 430.211]
- For Field Trips -A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 - the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,303]

### Please note:

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]

## REQUIRED DOCUMENTS CHECKLIST AND INDEX PAGE

**NAME OF CAMP:** \_\_\_\_\_ **CONTACT#:** \_\_\_\_\_

**Please provide CORRESPONDING PAGE NUMBERS for each of the following below. An index page MUST accompany ALL three ring camp binders.**

Code Reference	Description of Document	Page Number
.090(A)	Procedures for background review of staff and volunteers (Available/Followed)	
.091	Staff and volunteer orientation plan and review	
.093	Abuse and neglect prevention/reporting procedures	
.191(B)(C)	Discipline Policy with: appropriate discipline methods and prohibitions	
.210(A)	Fire evacuation plan and drills -Drills conducted within the first 24 hours of each session	
.215	Written compliance from local fire dept	
.210(B)	Disaster Plan/Emergency Plans - Including information on transportation	
.210(C)	Lost Camper Plan	
.210(C)	Lost Swimmer Plan	
.210(D)	Traffic Control Plan with site map showing key locations	
.211 (A)	Camper doesn't show up for camp	
(B)	Camper doesn't show up at point of pick up	
(C)	Child not registered arrives	
.190(B)	Camper released only to parents or parent-designated individual in writing Other plan - approved in writing by BOH	
.190(C)	Copy of promotional material showing statement re: regulatory compliance and licensing	
.190(D)	Inform parents of right to review background check, health care, discipline policies and grievance procedures upon request	
.190(E)	Protocol for unrecognized persons at camp	
.159 (B)	Health Care Policy <ul style="list-style-type: none"> <li>• Approved by BOH and HCC</li> <li>• Policy provided to all full time staff during orientation</li> <li>• Policy provided to parents prior to camp opening</li> </ul>	
.159(A)	Health Care Consultant Agreement <b>(USE FORM PROVIDED BY THE SUDBURY HEALTH DEPT)</b>	
.160	Guidelines for Storage and Administration of Medications <ul style="list-style-type: none"> <li>• Medication Administration Competency Skill Checklist</li> <li>• DPH Standards for Training Health Care Supervisor in Medication Administration Checklist</li> </ul>	
.163	Sun Protection Policy <ul style="list-style-type: none"> <li>• Parent/guardian signed authorization</li> </ul>	
.212 (A-D)	Field Trips <ul style="list-style-type: none"> <li>• Written itinerary and contingency plans.</li> <li>• First Aid Kit, designated health care supervisor, medical records and medications must be accessible during field trip.</li> </ul>	
.430	Swimming Pool & Beach: Water Safety Plan. Swim testing policy and documentation	
.457	Day Camp shelter plan for on-going camp activities during inclement weather.	



**CERTIFICATION OF COMPLIANCE WITH 105 CMR 430.090**

**NAME OF CAMP** \_\_\_\_\_

**LOCATION OF CAMP:** \_\_\_\_\_

**NAME AND TITLE OF APPLICANT/OWNER:** \_\_\_\_\_

- I have developed and followed written procedures for review of the background of each staff person who may have unsupervised contact with a camper. These procedures include a prior work history, including address and phone number of contact person, three positive reference checks from unrelated individuals. Returning counselors may use references on record with the camp from the preceding year to satisfy this requirement. However, if there is a gap in employment for at least one camp season, new references shall be required.
- Each person potentially having unsupervised contact with a camper has been asked if they have any felony convictions on their record.
- The operator of the camp shall obtain a Sex Offender Registration Information (SORI) check on all prospective staff, provided however, that international staff entering the country pursuant to a visa and who have not previously resided in the United States is exempt.
- The operator of the camp shall obtain a Massachusetts Criminal Offender Record Information (CORI) check for prospective staff who have:
  - lived or worked in Massachusetts at any time after attaining the age of 17; or
  - lived or worked in any state contiguous with Massachusetts at any time after attaining the age of 17.
  - For prospective staff whose permanent residence is not Massachusetts (out of state and international), operators, where practicable\*, shall obtain from the applicant’s local Chief of Police, or other local authority with access to relevant information, a criminal record of its recognized equivalent.
  - If there is no interruption in the staff member’s employment by the camp/organization from the time of the initial background check, no new criminal history inquiry is required for each camping season. This applies to permanent employees of the same camp/organization. Any break in employment service requires a new criminal history inquiry for the staff member.

\*Where practicable indicates the operator has taken timely steps to obtain the appropriate information, and the operator has documented the steps taken and the results.

Pursuant to Mass General Laws Chapter 149 section 52C, I am aware that I must maintain written documentation verifying the background and character of each staff person for three years.

Until the operator of a camp has complied with the requirements of 105 CMR 430.090, the operator shall ensure that staff members shall not have unsupervised contact with campers, unless a staff member whose background check is approved is also present.

Signature of Camp Operator \_\_\_\_\_ Date: \_\_\_\_\_

## Health Care Consultant Agreement

### Recreational Camp Information

Camp Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Agreement Information

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below:

430.159(A) Health Care Consultant: A designated Massachusetts licensed physician, certified nurse practitioner or physician assistant having documented pediatric training, as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aid training of the staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders, including for prescription medication administration, to be followed by the on-site health care supervisor in the administration of his or her related duties; and
7. Provide training and tests of competency as required by 105 CMR 430.160 to the health care supervisor and other camp staff.

If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. 105 CMR 430.160(C)

430.159(B) Health Care Policy: A written health care policy, approved by the Board of Health and by the camp health care consultant. Such policy shall include, but not be limited to: daily health supervision; infection control; medication storage and administration, including self-administration when appropriate, pursuant to the requirements of 105 CMR 430.160(D); procedures for using insect repellent; conducting tick checks; promoting allergy awareness; handling health emergencies and accidents, including parental/guardian notifications; available ambulance services; provision for medical, nursing and first aid services; the name(s) of the designated on-site camp health care supervisor; the name, address, and phone number of the camp health care consultant required by 105 CMR 430.159(A); and the name of the health care supervisor(s) required by 105 CMR 430.159(E), if applicable.

430.160(D) Assist in developing the Camp's Administration of Medication Policy: The health care consultant shall acknowledge in writing a list of all prescription and over-the-counter medications administered at the camp, approve circumstances in which a health care supervisor or other employee may administer medication and give approval for campers to self-administer epinephrine or inulin (if appropriate).

430.160(E) The camp's health care consultant shall train health care supervisors on the signs and symptoms of hypo and hyperglycemia, and appropriate diabetic plan management.

430.160(G) The camp's health care consultant shall train health care supervisors, and other camp employees designated to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3), including content standards and a test of competency developed and approved by the Department;

430.160(H) The health care consultant shall: document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration; and provide a training review and informational update at least annually for those camp staff authorized to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3).

I meet the requirements of the health care consultant as described in 105 CMR 430.159(A).

I have reviewed these referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same.

**Signature**

Print Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

MA License #: \_\_\_\_\_

Signature/  
Date: \_\_\_\_\_

**Below please list the camp staff that have been trained in the following;**

**Signs and symptoms of hypo and hyperglycemia and appropriate diabetic plan management, and use of epinephrine auto injectors.**

Doc 8

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

# Health Care Consultant Acknowledgement of On-Site Medications

## Health Care Consultant Information

Name, Title and License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Agreement Information

I, \_\_\_\_\_, acknowledge that I serve as the Health  
(Print Name)

Care Consultant for \_\_\_\_\_  
(Camp Name)

As such, I hereby authorize the following **listed medications** to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication.

I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and other pertinent information with all personnel listed below, who administer medications or designated health care supervisors who are appropriately trained to and are doing so under my professional oversight.

**Names of individual/s authorized to administer medications at camp:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signature of Health Care Consultant

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Massachusetts Department of Public Health Medication Administration Competency Skill Checklist

To be completed at the time the Health Care Supervisor (other than licensed medical professional) is assessed by the camp's Health Care Consultant.

### Staff Information:

Health Care Supervisor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Route:  Oral Tablet     Topical     Drops: eye, ears, nose  
 Oral Liquid     Other (please document): \_\_\_\_\_

### Checklist:

Steps to follow:	√ (Check)
Identifies camper	
Asks camper how he/she feels	
Observes camper	
Reads medication administration plan	
Washes hands	
Checks label of medication	
Prepares medication properly	
Reads label of medication a 2 <sup>nd</sup> time	
Reads label of medication a 3 <sup>rd</sup> time and administer med correctly	
Replaces medication in cabinet or refrigerator	
Locks cabinet	
Documents in medication log	
Comments: _____	
_____	

### Signatures:

**Health Care Consultant**  
Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**Health Care Supervisors**  
Signatures: \_\_\_\_\_

Signatures: \_\_\_\_\_

# Daily Log for Medication Administration (complete for EACH medication)

## Camper and Medication Information

Camper's Name, Gender  
and Age: \_\_\_\_\_

Name and Dosage of  
Medication: \_\_\_\_\_

Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

Year: \_\_\_\_\_

## Medication Administration Log

Directions: Initial with time of medication administration. Include a complete printed name, signature and initials of person administering medication below.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																															
June																															
July																															
Aug																															

Initials of individual administering medication	Printed Name and Signature of individual administering medication
1.	
2.	
3.	
4.	
5.	

Codes for administration: (A) Absent

(E) Early Dismissal

(F) Field Trip

(N) No Medication available

(O) No Show

(X) No Camp

# Meningitis

Doc 20

May 2018 | Page 1 of 4

## What is meningitis?

Meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord.

## What are the symptoms of meningitis?

Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, sensitivity to light, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In some infants, the only signs of meningitis may be crankiness or tiredness and poor feeding. Babies with meningitis usually run a fever, but not always. Anyone who has or observes these symptoms should contact a health care provider right away. Some cases of meningitis are very serious, leading to permanent neurologic problems, amputation of limbs, loss of hearing, seizures or strokes, and even death.

## What causes meningitis?

Many different kinds of viruses and bacteria (germs) can cause meningitis. A sample of spinal fluid, usually collected by a spinal tap, is needed to find out if someone has meningitis and to see what caused it.

## What kinds of bacteria can cause meningitis?

*Neisseria meningitidis* are bacteria that can cause illness in people of any age. At any time, about 5-15% of people have these bacteria in their throats or noses without getting sick. The bacteria are spread through saliva (spit) during kissing, sharing of food, drinks or cigarettes (including e-cigarettes), and by close contact with infected people who are sneezing or coughing. People who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get antibiotics (medicine) for protection. Meningitis caused by these bacteria is called “meningococcal.” There are vaccines, which can be used to help prevent this kind of meningitis.

*Haemophilus influenzae* type b bacteria, called Hib, can also cause meningitis. There is a vaccine called “Hib vaccine” that prevents infants and young children from getting Hib disease. Most adults are resistant to this type of meningitis, and thanks to the vaccine, most children under 5 years of age are protected. Certain people who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get an antibiotic to protect unimmunized, under-immunized or immunocompromised children in their household.

*Streptococcus pneumoniae* are bacteria that cause lung and ear infections but can also cause “pneumococcal” meningitis. These bacteria are usually found in the throat. Most people who have these bacteria in their throats stay healthy. However, people with chronic medical problems or with weakened immune systems, and those who are very young or very old, are at higher risk for getting pneumococcal meningitis. Meningitis caused by *Streptococcus pneumoniae* is not spread from person-to-person. People in close contact with someone who has pneumococcal meningitis do not need to get antibiotics.

Other bacteria can also cause meningitis, but meningitis from these other bacteria is much less common and usually not contagious.



## What about viruses?

Viral meningitis, also called **aseptic meningitis**, is much more common than bacterial meningitis. A group of viruses called *enteroviruses* is the most common cause of viral meningitis. These viruses are found in the throat and feces (stool) of infected people. The virus is most likely to be spread when people do not wash their hands after using the toilet or changing a diaper or soiled sheets, then touch their own mouths, prepare food for others, or touch others with their contaminated hands. These viruses can also be spread by the kind of close face-to-face contact that is common in families.

Many enteroviruses don't cause people to feel very sick. Others may cause only mild diarrhea or vomiting. People with viral meningitis are usually less sick than people with bacterial meningitis. They usually get better on their own. People who are close contacts of viral meningitis patients do not need to be treated with antibiotics. However, they should wash their hands often with soap and warm water or use alcohol-based hand rubs or gels to stop the spread of these viruses. There are usually more cases of viral meningitis in the late summer and early fall.

## How is meningitis spread?

Many of the viruses that cause meningitis are spread through saliva (spit) or feces (stool). The bacteria that can cause meningitis are usually spread from person-to-person through contact with infected saliva. Most people may already have immunity (natural protection) against many of these germs.

## How can meningitis be prevented?

If a person is exposed to the saliva of someone with meningitis caused by certain types of bacteria, public health officials or your health care provider may recommend an antibiotic to prevent disease. Frequent handwashing with soap and water or use of alcohol-based hand rubs or gels can help stop the spread of many viruses and bacteria. Not sharing food, drinks, or eating utensils with other people can also help stop the spread of germs.

There are 5 vaccines that can help prevent meningitis:

- ***Haemophilus influenzae* (Hib) vaccine** is usually given at 2, 4, 6 and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. Children over 5 years of age usually do not need this vaccine. But, some older children or adults with special health conditions should get it.
- **Pneumococcal conjugate vaccine 13-valent (PCV13)** is recommended for all children less than 24 months old. It is usually given at 2, 4, 6, and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. It is also used in high-risk people 2 years of age and older. This vaccine is recommended to be given as a first dose in a series with PPSV23 vaccine, for everyone 65 years of age and older.
- **Pneumococcal polysaccharide vaccine 23-valent (PPSV23)** is used in high-risk individuals 2 years of age or older. (High-risk children less than 5 years of age should also receive PCV13.) This vaccine is also recommended to be given as the second dose in a series with PCV13 for everyone 65 years of age and older.





- **Quadrivalent meningococcal conjugate vaccine** (Menactra and Menveo) is recommended for children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of quadrivalent meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule.

College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- **Meningococcal serogroup B vaccine** (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who are not at high risk **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

Talk with your doctor about which vaccines you or your child should receive.

### Are students required to get meningococcal vaccine?

Yes. Massachusetts law requires the following students receive quadrivalent meningococcal conjugate vaccine (unless they qualify for one of the exemptions allowed by the law):

- Secondary school (those schools with grade 9-12): newly enrolled full-time students who will be living in a dormitory or other congregate housing licensed or approved by the secondary school must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past.
- Postsecondary institutions (e.g., colleges): newly enrolled full-time students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16<sup>th</sup> birthday, regardless of housing status.

More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools.*”

### Shouldn't meningococcal B vaccine be required?

CDC's Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously,



adolescents and young adults (16 through 23 years of age) may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available.

### Where can I get more information about meningitis?

- Your health care provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)



# Information About Recreational Camps in Massachusetts: Questions and Answers for Parents



## **WHAT IS A RECREATIONAL CAMP FOR CHILDREN?**

A recreational camp for children is a day or residential (overnight) sports, travel, or wilderness program that offers recreational activities and instruction to campers. Such camps have five or more children and typically operate anytime between June 1 and September 30 and/or during school vacations. Please note that there are certain factors, such as length of time the camp is in session and type of entity operating a program, that influence whether a program is considered a recreational camp under applicable Massachusetts law (G.L.c. 111, 127A) and mandated regulations (105 CMR 430.000 et. seq.: Minimum Sanitation and Safety Standards for Recreational Camps for Children). For further information on licensed recreational camps for children, contact the local board of health in the community where the camp is located.

## **DO RECREATIONAL CAMPS FOR CHILDREN HAVE TO BE LICENSED?**

Yes. In Massachusetts, recreational camps for children must be inspected and licensed by the

local board of health in the city or town where the camp is located. In order to be licensed, the camp must meet all regulatory standards established by the Massachusetts Department of Public Health (MDPH) and any additional local requirements.

## **ARE ALL SUMMER PROGRAMS LICENSED AS RECREATIONAL CAMPS FOR CHILDREN?**

No. There are certain regulatory requirements that a camp program must meet to be licensed as a recreational camp for children. The definition of a recreational camp for children and specific provisions for its licensure are found in regulations at 105 CMR 430.000. Programs that do not meet the legal definition of a recreational camp for children are not subject to MDPH's regulatory provisions and therefore may not follow the mandatory requirements that apply to licensed recreational camps for children including:

- performing criminal record background checks on each staff person and volunteer prior to employment;
- requiring proof of camper and staff immunizations;
- requiring proof of appropriate training, certification, or experience for staff conducting or supervising specialized or high risk activities.

In addition, neither MDPH nor a local board of health conducts on-site inspections of facilities that are not considered recreational camps for children.

To see if a camp is licensed, contact the local health department (board) in the community where the program is located.

### **WHAT IS THE PURPOSE OF THE REGULATIONS?**

The regulations establish minimum health, safety, sanitary, and housing standards to protect the well-being of children who are in the care of recreational camps for children in Massachusetts.

### **WHERE CAN I GET INFORMATION ON THE STATUS OF A RECREATIONAL CAMP'S LICENSE?**

The local health department/board in the community where the camp is located can confirm if the camp is a licensed recreational camp for children, confirm the status of the camp's license, and provide a copy of the camp's most recent inspection report.

### **WHAT DOES THE LOCAL HEALTH DEPARTMENT/BOARD EVALUATE AS PART OF A CAMP INSPECTION?**

The primary purpose of the inspection is to ensure that the camp provides an appropriate environment to protect the health, safety, and well-being of the campers. Inspectors look to see that the camp has, for example: safe structures and equipment; adequate sanitary facilities; sufficient supervision of the campers; appropriate plans in case of medical emergencies, natural, and other physical disasters; sufficient health care coverage; and injury and fire prevention plans. Contact the local health department/board of the community in which the camp is located to find out mandatory requirements, policies, and standards.

### **ARE RECREATIONAL CAMPS REQUIRED TO PROVIDE COPIES OF OPERATING PLANS AND PROCEDURES?**

Yes. You may ask a camp representative to let you see copies of any of the required plans and procedures.

### **ARE THERE MINIMUM QUALIFICATIONS FOR CAMP COUNSELORS IN MASSACHUSETTS?**

Yes. All counselors are required to have at least four weeks experience in a supervisory role with children or four weeks experience

with group camping. Counselors must also complete an orientation program before campers arrive at camp. Any counselor who supervises children in activities such as horseback riding, hiking, swimming, and other events must also have appropriate specialized training, certification, and experience in the activity. You may ask to see proof that a counselor is certified in a particular activity.

### **IS THE CAMP REQUIRED TO CONDUCT BACKGROUND CHECKS ON CAMP STAFF?**

Yes. For all camp staff and volunteers, the recreational camp for children must conduct a background check that includes obtaining and reviewing the applicant's previous work history and confirming three positive references. The camp must also obtain a Criminal Offender Record Information (CORI) history/juvenile record history from the Massachusetts Department of Criminal Justice Information Services to determine whether the applicant has a juvenile record or has committed a crime that would prevent the applicant from being with campers. The local health department/board will verify that CORI checks have been conducted during their annual licensing inspection. Where an applicant resides in another state or in a foreign jurisdiction, where practicable, the camp must also obtain from the applicant's criminal information system board, the chief of police, or other relevant authority a criminal record check or its recognized equivalent. The camp is required to hire staff and volunteers whose backgrounds are free of conduct that bears adversely upon his or her ability to provide for the safety and well-being of the campers.

### **IS THE CAMP REQUIRED TO CHECK STAFF AND VOLUNTEER BACKGROUNDS FOR A HISTORY OF SEXUAL OFFENSES?**

Yes. The operator of the camp must obtain a Sex Offender Registry Information (SORI) report from the Massachusetts Sex Offender Registry Board (SORB) for all prospective camp staff, including any volunteers. The Sex Offender Registry Board is a public safety agency responsible for protecting the public from sex offenders. The local health department/board will verify that SORI checks

have been conducted during their annual licensing inspection. For more information concerning the Sex Offender Registry Board, and SORI information and policies available to the public, visit the SORB website at [www.mass.gov/sorb](http://www.mass.gov/sorb).

### **HOW CAN I BE SURE THAT SUCH BACKGROUND CHECKS HAVE BEEN CONDUCTED?**

You can request a copy of the camp's written policy on staff background checks from the camp director. Please note, however, that you are not authorized to review the staff person's actual CORI and SORI report.

### **HOW OLD DO CAMP COUNSELORS HAVE TO BE?**

There are different age requirements depending on the type of camp. A counselor working at a licensed residential (overnight), sports, travel, trip, or special needs camp must be 18 years of age or have graduated from high school. Counselors working at a day camp must be at least 16 years of age. All counselors at licensed camps in Massachusetts are required to be at least three years older than the campers they supervise.

### **IS THE CAMP REQUIRED TO HAVE A PERSON ON-SITE WHO KNOWS FIRST AID AND CPR?**

Yes. All licensed camps are required to have a health supervisor at the camp at all times who is at least 18 years of age and is currently certified in first aid and CPR. The camp must provide backup for the health care supervisor from a Massachusetts licensed physician, physician assistant, or nurse practitioner who serves as a health care consultant. Special needs camps and residential camps where there are a large number of campers and staff must have a licensed health care provider, such as a physician or nurse, on site.

### **HOW CAN I COORDINATE MY CHILD'S MEDICATION ADMINISTRATION WHILE AT A RECREATIONAL CAMP?**

Licensed camps are required to keep all medications in their original containers and to store all prescription medications in a locked cabinet. If your child will be participating in off-

site activities while taking prescription medication, a second original pharmacy container must be provided to the camp. The only individual authorized to give your child his/her medication is a licensed health care professional or the camp health supervisor with oversight by the camp health care consultant. (Note that other arrangements may be made for emergency medications such as epi-pens and inhalers.) When your child returns from camp, the medication must be returned to you, if possible, or destroyed.

### **CAN A CAMP DISCIPLINE MY CHILD?**

Yes. Camps are required to have a written disciplinary policy that explains their methods of appropriate discipline, e.g. 'time-out' from activities, sending a child to the camp director's office, etc. Under no circumstances, however, may a camper be subjected to corporal punishment, such as spanking, or be punished by withholding food or subjecting a camper to verbal abuse or humiliation.

### **WHAT STEPS DOES A CAMP HAVE TO TAKE TO PROTECT MY CHILD FROM ABUSE AND NEGLECT?**

Public Health Regulation 105 CMR 430.000 requires all camps to have policies and procedures in place to protect campers from abuse and neglect while at camp. You may ask a camp representative for specific information on the camp's policies, as well as its procedures for reporting a suspected incident. In order to protect your child from possible abuse, you should talk openly and frequently with your child about how to stay safe around adults and other children.

### **WHERE CAN I GET MORE INFORMATION ON ABUSE/NEGLECT?**

For guidance on abuse prevention and counseling regarding a possible abuse situation, contact the Massachusetts Department of Children and Families (DCF) Child-At-Risk Hotline at 1-800-792-5200 or the Massachusetts Child Sexual Abuse Prevention Partnership at [www.masskids.org](http://www.masskids.org) or 617-742-8555 ext.1

### **WHAT STEPS CAN A CAMP (AND PARENTS) TAKE TO HELP PROTECT**

## **CHILDREN FROM MOSQUITO- AND TICKBORNE DISEASE SUCH AS EASTERN EQUINE ENCEPHALITIS (EEE), WEST NILE VIRUS (WNV), AND LYME DISEASE?**

Parents and camp administrators can discuss the need for repellent with campers. Use of insect repellents that contain 30% or lower of DEET (N,Ndiethyl- m-toluamide) are widely available and have proven to be safe and effective for children (greater than 2 months of age) when used as directed and certain precautions are observed. These products should be applied based on the amount of time the camper spends outdoors and the length of time protection is expected as specified on the product label.

## **SHOULD PRODUCTS THAT CONTAIN BOTH INSECT REPELLENT AND SUNSCREEN BE USED?**

No. Use of DEET products that combine repellent with sunscreen are not recommended, as over application of DEET can occur if sunscreens need to be applied more frequently. It is generally recommended to apply sunscreen first, then insect repellent.

## **WHAT IS THE BEST WAY TO APPLY REPELLENTS?**

Repellents containing DEET should only be applied to exposed skin, and children should be encouraged to cover skin with clothing when possible, particularly for early morning and evening activities when more mosquitoes are present. DEET products should not be applied near the eyes and mouth; applied over

open cuts, wounds, or irritated skin; or applied on the hands of young children (the CDC recommends that adults apply repellents to young children). Skin where the repellent was applied should be washed with soap and water after returning indoors and treated clothing should be washed before it is worn again. Spraying of repellents directly to the face or in enclosed areas should be avoided.

**Do not rely on glossy pictures and slick brochures when considering a recreational camp for your child.**

**Contact the camp director** to schedule an appointment for an informational meeting and tour of the facility prior to registering your child.

**Ask the camp for a copy of its policies** regarding staff background checks, as well as health care and disciplinary procedures. Ask to see a copy of the procedures for filing complaints with the camp.

**Call the local health department/board** in the city or town where the camp is located for information regarding inspections of the camp and to inquire about the camp's license status.

**Obtain names of other families** who have sent their children to the camp, and contact them for an independent reference.



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**Sudbury, MA 01776**  
**Ph (978) 440 - 5479**  
**Fax (978) 440 - 5404**

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**SUPPLEMENTAL CONTACT INFORMATION - 2025**

**HEALTH DEPARTMENT STAFF**

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Vivian Zeng

Health Department Staff

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Beth Porter, Administrative Coordinator  
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**WALK- IN/Medical Clinics**

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+18663892727

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Emerson Health Urgent Care-Maynard, MA

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