

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

Agency Name
Agency Address
Phone Number

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| | | | |
|--|------------------------------------|--|--|
| Camp Name and Location Information | | | |
| Camp Name: _____ | | | |
| Location where camp operates: | | | |
| City: _____ | State: Massachusetts | ZIP Code: _____ | |
| Phone: _____ | Fax: _____ | | |
| Email: _____ | | | |
| Camp Owner/Organization Information | | | |
| Owner/Organization Name: _____ | | | |
| Phone (year-round): _____ | Email: _____ | | |
| Camp Director/Operator Information (if different than owner) | | | |
| Director/Operator Name: _____ | | | |
| Phone (year-round): _____ | Email: _____ | | |
| Type of Camp: | | | |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Day | <input type="checkbox"/> Sports | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Travel/Trip | <input type="checkbox"/> Primitive | <input type="checkbox"/> Medical Specialty | |
| Camp Capacity: | | | |
| Expected Number of Staff per Season: _____ | | | |
| Expected Number of Volunteers per Season: _____ | | | |
| Expected Number of Campers per Season: _____ | | | |
| Dates of Operation: | | | |
| Number of sessions per season: _____ | | Hours of operation: _____ | |
| Session Date(s): _____ | | | |
| Inspection Information | | | |
| Inspection Date: _____ | | Reinspection Date (if applicable): _____ | |
| Inspection Conducted By: _____ | | | |
| Accompanied During the Inspection By: _____ | | | |
| <input type="checkbox"/> Operator demonstrated compliance with 105 CMR 430.000. License will be issued. 2024 License Number: _____ | | | |
| <input type="checkbox"/> Operator was unable to demonstrated compliance with 105 CMR 430.000. License will not be issued. | | | |
| Inspector Signature: _____ | | | |

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

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

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

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

| Regulation – 105 CMR 430.000 | | Yes | No | N/A | Comments |
|--|---|-----|----|-----|------------------------------|
| .050 | Current license to operate a Recreational Camp for Children from the Local Board of Health (LBOH) | | | | |
| PERMITS/APPROVALS | | | | | |
| .451 | Current certificate(s) of inspection from local building inspector for all sleeping or assembly areas | | | | |
| .215 | Written compliance from local fire department | | | | |
| .300(A)(2)(a) | Private water supply: DEP approval (>25 people, >60 days/yr) | | | | |
| .300(A)(2)(b) | Private water supply: (<25 people OR <60days/yr) BOH approval, chemical & bacterial analyses, no more than 45 days prior to opening | | | | |
| BACKGROUND INFORMATION AND ORIENTATION REQUIREMENTS | | | | | |
| .090(A) | Written procedures for review of background information of Staff and Volunteers | | | | |
| .090(C) | <p style="text-align: center;">Staff</p> <ul style="list-style-type: none"> CORI and SORI reports available/stored securely Previous work history (minimum 5 years) 3 positive reference checks (no relatives) Out-of-state/International criminal background checks available (as needed) | | | | # CORI Viewed_____ |
| .090(D) | <p style="text-align: center;">Volunteer(s)</p> <ul style="list-style-type: none"> CORI and SORI reports available/stored securely Previous work/volunteer history (minimum 5 years) Out-of-state/International criminal background checks available (as needed) | | | | # CORI Viewed_____ |
| .090(F) | All Background Information - Received, reviewed, and determination for employment made pursuant to 105 CMR 430.090(C&D) | | | | |
| .091 .210 | Staff/Volunteer Orientation: Detailed Orientation Plan with attendance records, specialized trainings, training on Disaster/Emergency Plans , Health Care and Infection Control Policies, and annual concussion awareness training | | | | Date(s) of Orientation:_____ |

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| CAMP POLICIES - WRITTEN | | | | |
|---|---|--|--|--|
| .093 | Abuse and Neglect Prevention Policies and Procedures <ul style="list-style-type: none"> • Reporting procedures in accordance with M.G.L. c. 119 § 51A • Written notification to MDPH and LBOH if 51A report is filed with DCF | | | |
| .190(B) | Camper released only to Parents/Guardians or: <ul style="list-style-type: none"> • Designated individual with Parent/Guardian authorization (electronic or hard copy form) • Authorized alternative arrangements | | | |
| .190(D) | Protocol to handle unrecognized persons at camp | | | |
| .191 | Discipline Policy: Identify appropriate discipline methods and list the <u>Prohibitions</u> (exactly as stated below): <ol style="list-style-type: none"> (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 | | | |
| .210(A) | Fire Evacuation Plan and Drills: Plan indicates fire drills held within the first 24 hours of each session | | | |
| .210(B) | Disaster/Emergency Plan | | | |
| .210(C) | Lost Camper Plan / Lost Swimmer Plan | | | |
| .210(D) | Traffic Control Plan | | | |
| .210(E) | Disease Outbreak Response Plan | | | |
| .163 | Sunscreen policy with parent/guardian sign off | | | |
| DAY CAMPS - SPECIAL CONTINGENCY PLANS | | | | |
| .211(A) | Camper doesn't show up for day | | | |
| .211(B) | Camper doesn't show up at point of pick up | | | |
| .211(C) | Child not registered arrives | | | |
| PROMOTIONAL LITERATURE/GENERAL REQUIREMENTS | | | | |
| .157(C) | Meningococcal Disease & Immunization information provided to Parents/Guardians annually | | | |
| .157(D) | Policies Provided to Parents/Guardians: Care of Mildly Ill Campers, Administration of Medications and Emergency Health Care Provisions | | | |
| .157(E) (at time of application) | Inform parents of their right to review Background Check, Health Care, Discipline Policies, and grievance procedures upon request | | | |
| .190(C) | Regulatory compliance and licensing statement on all promotional literature/advertisements: "This camp must comply with regulations of the MDPH and be licensed by the LBOH." | | | |

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| FIELD TRIPS | | | | |
|-------------------------------|--|--|--|--|
| .212(A) | Written itinerary provided to Parents/Guardians and means to notify Parents/Guardians of changes to itinerary before departure | | | |
| .212(B) | Minimum 1 health care supervisor (HCS) accompanying field trip and for travel/trip/primitive camps the source of emergency care identified | | | |
| .212(C) | Health records and medications readily accessible for all campers/staff and First Aid kit present | | | |
| .212(D) | Written contingency plans for all field trips (natural disasters, lost camper/swimmer, injuries and illnesses) | | | |
| TRANSPORTATION | | | | |
| .250 | Vehicles comply with M.G.L. c. 90 §§ 7B & 7D: <ul style="list-style-type: none"> • <14 passengers & driver is camp coach, director, etc. camp vehicles may be used • >14 passengers, vehicle must be school bus • RMV compliant w/ annual safety inspection | | | |
| .251(C) | Seatbelts must be worn | | | |
| .251(D)(E) | 1 staff/volunteer required when transporting: <ul style="list-style-type: none"> • Campers to the pick-up/drop-off site • 8+ campers under 5 yrs. of age • 2+ campers with physical handicaps | | | |
| .251(I) | Camper under the age of 7 are not transported longer than 1 hour non-stop | | | |
| .252 | Camp vehicle drivers: 18 yrs.+, 2+ yrs. driving experience, current license for type of vehicle, and First Aid certified if no other trained staff aboard | | | |
| .253 | Proper automobile insurance | | | |
| STAFF QUALIFICATIONS | | | | |
| Camp Director Requirements | | | | |
| .102(A) | Residential: 25 yrs.+, complete a Camp Administration Course or 2+ seasons experience | | | |
| .102(B) | Day: 21 yrs.+, complete a Camp Administration Course or 2+ seasons experience | | | |
| .102(C) | Primitive, Travel, Trip: 25 yrs.+ and proof of experience supervising children in similar activities | | | |
| .102(D) | Designated Substitute: | | | |
| Counselors/Junior Counselors: | | | | |
| .100(C)(2) .100(A)(B) | Day Camp, Non-Sport: Counselor= 16 yrs.+ OR Junior Counselor=15 yrs.+ <ul style="list-style-type: none"> • 4+ weeks experience and attend orientation/required training(s) | | | |
| .100(C)(1) .100(A)(B) | Residential, Primitive, Sport, Travel, Trip, Medical Specialty Camp: Counselors = 18 yrs.+ or graduated from high school OR Junior Counselors = 16 yrs.+ <ul style="list-style-type: none"> • 4+ weeks experience and attend orientation/required training(s) | | | |

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| | | | | | |
|--|---|---|--|--|--|
| Required Ratio of Counselors to Campers: | | | | | |
| .100(C)(3) | All counselors 3 yrs. older than campers | | | | |
| .101(A) | Residential / Day / Sports Camps: 1 counselor per 10 campers 7 yrs.+ 1 counselor per 5 campers under 7 yrs. Jr. counselors supervise 50% of counselor ratio and always under direct supervision of counselor | | | | |
| .101(B) .159(C) | Primitive / Travel / Trip Camps: 1 counselor per 10 campers <ul style="list-style-type: none"> • 1 counselor 21 yrs.+ • 2 counselor minimum with 1 counselor having a CPR and First Aid Certificate | | | | |
| .101(A)(B) .103 | All Camps: Staffing plan to supervise campers with disabilities during regular and specialized high risk activities | | | | |
| MEDICAL PERSONNEL | | | | | |
| HEALTH CARE CONSULTANT (HCC) | | Name: License #: | | | |
| .020 .159(A) | MD/DO NP PA <i>*Check for Annual Health Care Consultant Agreement*</i> | | | | |
| .159(A) (1-5) | Assists in the development, review, and approval of the Health Care Policy/First Aid training of staff, and is available for consultation at all times | | | | |
| .159(A)(6) | Develop written orders to be followed by HCS, including responsibilities for medication administration | | | | |
| .160(C) | Acknowledge in writing a list of all medications administered at camp | | | | |
| .160 (I)(J) | Develop/provide trainings and tests of competency for: <ul style="list-style-type: none"> • HCS on prescription medication administration • HCS and other staff on administering Epinephrine Auto-Injectors • Unlicensed individuals authorized to administer medications for diabetes care only at medical specialty camps • Unlicensed HCS on the signs and symptoms of hypo- and hyperglycemia and appropriate diabetic plan management (no test required) | | | | |
| HEALTH CARE SUPERVISOR (HCS) (Must have at least 1 HCS on site at all times) | | Name(s): License # (if applicable): | | | |
| .020 .159(C)(E) | MD PA NP RN LPN with CPR/First Aid certificate OR 18 yrs.+, with First Aid/CPR certificate | | | | |
| .160(I) | Documentation of completed required trainings for unlicensed HCS: <ul style="list-style-type: none"> • Prescription medication administration • Administering Epinephrine Auto-Injectors • Signs/symptoms of hypo- and hyperglycemia and appropriate diabetic plan management | | | | |

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| | | | | | |
|--|--|--|--|--|--|
| Health Care Training for Other Camp Staff | | | | | |
| .160(I)(2) | Documentation of completed required training and test of competency for other camp staff designated to administer Epinephrine Auto-Injectors | | | | |
| .160(I)(4) | Medical Specialty Camps Only: Documentation of complete required training and test of competency for unlicensed individuals authorized under 105 CMR 430.159(F) to administer medications for diabetes care | | | | |
| MEDICAL POLICIES AND FACILITIES | | | | | |
| .159(B) | Written Camp Health Care Policy | | | | |
| .160 (A)(B) | ALL medications stored in original containers and kept in a secure manner. Refrigerated medications stored at temperatures of 36°F - 46°F | | | | |
| .160(C)(E)(F)(G) | Written Medication Administration Policy: <ul style="list-style-type: none"> • List HCS authorized to administer medications, individuals authorized to administer Epinephrine Auto-Injectors, and individuals authorized to administer medications for diabetes care pursuant to 105 CMR 430.159(F) • Training requirements • Obtain written Parent/Guardian permission or informed consent for medication(s) to be administered to minors | | | | |
| .160(D) | Medical Specialty Camps Only: Administration of medication for diabetes care conducted under the direct supervision of a healthcare provided listed in 105 CMR 430.159(E) and maintain registration pursuant to M.G.L. c 94C, s. 9 | | | | |
| .155 | Medical Log is readily available, signed by authorized staff and includes all health complaints, treatments, and medication administration errors | | | | |
| .160(K) | All medications returned to Parents/Guardians or properly disposed of and documented in disposal log | | | | |
| .154 | Injury and Incident Report(s) completed for a fatality, serious injury/incident, or medication administration error. Electronic copy sent to MDPH & LBOH | | | | |
| .161(A)(B) .453 | Day / Residential Camps - Infirmary provided with adequate lighting Residential Camps - Easily recognizable and accessible during the day and night. Isolation area for a sick child with the ability to provide negative pressure | | | | |
| .161(C) | First Aid Kit: meet ANSI Z308.1-2015 standards Minimum: 1 Class B kit and 1 Class A kit | | | | |
| .140 .160(L) | Medical/Biological waste managed in accordance with 105 CMR 480.000 | | | | |

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HEALTH/MEDICAL RECORDS

| | | | | | |
|---|--|--|--|-------------------------|-------------------------------------|
| .150 .160(C)(F) (G)(H) | <p style="text-align: center;">Health Records for Campers & Staff:</p> <p>Staff/Campers under 18 yrs.:</p> <ul style="list-style-type: none"> Address, Parent/Guardian and Health Care Provider contact information Authorization for medication administration, emergency care, and self-administration of epi-pens/insulin/inhalers Injury/Incident Reports <p>Staff/Volunteers 18 yrs.+:</p> <ul style="list-style-type: none"> Authorization for emergency care | | | | |
| .151(A) | <p>Residential, Travel, Sports, or Trip Camp:</p> <ul style="list-style-type: none"> Medical history signed by health care provider Physical within 18 months | | | | |
| .151(B) | Day Camp: Medical history signed by Parent/Guardian or health care provider | | | | |
| IMMUNIZATIONS | | | | | |
| .152 | Campers/Staff under 18 yrs. <i>*Refer to annual memo</i> | | | | Number of Records Checked: _____ |
| .152 | Staff 18 yrs.+ <i>*Refer to annual memo</i> | | | | Number of Records Checked: _____ |
| .153 | Exemption Documentation | | | | |
| CAMP ACTIVITIES | | | | | |
| .190(A) | Activities and physical environment meet the needs of campers, not a hazard to health/safety | | | | |
| .205 | Craft equipment in good repair, of safe design, properly installed with safety precautions taken | | | | |
| .206 | Playground equipment properly maintained: <ul style="list-style-type: none"> Fields/surfaces free of holes/accident hazards No concrete under/around securely anchored playground equipment Pliable or canvas swing seats | | | | |
| SPECIALIZED HIGH RISK ACTIVITIES | | | | | |
| .103 | Confirmation that specialized high risk activities conducted outside of MA comply with all laws/regulations for such activities in the state/local jurisdiction where the activity is held, including required licenses/permits | | | | |
| Supervision of Aquatic Activities | | | | Aquatics Director Name: | |
| .020 .103 | Camps that provide onsite aquatic activities shall have an aquatics director (Lifeguard certificate, 21 yrs+, 6 weeks previous experience in similar supervisory position) | | | | |
| .020 .103(A)(B) | <u>Lifeguard</u> (LG) present for swimming/watercraft activities who is 16 yrs+ with a Lifeguard Certificate , CPR and First Aid Certificates | | | | |

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| SWIMMING | | | | | |
|-----------------------|--|--|--|--|--|
| .430 | MA Swimming Pool in compliance with 105 CMR 435.000 (Permit Posted) and compliant with VGB Act and pool fence requirements | | | | |
| .432 | MA Bathing Beach in compliance with 105 CMR 445.000. Beach signage, weekly water sampling, sufficient water clarity, and ring buoy | | | | |
| .204(B) | Camp in compliance with 105 CMR 432.000 (Christian's Law) and M.G.L. c. 111 § 127A ½ | | | | |
| .204(B) .430(B) | Swim test to classify swimmers by ability at pools and beaches (Christian's Law) | | | | |
| .103 .204(C) | Proper supervision at swimming venue: <ul style="list-style-type: none"> • 1 lifeguard per 25 campers • 1 counselor per 10 campers • Plan to check swimmers - "buddy system" • 50+ kids in/near water Aquatics Director present | | | | |
| .204(A)(D) | Swimming areas clean and safe, no swimming at undesignated sites or at night without lighting | | | | |
| .204(E) | Piers, floats, and platforms in good repair | | | | |
| WATERCRAFT ACTIVITIES | | | | | |
| .204(F)(H) | Comply with all Federal and Massachusetts boating laws: M.G.L. c. 90B, 323 CMR 2.00: <i>The Use of Vessels</i> . 323 CMR 4.00: <i>The Operation of Personal Watercraft</i> <ul style="list-style-type: none"> • On-board observer for towing activities | | | | |
| .204(G) | All participants in watercraft and boating activities shall wear a USCG approved PFD | | | | |
| .103(B)(1) | Proper supervision of all watercraft activities: <ul style="list-style-type: none"> • 1 lifeguard per 25 campers • 1 properly trained counselor per 10 campers | | | | |
| .103(B)(2) | Properly trained counselor supervising paddlesport watercraft activities: <ul style="list-style-type: none"> • ARC Basic Water Rescue OR LG; and • ARC Small Craft Safety OR ACA Paddle Sports course; and • In person training specific to watercraft activities being overseen | | | | |
| .103(B)(3) | Properly trained counselor supervising sailing or motor-powered watercraft activities: <ul style="list-style-type: none"> • Boater Safety Education Certificate issued by MA; and • In person training specific to watercraft activities being overseen | | | | |
| .103(B)(4)(5) | White water paddlesport activities: <ul style="list-style-type: none"> • Minimum 2 counselors in separate watercrafts with previous experience • Water can be no more difficult than Class III, no unclassified waters • No sailing/motor-powered activities in hazardous conditions • Campers certified with ARC Level 4+ Certificate | | | | |
| .103(B)(6) | Written boating safety plan including procedures for emergencies on the water | | | | |

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| FIREARMS | | Instructor(s) Name: | | | |
|-----------------------------------|--|---------------------|--|--|--|
| .103(D) | Direct Supervisor: NRA Instructor's certification and maintain compliance with applicable M.G.L.'s 1 counselor per 10 campers | | | | |
| .201(A) | Firearms in good condition, stored in locked cabinet. Ammunition locked in separate cabinet | | | | |
| .201(B) | Shooting range away from other activity areas | | | | |
| .201(C) | Only non-large capacity, single shot rifles permitted | | | | |
| .201(D) .201(E) | Firing line in place, no crossing without instructor's permission | | | | |
| .203 | Personal weapons allowed with camp operator's written permission | | | | |
| ARCHERY | | | | | |
| .103(E) | 1 counselor per 10 campers at the range at all times | | | | |
| .202(A) | Equipment in good condition, stored locked | | | | |
| .202(B) | Range away from other activity areas, clearly marked danger area with 25 yards clearance behind each target, common firing and ready line in place | | | | |
| .203 | Personal weapons allowed with camp operator's written permission | | | | |
| HORSEBACK RIDING | | Instructor(s) Name: | | | |
| .103(F) | Riding instructor(s) licensed in accordance with M.G.L. c. 128, § 2A | | | | |
| .208(A) | <u>Excursions:</u> 1 Riding Instructor per 10 campers Minimum 2 counselors present during excursions | | | | |
| .208(A) | Riders must wear hard hat at all times | | | | |
| .208(B) | Horses boarded in a stable licensed by LBOH in accordance with M.G.L. c. 111, §§ 155 and 158 | | | | |
| CHALLENGE COURSE OR CLIMBING WALL | | | | | |
| .103(G)(1) | Licensed and maintained in accordance with 520 CMR 5.00 Amusement Devices | | | | |
| .103(G)(2) | Annual inspection with written report | | | | |
| .103(G)(3) | 1 counselor per 10 campers at all times | | | | |
| CAMP GROUNDS | | | | | |
| CABINS AND STRUCTURES | | | | | |
| .457 | Day Camp provides shelter for on-going camp activities with certificate of inspection | | | | |
| .216 | Residential Camp - Smoke and carbon monoxide detectors provided | | | | |
| .456 | Adequate egresses free from obstruction (780 CMR) | | | | |
| .453 | Lighting provided for stairways | | | | |
| .454 | All structural and interior elements maintained in good repair and in a safe and sanitary condition | | | | |

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| SLEEPING AREAS - RESIDENTIAL CAMPS | | | | | |
|------------------------------------|--|--|--|--|--|
| .458 | Provide adequate space: <ul style="list-style-type: none"> • Single bed: 40ft²/person; • Bunk bed: 35ft²/person ; • 50ft²/person requiring special equipment | | | | |
| .470 | Provide separate bed/cot per person with: <ul style="list-style-type: none"> • 6 ft. between individuals heads • 3 ft. between single beds • 4 ½ ft. between bunks | | | | |
| .459 | Campers/staff with limited mobility housed on ground level; egresses leading to grade/ramp | | | | |
| .452 | Screens and screen doors provided. All doors equipped with self-closing devices | | | | |
| TENTS | | | | | |
| .217 | If less than 400 ft ² , clearly labeled as fire resistant. No open flame in or near tent | | | | |
| TOILETS/HANDWASH SINKS/SHOWERS | | | | | |
| .360 | Approved sanitary drainage system | | | | |
| .301 | Plumbing maintained in good working order | | | | |
| .370 | Adequate # of toilets: All Camps: Min. 2 toilets/privy seats for each gender separated by walls/partitions with a door Day Camp: 60+ of one gender, provide 1 more toilet for each additional 30 persons of that gender Residential: 20+ of one gender, provide 1 more toilet for each additional 10 persons of that gender | | | | |
| .370(C)(D) | Toilets located less than 200 ft from sleeping rooms, all windows/openings screened, and screen doors equipped with self-closing devices | | | | |
| .372 | Operator shall provide at all toilets/handwash sinks a supply of toilet paper, soap, hand drying method, and covered receptacles | | | | |
| .373(D) | Hand sanitizer present at additional handwash sinks where standard plumbing is unavailable | | | | |
| .373 | Adequate # of sinks in compliance with 248 CMR: Day Camp: 1 sink per every 30 people Residential Camp: 1 sink per every 10 people | | | | |
| .374 | Adequate # of showers at Residential Camps: 1 shower/tub per 20 people, no duckboards | | | | |
| .378-.380 | Campers with special needs provided sanitary facilities meeting their needs | | | | |
| .453 | Lighting provided | | | | |
| .375 | Adequate ventilation provided for all bathhouses, dressing rooms, shower rooms, and toilets for indoor/outdoor pools | | | | |
| .376 | Hot Water in sufficient quantity and pressure: <ul style="list-style-type: none"> • Handwash Sink: 110°F - 130°F • Shower/Bathtub: 110°F - 120°F | | | | |
| .374(B) .377 | Sanitary facilities in good working order and kept clean, shower room floors washed daily | | | | |

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| LAUNDRY | | | | | |
|-------------------------------------|---|--|--|--|--|
| .162 | Residential Camp: Laundry facilities provided | | | | |
| .472 | Bedding and towels laundered, no common towels | | | | |
| ADDITIONAL CAMP GROUND REQUIREMENTS | | | | | |
| .300 | Potable water provided | | | | |
| .300(B) .304 | Adequate and centralized drinking water facilities, no common drinking cups | | | | |
| .350/.355 | Proper storage and disposal of solid waste | | | | |
| .209 | Residential/Day Camps: Immediate access to reliable phone with dialing instructions and telephone numbers for HCC, police, emergency medical services, fire department readily accessible | | | | |
| .213 | Emergency Communication System to alert campers/staff and elicit a predetermined response | | | | |
| .450 | Site location requirements: <ul style="list-style-type: none"> • Accessible at all times • Surface drainage and traffic conditions do not cause undue hazards • Water supply/sewage disposal facilities are provided | | | | |
| .165/.166 | Tobacco , alcohol, and marijuana use prohibited during camp operating hours | | | | |
| .207 | Proper storage/operation of power equipment and power tools stored in locked place | | | | |
| .214 | Flammable materials labeled and stored in locked unoccupied building. Hazardous chemicals labeled and stored in locked area | | | | |
| .400 | Rodent and insect control | | | | |
| .401 | Weed and noxious plant control | | | | |
| FOOD SERVICE | | | | | |
| .320 | Food service in compliance with 105 CMR 590 with food permit prominently displayed. USDA Summer Food Service Program written documentation of compliance with 105 CMR 590 | | | | |
| .330 | Nutritious meals that include a variety of foods served with written menus developed/posted | | | | |
| .331 | Residential, Travel, Trip Camps – Provide at least 3 nutritious meals per day which meets recommended dietary guidelines | | | | |
| .332 | Day Camps – Provide food which meets recommended dietary guidelines | | | | |
| .334 | Adequately trained staff and equipment to ensure campers with disabilities are eating nutritious meals and meals not denied or forced | | | | |
| .335 | Proper methods for storing meals brought from home and method to provide meals to campers who arrive without a lunch | | | | |
| .452 | Screening provided for food preparation and service areas with self-closing screen doors | | | | |
| .453 | Lighting provided in kitchen and dining area | | | | |
| .471 | Sleeping prohibited in food areas | | | | |

