



**Town of Dedham**  
Board of Health  
450 Washington St  
Dedham, MA 02026  
Ph: (781) 751- 9220  
F: (781) 751-9229  
[www.dedham-ma.gov](http://www.dedham-ma.gov)



Spring 2023

Dear Camp Operator:

Enclosed please find several documents to assist camp operators comply with 105 CMR 430.000: Minimum Standards for Recreational Camps for Children. This information can also be on MDPH's Community Sanitation Program website at: <https://www.mass.gov/lists/recreational-camps-for-children-community-sanitation>

The enclosed documents include:

- Dedham Camp Application
- Dedham Camp Application Checklist
- Recreational Camp Operator Checklist
- Memo: Required Immunizations for Children Attending Camp and Camp Staff
- Meningococcal Disease and Camp Attendees: Commonly Asked Questions
  - Must be provided to parents/guardians at time of application
- Pamphlet about Recreational Camp FAQ for parents/guardians
- Recreational Camp Injury Report & Notification Form
- Sample Health Care Consultant Agreement
- Sample Health Care Consultant Acknowledgement of On-Site Medications
- Medication Administration Competency Skill Checklist
- Standards for Training Health Care Supervisor in Medication Administration
- Standards for Training Health Care Supervisor and Other Employees on Use of Epinephrine Auto-Injectors
- Sample Daily Log for Medication Administration
- Sample Authorization to Administer Medication to Camper
- Sample Recreational Camp Emergency Plans for Incidents and Natural Disasters
- Sample Recreational Camp Emergency Plans for Unrecognized Persons

Please contact the Health Department with any questions or concerns at (781) 751-9220.



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**Public Health**  
 Prevent. Promote. Protect.

## Application for a Permit to Operate A Recreational Camp for Children

**Fee:** \$250.00

**Name of Camp:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
                   Dedham, MA 02026  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_

**Camp Owner:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_

**Camp Operator (if different than owner):**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Emergency #: \_\_\_\_\_

**Health Care Consultant:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Type of Camp:  Day     Residential

Dates of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Swimming Pool:  No     Yes, Pool Permit # \_\_\_\_\_

Meals Provided:  No     Yes, Food Permit # \_\_\_\_\_

### Camp Staff Information

**Camp Director:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Coursework in camping administration: \_\_\_\_\_  
 Previous Camp Administration experience: \_\_\_\_\_  
 \_\_\_\_\_

**Health Care Consultant:**

Name: \_\_\_\_\_ Type of License\*: \_\_\_\_\_  
 MA License #: \_\_\_\_\_ (\*Must be physician, nurse practitioner, or assistant w/ pediatric training)



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**Health Supervisor:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Type of Medical License, Registration, or Training (see 105 CMR 430.159 (c)): \_\_\_\_\_

**Aquatics Director:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Lifeguard Certificate issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 American Red Cross CPR Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 American First Aid Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Previous aquatics supervisory experience: \_\_\_\_\_

**Firearms Instructor:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 National Rifle Association Instructor's card (or equivalent): \_\_\_\_\_  
 Date certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Archery Instructor:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 National Archery Association Certificate #: \_\_\_\_\_  
 Date certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

*By signing you are confirming that you have read and understand 105 CMR 430.000 minimum Standards for Recreational Camps for Children. You also agree to abide by these regulations set forth by the State and enforced by the Dedham Board of Health. **If your establishment is in non-compliance of these regulations you may have your permit suspended indefinitely.***

\_\_\_\_\_  
 Applicant/Owners Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 FID# or SS#



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## Recreational Camp Checklist

Please read [105 CMR 430.000 Minimum Standards for Recreational Camps for Children](#) carefully. The following information must be submitted to the Health Department with your application (binder):

- Completed application and \$250.00 fee (check made payable to the Town of Dedham)
- Staff information application
- Procedures for background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159 (B))
- Discipline policy (105 CMR 430.191)
- Fire Evacuation plan – approved by local fire department (105 CMR 430.210 (A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210( C))
- Lost swimmer plan (105 CMR 430.210 (C))
- Traffic control plan (105 CMR 430.210 (D))
- Contingency plans (105 CMR 430.211)
- Primitive, Trip or Travel Camps- Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current Certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for an initial camp permit for a camp with a private water supply, provide a lab analysis of the private water supply (105 CMR 430.300)
- If applying for an initial camp permit, file a plan showing the following at least 90 days before your desired opening date (105 CMR 430.631)
  - Buildings, structures, fixtures, and facilities
  - Proposed source of water supply
  - Works for disposal of sewage and wastewater



## Recreational Camp Operator Check-List

Recreational camps are required to develop and implement numerous site-specific policies and procedures, and to ensure that staff members are properly trained in all of them. Prior to the arrival of campers, camp operators must conduct an orientation where hands-on training can take place regarding programmatic aspects of the camp along with other required important policies and procedures. Below is a list of the documents that a camp may be required to have, along with a check-list to facilitate record keeping provisions and compliance. If you have questions as to whether a particular camp must have a certain plan, please contact your local board of health.

Documentation to Have on File	All Camps	Only If Applicable
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]		✓



## Recreational Camp Operator Check-List

### Licensing:

Complete    N/A

Contact the local <u>Board of Health</u> / <u>Health Department</u> regarding annual licensing at least 90 days prior to opening. <sup>1</sup>		
Contact the Municipal <u>Building and Fire Departments</u> for a facility annual inspection <b>OR</b> obtain a copy of the Municipal Building and Fire Departments annual inspection of the facility.		

### Policies and Procedures:

Complete    N/A

Develop / Review / Update all required recreational camp policies and procedures.		
Review compliance with all associated regulations (food service, pools, beaches, medical waste, etc.).		
Review field trip itineraries, policies & procedures, staffing, and first aid kits.		
Review emergency plans, ensure adequate staff training, and conduct fire drills.		
Review all specialized high risk activities, including aquatics, have plans and staff in place.		
Ensure all facilities being maintained in good order (housekeeping, sanitation, egress, etc.).		

### Staff:

Complete    N/A

Obtain applications, conduct background checks (including CORI/SORI) for all staff and volunteers, and finalize hiring.		
Obtain health records for all staff & campers, identify required medications for HCC.		
Finalize Health Care Consultant (HCC) Agreement; ensure health care policies are reviewed & signed.		
Ensure adequate on-site health care supervisor(s) in-place and trained by HCC (as applicable).		
Develop agenda for staff / volunteer orientation and all required training to be completed.		

<sup>1</sup> **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]



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Infectious Disease and Laboratory Sciences  
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Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

**To:** Camp Directors  
**From:** Pejman Talebian, MA, MPH, Director, Immunization Division  
**Date:** March 2023  
**Subject:** Required Immunizations for Children Attending Camp and Camp Staff

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Vaccination is critically important to control the spread of vaccine-preventable disease. In 2017, a single case of mumps at a summer camp in Massachusetts resulted in isolation of ill individuals, vaccination of those without evidence of two doses of MMR vaccine at several camps, and quarantine of those who did not have evidence of immunity to mumps and who could not get vaccinated. International staff and campers with missing or incomplete vaccination records made rapid implementation of disease control measures very challenging.

### Required Vaccines:

Minimum Standards for Recreational Camps for Children, 105 CMR 430.152, has been updated. Immunization requirements for children attending camp follow the Massachusetts school immunization requirements, as outlined in the [Massachusetts School Immunization Requirements](#) table, which reflects the newest requirement: meningococcal vaccine (MenACWY) for students entering grades 7 and 11 (on or after the 16<sup>th</sup> birthday, in the latter case; see the tables that follow for further details). Children should meet the immunization requirements for the grade they will enter in the school year following their camp session. Children attending camp who are not yet school aged should follow the Childcare/Preschool immunization requirements included on the School Immunization Requirements table.

Campers, staff and volunteers who are 18 years of age and older should follow the immunizations outlined in the document, [Adult Occupational Immunizations](#).

The following page includes portions of the Massachusetts School Immunization Requirements table and Adult Occupational Immunizations table relevant for camps.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed cases of disease, please contact the MDPH Immunization Program at [immassessmentunit@mass.gov](mailto:immassessmentunit@mass.gov). Address questions about enforcement with your legal counsel; enforcement of requirements is at the local level.



## Grades Kindergarten – 6

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	<b>5 doses;</b> 4 doses are acceptable if the 4 <sup>th</sup> dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTap.
Polio	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given ≥28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given ≥28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Grades 7 – 12

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	<b>1 dose;</b> and history of DTap primary series or age-appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since Tdap.
Polio	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
MenACWY (formerly MCV4)	<b>Grades 7: 1 dose;</b> MenACWY required. <b>Grades 11: 2 doses;</b> 2 <sup>nd</sup> dose MenACWY must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

## Campers, staff, and volunteers 18 years of age and older

MMR	<b>2 doses,</b> anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	<b>2 doses,</b> anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
Tdap	<b>1 dose;</b> and history of DTap primary series or age-appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥ 10 years since Tdap
Hepatitis B	<b>3 doses (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid;</b> laboratory evidence of immunity is acceptable

\*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.



# Meningococcal Disease and Camp Attendees: Commonly Asked Questions

## **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

## **How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

## **Who is most at risk for getting meningococcal disease?**

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

## **Are camp attendees at increased risk for meningococcal disease?**

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

## **Is there a vaccine against meningococcal disease?**

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

## **Should my child or adolescent receive meningococcal vaccine?**

That depends. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. In addition, these vaccines may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions may 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. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

## **How can I protect my child or adolescent from getting meningococcal disease?**

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at [www.mass.gov/dph](http://www.mass.gov/dph).

### **What is a licensed recreational camp for children?**

A licensed recreational camp for children may be a day or residential (overnight) program that offers recreational activities and instruction to campers. There are certain factors, such as the number of children the camp serves, the length of time the camp is in session, and the type of entity operating a program, that determine whether a program is considered a recreational camp under Massachusetts law and regulations and therefore must be licensed (see M.G.L. c. 111, §127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children).

### **What does it mean for a recreational camp to be licensed?**

If a camp meets the definition of a recreational camp it must be inspected and licensed by the local board of health in the city or town where the camp is located. It must also meet all regulatory standards established by the Massachusetts Department of Public Health (MDPH) and any additional local requirements.

### **Are all summer programs required to be licensed as recreational camps for children?**

No. Programs that do not meet the legal definition of a recreational camp for children are not subject to MDPH's regulatory provisions and therefore do not have to follow the requirements that apply to licensed recreational camps and are not subject to inspections by either MDPH or a local board of health.

### **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. These regulations include:

- requiring camps to perform criminal record background checks on each staff person and volunteer prior to employment and every 3 years for permanent employees;
- 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 (including swimming and watercraft activities).

### **What does the local health department 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. Examples of things inspectors look for include: 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 or local board of health in the community in which the camp is located to find out mandatory requirements, policies, and standards.

### **Where can I get information on the status of a recreational camp's license?**

Contact the local health department or board of health in the community where the camp is located to determine if the camp is a licensed recreational camp for children, confirm the status of the camp's license, and obtain a copy of the camp's most recent inspection report.

### **Are recreational camps required to provide copies of operating plans and procedures?**

Yes. The camp must provide copies of any of the required plans and procedures on request.

### **Are there minimum qualifications for camp counselors in Massachusetts?**

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

### **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 medical specialty 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 conduct background checks on camp staff?**

Yes. For all camp staff and volunteers, the licensed 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 report 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 indicate the applicant is not suitable for a position with campers. The camp must conduct CORI re-checks every three years for permanent employees with no break in service.

The local health department will verify that CORI checks have been conducted during their annual licensing inspection. If 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, and every three years for permanent employees with no break in service. The Sex Offender Registry Board is a public safety agency responsible for protecting the public from sex offenders. The local health department 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 and ask the Board of health to confirm that background checks were completed at the camp. Please note, however, that you are not authorized to review any staff person's actual CORI or SORI report.

### **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 care 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. Medical specialty 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?**

Parents or guardians must give approval for their child to receive any medication at a recreational camp. Licensed camps are required to keep all medications in their original containers and to store all prescription medications in a secure manner. 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 care

supervisor with oversight by the camp health care consultant. (Note that other arrangements may be made for emergency medications such as epinephrine auto-injectors and inhalers.) When your child's participation at a camp ends, 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, for example, a 'time-out' from activities or sending a child to the camp director's office. Under no circumstances, however, may a camper be subjected to corporal punishment such as spanking, be punished by withholding food or water, or subject to verbal abuse or humiliation.

### **What steps does a camp have to take to protect my child from abuse and neglect?**

All licensed recreational camps must 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 and 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.

### **What steps can be taken to help protect children from mosquito- and tickborne disease such as Eastern Equine Encephalitis (EEE), West Nile Virus (WNV), and Lyme disease?**

Parents/guardians and camp administrators should discuss the need for repellent with campers and what repellent(s) may be available at the camp. Use of insect repellents that contain 30% or lower of DEET (N,Ndiethyl- m-toluamide) are widely available and are generally considered to be safe and effective for children (older 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.

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.

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, near other campers, or in enclosed areas should be avoided.

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For a copy of the state regulations or additional information, please visit <http://www.mass.gov/dph/dcs> or call the Massachusetts Department of Public Health, Bureau of Environmental Health's Community Sanitation Program at 617-624-5757

### **For More Information on Recreational Camps**

#### **Please Follow the web link below:**

The Department has designed an additional document "Important Webpage Links regarding Recreational Camps for Children" to assist stakeholders with access to relevant information associated with Recreational Camps for Children.

This document contains webpage links for related material and other points of interest.

[Important Webpage Links.docx](#)

#### **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.

To order copies of "**Information About Recreational Camps in Massachusetts: Questions and Answers for Parents**" contact the Community Sanitation Program at:  
Telephone:617-624-5757  
Fax:617-624-5777  
TTY:617-624-5286  
Revised 2018

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## *Information about Recreational Camps for children in Massachusetts*

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### **Questions and Answers for Parents and Guardians**

Published by the  
Massachusetts Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program

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**Massachusetts Department of Public Health  
Community Sanitation Program  
Recreational Camp Injury 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 of each fatality or serious injury as a result of which a camper, staff person, or volunteer is sent home, or is brought to the hospital or a physician's office and a positive diagnosis is made. (105 CMR 430.154) Injuries include, but are not limited to, suturing or resuscitation needs, broken bones, or hospital admittance.

**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, and 22.**

**PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EACH QUESTION.**

- 1. Name of Camp: \_\_\_\_\_
- 2. Street Address (please indicate the camp's in-session, physical address):  
\_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 3. Name of Camp Director: \_\_\_\_\_ 4. Telephone: \_\_\_\_\_
- 5. Name of Person Completing Form: \_\_\_\_\_ 6. Today's Date: \_\_\_\_\_

**If a fatality or serious injury occurred at camp, complete the following. To notify of a 51A filing ONLY, skip to Question 22:**

- 7. Date of Incident: \_\_\_\_\_ 8. Time of Incident: \_\_\_\_\_  AM  PM
- 9. Number of individuals who were injured or ill: \_\_\_ Camper \_\_\_ Staff Person \_\_\_ Volunteer

**Note: Fill out a separate form for each injured individual**

- 10. a) Age of individual whose incident is described on this form: \_\_\_\_\_ b) Gender:  M  F
- 11. Where did the incident occur?  On camp property  Off camp property

- 12. Please specify the type of facility where the incident occurred:
  - Athletic or recreational facility  Pool
  - Dorm or sleeping quarters  Other water body (not pool)
  - Motor vehicle  Other, please specify: \_\_\_\_\_

- 13. What was the incident outcome? Please check all that apply:
  - Injury  Illness  Death

14. 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. **Do not include names or other personal identifying information regarding the injured individual or other involved parties.**

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

15. 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"/> Concussion  | <input type="checkbox"/> Cut or laceration            | <input type="checkbox"/> Drowning                              | <input type="checkbox"/> Fracture or dislocation              |
| <input type="checkbox"/> Heat or cold (e.g., heat exhaustion, hypothermia) | <input type="checkbox"/> Muscle strain                | <input type="checkbox"/> Near drowning                         | <input type="checkbox"/> Psychological or mental health issue |
| <input type="checkbox"/> Undetermined                                      | <input type="checkbox"/> Viral or bacterial infection | <input type="checkbox"/> Other, please specify in space below: |   |

16. What body part(s) were injured? Please check all that apply:

- Head, neck, and/or face
- Torso, please specify:
- |                                  |                               |                                |                              |
|----------------------------------|-------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Back | <input type="checkbox"/> Chest | <input type="checkbox"/> Hip |
|----------------------------------|-------------------------------|--------------------------------|------------------------------|
- Upper extremity, please specify:
- |                              |                                  |                               |                                   |                                |
|------------------------------|----------------------------------|-------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Arm | <input type="checkbox"/> Fingers | <input type="checkbox"/> Hand | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Wrist |
|------------------------------|----------------------------------|-------------------------------|-----------------------------------|--------------------------------|
- Lower extremity, please specify:
- |                                |                               |                               |                               |                               |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot | <input type="checkbox"/> Knee | <input type="checkbox"/> Legs | <input type="checkbox"/> Toes |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
- Internal
- Other, please specify: \_\_\_\_\_

17. Where was the individual treated? Please check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Admitted to hospital | <input type="checkbox"/> Off-site medical facility (e.g., emergency room, physician's or dentist's office) | <input type="checkbox"/> On-site medical facility (e.g., clinic or infirmary) |
|---|--|---|
- Other, please specify: \_\_\_\_\_

18. Was the individual sent home?  Yes  No

19. Did your camp change equipment, policies, or procedures as a result of this incident?  Yes  No

20. If yes, 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 updated |
|---|---|--|---|
- Venue changed or altered  Other, please specify: \_\_\_\_\_

21. Briefly explain changes implemented as a result of this incident. If no changes were made, please explain why not.

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

22. Did a suspected incident of child abuse or neglect occur at camp, resulting in the filing of 51A report to DCF?  YES  NO  
If yes, date report sent to DCF: \_\_\_\_\_

PLEASE MAIL, FAX, OR EMAIL CAMP INJURY REPORTS TO:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF ENVIRONMENTAL HEALTH  
COMMUNITY SANITATION PROGRAM  
250 WASHINGTON STREET-7th FLOOR  
BOSTON, MA 02108-4619  
TELEPHONE (617)-624-5757 FAX (617) 624-5777  
celestine.payne@state.ma.us



# 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 or 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: \_\_\_\_\_



## Sample 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 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  
Supervisor**

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

## DPH Standards for Training Health Care Supervisor in Medication Administration

Each recreational camp must ensure that the health care supervisor(s) can meet the health and medical needs of each individual camper. The camp's health care consultant must provide training and document the competency of every health care supervisor.<sup>1</sup> This training does not need to be submitted for prior approval, but must be made available by request or during inspection.

**Training Topics:** An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. The Role of the Health Care Supervisor
3. Limits of the Health Care Supervisor
4. Effects and Possible Side Effects of all Medication Administered
5. Steps in Medication Administration
6. Camp Safeguards and Policies

**Test of Competency:** Each health care supervisor must have a documented test of competency to administer medications.

At a minimum, the health care supervisor must:

1. Demonstrate safe handling and proper storage of medication.
2. Demonstrate the ability to administer medication properly:
  - accurately read and interpret the medication label
  - follow the directions on the medication label correctly
  - accurately identify the camper for whom the medication is ordered
3. Demonstrate the appropriate and correct record keeping regarding medications given and/or self-administered.
4. Demonstrate correct and accurate notations on the record if medications are not taken/given either by refusal or omission and when adverse reactions occur.
5. Describe the proper action to be taken if any error is made in medication administration or if there is an adverse reaction possibly related to medication
7. Use resources appropriately, including the consultant, parent/guardian or emergency services when problems arise.
8. Understand and be able to implement:
  - emergency plans including when to call 911
  - appropriate procedures that assure confidentiality

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<sup>1</sup> If HCS is a licensed physician, nurse practitioner, registered nurse or physician's assistant with experience in pediatric care, that certification is evidence of proper training and competency.

**Camp Medication Administration Training/Test Checklist:**



<b>1. Confidentiality:</b>		
	Importance of not sharing information about campers or medications with anyone unless directed to do so by the HCC	
<b>2. Role of Health Care Supervisor:</b>		
	<b>Administer</b> Medication only by Specific HCC Order to Specific Child	
	<b>Follow</b> Instructions on Medication Sheet	
	<b>Record</b> Time and Effects Observed	
	<b>Reports</b> Any Problem or Uncertainty	
<b>3. Limits of the Health Care Supervisor:</b>		
	HCS may not administer ANY medication without HCC approval	
	HCS may not administer ANY medication without parent/guardian permission	
	HCS may not administer insulin (unless within scope of practice)	
<b>4. Effects and Possible Side Effects of all Medication Administered:</b>		
	<b>Describe</b> Effects of Medications	
	<b>Discuss</b> Common Side-Effects of Medications (drowsiness, vomiting, allergic reaction)	
	<b>Report</b> All Changes that may be side-effects to HCC and Parent/Guardian	
	<b>Record</b> All Changes that may be side-effects in log	
<b>5. Steps in Medication Administration:</b>		
<i>5 Rights of Medication Administration</i>	<ol style="list-style-type: none"> <li>1. Right Camper</li> <li>2. Right Medication</li> <li>3. Right Dosage</li> <li>4. Right Time</li> <li>5. Right Route</li> </ol>	
<i>Steps in Medication Administration</i>	<ol style="list-style-type: none"> <li>1. Identify Camper</li> <li>2. Read Medication Administration Sheet</li> <li>3. Wash Hands</li> <li>4. Select and Read Label of Medication</li> <li>5. Prepare Medication and Read Label Again</li> <li>6. Administer Medication and Make Sure Medication is Taken.</li> <li>7. Replace Medication in Secure Location</li> <li>8. Lock or Secure Location</li> <li>9. Document in Medication Log</li> </ol>	
<i>Steps in Supervising Self-Administration</i>	<ol style="list-style-type: none"> <li>1. Identify Camper</li> <li>2. Read Medication Administration Sheet</li> <li>4. Select and Read Label of Medication</li> <li>5. Observe Student Prepare and Take Medication</li> <li>6. Replace Medication in Secure Location</li> <li>7. Lock or Secure Location</li> <li>8. Document in Medication Log</li> </ol>	
<b>6. Camp Safeguards and Policies</b>		
	<b>Report</b> Any Error to HCC and Parent/Guardian including: <ol style="list-style-type: none"> <li>1. Camper Given Wrong/Unapproved Medication</li> <li>2. Camper Refuses Medication</li> <li>3. Camper Has Unusual or Adverse Reaction Possibly Related to Medication</li> </ol>	
	<b>Review</b> Camp's Emergency Plan and when to call Emergency Services	



## DPH Standards for Training Health Care Supervisor and Other Employees on Use of Epinephrine Auto-Injectors

The health care consultant must provide training and document the competency of every health care supervisor on administration of epinephrine auto-injectors.<sup>1</sup> However, due to the emergent nature of anaphylactic reactions, other employees may also be trained in the administration of an epinephrine auto-injector by the health care consultant. As with any medication, the parent/guardian and the health care consultant must have written approval on file. The parent/guardian authorization should also contain a separate approval for other trained employees to administer, or for self-administration by the camper.

**Training Topics:** An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. Understanding Allergic Reactions and the Signs of Anaphylaxis
  - Mild versus Severe Allergic Reaction Symptoms
3. Allergy Management and Exposure Prevention for Campers with a Diagnosed Allergy
4. Emergency Action Plan for Anaphylaxis
5. Proper Use of an Epinephrine Auto-Injector
6. Documentation and Record-keeping

**Test of Competency:** Each health care supervisor, and other employees, who are trained in the administration of epinephrine auto-injectors by the health care consultant must have a documented test of competency to administer medications. At a minimum, they must:

1. Demonstrate safe handling and proper storage of epinephrine auto-injectors.
2. Demonstrate the ability to administer an epinephrine auto-injector properly.
3. Demonstrate an understanding of signs and symptoms of an allergic reaction.
4. Describe allergy management and exposure prevention for campers with a known allergy.
5. Describe the proper emergency action to be taken in response to cases of severe allergic reaction:
  - steps to follow
  - when to call 911
6. Demonstrate the appropriate and correct record keeping regarding use of an epinephrine auto-injector.
7. Use resources appropriately, including the consultant, parent/guardian or emergency services.

<sup>1</sup> If HCS is a licensed physician, nurse practitioner, registered nurse or physician's assistant with experience in pediatric care, that certification is evidence of proper training and competency.

# Sample 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

## Authorization to Administer Medication to a Camper

(completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	



Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
<b>Authorization Information</b>	
<p>I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp)</p> <p>to administer, to my child, _____ the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below]. (name of camper)</p>	
<p><b>If above listed medication includes epinephrine injection system:</b></p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
<p><b>If above listed medication includes insulin for diabetic management:</b></p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
Signature of Parent/Guardian:	Date:

\*\* **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

## 105 CMR 430 References

**105 CMR 430.160(A):** Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. **(M.G.L. c. 94C § 21).**

**105 CMR 430.160(C):** Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. 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. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

**105 CMR 430.160(D):** A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

- (1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.
- (2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.
- (3) Document the circumstances in which a camper, Health Care Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:
  - a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
    - 1) the camper is capable of self-administration; and
    - 2) the health care consultant and camper's parent/guardian have given written approval
  - (b) Receive an epinephrine auto-injection by someone other than the Health Care Consultant or person who may give injections within their scope of practice if:
    - 1) the health care consultant and camper's parent/guardian have given written approval; and
    - 2) the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.
- (4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.

**105 CMR 430.160(F):** The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

**105 CMR 430.160(I):** When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

- (1) Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.
- (2) The medication disposal log shall be maintained for at least three years following the date of the last entry.

# **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

All Recreational Camps are required to have policies and procedures in place for various emergencies that may occur. Below are sample plans for various natural disasters, emergencies and other life-threatening events. Each camp is unique in character and operation which should be reflected in these plans. Please make appropriate modifications to ensure the plans are useful for your camp including adding site specific facilities, buildings, directions for proper egress, designated meeting areas, communication systems (e.g., intercoms, etc.) and emergency response numbers.

**Note:** These plans are very general. They are intended to assist the camp operator in developing a comprehensive plan that is appropriate for their individual facility and applicable situations.

**Additionally, all appropriate staff must be advised of the procedures in the plans.**

Please review regulations 105 CMR 430.159(B), 105 CMR 430.190(E), 105 CMR 430.210, and 105 CMR 430.215 regarding emergency plans.

**Each camp should have plans for events including, but not limited to:**

<b>Contingency Plans for Day Camp</b>	<b>Lightning</b>	<b>Emergency Plan for the Evacuation of the Program or Facility</b>
<b>Disaster/Emergency Plan</b>	<b>Wildfire</b>	<b>Fire Evacuation Plan</b>
<b>Tornado or High Winds</b>	<b>Medical Policies / Plans</b>	<b>Unrecognized Person(s)</b>
<b>Flash Floods</b>	<b>Lost Camper Plan</b>	
	<b>Lost Swimmer Plan</b>	

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**Below are examples of plans for some such event:**

## **1. Contingency Plans for Day Camps**

All day camps must have written contingency plans in accordance with 105 CMR 430.211 to address the following situations:

- A child who is registered for camp and on the morning roll call fails to arrive for a day's activities.
  - double check attendance and/or roll call
  - call parents/guardians or other contact name provided on the camper's application form
- A child fails to arrive at the point of pickup at the end of the day.
  - double check attendance and/or roll call
  - check with Main Office to see if camper was picked up early by parents/guardians
  - check campgrounds in accordance with your lost camper plan
- A child comes to camp without being registered or without notifying the camp.
  - check with the child's parents/guardians if still on site
  - find out which camper the child arrived with: friend, brother/sister, etc. – obtain contact information from forms
  - call the child's parent/guardian if the child's phone number is obtained

# **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

## **2. Disaster/Emergency Plans (e.g. – Lightning, Flash Floods, Wildfire, etc.)**

All recreational camps for children must have a written disaster/emergency plan, in accordance with 105 CMR 430.210(B).

- If advised by authorities to evacuate an area, do so immediately.
- Explain all means of notifying occupants to evacuate or retreat to shelter, e.g., intercom, alarms, etc.
- Describe arrangements for transporting individuals from the camp to emergency or other facilities, including, but not limited to, emergency shelters.

## **3. Tornado or High Winds**

The plans should include:

- Go to a basement (if available) or to interior rooms and halls on the lowest floor.
- Stay away from glass enclosed places or areas with wide-span roofs, such as an auditorium or lodge.
- Crouch down against the floor and cover the back of your head and neck with your hands.
- If no suitable structure is nearby, lie flat in the nearest ditch or depression and use your hands to cover your head.

## **4. Emergency Plan for the Evacuation of the Program or Facility**

- Are separate evacuation plans posted for each activity area and next to each exit?
- Who leads children out of the building?
- Who checks for stragglers?
- Who is responsible for ensuring the number of children in attendance equals the number of children safely evacuated?
- When are practice evacuation drills conducted?
- Who documents date, time, and effectiveness of each drill?

## **5. Applicable Health Care Policies and Plans**

- Describe plan for administering medication (prescription and non-prescription). Include location, instructions for storage and staff members approved to administer.
- Describe plan for returning or destroying unused medication when no longer needed.
- Describe and include copies of training and tests of competency for staff members administering medication.
- Describe plan for the care of mildly ill campers.
- Describe procedures for identifying and protecting children with allergies and/or other emergency medical information.
- Describe exclusion policy for serious illnesses, contagious disease and reportable diseases to Board of Health.
- Describe procedure when children refuse their medication or are not administered their medication in accordance with instructions signed off by Health Care Consultant and parent/guardian.

# **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

## **6. Lost Camper Plan**

All recreational camps for children must have a written lost camper plan kept on file in accordance with 105 CMR 430.210(C).

During a lost camper search, one person must be in charge of the entire search to avoid confusion and wasted time (time is a critical factor in a search for a missing person). This should be the most senior-trained person, such as a head counselor or camp operator.

- Report the missing camper to the main office, including the following information:
  - Camper's name and age
  - Last place the camper was seen
  - What the camper was wearing
  - Other information that could be helpful
- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas.
- Using a communication system, if available, ask the camper to report to a designated area.
- Conduct a search of bathrooms, showers, locker rooms, missing camper's cabin or tent and other camp areas.
- A common practice is to move all campers to one central location to do an accurate head count or roll call.
- Camp staff should search assigned areas to ensure the camp and surrounding areas are searched.
- If the camper was last seen near water, lifeguards must search the entire waterfront
- Check office records to determine if the camper was picked up by parents/guardian or made other special arrangements. If not, contact the parents/guardian to determine if the child was picked up without notifying the camp office.
- Notify emergency personnel (911, if available) if the camper is not found immediately or if the camper requires emergency medical intervention. The search must continue until all campers are accounted for.

## **7. Lost Swimmer Plan**

All recreational camps for children which include swimming in the camp activities must have a written lost swimmer plan kept on file in accordance with 105 CMR 430.210(C).

During a lost swimmer search, one person must be in charge of the entire search to avoid confusion and wasted time (time is a critical factor in a search for a missing swimmer). This should be the most senior trained person (preferably someone trained in open water rescue, such as the aquatics director).

- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas. Using a communication system, ask the camper to report to the main lifeguard area, since the camper may have left the area.
- Contact emergency personnel, such as the local fire department, police or search and rescue squad. Notify the dispatcher that you have a possible lost swimmer. Delays in contacting emergency numbers (911, if available) must be avoided. It is better to cancel an emergency call once the swimmer is safe than to delay a call that might save the swimmer.
- Adult counselors may help search shallow areas; trained lifeguards should search deeper areas. Other staff should check bathrooms, showers, locker rooms, missing camper's cabin or tent and other camp areas.
- A common practice is to move all campers to one central location to do an accurate head count or roll call.

## **Recreational Camp Emergency Plans for Incidents and Natural Disasters**

- Lifeguards must continue to search the entire waterfront.
- The search must continue until all campers are accounted for.
- The person in charge of the search should have a list of staff conducting searches in assigned areas. Account for the staff to avoid the need for a double rescue. Staff conducting the search (including lifeguards) should use the buddy system.
- The person in charge of the rescue should interview the person who reported the missing swimmer; information about the swimmer's last known location, etc. is used to direct the search.
- All lifeguards search the swimming area, starting where the missing camper was last seen. Make sure to look under docks, piers, rafts, and other potentially dangerous locations.
- At waterfront facilities such as state parks, staff may have to check other playgrounds, campsites, and wooded areas.

### **Searching Shallow-Water Areas:**

- To search shallow-water areas with pool water clarity, adult volunteers or non-lifeguarding staff members should link arms or hold hands and form a line in the water.
- One lifeguard should serve as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- The shortest person should be in the shallowest water, and the tallest person should be in water that is no more than chest deep.
- The whole line slowly moves across the area together. Start where the lost camper was last seen. One lifeguard should be assigned to oversee this part of the search.
- As the search line moves forward, the searchers gently sweep their feet across the bottom with each step.
- The searchers must not go deeper than chest-deep water. Only trained lifeguards should search deeper areas.

### **For More Information:**

[https://con2.classes.redcross.org/learningcontent/PHSS/Lifeguarding/Lifeguarding\\_032112/media/pdf/LG\\_PM\\_CH6\\_Skill\\_Sheet\\_RESCUING\\_SUBMERGED\\_VICTIM.pdf](https://con2.classes.redcross.org/learningcontent/PHSS/Lifeguarding/Lifeguarding_032112/media/pdf/LG_PM_CH6_Skill_Sheet_RESCUING_SUBMERGED_VICTIM.pdf)

### **Searching Deep Water Areas:**

Use the American Red Cross "deep water line search" method is recommended to search for lost swimmers in water that is greater than chest deep. It is outlined below:

- Several lifeguards, wearing masks and fins, form a straight line, no more than an arm's length from each other. One lifeguard serves as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- On command from the lead lifeguard, all searchers do the same surface dive (either feet first or headfirst) to the bottom and swim forward a set number of strokes (usually three).
- If the water is murky, the searchers search the bottom by sweeping their hands back and forth in front of them, making sure to cover the entire area.
- Return to the surface as straight up as possible. At the surface, the line backs up, the lead lifeguard checks to make sure all searchers are accounted for, the line reforms, and on command from the lead lifeguard, dives again.
- Repeat this procedure until the entire swimming and diving area has been searched in one direction. Make sure not to miss any areas on the bottom when you dive and resurface.
- The searchers then repeat the pattern at a 90-degree angle to the first search pattern.
- If the missing swimmer is not found in the swimming and diving areas, expand the search to nearby areas. Consider the effects of any currents.
- Continue to search until the missing person is found or until emergency personnel arrive.

# Recreational Camp Emergency Plans for Incidents and Natural Disasters

## 8. Fire Evacuation Plan

All recreational camps for children must have a written fire evacuation plan. The plan must be approved by the local fire department in accordance with 105 CMR 430.210(A).

- The plan must indicate the frequency of fire drills to be held during the camping session. Fire drills must be held within the first 24 hours of the beginning of each camping session.
- The plan shall identify the number of staff and the number of children. The plan should assign staff to be in charge of specific areas. Staff and counselors will, under no circumstances, leave the campers that are under their direct care.
- Identify all means of egress.
- Explain all means of notifying occupants to evacuate, e.g., intercom, alarms, etc.
- Provide detailed instructions for contacting emergency personnel (fire department).
- Designate an outside area for campers and staff to gather. This area should be far enough away from buildings not to interfere with fire department operations. At the designated area, assigned staff should conduct a roll call. Campers must remain in designated areas until the fire drill/alarm has ended.
- Include a narrative of occupant response to a fire, i.e., how should staff respond in a fire condition?

Example:

- Notify anyone in the immediate area of danger
- Close doors to confine fire/smoke, but do not lock them
- Activate or request that someone else activate the fire alarm
- Evacuate the building, assist campers and other staff under your direction
- Call the fire department (911 or other emergency number) and give them the following information:
  - Building name and address
  - Nearest cross street
  - Location of fire in the building
  - Known information about the fire/smoke
  - Call-back telephone number
  - Do not hang up until the emergency services operator does so
- Use a fire drill/prevention checklist (see attached example) to assist you in the process and to document that fire drills have been performed.

### **NOTE:**

This document includes a checklist to assist you in reviewing your camp to assess potential fire hazards. Also included is a form that may be used in recording and documenting the history of all required fire drills. This form may be duplicated for future use. Use of these documents does not substitute for the fire department's inspection/written statement of compliance required by 105 CMR 430.215.



# Recreational Camp Emergency Plans for Incidents and Natural Disasters

## Fire Prevention Inspection Checklist:

### Housekeeping and Maintenance:

1. "No Smoking" signs posted.	Yes	No
2. "No Smoking" regulations observed.	Yes	No
3. Flammable liquid safely stored in approved containers away from combustibles.	Yes	No
4. Trash/rubbish removal done on a regular basis.	Yes	No
5. All electrical plugs, switches and cords legal and in good repair.	Yes	No
6. Cords are not to be run across doorways or under carpets or mats where they may be stepped on.	Yes	No
7. No extensive use of cords from outlets (octopus).	Yes	No
8. Heat-producing appliances well ventilated.	Yes	No
9. Electrical equipment turned off when not in use.	Yes	No
10. Malfunctioning electrical equipment immediately reported or taken out of service.	Yes	No
11. Areas kept as clean and neat as possible.	Yes	No
12. Materials stacked so as not to tip or fall.	Yes	No
13. Corridors and doorways kept free and clear of obstructions.	Yes	No

### Fire and Life Protection Systems:

1. Adequate lighting in corridors, exits, and stairwells.	Yes	No
2. Exit signs illuminate as required (all lights working).	Yes	No
3. Evacuation routes adequately posted.	Yes	No
4. Evacuation signs maintained-none defaced or missing.	Yes	No
5. Fire doors not wedged or blocked open, especially stairwells.	Yes	No
6. Stairwells free of obstacles, storage, debris, etc.	Yes	No
7. Corridors and exits unobstructed (no storage of files, furniture, etc.).	Yes	No
8. Stairwells, corridors, and exits free of trip and slip hazards.	Yes	No
9. Fire detection and alarm systems tested regularly.	Yes	No
10. Fire sprinkler connections and shut off valves visible and accessible.	Yes	No
11. Fire sprinkler heads clean and unobstructed.	Yes	No
12. Adequate clearance (3 feet) for all fire extinguishers and hoses.	Yes	No
13. Fire equipment in proper locations and undamaged.	Yes	No
14. Fire evacuations director and assistant positions updated and fully staffed.	Yes	No
15. All occupants instructed on evacuation plan	Yes	No

CAMP LOCATION \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_

INSPECTED BY \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

# Recreational Camp Emergency Plans for Incidents and Natural Disasters

## **FIRE DRILL CHECKLIST:**

Name of Building: \_\_\_\_\_

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

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

Drill Monitor: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Fire Drill Location: \_\_\_\_\_

Floor/Location to which occupants relocated: \_\_\_\_\_

Method of activation of fire alarm: \_\_\_\_\_

Time fire alarm activated: \_\_\_\_\_ Time occupants vacated fire drill floor: \_\_\_\_\_

### Floor Response Personnel:

1. Evacuation Director present	No	OK	Unobserved
2. Assistant Evacuation Director (s) present	No	OK	Unobserved
3. Stair well monitors	No	OK	Unobserved
4. Elevator monitors	No	OK	Unobserved
5. Search monitors	No	OK	Unobserved
6. Assistants to the physically disabled and non-ambulatory	No	OK	Unobserved
7. Interior doors closed but not locked after searched	No	OK	Unobserved
8. Evacuation assistants checked rest rooms	No	OK	Unobserved
Over all response of floor response team	Satisfactory		Unsatisfactory

### Occupant Response:

1. Occupant initial response on sounding of alarm	Satisfactory		Unsatisfactory
2. Occupant noise level	Satisfactory		Unsatisfactory
3. Occupants aware of location of stairwell	Yes	No	Unobserved
4. Did evacuation proceed in smooth and orderly manner?	Yes	No	Unobserved
5. Did visitors to building participate in drill?	Yes	No	Unobserved
6. Overall response of occupants	Satisfactory		Unsatisfactory

Drill Monitor Signature: \_\_\_\_\_

Date of Fire Drill: \_\_\_\_\_

## Recreational Camp Emergency Plans for Unrecognized Persons

All licensed Recreational Camps are required to implement policies and procedures for various emergencies that may occur. Below is a sample plan for unrecognized person(s) emergencies pursuant to 430.190(E). Each camp is unique in character and operation which should be reflected in their plans. Please make appropriate modifications to ensure the plans are useful for your camp including adding site specific facilities, buildings, directions for proper egress, designated meeting areas, communication systems (e.g., intercoms, etc.) and emergency response numbers.

**Note:** This plan is general and is intended to assist the camp operator in developing a comprehensive plan that is appropriate for their individual camp, location, facility and applicable situations.

**All appropriate staff must be trained on all of the camp’s policies and procedures.**

Please review regulations 105 CMR 430.159(B), 105 CMR 430.190(E), 105 CMR 430.210, and 105 CMR 430.215 regarding emergency plans.

The aim of an Unrecognized Persons policy is to ensure the safety of those on the premises by making the responsibilities and expectations of all camp staff clear when dealing with unknown or unrecognized persons.

### Unknown or Unauthorized Person at Camp Checklist

Implement and regularly review procedures to ensure the safety of all children and staff at all times, including a procedure for recognizing and addressing unknown or unrecognized persons on the premises.	Yes	No
Train appropriate staff in all the above procedures	Yes	No
Parents/guardians must specify who is authorized to have access to the children and notify any changes immediately	Yes	No
Overall response of trained staff	Satisfactory	Unsatisfactory

### Recommended Procedures

- If an unknown or unrecognized person enters the premises **staff** should:

1. Immediately inquire about the purpose for being at the camp and to clarify any misunderstanding regarding the location being sought
2. Confirm if the person has any authorization, such as from a parent/guardian, to be at the location
3. If necessary, explain politely to the person that they are not permitted and escort them off the premises
4. Ensure that the person leaves the premises immediately
5. Notify the person in charge of the incident
6. Notify the camper’s parent/guardian of the incident

- If the person refuses to leave the premises, becomes aggressive or violent or attempts an unauthorized removal of a child, **the person in charge** should:

1. Call emergency personnel (911, if available) to report the incident and request immediate assistance
2. Alert other staff to the situation, order all premises secured and locked
3. Ensure that no person enters or exits the premises until the local Police have arrived
4. Provide a main point of contact for staff, parent/guardian and the Police
5. When resolved, write a detailed report of the incident indicating dates, times and persons involved