



FAMILY HANDBOOK

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CONTACT US

Camp Location:

The Roxbury Latin Tennis Courts

101 Saint Theresa Ave

West Roxbury, MA 02132

Please check the directions to the tennis courts below under Arrival

Main Phone Number: 617-283-9812

Absence Reporting: 617-283-9812

Fax Number: N/A

Director: SHELLY MARS

Assistant Director: RODRIGO MENDEZ

Registrar: SHELLY MARS

Nurse: Mrs. Keri Maguire - keri_maguire@roxburylatin.org

IMPORTANT DATES, HOURS AND EVENTS

PROGRAM DATES & HOURS:

Tennis Camp weekly dates for 2023:

WEEK 1 - June 12-16 WEEK 7 - July 24-28
WEEK 2 - June 19-23 WEEK 8 - July 31-August 4
WEEK 3 - June 26-30 WEEK 9 - August 7-11
WEEK 4 - July 3-7 (no July 4) WEEK 10 - August 14-18
WEEK 5 - July 10-14 WEEK 11 - August 21-25
WEEK 6 - July 17-21 WEEK 12 - August 28-September 1

Sign-Up Options:

- 9-12 HALF DAY
- 9-3 FULL DAY
- Early Drop at 8 am
- Extended Day 4pm pick up

Please view the following important Arrival and Dismissal Procedure Updates.

ARRIVAL

New -Arrival

We ask all families to please keep their child(ren) home if they are sick and are not feeling well.

Families are permitted to drop off anytime between 8:45-8:55am camp starts promptly at 9:00am. Upon arrival, families will park at Rappaport Parking on campus, there are bathrooms located at the far end of Rappaport parking to wash hands, use bathroom facilities, put sunscreen on camper, assemble campers bag to include: extra sunscreen, lunch, snack, water bottles, tennis racquet, hat and any additional items that the parent deems necessary for their child. Parents should pack all lunches and snacks in cold pack containers. Parents will walk their campers to the tennis courts. Counselors will be eagerly greeting and escorting campers to their designated courts between 8:45-8:55 am.

Arrival Notes

- ❖ **Directions to the tennis courts** - Take St. Theresa Ave to the end (go past the main entrance to RL) and make right hand turn onto Quail Street, once on Quail Street, look for signs on left to Rappaport parking/tennis courts on your left, make left turn into Rappaport Parking, go to far end of lot to use bathroom facilities, apply sunscreen, and assemble campers bag for the day. Walk campers to the tennis courts, and you will then be greeted by a staff member to direct you to tennis court assignment and coach.
- ❖ **Drop-Off** - Rain free days at Rappaport parking lot (#1 parking area shown on website) and rainy days at The Gordon Field House, entrance called Centre Street entrance, using the school house parking area #2 shown on map from website: www.brooklinetennis.com.
- ❖ **Late Arrival** - If your child will be arriving late, please call Shelly Mars in advance at 617-283-9812. Once on site, please walk your camper to their coach located at the tennis courts.

DISMISSAL

Dismissal

- Half Day 12:00 pm
- Full Day 3:00 pm
- Extended Day 4:00 pm

- ❖ **Parking** - is located at Rappaport Parking lot off Quail Street on rain free days. School House parking on rainy days.
- ❖ **Directions to Rappaport Parking** - Take St. Theresa Ave to the end (go past the main entrance to RL) and make a right hand turn onto Quail Street, once on Quail Street, look for signs on the left to Rappaport parking/tennis courts on your left, make left turn into Rappaport Parking.
- ❖ **PICK UP** - Pick up for 12, 3pm and 4pm dismissal times at the tennis courts. Please park in the parking lot and come to the tennis courts to pick up your camper.
- ❖ **Early Dismissal** - If your child needs to be picked up early, please call Shelly Mars in advance, 617-283-9812. Please come to the tennis courts to pick up your child.
- ❖ Rain free days at Rappaport parking lot (#1 parking area shown on website) and rainy days at The Gordon Field House, entrance called Centre Street entrance, using the School House parking area #2 shown on map from website: www.brooklinetennis.com.
- ❖ **If your child is to go home with anyone other than an authorized person, written documentation is required. Release authorization forms can be found under camp forms.**
www.brooklinetennis.com/alt-pickup-form

WHAT TO BRING

Please label all items with your child's full name!

- Campers should dress appropriately for the days weather and for tennis
- Sneakers
- Backpack or bag for keeping...
 - Face mask (optional for indoor play)
 - Light jacket
 - *Packed Nut Free Lunch and two snacks (M-F) with cold packs.
 - Change of clothes if needed.
 - Small towel
 - Tennis Racquet
 - Sunscreen - 1st application should be applied before coming to camp
 - Hat
 - Water Bottle
- Use care when bringing in any personal items such as cell phones, toys, and/or collectibles such as trading cards.

Although the camp is not responsible for any lost items, we will do our best to return labeled items and to keep track of "forgotten" items in our lost and found area. We will encourage our staff to check the lost and found area frequently.

SUNSCREEN PROTECTION

We encourage families to help/remind their campers to arrive each morning with an initial application of sunscreen. Campers should also bring their own preferred sunscreen to be reapplied later in the day. Staff will remind and allow campers time to reapply sunscreen as needed. Please note that each group will have sunscreen (50+) available for campers and staff who have run out and/or who have forgotten to bring their own sunscreen.

Campers Age 4-6

Counselors working with these age groups will help campers reapply sunscreen as long as the parent/guardian has indicated permission on the Campers registration Form for our staff to do so. Reapplication of sunscreen will take place after snack break (11:00am) and after lunch (1:00pm).

Campers Age 7+

Campers in Grade 2 and up will be reminded to apply their own sunscreen following snack break (11:00 am) and after lunch (1:00pm).

LUNCH & SNACK

Nut Free Campus - We aim to provide a safe and inclusive environment for all. Although we recognize there are students with a variety of allergies, peanut/nut allergies are most prevalent, and they are particularly severe; ingesting even a small amount can cause a life threatening reaction for some children, and avoiding the allergen is the only way to prevent the allergic (and potentially lethal) reaction. As a result, BTA will adopt the following "Nut Free" policy: We do not allow peanut or tree nut items anywhere on campus, tennis courts and lunch area. This means that all campers and staff will not be permitted to bring in any peanut or tree nut food items. We ask families to check labels on all pre-packaged foods like granola bars, as many of these products contain nuts. Your efforts are truly appreciated, and are essential to our success in safeguarding against a potentially serious and regrettable incident. We know it is easy to forget when you are not directly affected, so we will continue to provide helpful reminders.

Lunches and Snacks - All parents are required to pack snacks and lunches for their children in lunch boxes with cold packs.

If a camper arrives without a snack and lunch, Shelly Mars will tell parent at drop off that they need to return with a snack and lunch for their child. If for any reason the parent does not return, BTA will provide lunch and snack for camper. Extra water bottles will always be stored in the shed next to the tennis courts in case camper arrives without a water bottle.

HEALTH & SAFETY

We have a registered nurse on campus and on duty during regular camp hours, and a hired Physician (Healthcare Consultant) on call. If your child has any medical concerns that you would like to share with the nurse, please send an initial email to mayamundkur@gmail.com to schedule a follow-up phone call and/or appointment.

Health Forms

Mandatory: [Forms](#) must be on file before a child can attend camp.

Health History is to be submitted by a parent/guardian electronically.

Physical Exam/Immunizations from a physician. This form must include the most recent physical exam date (on or after 1/1/22) and immunizations.

For additional information regarding immunization schedule visit -
[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

Emergency Contact Information

For the safety of the children, it is very important that the emergency contact information you provided is accurate. In the event that we are not able to reach a parent/guardian, we need to have alternate numbers of relatives, friends and/or neighbors. Please review the information entered into your registration and notify us in writing if there are any changes.

Health Policies and Communication

In the event a camper is feeling ill, has suffered an injury or needs to seek additional medical evaluation, Shelly Mars will notify families via phone. Examples may include; a bump to the head, infectious disease, Cold or COVID-19 symptoms, headache, bathroom accident. Additionally, families will be notified if a camper doesn't have lunch. An alternate (nut free) lunch will be provided if the family is unable to provide one.

Infectious Diseases

Children who show signs of infectious disease and/or parasites must be kept home until the risk of contagion has passed. This specifically means that the child should be without fever for 24 hours and if antibiotics have been prescribed, on the medication for 24 hours before returning to camp. Any occurrence of parasites must be reported to the camp so that control measures can be taken. Children with parasites may not attend camp.

Medication Administration

- Submit an **Authorization To Administer Medication Form** via website when registering (under medical forms, waiver and health history for summer camp)
 - Bring medication in the **ORIGINAL PRESCRIPTION CONTAINER** and give directly to the camp director, Shelly Mars (please do not give medication to counselors or any staff other than the camp director). ●
- IMPORTANT:** Campers are not allowed to carry and administer their own medication.

Toilet Training Policy

Campers must be toilet trained before starting camp; wearing pull-ups is not permitted. During this developmental stage, we aim to work collaboratively with families, and to provide assistance. Bathroom breaks and routines are 8 established. Campers having multiple accidents in a single week may be asked to delay camp participation; refunds and/or credits will be furnished.

Camper Dismissal

The Brookline Tennis Academy staff reserves the right to withdraw any camper when, in the director's judgment, the camper's or family's behavior interferes with the rights and/or safety of others or themselves, the smooth functioning of the program, or violates any of the camp policies outlined in this handbook.

POLICIES AND PROCEDURES

Please note: Families also have the right to review camp policies and procedures regarding staff background checks, health screenings and care, discipline, and grievances upon request.

[Brookline Tennis Academy Master Policy](#)

[Brookline Tennis Academy Healthcare Policy](#)

Grievance Policy

If a child, coach, or other camper involved with Brookline tennis Academy summer camp has a concern or grievance related to the operation of BTA'S program, staff, or policies, he or she should bring that concern first to the camp director, and secondly to the Director of Summer Camp programs at the Roxbury Latin School.

IMPORTANT: Any grievance involving an alleged violation of state or federal law will be reported to, and investigated by the proper authorities.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
305 South Street, Jamaica Plain, MA 02130

MAURA T. HEALEY
Governor

KIMBERLEY L. DRISCOLL
Lieutenant Governor

Immunization Division

Tel: (617) 983-6800

Fax: (617) 983-6840

www.mass.gov/dph/imm

KATHLEEN E. WALSH
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
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

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 16th 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. 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	5 doses; 4 doses are acceptable if the 4 th dose is given on or after the 4 th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP.
Polio	4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades 7 – 12

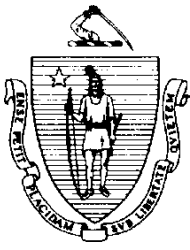
In ungraded classrooms, Grade 7 requirements apply to all students ≥ 12 years.

Tdap	1 dose; 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	4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
MenACWY (formerly MCV4)	Grades 7: 1 dose; MenACWY required. Grades 11: 2 doses; 2 nd 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	2 doses, 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	2 doses, 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	1 dose; 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	3 doses (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid; 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.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Community Sanitation Program
250 Washington Street, Boston, MA 02108-4619
Phone: 617-624-5757 Fax: 617-624-5777
TTY: 617-624-5286

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

**Advisory regarding the Parent/Guardian Authorization to
Administer Medication to a Camper**

CONTACTS: Steven F. Hughes, Director (617) 624-5757, or David
T. Williams, Senior Analyst (781) 774-6612

RE: Clarification of Recreational Camp document titled: Authorization to Administer Medication to a
Camper (completed by parent/guardian)

DATE: March 29, 2018

Dear Parent/Guardian,

If your child may require any medication during their time at camp, Massachusetts regulations require the camp to follow certain procedures to ensure minimum safety requirements are met (105 CMR 430.000: *Minimum Standards for Recreational Camps for Children* (State Sanitary Code, Chapter IV)). The attached consent form gives the camp permission to store and administer medication to the camper by certain trained camp staff. The criteria below explain the requirements for those medications and the procedures the camp must follow. It is important for you to carefully review these criteria and discuss any specific questions with camp staff.

- **If providing prescription medications for the camp to administer to your child, please complete the attached form “Authorization to Administer Medication to a Camper” completely.**
 - Specify “NA” – Not Applicable, where appropriate.
 - Be sure to sign the form.
- **Medication that will be administered at camp must be provided by the parent/guardian to the camp in the original container(s) bearing the pharmacy label with the following information:**
 - 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 contained in such prescription or required by law
 - if tablets or capsules, the number in the container
 - All over-the-counter medications must be kept in the original containers containing the original label, which shall include the directions for use

¹ There is an exception for epinephrine auto injectors, where other trained employees may administer with parent/guardian consent.

- **Medications must be stored at camp in a secure location.**
 - **When camp session ends, all remaining medications must be returned to the parent or guardian whenever possible or destroyed.**
 - **Prescription medication may only be administered by the camp's Health Care Consultant (HCC) or designated Health Care Supervisor (HCS)¹**
 - The Health Care Consultant is a licensed health care professional authorized to administer prescription medications, but may not be required to be on-site at all times
 - The Health Care Supervisor may or may not be a licensed health care professional authorized to administer prescription medications. If they are not a licensed health care professional, they must be trained by the Health Care Consultant and the administration of medications must be under the professional oversight of the Health Care Consultant. A Health Care Supervisor must be on-site at all times the camp is operating.
 - **If your child is insulin dependent**, you may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration, and a Health Care Supervisor will need to be present to oversee self-administration. There are boxes in the attached forms where you can confirm or deny this permission.
 - **If your child has an allergy requiring an epinephrine prescription (epinephrine auto injector):**
 - You may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration.
 - You may consent to trained employees, other than the HCC or HCS, administering the epinephrine auto injector during an emergency.
 - Every camp must have a written policy for the administration of medications that identifies the individuals who will administer medications, as well as storage and record keeping procedures. You may ask the camp for a copy of their policy.
-

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



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 430.00 : 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.

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.

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 choosing 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.

For More Information

If you would like a copy of the state regulations or additional information concerning recreational camps for children, please visit www.mass.gov/dph/dcs or call the Massachusetts Department of Public Health, Bureau for Environmental Health's Community Sanitation Program at 617-624-5757 | Fax: 617-624-5777 | TTY: 617-624-5286



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Bureau of Environmental Health
Massachusetts Department of Public Health

Revised July 2012

Important Webpage Links regarding Recreational Camps for Children

THIS DOCUMENT INCLUDES IMPORTANT LINKS TO INFORMATION FOR RECREATIONAL CAMPS

The Massachusetts Department of Public Health (MDPH) has created this resource document to provide all stakeholders with easy access to relevant information associated with Recreational Camps for Children and compliance with 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code, Chapter IV). It contains topic summaries with associated webpage links for related material based on the list of topics below. This is not a comprehensive list, but designed to assist those looking for additional information on relevant camp topics.

- **MEDICAL SAFETY**

- Epinephrine Auto-Injector Guidance
- “Heads Up” - Concussion Awareness
- Immunizations
- Influenza
- Rabies
- Swine Flu
- Tuberculosis
- West Nile Virus & Eastern Equine Encephalitis

- **OUTDOOR SAFETY**

- Bats
- Beaches
- Playground Handbook
- DEET Insect Repellent
- Extreme Heat Guidance
- Security & Safety Plans

- **GENERAL REFERENCES**

- American Camp Association
- Camp Administrator Training
- Office of Public Safety and Inspections – Challenge Courses and Climbing Walls

- Medical & Biological Waste Management

Medical Safety:

- **Epinephrine Auto-Injector Guidance:**

Epinephrine auto-injector systems are used to deliver epinephrine through a syringe. The management (use and disposal) of this “acutely hazardous” substance is regulated in Massachusetts.

<http://www.mass.gov/eea/docs/dep/recycle/laws/epi-fax.pdf>

<http://www.mass.gov/eohhs/docs/dph/com-health/school/epi-administration-reporting.pdf>

- **Heads Up (Concussion Awareness):**

Health care professionals may describe a concussion as a “mild” brain injury because usually concussions are not life-threatening. Even so, their effects can be serious. Recognition and proper response to concussions, primarily when they first occur, can help prevent further injury or even death. This link provides information about sports-related head injury regulations, trainings (e.g. - “Heads Up”), required forms for schools and clinicians, model policies for schools, and other important details.

<https://www.mass.gov/sports-related-concussions-and-head-injuries>

- **Immunization:**

Vaccines are one of the great public health advances of the 20th century, and prevent hundreds of thousands of illnesses in the United States every year. Vaccines protect both the person vaccinated and those around them from serious diseases, a concept known as herd immunity. Herd immunity protects other members of the community, such as babies too young to be vaccinated or those who cannot receive immunizations because of a medical condition.

<https://www.mass.gov/immunization-program>

<https://www.cdc.gov/vaccines/index.html>

<https://www.mass.gov/service-details/vaccine-information-for-the-public>

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/guidelines-ma-school-requirements.pdf>

<http://www.mass.gov/eohhs/docs/dph/cdc/meningitis/info-waiver.pdf>

- **Influenza:**

Influenza is a disease that primarily affects the respiratory system, including the nose, throat and lungs. “Flu” is short for “influenza”. Flu is caused by a virus and it can be very serious. Every year in the United States, seasonal flu causes thousands of hospital admissions and deaths. Getting an annual flu vaccine is the best protection.

<https://www.mass.gov/influenza>

- **Rabies:**

Rabies is a viral disease that can affect all mammals, including humans. The virus attacks the central nervous system and can be secreted in saliva. Because rabies affects people, as well as animals, control of this disease has become a top priority for the Massachusetts Division of Animal Health. With the cooperation of MDPH and the Massachusetts Division of Fisheries and Wildlife, all potential rabies exposures are investigated in order to prevent further rabies infections.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/providers/public-health-cdc-rabies-info-providers.html>

- **Swine Flu:**

Swine flu is a respiratory disease associated with pigs caused by type A influenza viruses. Swine flu viruses do not normally infect humans. However, sporadic human infections with swine influenza viruses have occurred.

<http://www.eec.state.ma.us/SwineFluUpdates.aspx>

<http://www.mass.gov/ocabr/docs/advisories/swine-flu.pdf>

- **Tuberculosis Program:**

The MDPH Tuberculosis Program seeks to reduce the incidence of tuberculosis (TB) through surveillance, education, and clinical services

delivered within a collaborative multiagency system.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/>

- **West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE):**

West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE or “Triple E”) are viruses that can cause illness ranging from a mild fever to more serious disease like encephalitis or meningitis. They are spread to people through the bite of an infected mosquito. There are no specific treatments for either virus, but steps can be taken to protect from illness.

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/wnv.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/providers/public-health-cdc-arbovirus-info.html>

Outdoor Safety:

- **Bats:**

During the summer months, it is not unusual to find a bat in a building. Most often, these animals have accidentally flown in and are now trapped. Bats sometimes carry rabies and may spread it to people or animals through bites or scratches, so it is important to remove bats from your building as soon as possible. If a person may have been bitten or scratched, it is important to capture the bat and have it tested for rabies.

<http://www.mass.gov/eohhs/docs/dph/cdc/rabies/bat-capturing.pdf>

<https://www.mass.gov/service-details/bats-in-the-home>

- **Beaches:**

Good water quality is essential to having a safe and enjoyable beach visit. It is important to monitor the water quality and report any potential water quality concerns. Each year, the Environmental Toxicology Program in MDPH, Bureau of Environmental Health collects water quality information related to fresh and saltwater beaches from local health departments, as well as the Massachusetts

Department of Conservation and Recreation, and compiles a summarized report on the state of the beaches water quality.

<http://www.mass.gov/eohhs/docs/dph/regs/105cmr445.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/beaches-algae/>

https://www.cdc.gov/nceh/hsb/cwh/technical_hab.htm

<https://www.epa.gov/nutrient-policy-data/cyanobacterial-harmful-algal-blooms-water>

- **Consumer Product Safety Commission Playground Handbook:**

Playgrounds have a number of potential hazards and maintaining safety is paramount to protecting children.

<https://www.mass.gov/files/documents/2016/08/oi/family-child-care-playground-safety.pdf>

<https://www.cpsc.gov/safety-education/safety-guides/playgrounds>

<https://www.cpsc.gov/s3fs-public/325.pdf>

- **DEET/Repellent:**

Products with DEET (N,N-diethyl-m-toluamide) or permethrin are recommended for protection against ticks and mosquitoes. Some repellents, such as picaridin or oil of lemon eucalyptus, have been found to provide protection against mosquitoes but have not been shown to work against ticks.

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/s-u/tick-repellents.pdf>

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/m-o/mosquito-repellents.pdf>

<https://blog.mass.gov/blog/health/safe-practices-for-mosquito-and-tick-bites/>

- **Extreme Heat:**

Heat related deaths and illnesses are preventable. Despite this, an average of 618 people in the United States are killed by extreme heat every year. This website provides helpful tips, information, and

resources to help you stay safe in the extreme heat during the summer.

https://www.cdc.gov/disasters/extremeheat/heat_guide.html

- **Security:**

It is important to always be vigilant and mindful of the safety and security of the recreational camp. Some practices and useful information can be extracted from other related documents like the ones listed below:

A.L.I.C.E (Active Shooter Response Training):
A Guide for Developing High Quality School
Emergency / Operations Plans.
U.S. Department of Education (June 2013)

https://rems.ed.gov/docs/REMS_K-12_Guide_508.pdf

Massachusetts Task Force Report on School Safety
and Security (July 2014)

<http://www.mass.gov/edu/docs/eoe/school-safety-security/school-safety-report.pdf>

References:

- **American Camp Association-New England:**

<http://www.acanewengland.org/>

<http://www.acanewengland.org/education-training/training-and-certification>

- **Office of Public Safety and Inspections (OPSI):**

The Office of Public Safety and Inspections provides verification for licenses for challenge courses and climbing walls.

<http://www.mass.gov/ocabr/government/oca-agencies/dpl-lp/opsi/>

- **Medical or Biological Waste Regulation – 105 CMR 480.000:** Management of the medical waste generated at recreational camps is governed by 105 CMR 480.000. Any and all generators of such waste must abide by the minimum standards noted in the document. In addition, web links to the required record keeping logs are provided to document the proper storage, transportation, treatment and disposal of any waste generated.

<http://www.mass.gov/eohhs/docs/dph/regs/105cmr480.pdf>

<http://www.mass.gov/eohhs/docs/dph/environmental/sanitation/105cmr480-medical-waste-off-site-log.pdf>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/medical-waste.html>

For More Information

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Massachusetts Department of Public Health

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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, Menveo and MenQuadfi) 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 (MenACWY) is routinely recommended at age 11-12 years with a booster at age 16 and is required for school entry for grades 7 and 11. In addition, these vaccines may be recommended for additional children with certain high-risk health conditions, such as those described above.

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 <https://www.mass.gov/info-details/school-immunizations>.