



BOARD OF HEALTH

525 CANTON AVENUE

MILTON, MASSACHUSETTS 02186

(617) 898-4886 (617) 696-5172 FAX

www.townofmilton.org



Public Health
Prevent. Promote. Protect.

CERTIFICATE OF COMPLIANCE WITH 105 CMR 430.090

Name of Camp: _____

Location of Camp: _____

Name and Title of Applicant Owner: _____

_____ I have developed and followed written procedures for the review of the background of each staff person and volunteer.

_____ Each staff person and volunteer has been asked if they have any felony convictions on their record.

_____ Those persons employed by or who volunteer for the camp have had the following checks made:

- A Sex Offender Registry Information check (SORI) from the Massachusetts Sex Offenders Registry Board.
- For residents of Massachusetts, a Criminal Offender Registry Information check (CORI/Juvenile Report) from the Massachusetts Criminal History Systems Board.
- For non-residents of Massachusetts (out of state or international), a criminal record check with documentation from the applicant's state criminal information system, local chief of police, or other appropriate agency, where practicable*

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

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

Until the operator of a camp has complied with the requirements of 105 CMR 430.090, the operator shall ensure that the person is not employed or allowed to volunteer at the camp.

SIGNATURE OF OPERATOR

DATE