



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

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Health Inspection Program

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Youth Camp Inspection Waiver Application 2017

As part of your license renewal, if you would like the Department to consider whether your youth camp demonstrates compliance by accreditation or certification in lieu of a state inspection, fill out and submit this form by March 15th. The Department will notify you by May 15th of its determination.

Subject to 10-144 CMR 201, Section 6 (E)(3)(D), a waiver is valid only for your one year license period.

Youth Camp Name: _____ ID# _____

Dates of operation: _____ to _____ Contact Name _____ Phone # _____ E-mail _____

Within the last year: (Check all boxes that apply)

- 1. Camp has NOT been extensively renovated or expanded as defined in 10-144 CMR 208, Section 1 (H).
- 2. There has been NO change of camp ownership.
- 3. There has been NO change in the camp director.
- 4. There are no uncorrected repeat critical violations from previous inspections.

To be eligible for an inspection waiver, all the above boxes must have been checked.

Check the box of the method your camp is using to seek a waiver: **(Check only one box)**

- The camp is currently accredited by the American Camp Association (ACA) and in all material respects complies with the regulatory requirements established by the Department's 10-144 CMR 208. **Please submit the current year's ACA accreditation certificate along with this form.** Date of last ACA accreditation visit: _____
- The camp is currently accredited by another Nationally Recognized Accreditation Organization (NRAO) and in all material respects complies with the regulatory requirements established by the Department's 10-144 CMR 208. To be eligible for a waiver using this method, you must first obtain from the Department, a determination that such accreditation is at least as protective of the public health as the Department's inspection process. If the Department has made such a determination, **please submit the NRAO accreditation certificate along with this form.**
- I certify that: The camp has (within the past five years) passed its two most recent HIP inspections, and the camp, during its period of licensure will be in substantial compliance with the Department's 10-144 C.M.R. Ch. 208 *Rules Relating to Boys, Girls, Boys and Girls, Day Camps, Primitive and Trip camping*. In making this certification, I have reviewed the Department's rules, the camp facilities, the camp operating procedures and the required documentation. I further certify that the documents required, pursuant to 10-144 CMR, Chapter 208 are on file at the Camp and available for Department review.

Signature of Camp Director: _____ Today's date: _____

Printed Name: _____