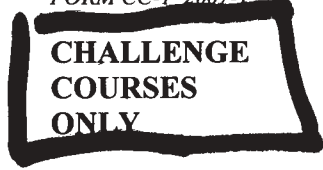


Commonwealth of Massachusetts

PERMIT NO. _____

Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
Tel: (617) 727-3200
Fax: (617) 727-5732
WWW.MASS.GOV/DPS

FORM CC-1 2007-1



APPLICATION FOR LICENSE TO OPERATE CHALLENGE COURSES

Application is hereby made for a license to operate the ~~listed challenge courses.~~

Burts Academy
(Print name of owner/organization)

October 16, 2008
(Date of Application)

www.burtsacademy.org
(Company Website Address)

413 867 2909
(Phone Number)

Amanda Elliss
(Print Contact Name)

413 867 2908
(Fax Number)

AElliss@burtsacademy.org
(Contact Name E-Mail Address)

Physical Education Director
(Contact Name Title)

2 Brookline Road
(Organization Street Address)

New Albany, MA 01531
(Organization City, State, Zip Code)

The following information must accompany this application (please check as attached):

- State Inspection Date Requested: November 24, 2008 (Within 60 days of licensure)
- Names of the Challenge Course Elements (page 2 of this form)
- A bank check or money order payable to the Commonwealth of Massachusetts (\$25 per course)
- An original insurance certificate (\$2,000,000 minimum), or proof of self insurance or amount up to statutory limit, with challenge course listed.
- A completed certified inspector's report on a form approved by the Department.
- Training plan of the Challenge Course staff.
- Form Attestation of Personnel Training
- Name, contact information of the trained Challenge Course Manager.
- Name, contact information of the Qualified Challenge Course Professional.
- Site Plan
- CORI Request Form
- CORI Procedure

Mail this application and the accompanying information to the address as listed above.

I certify under the penalties of perjury that to the best of my knowledge, I have filed all state tax returns and paid all state taxes required under state law, and that the information submitted with this application is true to the best of my knowledge.

Amanda Elliss
(Signature of owner or permitting representative)

October 16, 2008
(Date)

Elliss
(Print Last Name)

Note: License will not be issued unless this document has been completed and signed by the owner.

*This form must be submitted by the applicant.
Failure to use this form will result in the denial of the application.*

APPLICATION FOR LICENSE TO OPERATE CHALLENGE COURSES - Form CC-1 2007-1

	USID #	Name of Challenge Course Element
1		Dangle Duo
2		Pamper Pole
3		Centipede
4		Prusik Climb
5		Ships Passing in the Night
6		Pirates Crossing
7		Climbing Wall
8		Rappel Platform
9		Zip Wire
10		Vertical Playpen
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Name and Qualification of the Qualified Challenge Course Professional (attach qualifications):

Name: High 5 Adventure Learning Center
 Address: 130 Austine Drive, Suite 170
 City/State/Zip: Brattleboro, VT 05301

Name of trained Challenge Course Manager: Amanda Elliss
 Address: 2 Brookline Road
 City/State/Zip: New Albany, MA 01531
 Phone: 413 867 2909

Mail the completed application along with the required information attached, and the fee (bank check or money order only) to:

Massachusetts Department of Public Safety
 Attn: Amusements
 1 Ashburton Place, Room 1301
 Boston, MA 02108-1618

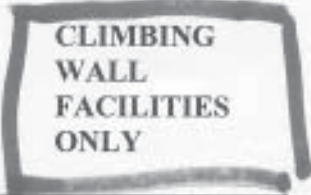


Commonwealth of Massachusetts

PERMIT NO. _____

Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
Tel: (617) 727-3200
Fax: (617) 727-5732
WWW.MASS.GOV/DPS

FORM CW-1 2007-1



APPLICATION FOR LICENSE TO OPERATE CLIMBING WALL FACILITIES

Application is hereby made for a license to operate the listed climbing wall facilities.

Burts Academy
(Print name of owner/organization)
www.burtsacademy.org
(Company Website Address)
Amanda Elliss
(Print Contact Name)
AElliss@burtsacademy.org
(Contact Name E-mail Address)
2 Brookline Road
(Organization Street Address)

October 16, 2008
(Date of Application)
413 867 2909
(Phone Number)
413 867 2908
(Fax Number)
Physical Education Director
(Contact Name Title)
New Albany MA 01531
(Organization City, State, Zip Code)

The following information must accompany this application (please check as attached):

- State Inspection Date Requested: November 24, 2008 (Within 60 days of licensure)
- Location of Artificial Climbing Structure(s)
- Number of protection anchors installed _____
- A bank check or money order payable to the Commonwealth of Massachusetts (\$25 per climbing wall facility)
- An original insurance certificate (\$1 million per occurrence, \$2 million aggregate), or proof of self insurance or amount up to statutory limit, with insured facility listed.
- A completed certified inspector's report on a form approved by the Department.
- Form Attestation of Personnel Training
- Name, contact information of the trained Climbing Wall Facility Manager.
- Name, contact information of the artificial climbing structure Manufacturer.
- CORI Request Form
- CORI Procedure

Mail this application and the accompanying information to the address as listed above.

I certify under the penalties of perjury that to the best of my knowledge, I have filed all state tax returns and paid all state taxes required under state law, and that the information submitted with this application is true to the best of my knowledge.

Amanda Elliss
(Signature of owner or permitting representative)
Elliss
(Print Last Name)

October 16, 2008
(Date)

Note: License will not be issued unless this document has been completed and signed by the owner.

*This form must be submitted by the applicant.
Failure to use this form will result in the denial of the application.*

OWNER/ORGANIZATION NAME: Burts Academy

APPLICATION FOR LICENSE TO OPERATE ARTIFICIAL CLIMBING STRUCTURES - Form CW-1 2007-1

	USID #	Name of Belayed Artificial Climbing Structure
1		Climbing Wall
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Name and Contact Information of the Climbing Wall Manufacturer(s) (add sheets where needed):

NAME: High 5 Adventure Learning Center

ADDRESS: 130 Austine Drive, Suite 170

CITY/STATE/ZIP: Brattleboro, VT 05301

PHONE: 802 254 8118

Name of Trained Climbing Wall Facility Manager:

NAME: Amanda Ellis

ADDRESS: 2 Brookline Road

CITY/STATE/ZIP: New Albany MA 01531

PHONE: 413 867 2909

Mail the completed application along with the required information attached, and the fee (bank check or money order only) to:

Massachusetts Department of Public Safety
Attn: Amusements
One Ashburton Place, Room 1301
Boston, MA 02108-1618

BANK CHECK HERE
(\$25 per course)

SAMPLE

PROOF OF INSURANCE

SAMPLE



Commonwealth of Massachusetts

Department of Public Safety
 One Ashburton Place, Room 1301
 Boston, MA 02108-1618
 Tel: (617) 727-3200
 Fax: (617) 727-5732
 WWW.MASS.GOV/DPS

CHALLENGE COURSE INSPECTION SUMMARY

An alternate form may not be used, however supplemental information may be attached.

The following report must be completed by the Certified Inspector and submitted to the owner, in compliance with 520 CMR 5.14 established by the Department of Public Safety for Challenge Course elements that employ fall protection systems.

High 5 Adventure Learning Ctr.

(Inspection Company Name)

130 Austine Dr. Ste 170

Brattleboro, VT 05301

(Inspection Company Address)

802 254 8118

802 251 7203

(Inspection Company Contact Information: Phone/ Fax/Email)

jclarke@high5adventure.org

November 24, 2008

(Today's Date)

Burts Academy

(Organization/Site Name)

(Challenge Course USID #)

Amanda Elliss

(Challenge Course Contact Person)

413 867 2909

413 867 2908

(Challenge Course Contact Information: Phone/Fax/Email)

gelliss@burtsacademy.org

This form must be completed and submitted along with the inspection report completed by a Massachusetts Certified Inspector. The Certified Inspector's report shall contain documentation as outlined in the Sixth Edition of the ACCT Challenge Course Standards, Section A2.1 through Section A2.9.2

I certify under the penalties of perjury that to the best of my knowledge and belief that the Challenge Course elements employing fall protection systems and the related equipment listed on the following pages are in compliance with 520 CMR 5.14, except where noted in the accompanying Deficiency Report. I have personally inspected this equipment in accordance with 520 CMR 5.14.

Jim Clarke

(Signature of Inspector)

Clarke

(Print Last Name)

November 24, 2008

(Date of Inspection)

AL-175432

(Certified Inspector License # / Expiration Date)

Your inspector will sign this.

* Have these items ready to show your inspector

* OPERATING PROCEDURE REVIEW CHECKLIST	Is it present?	
	Yes	No
Standard Operating Procedure for each element		
Local Procedure based on the Standard Procedure for each element		
Certified Inspector's Report from previous year (if applicable)		
Maintenance Repair Log (if any) <i>(see next page)</i>		
Manufacturer's safety bulletins (if any)		
Accident/Incident Report Forms		
Emergency Action Plan		
Daily Equipment Inspection Log		
• Contains a complete list of equipment to be inspected on a daily basis		
• Each entry in the log is signed and dated by Challenge Course Staff		
• Records exist for the 12 months since the last inspection		

CERTIFIED INSPECTOR'S DEFICIENCY REPORT

A complete list of items found out of compliance with inspection standards

	Name of Deficient Element or Equipment	Reasons for Deficiency	Action Plan to Correct Deficiency
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

INSERT INSPECTORS REPORT HERE

SAMPLE

INSERT TRAINING PLAN HERE

SAMPLE

Y.O.U., Inc. Challenge Course
Facilitator Training Plan

Each Y.O.U., Inc. employee that is chosen to be Challenge Course staff, known as facilitators within Y.O.U., Inc., on the challenge course will be trained by ACCT industry standards, before being allowed to facilitate any groups. The ACCT certified agency, High 5 Adventure Learning Center, that has built Y.O.U., Inc.'s challenge course and inspects the challenge course has also provided facilitator training for all Y.O.U., Inc. employees participating in Y.O.U., Inc.'s challenge course program—which has been named the Adventure Challenge Experience or A.C.E. program. The Challenge Course Manager, known within Y.O.U., Inc. as the Director of Therapeutic Recreation, is also a trained facilitator.

The procedure for selecting new facilitators has been and will continue to be a joint effort involving Y.O.U., Inc.'s Chief Operations Officer, Component Directors, Program Directors, Director of Therapeutic Recreation, and other Program staff.

The procedure for training a new potential facilitator or pre-facilitator is first begun by a Y.O.U., Inc. employee assisting the current Y.O.U., Inc. facilitator within each program. They will apprentice the trained facilitator through the A.C.E. curriculum. Then, the pre-facilitators will receive continued training directly from the Director of Therapeutic Recreation. Finally, the High 5 Adventure Learning Center will review the skills of the pre-facilitators, supplement additional training as needed, and approve them as qualified facilitators. In addition, all previously trained and qualified facilitators will also be reviewed and approved by High 5 Adventure Learning Center.



Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
Tel: (617) 727-3200
Fax: (617) 727-5732
www.mass.gov/dps

FORM ATTESTATION OF PERSONNEL TRAINING
FOR USE BY OWNERS OF CHALLENGE COURSES OR CLIMBING WALL FACILITIES

PLEASE TYPE OR PRINT LEGIBLY.

THIS ATTESTATION SHALL BE PROVIDED AT THE TIME OF APPLICATION AS A CONDITION OF
LICENSURE IN ACCORDANCE WITH 520 CMR 5.14(1)(c)(2)(j) AND 520 CMR 5.15(1)(c)(2)(j).

I, Nancy Griffin of Burts Academy
OWNER'S NAME (TYPE OR PRINT) ORGANIZATION NAME

hereby certify that the individuals employed as Challenge Course Managers*, Climbing Wall
Facility Managers*, Challenge Course Staff, Climbing Wall Facility Staff, Challenge Course
Staff Assistants, or Climbing Wall Facility Staff Assistants listed below have, to the best of my
knowledge and belief, received the training outlined in the Staff Training Plan. The Staff
Training Plan shall be maintained at the business address listed below and shall be made
available to Inspectors of the Department of Public Safety upon request, pursuant to 520 CMR
5.14 (1)(c)(2)(j) and 5.14(2)(d)(7) (Challenge Courses) or 520 CMR 5.15(1)(c)(2)(j) and
5.15(3)(d)(5) (Climbing Wall Facilities).

Table with 3 columns: ID, NAME, POSITION. Contains 5 rows of employee information including Amanda Elliss, Kevin Flynn, Jaime Lauro, Dennis Harper, and William Gates.

ATTACH ADDITIONAL SHEETS WHERE NECESSARY.

Owner's Signature: [Signature] Date: 10/16/2008

Business Address: 2 Brookline Road, New Albany MA 01531

*The owner is responsible for ensuring that all information contained on this form is current and shall resubmit the
form in the event that the Challenge Course Manager or Climbing Wall Facility Manager changes during the term of
licensure.

**CHALLENGE COURSE MANAGER
CONTACT INFORMATION**

NAME:

EMPLOYER:

TITLE:

ADDRESS:

PHONE:

FAX:

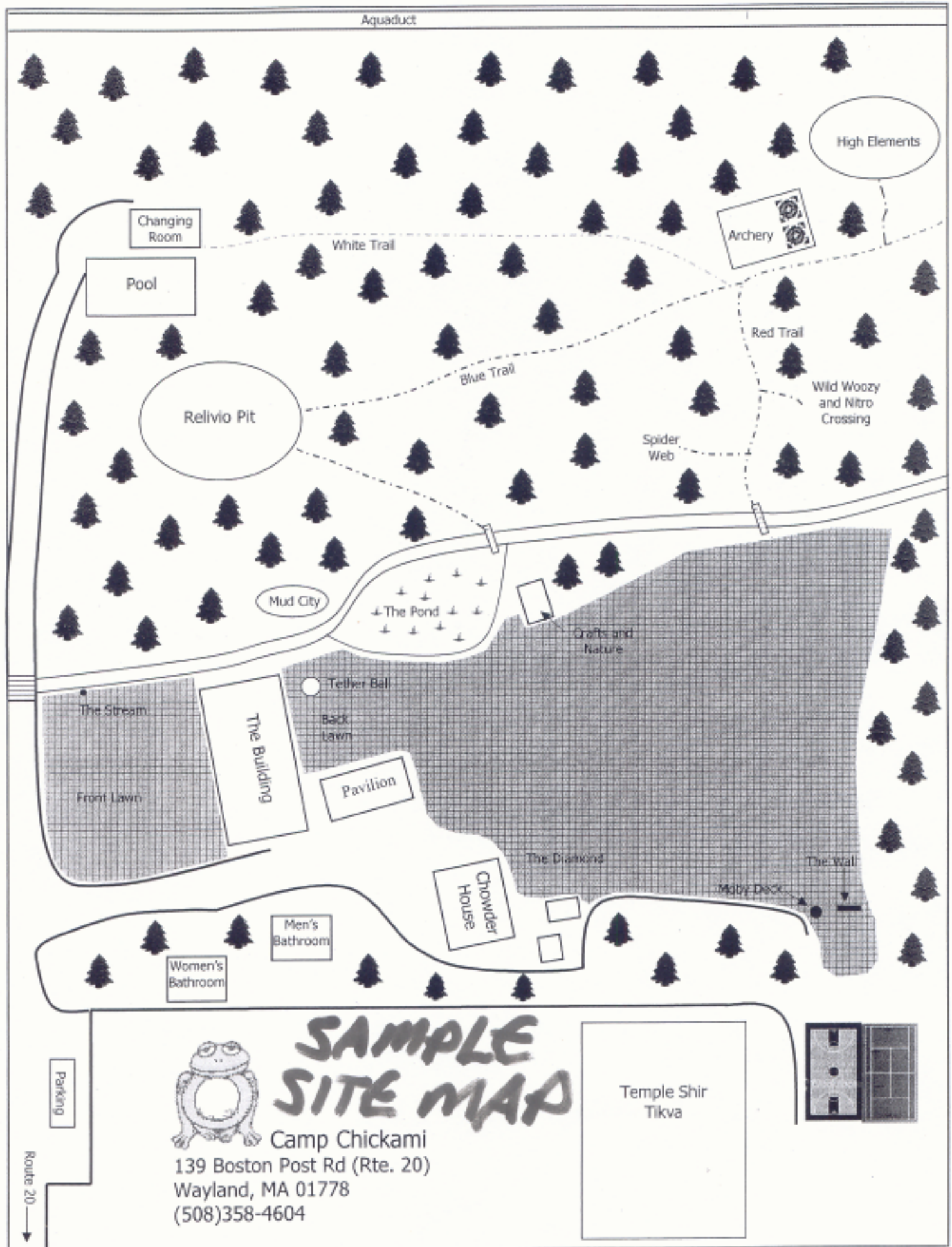
EMAIL:

SAMPLE

QUALIFIED CHALLENGE COURSE PROFESSIONAL
CONTACT INFORMATION

Name: High 5 Adventure Learning Center Inc.
Address: 130 Austine Drive, Brattleboro VT 05301
Phone: (802) 254-8718
Fax: (802) 251-7203
Website: www.high5adventure.org

SAMPLE



SAMPLE CORI PROCEDURE

BACKGROUND CHECKS

Y.O.U., Inc. is committed to hiring employees who are highly qualified professionals, dedicated to making a difference in the lives of children, adolescents, and their families. To ensure the delivery of high quality services through an exemplary staff, Y.O.U., Inc requires professional references and background checks on all applicants/job candidates.

During the hiring process, all applicants are required to submit three professional references that attest to the quality of their work performance and their employment history. These references are obtained in writing or via telephone. All reference checks (i.e., letter of reference or completed telephone reference checklist forms) are documented in each applicant's personnel file.

In addition to submitting references, the Massachusetts Department of Early Education and Care mandates that all personnel who have the opportunity to spend greater than five minutes of unmonitored time with a client must have an official Background Record Check, which includes a Criminal Offender Record Information Check (C.O.R.I.) check, and a DSS record check, as part of the background check process, prior to the start of their employment. Therefore, as part of the hiring process, all applicants must complete a Background Record Check application, and candidates are notified during the hiring process, that the offer of employment is contingent upon successful completion of the Background Record Check.

The Director of Human Resources submits all applications for Background Record Check to the Massachusetts Department of Early Education and Care, which utilizes a review of federal and state criminal history records systems and civil child abuse neglect registries to process these background checks. The Department of Early Education and Care completes the background check by using personal information contained in the application, a process that takes several weeks. The Department of Early Education and Care then forwards results of the Background Record Check to the Director of Human Resources at Y.O.U., Inc., who then reviews all background checks and documents verification of the background check in each personnel file upon hire.

If the results of the Background Record Check are negative and do not indicate that an applicant/ job candidate has a criminal record, the results are destroyed, and as indicated above, a receipt indicating that the record has been reviewed is placed in the employee's personnel file upon hire.

In instances in which the results of the Background Record Check are positive and do indicate that an applicant/job candidate has a criminal record, the Director of Human Resources notifies the Chief Operations Officer, the Component Director and/or Program Director. Furthermore, the candidate is required to review the Background Record Check report(s), and to discuss the contents of the record with the hiring manager/agency official. During this meeting, the candidate must review and sign the Background Record Check, which is then resubmitted to the Department of Early Education and Care.

Although the existence of a criminal record does not automatically disqualify an individual from employment with Y.O.U., Inc., it is the agency's responsibility to ensure that all employees are appropriate to provide care for children and adolescents.

In cases in which an individual has a record of criminal offenses and has been found guilty of a crime(s), the candidate is evaluated to determine whether the individual poses a risk to clients or others or is considered suitable for employment. The Director of Human Resources, Chief Operations Officer, and the Component Director jointly make a final decision regarding whether the results of the background check should be waived and the individual should or should not begin employment, and then follow the waiver procedure mandated by the Department of Early Education and Care as necessary.

In addition to the background checks completed during the hiring process, Y.O.U., Inc. repeats the Background Record Check on employees every three years. This procedure has been established to ensure that employees do not have a criminal record during the course of employment. The Department of Human Resources identifies employees who have completed their third year of service, processes the Background Record Check, and then documents the results. As with the background checks completed during the hiring process, the Department of Early Education and Care forwards the results of the Background Record Check to the Director of Human Resources at Y.O.U., Inc., who then reviews all background checks and documents verification of the background check in each personnel file.