



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
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[www.mass.gov/dph](http://www.mass.gov/dph)

## MEMORANDUM

**TO:** Massachusetts Local Boards of Health

**FROM:** Dave Williams, Senior Analyst  
Community Sanitation Program *DW*

**DATE:** August 20, 2018

**RE:** Recreational Camp Reporting Requirement

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards of Fitness for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. In addition, pursuant to 105 CMR 430.632, all local Boards of Health shall notify the Massachusetts Department of Public Health of recreational camps for children licensed within their community. [A slightly revised reporting form is attached or available electronically for submission via email\*.]

Please provide **complete** information for each recreational camp licensed in **2018** on the attached **current Recreational Camp for Children** reporting form and fax/mail or submit as an email attachment to CSP. Multiple copies of "page 2" may be used to report additional recreational camps.

**NOTE:** It is very important to use this **current form** and provide the correct "Summer Address", "Camp Director's Name" and overall number for "Staff" "Volunteers" and "Campers". **ADDITIONALLY** moving forward, we are requesting that you also include the Name and License # for each camp's Health Care Consultant (e.g. – MD/ NP). This information should be on file as part of the licensing process.

**If you did not license any camps, fill out the Board of Health information, check the box indicating no camps were licensed, and return to CSP.**

Send completed form(s) to:

Massachusetts Department of Public Health  
Community Sanitation Program  
250 Washington St., 7<sup>th</sup> Floor  
Boston, MA 02108  
FAX # (617) 624-5777  
Attention: Celestine Payne  
[celestine.payne@state.ma.us](mailto:celestine.payne@state.ma.us)

**NOTE:** \* Forms available at [www.mass.gov/dph/dcs](http://www.mass.gov/dph/dcs) under Recreational Camps in WORD format.

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
RECREATIONAL CAMPS FOR CHILDREN REPORTING FORM**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards of Fitness for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. In addition, 105 CMR 430.632 requires that the local board of health shall notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community. Please complete the required information for each recreational camp licensed.

*Keep a copy of the completed form(s) for your records. They may be used for reporting camp licensing activities next year.*

If you have not licensed any camps in your community, complete the Board of Health/Health Department section and check the "No recreational camps for children were licensed" box. All completed forms must be submitted to:

Massachusetts Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
250 Washington St., 7<sup>th</sup> Floor  
Boston, MA 02108  
FAX # 617.624.5777  
celestine.payne@state.ma.us

<b>Board of Health/Health Department Information</b>			
Address:		City:	Zip:
Contact Person:	Tel#:	Email:	
<input type="checkbox"/> No recreational camps for children were licensed		Date:	
<b><u>RECREATIONAL CAMP INFORMATION</u></b>			
Camp Name:	Tel#:	Email:	
Owner's Name:		Director's Name:	
In-Season Address (No PO Boxes):		City:	Zip:
Off-Season Address:	City:	State:	Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):
# Staff per season:	# Volunteers per season:	# Campers per season:	
Health Care Consultant Name:	License/Registration # :		

**Please use multiple copies of "page 2" below to report additional recreational camps.**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
RECREATIONAL CAMPS FOR CHILDREN REPORTING FORM**

*Keep a copy of the completed form(s) for your records. They may be used for reporting camp licensing activities next year.*

<b>Board of Health/Health Department Information</b>		
Address:	City:	Zip:
Contact Person:	Tel#:	Email:

<b>RECREATIONAL CAMP INFORMATION</b>		
Camp Name:	Tel#:	Email:
Owner's Name:	Director's Name:	
In-Season Address (No PO Boxes):	City:	Zip:
Off-Season Address:	City:	State: Zip:
Type of Camp: <input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):		
# Staff per season:	# Volunteers per season:	# Campers per season:
Health Care Consultant Name:		
License/Registration # :		

<b>RECREATIONAL CAMP INFORMATION</b>		
Camp Name:	Tel#:	Email:
Owner's Name:	Director's Name:	
In-Season Address (No PO Boxes):	City:	Zip:
Off-Season Address:	City:	State: Zip:
Type of Camp: <input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):		
# Staff per season:	# Volunteers per season:	# Campers per season:
Health Care Consultant Name:		
License/Registration # :		

<b>RECREATIONAL CAMP INFORMATION</b>		
Camp Name:	Tel#:	Email:
Owner's Name:	Director's Name:	
In-Season Address (No PO Boxes):	City:	Zip:
Off-Season Address:	City:	State: Zip:
Type of Camp: <input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):		
# Staff per season:	# Volunteers per season:	# Campers per season:
Health Care Consultant Name:		
License/Registration # :		