



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
Telephone (617) 624-5757
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SEP 12 2012

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COMMISSIONER

MEMORANDUM

TO: Massachusetts Local Boards of Health
FROM: Dave Williams, Senior Analyst *DW*
Community Sanitation Program
DATE: September 7, 2012
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. [Reporting form is attached or available electronically for submission via email*.]

Please provide **complete** information for each recreational camps licensed in 2012 on the attached **revised Recreational Camp for Children** reporting form and fax/mail or submit as an email attachment to CSP. Multiple copies of "page 2" may used to report additional recreational camps.

NOTE: It is very important to use this **revised form** and provide the correct "Summer Address", "Camp Director's Name" and overall number for "Staff" "Volunteers" and "Campers". 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., 7th Floor
Boston, MA 02108
FAX # (617) 624-5777
Attention: Celestine Payne
celestine.payne@state.ma.us

NOTE: * Forms available at 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., 7th Floor
Boston, MA 02108
FAX # 617.624.5777
celestine.payne@state.ma.us

Board of Health/Health Department Information

Board of Health/Health Department Information		
Address:	City:	Zip:
Contact Person:	Tel#:	Email:
<input type="checkbox"/> No recreational camps for children were licensed Date:		

RECREATIONAL CAMP INFORMATION

RECREATIONAL CAMP INFORMATION			
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:	

RECREATIONAL CAMP INFORMATION

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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:	

**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.

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

RECREATIONAL CAMP INFORMATION		
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:

RECREATIONAL CAMP INFORMATION		
Camp Name:	Tel#:	Email:
Owner's Name:	Director's Name:	
In-Season Address (No PO Boxes):	City:	Zip:
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Type of Camp:	<input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):	
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