



Massachusetts Department of Public Health

MHOA Presentation

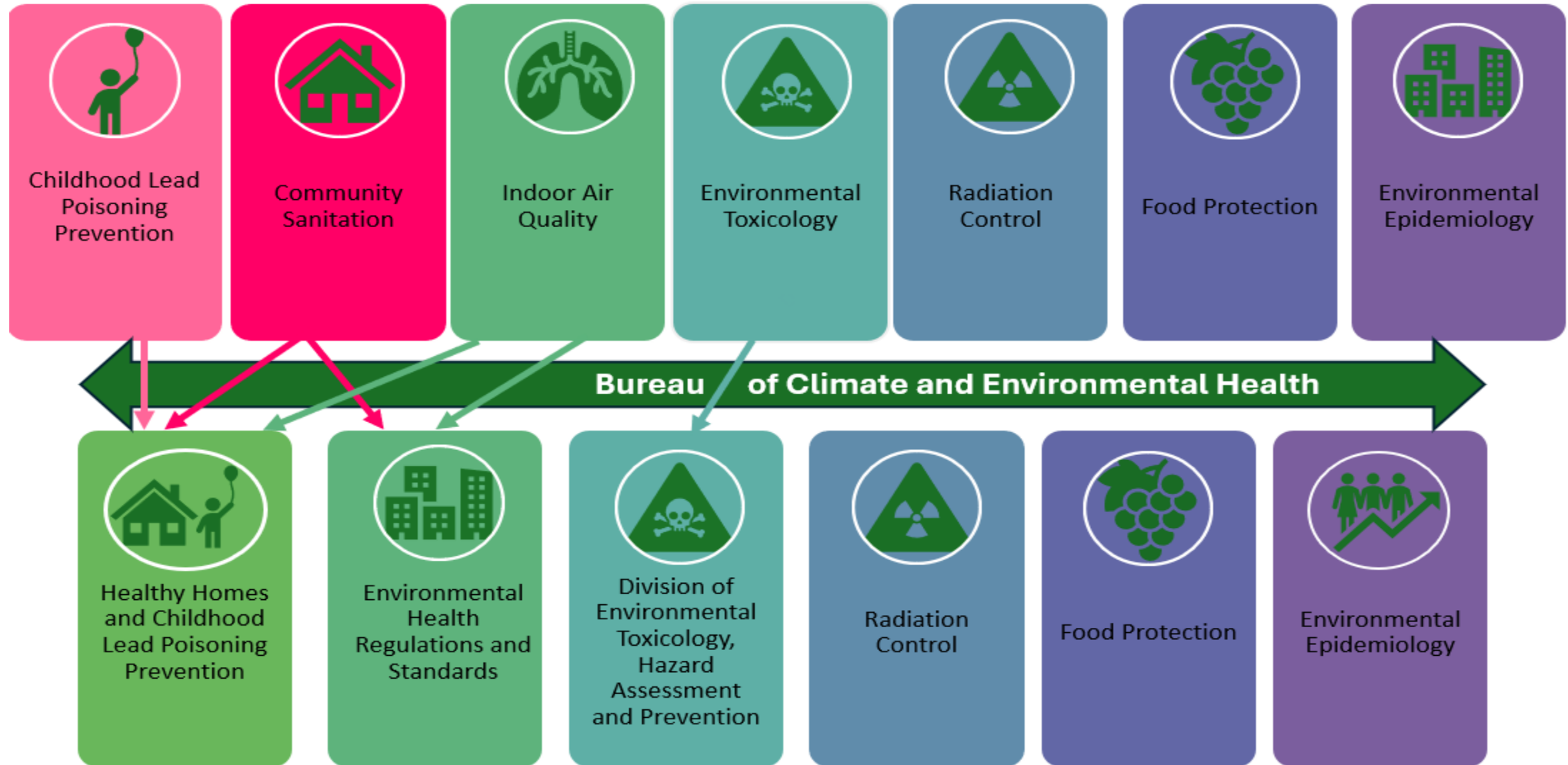
DPH Updates

November 13, 2024

Agenda

- BCEH Reorganization
- Local Public Health (LPH) Training Program: Food & Housing
- Recreational Camps for Children

BCEH Reorganization



Bureau of Climate and Environmental Health



Healthy
Homes and
Childhood
Lead
Poisoning
Prevention



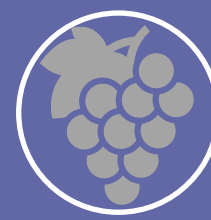
Environmental
Health
Regulations
and Standards



Environmental
Toxicology,
Hazard
Assessment
and
Prevention



Radiation
Control



Food
Protection



Environmental
Epidemiology



Massachusetts Department of Public Health

Local Public Health Training Program: Food & Housing

Wednesday, November 13, 2024

Katrina Stanziano-Saeger, Sr Coordinator for Training Operations, DPH, OLRH

Katharine Dagle, Senior Housing Specialist Trainer, BCEH, CSP

Mark Carleo, Senior Food Safety Trainer, BCEH, FPP

Jessica Ferreira, Food Safety Trainer, BCEH, FPP

Agenda

History/Background of Local Public Health (LPH) Training Program

Overview of the LPH Training Program

Review Tier 1

Review Tier 2

Review Tier 3

Action steps for Local Public Health Professionals

Q & A

Objectives

1. Participants will gain insights into the development of the LPH Training Program.
2. Participants will familiarize themselves with the structure, goals, and key components of the LPH Training Program.
3. Participants will be provided with practical actions steps on how to participate in the LPH Training Program.

Why Training Hubs?

- The Special Commission on Local and Regional Public Health in the [Blueprint](#) made the following recommendations regarding workforce development:
 - [Set education and training standards](#) for local public health officials and staff and [expand access](#) to professional development while ensuring diversity.
- Action Steps:
 - Develop the infrastructure for training and credentialing of the local public health workforce.
 - Expand, coordinate and track training opportunities for local public health to ensure the ability of local public health professionals to meet the recommended requirements.



What is the LPH Training Program?

It is a multi-tier program, managed by OLRH in collaboration with partners, and it guides locals through training on different public health topics, such as food and housing.

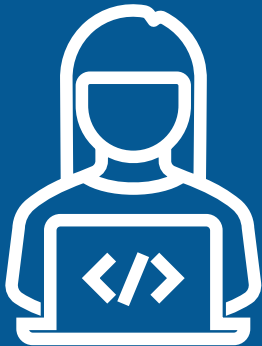
Purpose statement:

Upon completion of this training program, all participants will utilize a standardized approach to conducting and providing public health services. This program ensures consistent, high-quality services are equitable offered in all Massachusetts communities.

Local Public Health Training Program Tiers

Tier 1:

Essential
Knowledge



Tier 2:

Instructor
Guided
Learning



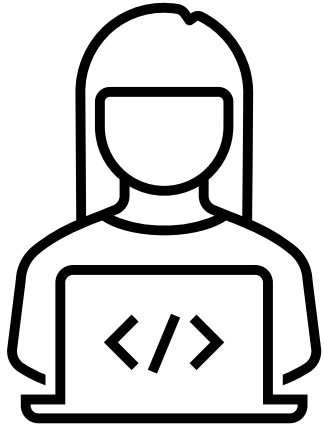
Tier 3:

Applied
Practice



Tier 1: Essential Knowledge

Tier 1 is composed of online modules covering various LPH topics.



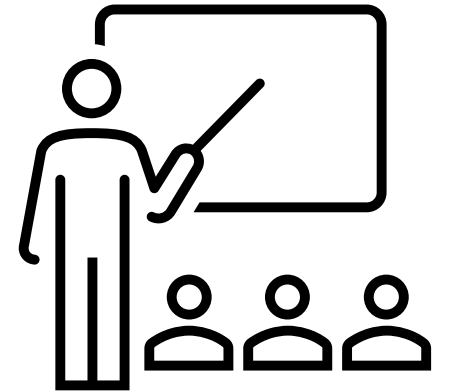
Tier 1 is facilitated through online learning platforms, such as TRAIN MA, ORALearnED (FDA), and Emergency Management Institute (FEMA)

Tier 1 provides LPH professionals with the foundational knowledge necessary for understanding key LPH topics.

Tier 2: Instructor Guided Learning

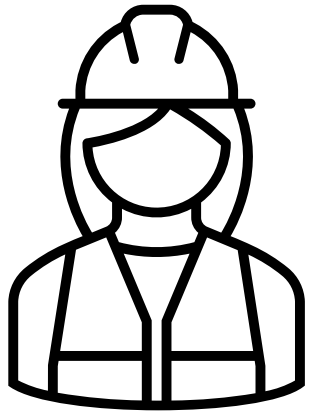
Tier 2 is the instructor-led component of the LPH Training Program. In this tier, instructors lead virtual and in-person classroom trainings about relevant LPH topics.

Building upon the knowledge gained in Tier 1, Tier 2 gives LPH professionals the opportunity to learn about different public health topics in sessions led by experienced instructors. The knowledge gained in this tier will be applied to real public health scenarios in Tier 3.



Tier 3: Applied Practice

Tier 3 provides LPH professionals with practice-based learning through real public health scenarios.



Tier 3 training is facilitated by Local Public Health Training Hubs.

Current Offerings from OLRH:



Self-Paced eLearning Modules through TRAIN MA



MA Retail Food Inspection Training



MA Housing Inspection Training



Local Public Health Nurse Consultant Program



Local Public Health Training Hub Program



Massachusetts Department of Public Health

Tier 3: Food & Housing

Wednesday, November 13, 2024

Katharine Dagle, Senior Housing Specialist Trainer, BCEH, CSP

Mark Carleo, Senior Food Safety Trainer, BCEH, FPP

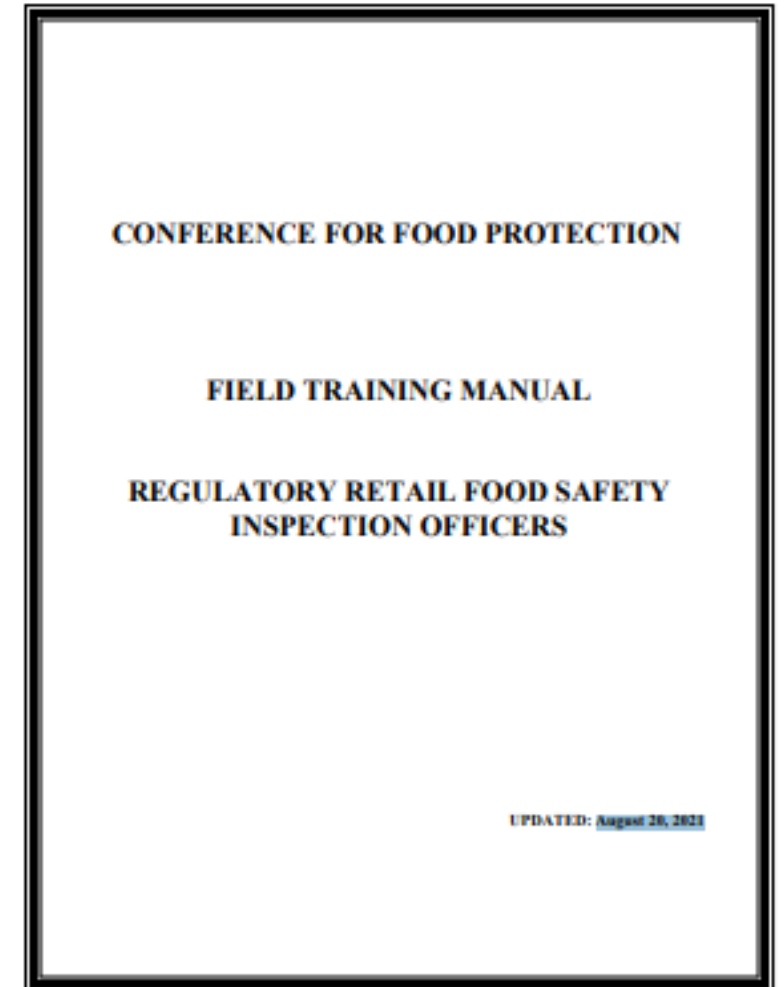
Jessica Ferreira, Food Safety Trainer, BCEH, FPP

Foundation

Conference for Food Protection (CFP)



Field Training Manual For Regulatory Retail Food Safety and Inspection Officers



Tier 3 Food – Who doesn't need to participate?

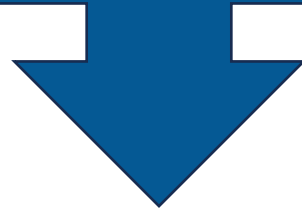
Currently Standardized?



You do not need to participate!

Tier 3 Housing – Who doesn't need to participate?

Previously received a certificate of completion for the LPHIT course?



You do not need to participate!

Food & Housing Training Assessment Tool

Local Public Health Training Hub Program Tier 3: Food Training Assessment Tool

Retail Food, Restaurant, and
Institutional Foodservice Food Safety
Inspection Officer
Last updated August 14, 2024

This assessment tool will be utilized by Central and Hub Trainers in preparation for, during, and after training inspections. Trainers should review competencies with the Hub Trainer or Food Safety Inspection Officer (FSIO) (trainee) before proceeding to training opportunities. As a reminder, please refer to the Massachusetts Department of Public Health, Office of Local and Regional Health, Standard Operating Procedure (SOP): Tier 3, Applied Practice Guidance for Authority, prior to scheduling or conducting a training inspection.

Central and Hub Trainers should utilize this form to record their observations while the Hub Trainer or FSIO is demonstrating the various competencies essential to conducting effective food inspections. This form outlines the minimum performance elements and competencies the Hub Trainer or FSIO is expected to perform during the inspection. The Hub Trainer and FSIO's are expected to successfully demonstrate these minimum competencies correctly prior to conducting independent food inspections and establish a consistent pattern of behavior during training inspections, as outlined in the Conference [For](#) Food Protection, Field Training Manual: Regulatory Retail Food Safety Inspection Officers.

Central Trainer or Hub Trainer Name & Agency:	Date of Inspection:
Hub Trainer or FSIO (trainee) Name & Agency:	Inspection Address:
Appointed Public Health Professional Name & Agency:	Name of Establishment:
Type of Establishment:	Time In:

Inspection Competency Areas:

I.	Pre-Inspection	N	No Opportunity
II.	Inspection Observations and Performance	B	Below Expectations
III.	Oral Communication	M	Meets Expectations
IV.	Written Communication		
V.	Professionalism		
VI.	Additional Performance Elements – Jurisdiction Specific		

Inspection Competency Areas will be evaluated using the Competency Rating Scale. The Rating Scale includes the rankings of No Opportunity, Below, and Meets Expectations. The Competency Rating Scale is outlined in the Training Manual. A Hub Trainer or FSIO will successfully demonstrate the competencies and a consistent pattern of behavior during training inspections in all Inspection Competency Areas. Hub Trainers or FSIO's who receive a below rating have not yet demonstrated a consistent pattern of behavior and must continue training until a minimum meets rating is achieved in all competency areas.

Six Inspection Training Areas:

- 1.) Pre-Inspection
- 2.) Inspection Observations and Performance
- 3.) Oral Communication
- 4.) Written Communication
- 5.) Professionalism
- 6.) Additional Inspection Areas

Food & Housing Training Assessment Tool

I. Pre-Inspection

N	B	M	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Has required equipment and forms to conduct inspection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary inspection forms and administrative materials.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lab coat or clean outer clothing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head cover: baseball cap; hair net; or equivalent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calibrated thermocouple temperature measuring device.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maximum registering thermometer or temperature sensitive tapes for verifying hot water ware washing final rinse temperature.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical test kits for chlorine, iodophor, and quaternary ammonia sanitizers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashlight.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol swabs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Reviews establishment file for the current risk category assigned, previous inspection report, complaints on file, and if applicable, required HACCP Plans or documents supporting the issuance of a variance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed previous inspection report noting documented out of compliance observations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed establishment file for complaint reports.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed establishment file for documentation indicating a need for a HACCP Plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed establishment file for documentation of food production or processes operating under a variance issued by the jurisdiction.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed establishment file for documentation indicating the assigned risk category.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL:

II. Inspection Observations and Performance

N	B	M		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Provides identification as a regulatory official to person in charge, confirming agency authority for inspection, and stating the purpose of visit.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbally provided name and agency to the person in charge.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presented regulatory identification or business card.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stated the purpose of the visit.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requests and confirmed permission to conduct inspection from the person in charge prior to initiating the inspection.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Has knowledge of jurisdiction laws, rules and regulations required for conducting retail food/food service inspection.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified the correct critical limit and or standard specified in the jurisdiction's rules/regulations to the observation made.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correctly cited the rule/regulation for each out of compliance observation.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Uses a risk-based inspection methodology to correctly assess regulations related to employee practices and management procedures essential to the safe storage, preparation, and service of food and verify the establishment is assigned the correct risk category.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified Demonstration of Knowledge of the person in charge.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified approved food sources (e.g., food from regulated food processing plants; shellfish documentation; game animal processing; parasite destruction for certain species of fish intended for raw consumption; receiving temperatures).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified food safety practices for preventing cross-contamination of ready-to-eat food.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified the restriction or exclusion of ill employees.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified employee handwashing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified cold holding temperatures of foods requiring time/temperature control for safety (TCS food), or when necessary, verified that procedures are in place to use time alone to control bacterial growth and toxin production.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified date marking of ready-to-eat foods TCS food held for more than 24 hours.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified cooking temperatures to destroy bacteria and parasites.	



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training or HACCP plans).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Correctly uses inspection equipment during joint inspections.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used temperature measuring devices/probes in accordance with manufacturer's instructions.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned and sanitized (alcohol swabs) temperature measurement probes to prevent food contamination.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used infrared thermometer in accordance with manufacturer's instructions. Verified any out of compliance product temperatures registered on the infrared with a thermocouple.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photographs taken support regulatory findings or conditions observed.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used maximum registering thermometer or heat sensitive tapes in accordance with manufacturer's instructions to verify final rinse dishwasher temperature.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used chemical test strips in accordance with manufacturer's instructions to measure sanitizer concentrations in manual and mechanical dishwashing operations; wiping cloth solutions; and spray bottle applicators.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used flashlight to assess observations in areas with no or low light.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL:	

III. Verbal Communication

N	B	M		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Asks questions and engages in dialogue with person in charge/employees to obtain information relevant to the inspection	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asked open ended questions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not interrupt when the person in charge/employee was speaking.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paraphrased/summarized statements from the person in charge to confirm understanding.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Provides the person in charge/employees with accurate answers to inspection-related questions or admits not knowing the answer.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Answered inspection-related questions accurately.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admitted not knowing the answer to a question and arranges to contact the establishment with the answer.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used trainer as a resource when unsure of an answer.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADDITIONAL:	

Assessment Tool Breakdown

- **Inspection Training Areas**
- **Performance Elements**
- **Competencies**

I. **Pre-Inspection**

<input type="checkbox"/> 1. Has required equipment and forms to conduct inspection.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Training Officer
<i>(Training method and selected competencies for this performance element are to be indicated below)</i>				
<input type="checkbox"/> Necessary inspection forms and administrative materials.				
<input type="checkbox"/> Lab coat or equivalent protection to cover street clothes.				
<input type="checkbox"/> Head cover: baseball cap; hair net; or equivalent.				
<input type="checkbox"/> Calibrated thermocouple temperature measuring device.				
<input type="checkbox"/> Maximum registering thermometer or temperature sensitive tapes for verifying hot water warewashing final rinse temperature.				
<input type="checkbox"/> Chemical test kits for chlorine, iodophor, and quaternary ammonia sanitizers.				
<input type="checkbox"/> Flashlight.				
<input type="checkbox"/> Alcohol swabs.				
<input type="checkbox"/> ADDITIONAL (Jurisdiction specific competencies)				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Comments:				

Jurisdictional Specific Competencies

<input checked="" type="checkbox"/> 2. Reviews establishment file for the current risk category assigned, previous inspection report, complaints on file, and if applicable, required HACCP Plans or documents supporting the issuance of a variance by the agency.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Training Officer
<i>(Training method and selected competencies for this performance element are to be indicated below)</i>				
<input checked="" type="checkbox"/> Reviewed previous inspection report noting documented out of compliance observations.				
<input checked="" type="checkbox"/> Reviewed establishment file for complaint reports.				
<input checked="" type="checkbox"/> Reviewed establishment file for documentation indicating a need for a HACCP Plan.				
<input checked="" type="checkbox"/> Reviewed establishment file for documentation of food production or processes operating under a variance issued by the jurisdiction.				
<input checked="" type="checkbox"/> Reviewed establishment file for documentation indicating the assigned risk category				
<input checked="" type="checkbox"/> ADDITIONAL (Jurisdiction specific competencies)				
Comments:				

<i>(Training method and selected competencies for this performance element are to be indicated below)</i>				
<input checked="" type="checkbox"/> Correctly assessed compliance status of other regulations (not included in Item 4 above - Good Retail Practices) that are included in jurisdiction's prevailing statutes, regulations and/or ordinances.				
<input checked="" type="checkbox"/> ADDITIONAL (Jurisdiction specific competencies)				
<input checked="" type="checkbox"/> Verified compliance with Choke Saving Requirements				
<input checked="" type="checkbox"/> Verified compliance with Allergen Requirements				
<input checked="" type="checkbox"/> Verified compliance with Tobacco Products Notice of Sale				

Inspection Requirements

How Many Training Inspections Must Be Completed?

- “...there is no definitive number of inspections led by the trainee that can be used as a standard...at a minimum 5 joint inspections must be completed”
- “must be given adequate opportunity for all competencies to be demonstrated”
- “**must show a consistent pattern of behavior**”

Food – Categories of Inspections

Must do a minimum of 5...but must include:

- **A HACCP Operation**
 - Sushi / Acidified rice, Smoked Meats/Poultry/Fish, Fermentation
- **A Highly Susceptible Population**
 - Nursing home, Rehab facility, Daycare
- **Retail Food Establishments – Risk Categories 2-4**
 - Schools, Retail Food Stores with a Limited Menu, Full-Service Restaurant with an Extensive Menu and handling of raw ingredients, or complex preparation including cooking, cooling, and reheating for hot holding involves many TCS foods.

Housing – Categories of Inspections

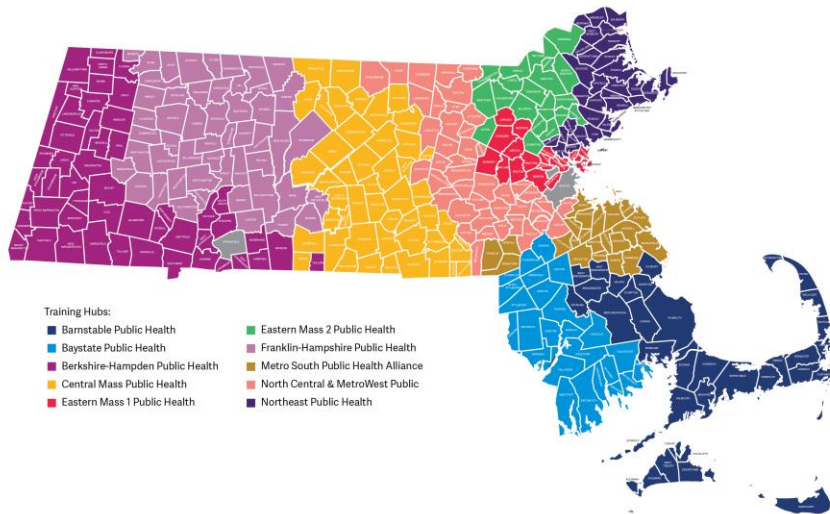
Must do a minimum of 5...but must include:

- **Controlled Inspections**
 - Minimum of two stages scenes or pictures of real-life conditions
- **Pre-occupancy Inspection**
 - Pre-occupancy, hotel/motel or rooming house, low- income housing voucher requests, etc.
- **On Demand**
 - Real time inspections require a time sensitive response
 - Example: Comprehensive, no heat, excess moisture, pests or insects
- **On Demand**
 - Real time inspections requiring a time sensitive response
 - Example: Alleged conditions requiring an inspection within five business days (when feasible)

Food vs. FDA Standardization

Tier 3:

- Standard 2, Step 2
- On the job teaching
- 5 Joint Inspections
- Prepares you for FDA Standardization



FDA Standardization:

- Standard 2, Steps 3-5
- Auditing
- 25 Independent Inspections, plus 4 Joint Inspections every 3 years.
- Continuing Education needed

FDA Procedures for
Standardization of
Retail Food Safety Inspection
Officers

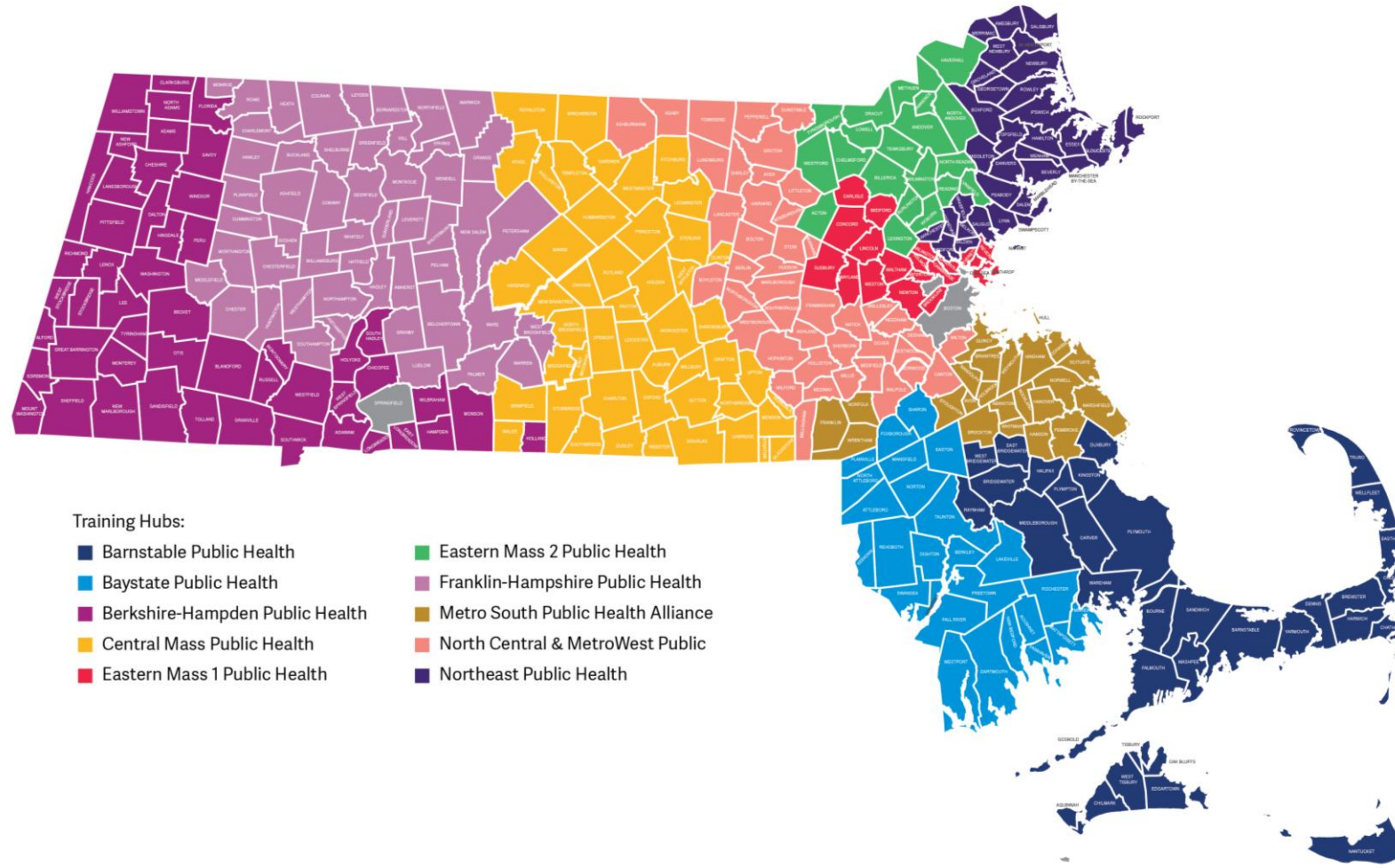
U.S. Public Health Service



What can you do?

Create	a TRAIN MA account - https://www.train.org/ma/welcome
Find	your LPH Training Hub 
Start	Tier 1 Coursework for Food - https://www.train.org/ma/training_plan/7697 Tier 1 Coursework Housing - https://www.train.org/ma/training_plan/7233
Apply	for Tier 2 Food or Housing, if applicable

LPH Training Hub – map



Local Public Training Program Contact List

Amy Tisdell, Sr. Learning and Development Coordinator

- Contact about Tier 1 (TRAIN MA)
- Amy.E.Tisdell@mass.gov

Katrina Stanziano-Saeger, Sr. Coordinator for Training Operations

- Contact about LPH Training Program
- Katrina.Stanziano-saeger@mass.gov

Mark Carleo, REHS, CP-FS - Food Safety Trainer

- Contact about food safety
- Mark.L.Carleo@mass.gov

Jessica Ferreira, CP-FS – Food Safety Trainer

- Contact about food safety
- Jessica.L.Ferreira@mass.gov

Katharine Dagle- Housing Trainer

- Contact about housing
- Katharine.Dagle@mass.gov



Massachusetts Department of Public Health

Electronic Reporting of Recreational Camps for Children in 2024

November 13, 2024

**Kerry Wagner, MPH
Field Supervisor, EA III**

Background

Annual Recreational Camp Reporting Requirements

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code, Chapter IV), all recreational camps operating in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. The Massachusetts Department of Public Health (Department) shall be notified annually of all recreational camps licensed within each community on a form provided by the Department pursuant to 105 CMR 430.632.

The Department has developed a **new electronic reporting form to be used to report information on recreational camps for each city/town in **2024**.**

Background *(continued)*

The Department has developed a **new web-based reporting form** to be used in **2024**. This form must be used to annually report:

- All recreational camps licensed in each city/town; and
- No licensed recreational camps in a city/town.

This form is designed to be user friendly, easy to use, and to more accurately collect data on all recreational camps licensed across the Commonwealth.

Recreational Camp for Children Reporting Form

The new reporting form can be found here:

<https://redcap.link/campreporting>



Reporting No Licensed Camps

Completed Form



The Commonwealth of Massachusetts
Department of Public Health

Recreational Camps for Children Reporting Form

AAA
⊕ ⊞

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed annually by the Local Board of Health or Health Department (Local Health Authority). In addition, 105 CMR 430.632 requires that the Local Health Authority notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community.

Please complete the required information listed below.

Local Health Authority Information			
Local Health Authority:	Health Department		
Address:	67 Forest Street	Marlboro	01752
Contact Information:	Kerry	Wagner	EAIII
	(617) 448-7410 ext8	kerry.f.wagner@mass.gov	

Were any recreational camps licensed in your city/town in 2024?

* must provide value

Confirmation Page and Email



Thank you for submitting the Recreational Camp for Children Reporting Form. If you have any questions please contact: recreationalcamps@mass.gov.

Enter your email to receive confirmation message?

A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.


* Your email address will not be associated with or stored with your survey responses.

Recreational Camp Reporting

 recreationalcamps@mass.gov
To  Wagner, Kerry F (DPH)



2:24 PM

 20241104142341_survey_91a0d383.pdf
35 KB

Thank you for submitting the Recreational Camp for Children Reporting Form. If you have any questions please contact: recreationalcamps@mass.gov.

Reporting No Licensed Camps *(continued)*

Page 1

Recreational Camps for Children Reporting Form

Recreational Camps for Children Reporting Form

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed annually by the Local Board of Health or Health Department (Local Health Authority). In addition, 105 CMR 430.632 requires that the Local Health Authority notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community.

Please complete the required information listed below.

Response was added on 10-28-2024 16:04.

Local Health Authority Information

Local Health Authority: Health Department
Address: 67 Forest Street Marlboro 01752
Contact Information: Kerry Wagner EAlll
(617) 448-7410 ext8 kerry.f.wagner@mass.gov

Were any recreational camps licensed in your city/town in 2024?

- Yes
 No recreational camps for children were licensed.
-

Reporting Licensed Camps

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed annually by the Local Board of Health or Health Department (Local Health Authority). In addition, 105 CMR 430.632 requires that the Local Health Authority notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community.


Please complete the required information listed below.

Local Health Authority Information			
Local Health Authority:	Health Department		
Address:	67 Forest Street	Marlboro	01752
Contact Information:	Kerry	Wagner	EAllI
	(617) 448-7410 ext8	kerry.f.wagner@mass.gov	
Were any recreational camps licensed in your city/town in 2024?	Yes <input type="text"/>		
<i>* must provide value</i>			
Number of Recreational Camps to Report:	<input type="text" value="5"/>		
<i>* must provide value</i>			
<input type="button" value="Submit"/>			

Reporting Licensed Camps *(continued)*

Licensed Recreational Camp Information			
Camp Information:	<input type="text" value="Camp Name"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Camp Email"/>
In-Season Address:	<input type="text" value="In-Season Address"/>	<input type="text" value="City/Town"/>	<input type="text" value="Zip Code"/>
Off-Season Address: (if different than address above)	<input type="text" value="Off-Season Address"/>	<input type="text" value="Off-Season City/Town"/>	<input type="text" value="Off-Season Zip Code"/>
Owner Information:	<input type="text" value="First Name"/>		<input type="text" value="Last Name"/>
Director Information: (if different than Owner)	<input type="text" value="First Name"/>		<input type="text" value="Last Name"/>
Day or Residential? <i>(Select all that apply)</i>	<input type="checkbox"/> Day <input type="checkbox"/> Residential		
Camp Type: <i>(Select all that apply)</i>	<input type="checkbox"/> Sports <input type="checkbox"/> Non-Sports <input type="checkbox"/> Travel/Trip <input type="checkbox"/> Medical Specialty <input type="checkbox"/> Primitive <input type="checkbox"/> Not Applicable		
Number Per Season:	Staff: <input type="text" value="Number of Staff"/>	Volunteers: <input type="text" value="Number of Volunteers"/>	Campers: <input type="text" value="Number of Campers"/>
Health Care Consultant:	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="License Number"/>

Submit and

 **Add another camp?**

- or -

Submit

Reporting Licensed Camps (continued)

All boxes highlighted in RED are required fields.

Licensed Recreational Camp Information			
Camp Information:	<input type="text" value="Camp Name"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Camp Email"/>
In-Season Address:	<input type="text" value="In-Season Address"/>	<input type="text" value="City/Town"/>	<input type="text" value="Zip Code"/>
Off-Season Address: (if different than address above)	<input type="text" value="Off-Season Address"/>	<input type="text" value="Off-Season City/Town"/>	<input type="text" value="Off-Season Zip Code"/>
Owner Information:	<input type="text" value="First Name"/>		<input type="text" value="Last Name"/>
Director Information: (if different than Owner)	<input type="text" value="First Name"/>		<input type="text" value="Last Name"/>
Day or Residential? (Select all that apply)	<input type="checkbox"/> Day <input type="checkbox"/> Residential		
Camp Type: (Select all that apply)	<input type="checkbox"/> Sports <input type="checkbox"/> Non-Sports <input type="checkbox"/> Travel/Trip <input type="checkbox"/> Medical Specialty <input type="checkbox"/> Primitive <input type="checkbox"/> Not Applicable		
Number Per Season:	Staff: <input type="text" value="Number of Staff"/>	Volunteers: <input type="text" value="Number of Volunteers"/>	Campers: <input type="text" value="Number of Campers"/>
Health Care Consultant:	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="License Number"/>

Submit and

- or -

Reporting Licensed Camps *(continued)*

How to report:

- Camp that offers Day and Residential registration options?
 - Select: Both Day and Residential
- Camp that offers Sports and Non-Sports registration options?
 - Select: Sports and Non-Sports
- Horseback Riding Camp?
 - Select: Sports Camp
- Dance Camp?
 - Select: Sports Camp
- Typical Day or Residential Camp with no specialty registration options?
 - Select: Not Applicable

Day or Residential? <i>(Select all that apply)</i>	<input type="checkbox"/> Day <input type="checkbox"/> Residential
Camp Type: <i>(Select all that apply)</i>	<input type="checkbox"/> Sports <input type="checkbox"/> Non-Sports <input type="checkbox"/> Travel/Trip <input type="checkbox"/> Medical Specialty <input type="checkbox"/> Primitive <input type="checkbox"/> Not Applicable

Reporting Licensed Camps *(continued)*

Frequently Asked Questions on Camp Types:

Is a Day Camp that provides field trips considered a Travel/Trip Camp?

- No.

What is a medical specialty camp?

- A camp with a primary purpose to provide programs for campers with special medical or health needs.

What needs to be reported as a Sports Camp?

- A camp with a primary focus on one or more sports activities.
- Sports means athletic activities including, but not limited to, football, soccer, dance, baseball, gymnastics, swimming, horseback riding, tennis, skating and basketball.

Day or Residential? <i>(Select all that apply)</i>	<input type="checkbox"/> Day <input type="checkbox"/> Residential
Camp Type: <i>(Select all that apply)</i>	<input type="checkbox"/> Sports <input type="checkbox"/> Non-Sports <input type="checkbox"/> Travel/Trip <input type="checkbox"/> Medical Specialty <input type="checkbox"/> Primitive <input type="checkbox"/> Not Applicable

Confirmation Page for Reported Camps

Close survey

Thank you for submitting the Recreational Camp for Children Reporting Form. If you have any questions please contact: recreationalcamps@mass.gov.

Enter your email to receive confirmation message?

A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

Send confirmation email

* Your email address will not be associated with or stored with your survey responses.

Copy of Reported Recreational Camps

Page 1

Recreational Camps for Children Reporting Form

Recreational Camps for Children Reporting Form

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed annually by the Local Board of Health or Health Department (Local Health Authority). In addition, 105 CMR 430.632 requires that the Local Health Authority notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community.

Please complete the required information listed below.

Response was added on 11-04-2024 14:26.

Local Health Authority Information
Local Health Authority: Test LBOH
Address: 67 Forest Street Marlboro 01745
Contact Information: Kerry Wagner EAlll
(617) 448-7410 ext8 kerry.f.wagner@mass.gov

Were any recreational camps licensed in your city/town in 2024? Yes No recreational camps for children were licensed.

Number of Recreational Camps to Report: 4

Questions?

Email camp reporting data requests to:
recreationalcamps@mass.gov

Additional Support:
Kerry.F.Wagner@mass.gov
617-448-7410

We appreciate all your efforts in providing safe environments as well as opportunities for children and helping maintain an accurate database for all licensed recreational camps operating in Massachusetts.

Connect with DPH



@MassDPH



Massachusetts Department of Public Health



mass.gov/dph



Massachusetts Department of Public Health

Thank you!