

CHAPTER 18

INSPECTION OF PUBLIC AREAS

BOARD OF HEALTH ROLE AT A GLANCE

The Board of Health (BOH) has the responsibility to ensure that certain public areas meet standards of safety and sanitation adequate to protect the public health. These standards generally take the form of regulations established either by the Department of Public Health (DPH), or the local BOH. In order to ensure that these standards are being met, regulated public facilities must be licensed in order to operate. The issuance of a license must be predicated on an inspection and compliance with the appropriate regulations. The public assumes that the issuance of a license or permit to operate means that the facility meets all applicable minimum standards.

OVERVIEW OF SCHOOLS

Boards of health share with other local and state officials the responsibility for ensuring that schools are as safe as possible and that they provide a good environment for learning. The BOH has specific duties regarding food services, communicable disease control (see Guidebook Chapter 28 on school health services), and the physical facilities.

BOARD OF HEALTH RESPONSIBILITIES

- Inspect at least once every six months all food storage preparation and service facilities for compliance with 105 CMR 590.000, State Sanitary Code, Chapter X “Sanitation Standards for Food Establishments” (see Guidebook Chapter 17 Food Protection).
- * With cooperation of local building and fire inspectors, conduct sanitary inspections of school facilities for general sanitation and cleanliness (see *Administrator’s Guide for the School Health Program, 1995, MDPH*).
- * Investigate and conduct inspections in response to complaints of poor indoor air quality (M.G.L. c. 111 §122).

STATE RESPONSIBILITIES

- The Bureau of Environmental Health Assessment can assist boards of health in the investigation of indoor air quality problems.

- The Divisions of Community Sanitation and Food and Drug are available to provide consultation and assistance regarding food service, general sanitation and infectious waste.
- * The Childhood Lead Poisoning Prevention Program offers written guidelines for schools to use when addressing lead hazards in their facilities. This document, available from CLPPP, entitled “Management of Lead Hazards in Schools,” also offers guidance for performing safe renovations and repairs.

OVERVIEW OF DAY CARE FACILITIES

Day care services for children play an important societal function of providing both care and developmental stimulation for many children in the Commonwealth. The Massachusetts Office for Children (OFC), established in 1972 (M.G.L. c. 28A), has assumed the major responsibility for “promoting the development of day care services” and ensuring that they provide adequate care, protection and an environment for sound development. The BOH also plays an important role by ensuring that day care services are provided in a clean, suitable facility.

BOARD OF HEALTH RESPONSIBILITIES

- Inspect food service facilities of day care centers for children serving meals to 13 or more people per day, and inspect the food service facilities of day health services for adults. This applies to all day care centers, whether they are in communities in which overall responsibility has been delegated to the BOH by OFC or not. The inspection must follow the standards established in 105 CMR 590 (see Guidebook Chapter 17, Food Protection and 102 CMR 7.11(2) of the OFC Group Day Care Center Regulations, 102 CMR 7.00).
- Any private well or water source not regulated by the Department of Environmental Protection (DEP) must be approved by the local board of health, for child or adult day care facilities 102 CMR 7.11(2). If the well serves more than 25 individuals for more than 60 days it must be approved by DEP.
- * If OFC has delegated responsibility to the board of health for licensing day care facilities, the board of health shall inspect day care facilities to determine compliance with OFC Group Day Care Regulations, 102 CMR 7.00. Inspection should be made upon receipt of the initial application and every six months after the license has been granted (M.G.L. c. 28A §12). Additionally, inspections shall be conducted at a day care facility in response to a complaint. The findings must be reported to OFC by the BOH.

STATE RESPONSIBILITIES

- * Children day care facility licensing is the responsibility of OFC. M.G.L. c. 28A §12, enables the director of OFC to delegate on an annual basis to any city or town, the power to issue, suspend, revoke, make probationary or renew licenses for day care facilities, **provided that** the city or town demonstrates that the delegation will result in a more effective exercise of such power.
- * The Department of Public Welfare, Division of Day Health Services certifies adult day programs for participants of the Medicaid program. The regulations for adult day health services are 106 CMR 404. DPH may impose emergency licensing procedures using 105 CMR 404 as a guideline for adult day care centers not participating in the Medicaid Program.

OVERVIEW OF LONG-TERM CARE FACILITIES

Although DPH's Division of Health Care Quality handles licensing and inspections of long-term care facilities, boards of health are responsible for ensuring compliance with 1095 CMR 590.000, State Sanitary Code, Chapter X, "Sanitation Standards for Food Establishments." They also need to ensure that all long-term care facilities are disposing of sewage and refuse properly (see Chapters 7 and 8), reporting all cases of food poisoning (see Chapter 17) and other reportable disease (see Chapter 22), and following proper procedures regarding reporting and handling of deaths (see Chapter 21)

BOARD OF HEALTH RESPONSIBILITIES

- * Inspect at food service facilities at least twice a year and issue permits for their operation in licensed long-term care units. This includes snack-bars as well as cafeterias and kitchens.
- * Enforce Chapter X of the State Sanitary Code.
- * Enforce state and local regulations regarding water supply, sewage and solid waste disposal. If the facility is not connected to a public water supply or sewage disposal system, it must obtain DEP approval of the water source and sewage disposal systems.
- * Notify the Division of Health Care Quality, (617) 727-6240, of complaints, problems or potential violations of state standards and licensing requirements, including:
 - 105 CMR 150.000: General Standards of Construction for Long-Term Care Facilities
 - 105 CMR 192.000: Physical Environment Standards for Skilled Nursing Facilities
 - 105 CMR 480.000: Infectious Waste

M.G.L. c. 111 §72 specifies that the BOH or its agents may at any time visit and inspect such institutions as nursing or convalescent homes, infirmaries, rest homes, charitable homes

for the aged or intermediate care facilities for the mentally retarded. Any person making such an inspection must record in writing every violation of applicable DPH rules and regulations.

STATE RESPONSIBILITIES

- The DPH Division of Health Care Quality inspects and licenses long-term care facilities to ensure compliance with state standards and federal certification requirements for participation in Medicare and Medicaid Programs.
- * DEP must approve any non-public water sources or sewage disposal systems before a license can be granted by DPH.

OVERVIEW OF RECREATIONAL CAMPS FOR CHILDREN

A recreational camp for children means:

“any day camp, primitive or outpost camp, residential camp, travel camp or trip camp on private or public land which is conducted wholly or in part for recreational or instructional purposes and accommodating for profit or for philanthropic or charitable purposes, five or more children who are not members of the family or personal guests of the operator.”

Recreational camp for children shall also mean

“any program or activity which is promoted or advertised as a recreational camp for children regardless of whether such program or activity is carried out at a school, playground, resort, hospital, wilderness areas, government land or other place not primarily designed for or used as a recreational camp for children.”

Provided that they are not promoted or advertised as recreational camps for children, none of the following shall be deemed to be recreational camps for children: single-person class, workshops, clinics or programs sponsored by municipal recreation departments, or neighborhood playgrounds designed to serve primary play interests and needs of children, as well as affording limited recreation opportunities for all people of a residential neighborhood, whether supervised or unsupervised, located on municipal or non-municipal property, whether registration is required or participation is on a drop-in basis.”

- The goals of licensing and inspection of recreational camps for children are to prevent disease transmission and to prevent injuries and death. The drinking water supply must be proven safe before the camping season begins, waste water must be properly disposed of, poor drainage must be corrected and screened doors and windows must be repaired.

- * It is essential that the camp environment be free of hazards and that the children are closely supervised by staff with proper credentials. Qualified medical staff and equipment must be available to handle accidents and illness at the camp or on any overnight or day trips.

Camps are required to have both building and fire inspections, conducted by local municipal officials prior to camp operation and maintain numerous policies and procedures in case of emergencies (lost camper, lost swimmer, weather events, fire drills, etc.).

Camps must report to MDPH within 7 days any injury to a camper or staff person that **results in a positive diagnosis at a physician's office or emergency department visit.**

Any suspected disease outbreak or possible food borne illness needs to be reported to the MDPH Epidemiology Program at 617-983-6800.

Camps are required to conduct background checks for all staff and volunteers, including work history, references and criminal background checks (CORI, SORI **and** out-of-state or foreign country if applicable); maintain health records for all staff and campers including certificates of immunization, and supervise all prescription and OTC medications for use by minors (staff or campers).

BOARD OF HEALTH RESPONSIBILITIES

- Ensure that recreational camps for children operated in the community (wholly or in part) are safe and sanitary; in particular, that they are operated in compliance with the minimum standards established by DPH in the State Sanitary Code, Chapter IV (105 CMR 430.000), and with local health, fire, and safety regulations (M.G.L. c. 111 §§30, 127A and M.G.L. c. 140 §32A-E).
- Consider and act upon any application for a license to operate a recreational camp for children (105 CMR 430.632; M.G.L. c. 140 §32A-C). Applicants for an original license must file with the BOH, a plan showing buildings, structures, fixtures and facilities, including the proposed source of water supply and sewage disposal. Plans for a proposed source of water supply and sewage disposal must be submitted to DEP for approval. (105 CMR 430.631) Approval must be obtained before the BOH issues a license (105 CMR 430.303 and 430.360). M.G.L. c. 140 §32B sets the license fee at \$10.00 unless established at the local level, in which case it shall not exceed \$50.00.
- Notify DPH and DEP when a license has been granted, renewed, suspended or revoked. (105 CMR 430.632)
- File written notice of approval of a variance with the Commissioner of Public Health (105 CMR 430.801).

- Inspect recreational camps for children and issue orders for correction as necessary (105 CMR 430.700 and 703), or use emergency powers, as provided for in 105 CMR 400.100, Chapter I of the State Sanitary Code, as necessary to protect the health and safety of the occupants or the public.
- Inspections should include checks for compliance with minimum standards set within Chapter IV of the State Sanitary Code, 105 CMR 430.000, Minimum Sanitation and Safety Standards for Recreational Camps for Children; Chapter X of the State Sanitary Code, Minimum Sanitation Standards for Food Establishments 105 CMR 590.000; Title 5 of the State Environment Code, Minimum Standards for Subsurface Sewage Disposal Systems 310 CMR 15.00; Minimum Standards for Bathing Beaches, 105 CMR 445.00, and Minimum Standards for Swimming Pools, 105 CMR 435.00.
- Hold hearings as provided in the State Sanitary Code for persons requesting a variance or opposing an order of the BOH, before granting an original license, and before suspending or revoking a license. (105 CMR 430.730 - .731)
- Upon notification from DEP that the water supply of any camp is polluted, the BOH shall notify the camp and prohibit the use of said water supply. Failure to rectify the problem within 30 days shall result in the suspension or revocation of the license. (M.G.L, c.140 s.32B)

STATE RESPONSIBILITIES

- DPH establishes minimum standards, monitors BOH activity in enforcing compliance, and advises boards of health regarding inspection and enforcement of the standards for recreational camps.
- DEP may inspect licensed camps to determine that the source of water supply and the works for the disposition of the sewage are sanitary.

OVERVIEW OF FARM LABOR CAMPS

A farm labor camp is “any tract of land, including all buildings, vehicles, and other structures located thereon, any part of which contains sleeping facilities made available in connection with the employment of laborers in farm activities and living apart from the operator’s household and which are occupied or intended for occupancy by two or more such laborers or members of their families.”

The goal of this regulatory program is to keep the farm laborer healthy and to protect personal rights as well as protecting the consumer from contamination. The agricultural worker is exposed to heat, dust and pesticide residues. The cumulative and prolonged effect of these exposures varies from irritation to overt toxicity. The worker is also subject to conditions where field sanitation is either

non-existent or marginal; therefore, it is imperative that the worker have available the facilities to practice good personal hygiene and have adequate facilities to do so.

M.G.L. c.111 §128G mandates that DPH annually inspect all farm labor camps, or in lieu thereof, may delegate any such annual inspection to the local BOH. See also, 105 CMR 420.820

M.G.L. c. 111 §128H provides the laborers the right to enter and leave the premises during the period of employment. It also includes reasonable rights of visitation in the living quarters outside of regular working hours, and the right to file complaints, including violations of the State Sanitary Code to DPH or the BOH.

BOARD OF HEALTH RESPONSIBILITIES

- If DPH delegates to the local BOH the responsibility to make the annual inspection required to determine compliance with 105 CMR 420.000, State Sanitary Code, Chapter III, Housing and Sanitation Standards for Farm Labor Camps, the inspection must be made and filed with DPH within 30 days of notice of delegation (105 CMR 420.820C). DPH then issues the Certificate of Occupancy or issues orders of correction (105 CMR 420.811 and 105 CMR 420.830).
- If the BOH receives any written complaint about the farm labor camp, it must promptly forward the complaint to DPH for investigation within 30 days (105 CMR 420.821 and M.G.L. c. 111 §128G).
- Must approve all subsurface sewage disposal systems and approve any chemical toilet or privy that is used at the camp or in the fields (105 CR 420.550; 310 CMR 15.00).

STATE RESPONSIBILITIES

- Accept and act upon applications for Certificates of Occupancy (105 CMR 420.811; M.G.L. c. 111 §128G). Certificates of Occupancy for farm labor camps expires annually on December 31 (105 CMR 420.813)..
- Inspect each farm labor camp annually to determine compliance with the Sanitary Code, or delegate this responsibility to the BOH of the town in which the camp is located (105 CMR 420.820).
- If DPH receives a signed written complaint, it must investigate the alleged violation within a 30 day period (105 CMR 420.821).
- If DPH determines a violation of the Sanitary Code exists in a farm labor camp, it may revoke the Certificate of Occupancy (105 CMR 420.812) or order the person responsible to

comply (420.830).

- DPH shall require that sampling and analysis of drinking water from private sources be performed at least once before seasonal occupancy or more often if appropriate (105 CMR 420.454).

OVERVIEW OF DEVELOPED FAMILY TYPE CAMPGROUNDS

- A tract or parcel of land, either privately or publicly owned that:
 - (a) is used wholly or in part for recreational camping or group activity purposes, or for accommodation for overnight or longer periods; and
 - (b) accommodates for profit or under philanthropic or charitable auspices three or more families or camping groups.

The family type campground may accommodate tents, motor homes, expandable camping units, and such other devices as may be developed and marketed for the camping trade.

Family type campgrounds permit the Commonwealth to share our heritage with visitors from other states and nations. These facilities are frequently overtaxed during the vacation season. It is essential that campgrounds be maintained in a safe and sanitary condition and that potable water and sufficient sewage disposal facilities be provided. Any ancillary facilities such as snack-bars and swimming pools must also meet the required standards.

BOARD OF HEALTH RESPONSIBILITIES

- Consider and act upon applications for original licenses or annual renewals of licenses to operate family-type campgrounds (M.G.L. c. 140 §32B; 105 CMR 440.000, State Sanitary Code, Chapter VI, Minimum Standards for Developed Family-type Campgrounds). M.G.L. c. 140 §32B sets the license fee at \$10.00-\$50.00.
- Original and renewal license applications are filed with the BOH. Licenses expire on December 31 and must be renewed annually (105 CMR 440.21). The license must state the maximum number of campsites that may be occupied at the camp. This capacity may not be exceeded at any time.
- Original applications are subject to public hearings, due notice of which must be published in a local newspaper (M.G.L. c. 140 §32B).
- Before granting or renewing the license, the BOH shall inspect the campground to ensure that the standards outlined in 105 CMR 440.00 are met.

- Periodically inspect the campgrounds within its jurisdiction. This should be done during the high use season when there is a tendency to strain the capacity of the camp (105 CMR 400.100).
- If any violations of 105 CMR 440.00 are found, the BOH must issue orders for their correction (105 CMR 440.22), either under the emergency provisions of Chapter I of the State Sanitary Code or 105 CMR 440.22.

STATE RESPONSIBILITIES

- DPH establishes minimum standards, monitors BOH activity in enforcing compliance, advises the BOH regarding inspection and enforcement of the standards for family-type campgrounds.
- DEP may inspect licensed family-type campgrounds to determine that the source of water supply and the works for the disposition of the sewage are sanitary.
- DPH approves family type campgrounds operated by the Commonwealth.

OVERVIEW OF BATHING BEACHES

Bathing beaches are a natural or artificial flowing or impounded pond, lake, stream, river or other body of fresh or salt water at the location where it is used for bathing and swimming purposes.

The regulations governing the operation of bathing beaches, 105 CMR 445.00: Minimum Standards For Bathing Beaches (State Sanitary Code, Chapter VIII), are designed to protect the public from disease associated with water contaminated with pathogenic agents and hazardous chemicals. It is incumbent upon the BOH to provide adequate posting and warnings in newspapers, notice to police, selectmen and other public officials of any beaches, where the water is not fit for swimming.

BOARD OF HEALTH RESPONSIBILITIES

- Ensure that the required bacteriologic sampling is conducted at all bathing beaches. The BOH shall review all of the results and take appropriate action if the results are not in compliance with the Minimum Standards for Bathing Beaches (105 CMR 445.03).
- Notify the public of any hazards at, or closure of, bathing beaches (105 CMR 445.04).

STATE RESPONSIBILITIES

- DPH establishes minimum standards, monitors BOH activity in enforcing compliance, advises boards of health regarding inspection and enforcement of the standards for bathing beaches.

OVERVIEW OF PUBLIC AND SEMI-PUBLIC SWIMMING POOLS

A public pool means every swimming, wading or special purpose pool, admission to which may be gained by the general public with or without the payment of a fee. A swimming pool means and includes every artificial pool of water having a depth of two feet or more at any point and used for swimming or bathing, located indoors or outdoors, together with the bathhouse, equipment and appurtenances used in connection with the pool. It does not include any residential pool, nor does it include any pool used primarily for baptismal purposes or the healing arts. A wading pool means a pool of water in a basin having a maximum depth of less than two feet intended chiefly for wading purposes and a special purpose pool means swimming or diving which is not drained, cleaned or refilled for each user and excludes residential units as well as facilities used or under the direct supervision and control of licensed medical personnel.

A semi-public pool means a swimming, wading or special purpose pool on the premises of or used in connection with a hotel, motel, apartment house, condominium, country club, school, camp or similar establishment.

Public health problems associated with public, se-public and special purpose pools fall into two major areas: accidents (falls and drownings); and infections transmitted through the water. Each person who enters the water carries a variety of personal and environmental bacteria into the pool water with them. The relative number of organisms from each person depends upon how thoroughly the person showers/cleanses BEFORE entering the water.

Clear pool water containing free residual chlorine (or disinfectant of equivalent efficiency) at the correct pH, kills the disease-causing organisms provided that the cumulative inputs are not overwhelming and provided the cumulative inputs of organic matter - dense sputum, feces, filter scum - do not reduce water clarity too much. Water quality in a swimming pool is maintained by continuous recirculation through a filtration system and by continuous addition of a mild alkali and disinfectant. When all systems are not functioning perfectly, or are overloaded, the pool water becomes a community bathtub. Bacteria continue to be added by each person, but are not eliminated by disinfectants. Ample numbers of respiratory and fecal streptococci, skin and infections staphylococci, salmonellae, coliform and other pathogens may accumulate to dangerous levels particularly for susceptible or compromised individuals.

BOARD OF HEALTH RESPONSIBILITIES

- Inspect every public, semi-public and special purpose swimming pool and issue annually a permit for its use if it is maintained in compliance with 105 CMR 435.00, State Sanitary Code, Chapter V, Minimum Standards for Swimming Pools and the Federal Virginia Graeme Baker (VGB) Law.
- If the pool is new or recently remodeled, check items approved on the construction plan and ensure that the plans are signed and stamped by a Massachusetts Registered Professional Engineer (PE) or a Registered Architect (RA).
- On regular follow-up inspections, check water quality, water testing methods, safety and supervision, actual bather load as compared to rated capacity, and the sanitary conditions of bathhouses.
- The permit for the operation of a pool expires on December 31 of the year issued and may be revoked by the BOH for violation of the regulations at any time (105 CMR 435.21).
- Review and act upon any application to construct or remodel a public, semi-public or special purpose swimming pool. Approve in writing, any plans and specifications for constructing a swimming pool, or making changes in an existing pool that may effect compliance with the provisions of Chapter V.
- Cause water samples to be taken for bacteriologic analysis whenever the BOH deems it necessary. The board may take the samples itself or require the operator of the pool to do it (105 CMR 435.28).
- Hold hearings as necessary as provided by the State Sanitary Code, for persons requesting a variance or opposing an order of the BOH (105 CMR 435.43).

STATE RESPONSIBILITIES

The BEH has the following responsibilities:

1. The Massachusetts Department of Public Health (Department), Bureau of Environmental Health shall, upon request of the board of health, assist the board in its inspection of a public, semi-public or special purpose pool, in its sole discretion inspect a public, semi-public or special purpose pool on its own, and advise the board in connection with enforcement actions taken by the board against a public, semi-public or special purpose pool operator.
2. The BEH may from time to time issue written interpretations and guidelines as necessary to promote uniform application of 105 CMR 435.00
3. The BEH may grant variances of applications on any provision of 105 CMR 435.00 with respect to any particular case. Every request for a variance shall be in writing and shall state

the specific variance sought and the reasons therefore. In addition, the applicant must prove that the “same degree of protection” can be achieved without strict application of the noted provision(s) and that enforcement of said provision(s) would do “manifest injustice”.

Whenever any board of health has failed after a reasonable length of time to enforce 105 CMR 435.00, the Department may enforce 105 CMR 435.00 in any the way that a board of health is authorized to effect compliance under 105CMR 435.00.

OVERVIEW OF MASSAGE PARLORS AND VAPOR BATHS

The BOH, as required by M.G.L. c. 140 §51, must ensure that no establishment where vapor, pool, shower or other baths are given, operates without a license granted by the BOH and that the facility is in compliance with local regulations.

BOARD OF HEALTH RESPONSIBILITIES

Grant licenses for persons to practice massage or operate an establishment for the giving of vapor, pool, shower, or other types of baths upon such terms and conditions and under rules and regulations as it deems proper.

- A registered or apprentice barber, or hairdresser or student hairdresser may practice facial and scalp massage without a special license.
- A person licensed to practice massage or operate a bath establishment may, at the request of a physician, attend to patients in any of the communities in Massachusetts without obtaining a license.
- * Adopt local regulations and licensing requirements as the board deems necessary for massage and bath operations and, for enforcement.

OVERVIEW OF PUBLIC LODGING HOUSES

A public lodging house is defined as “In cities of over fifty thousand inhabitants every building not licensed as an inn, in which at ten or more people are lodged free or for a charge of twenty-five cents or less for each person for a day of twenty four hours or for any part thereof” (M.G.L. c. 140 §33). These facilities may be licensed by the officer or board in charge of the police (M.G.L. c.140 s.34). No facility, however, operate without such a license (M.G.L. c. 140 §39). A public lodging house will encompass most homeless shelters in larger communities.

BOARD OF HEALTH RESPONSIBILITIES

- Certify that the building has sufficient number of toilets and urinals and with good sufficient means of ventilation (M.G.L. c. 140 §36).
- Require, if necessary, the licensee to thoroughly clean and disinfect all parts of the building and the furniture therein (M.G.L. c. 140 §36).
- Ensure that these facilities meet the requirements of 105 CMR 410.000, Minimum Standards of Fitness for Human Habitation.

OVERVIEW OF MANUFACTURED HOUSING COMMUNITIES/ MOBILE HOME PARKS

Manufactured housing communities are generally no different than conventional housing. The housing units and the grounds must comply with 105 CMR 410.000: State Sanitary Code, Chapter II, Minimum Standards of Fitness for Human Habitation. The overall facility, however, must be licensed by the board of health (M.G.L. c.140 s.32B). See also regulations of the Attorney General (940 CMR 9:00 Manufactured Housing).

BOARD OF HEALTH RESPONSIBILITIES

- After a hearing, notice of which is published in a local newspaper, the board shall issue, revoke or suspend a permit for the operation of a manufactured housing community. A hearing is not required for subsequent licenses. All licenses expire on December 31 of each year. The board may charge a license fee of between \$10.00-\$50.00 (M.G.L. c. 140 §32B).
- All applications for a manufactured housing community license shall include a true and complete copy of the rules and regulations then in effect for an existing manufactured housing community, or if the application is for an original license, the rules for the proposed facility. There must also be certification from the owner or operator of the community certifying under the penalties of perjury that the owner has met the requirements of M.G.L. c. 140 §32L, Paragraph 5, that the Attorney General and the Secretary of Communities and Development have been in receipt of the rules and any amendments for at least 60 days and that neither party has disapproved of any portion of the rules (M.G.L. c. 140 §32B).
- Before granting or renewing a license, the BOH shall inspect the manufactured home community to ensure that all appropriate standards are met.

- A copy of all manufactured home licenses must be filed by the BOH with the town clerk (M.G.L. c. 140 §32F) and to the DEP (M.G.L. c. 140 §32B).
- Respond to complaints relative to violations of applicable regulations at the manufactured housing community.
- Promulgate regulations to enforce this section of the statute.

STATE RESPONSIBILITIES

- DEP has jurisdiction to inspect any manufactured housing community to determine that the sources of water and the works for the disposition of sewage are sanitary. If the inspection finds otherwise, DEP will notify the BOH and the licensee (M.G.L. c.140,s.32B).
- DEP must approve any non-public water supply serving 25 or more people for 60 or more consecutive days (310 CMR 22.02).

RESOURCE LIST

STATE:

Division of Community Sanitation
(617) 983 - 6762

Office for Children
(617) 727 - 8900

Division of Health Care Quality
(617) 727 - 5860

Bureau of Environmental Health Assessment
(617) 624 - 5757

Department of Environmental Protection
(617) 292 - 5500

Regional Offices:

Springfield (413) 784-1100 x214

Worcester (508) 792-7683

Lakeville (508) 946-2714

Woburn (617) 932-7677