



# Needham Board of Health



## AGENDA

**Friday March 26, 2021**

**8:00 a.m. to 9:00 a.m.**

**Zoom Meeting ID: 880-4238-5121**

Under Governor Charlie Baker's emergency "Order Suspending Certain Provisions of the Open Meeting Law G.L. c. 30A, S20", issued March 12, 2020 and in effect until termination of the emergency, meetings of public bodies may be conducted virtually provided that adequate access is provided to the public. The Needham Board of Health will hold this meeting virtually on November 12, 2020 at 9:00 a.m. No public participation is anticipated for this meeting.

To listen and view this virtual meeting on a phone, computer, laptop, or tablet, download the "Zoom Cloud Meeting" app in any app store or at [www.zoom.us](https://www.zoom.us). At the above date and time, click on "Join a Meeting" and enter the meeting ID 880-4238-5121 or click the link below to register: <https://us02web.zoom.us/j/88042385121?pwd=UU40a0RPamNwOEhSamFHL3daSWlyQT09>

- **8:00 – 8:45 Covid-19 Update**
  - COVID Vaccination Clinics
  - Participation in Program to Vaccinate Homebound Residents
  - Community Risk Levels
  - Update on Needham Public Schools
  - Overall Community Vaccination Levels
  - COVID-19 Emergency Orders and Compliance Enforcement
  - **Guidance for upcoming summer season**
- **8:45 – 8:55 Operating Hours Request from Sira Naturals**
- **Other Items**
- **Set Schedule for Upcoming Meetings**
- **Adjournment**

**(Please note that all times are approximate)**



# **Joint Health and Safety Committee**

*Weekly Update*

*March 22, 2021*

# Three metrics inform when we should reopen/close schools

- 1. Average Daily Cases** in Needham and surrounding areas  
Needham has a 21.0 cases/100k average that is trending up
- 2. Positivity Rates** (14-day average) below 5% using state, county, and relative rate of change in the average:  
Needham's rate is 1.52% and is trending up
- 3. NPS Health & Safety Protocols Adherence** including prevalence of student mask wearing, social distancing, hygiene/hand washing and meeting standards for proper ventilation of schools and classrooms.

# Local, County, and State Level Data published 3/18/21

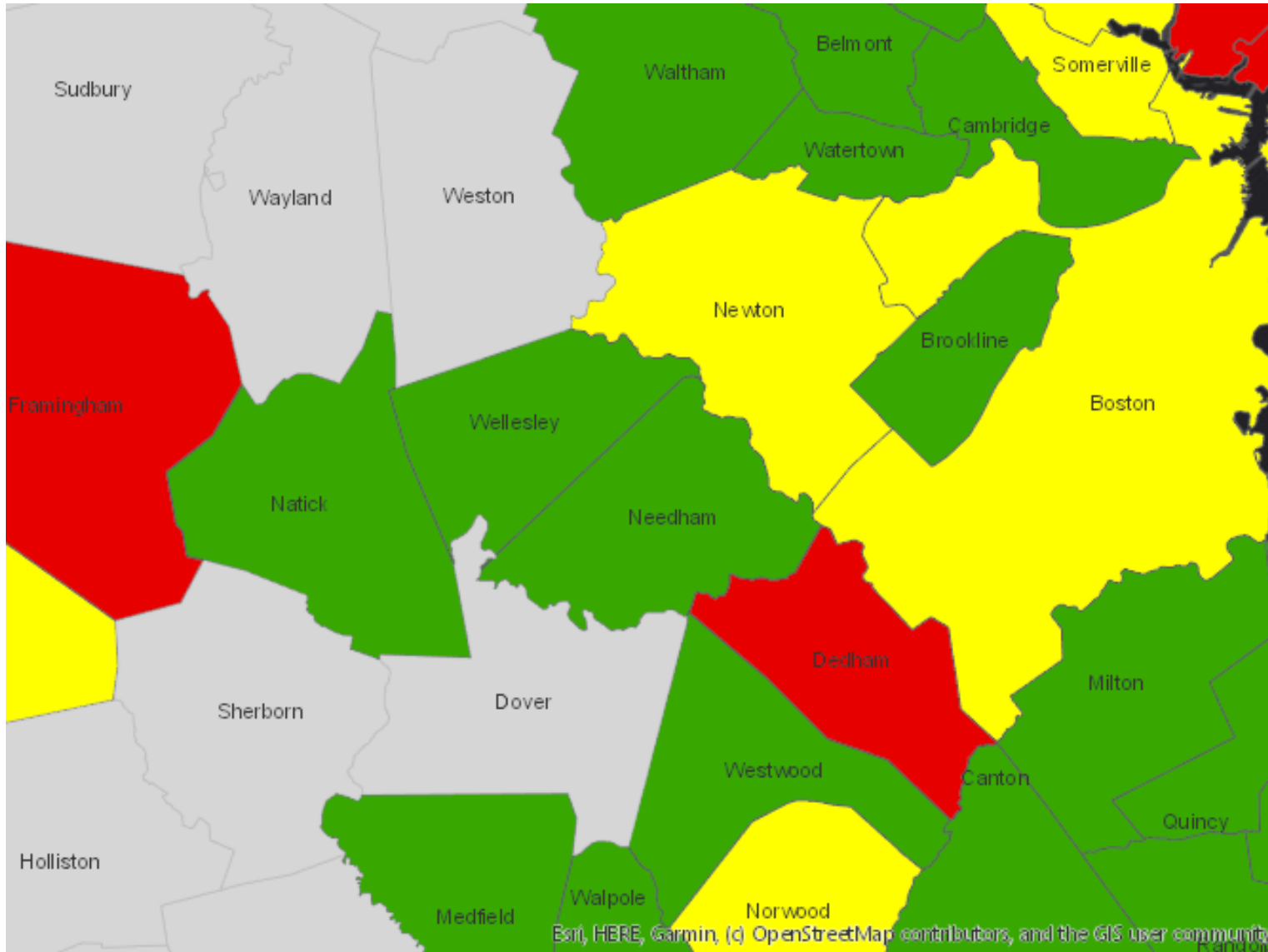
Data from 2/28-3/13

| Area and Risk Level |   | Avg. Daily Incident Rate<br>per 100K <i>(last 14 days)</i> | Percent Positive<br>Tests <i>(last 14 days)</i> |
|---------------------|---|------------------------------------------------------------|-------------------------------------------------|
| Massachusetts       | ● | 19.5 ↘                                                     | 1.83% ↔                                         |
| Needham             | ● | 21.0 ↗                                                     | 1.52% ↗                                         |
| Middlesex County    | ● | 18.3 ↗                                                     | 1.45% ↔                                         |
| Framingham          | ● | 27.0 ↘                                                     | 2.92% ↔                                         |
| Newton              | ● | 11.0 ↘                                                     | 0.46% ↔                                         |
| Norfolk County      | ● | 18.2 ↘                                                     | 1.99% ↔                                         |
| Dedham              | ● | 21.9 ↗                                                     | 2.77% ↗                                         |
| Norwood             | ● | 17.9 ↘                                                     | 2.56% ↔                                         |
| Suffolk County      | ● | 23.3 ↘                                                     | 1.27% ↔                                         |
| Boston              | ● | 22.8 ↘                                                     | 1.11% ↔                                         |

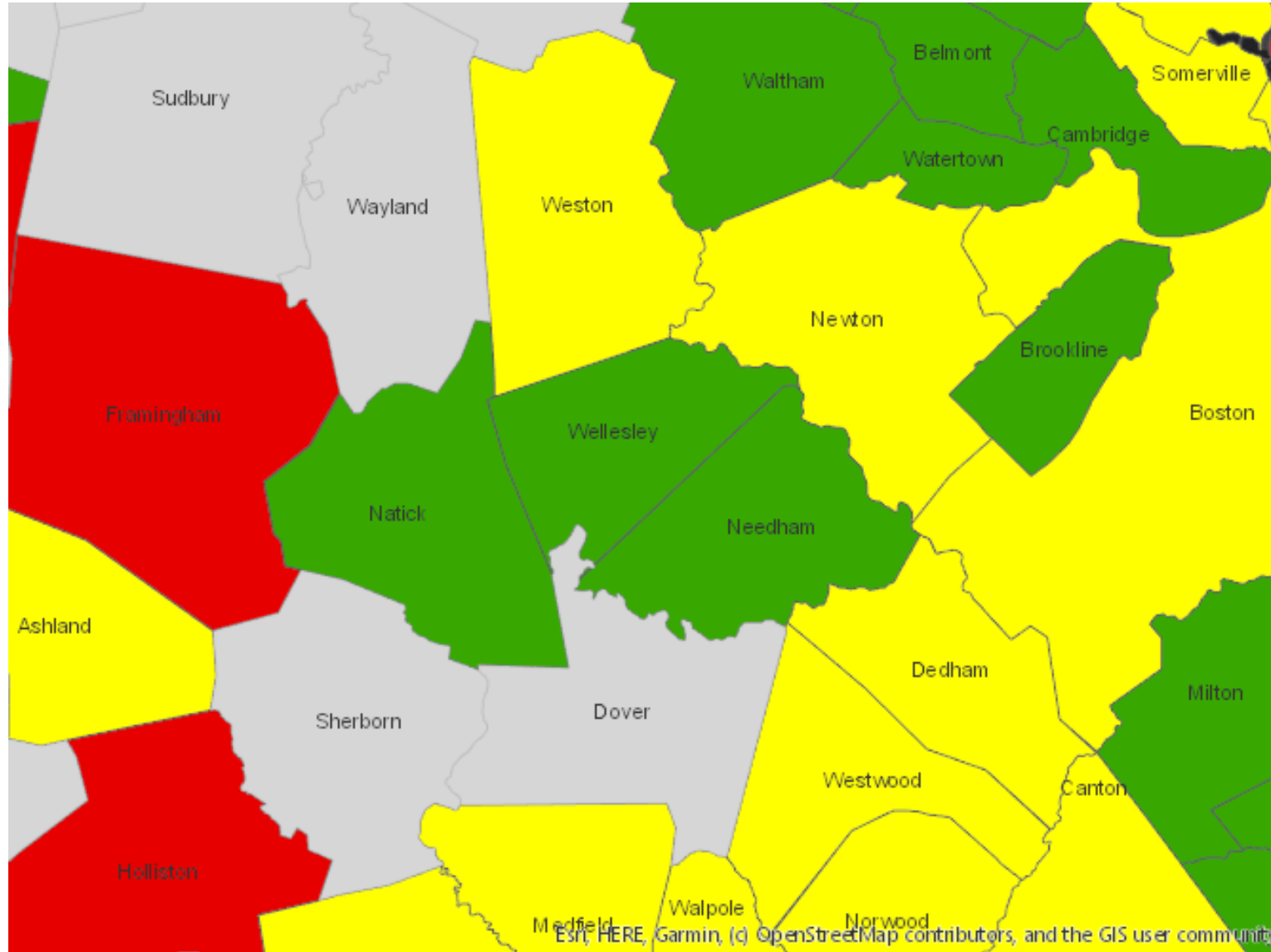
# New State Criteria for Community Risk, effective 11/6/20

| Group  | Population                           |                                           |                                           |
|--------|--------------------------------------|-------------------------------------------|-------------------------------------------|
|        | Under 10K                            | 10K-50K                                   | Over 50K                                  |
| Grey   | Less than or equal to 10 total cases | Less than or equal to 10 total cases      | Less than or equal to 15 total cases      |
| Green  | Less than or equal to 15 total cases | <10 avg cases/100k<br>AND >10 total cases | <10 avg cases/100k<br>AND >15 total cases |
| Yellow | Less than or equal to 25 total cases | ≥10 avg cases/100k<br>OR ≥5% pos rate     | ≥10 avg cases/100k<br>OR ≥ 4% pos rate    |
| Red    | More than 25 total cases             | ≥10 avg cases/100k<br>AND ≥5% pos rate    | ≥10 avg cases/100k<br>AND ≥4% pos rate    |

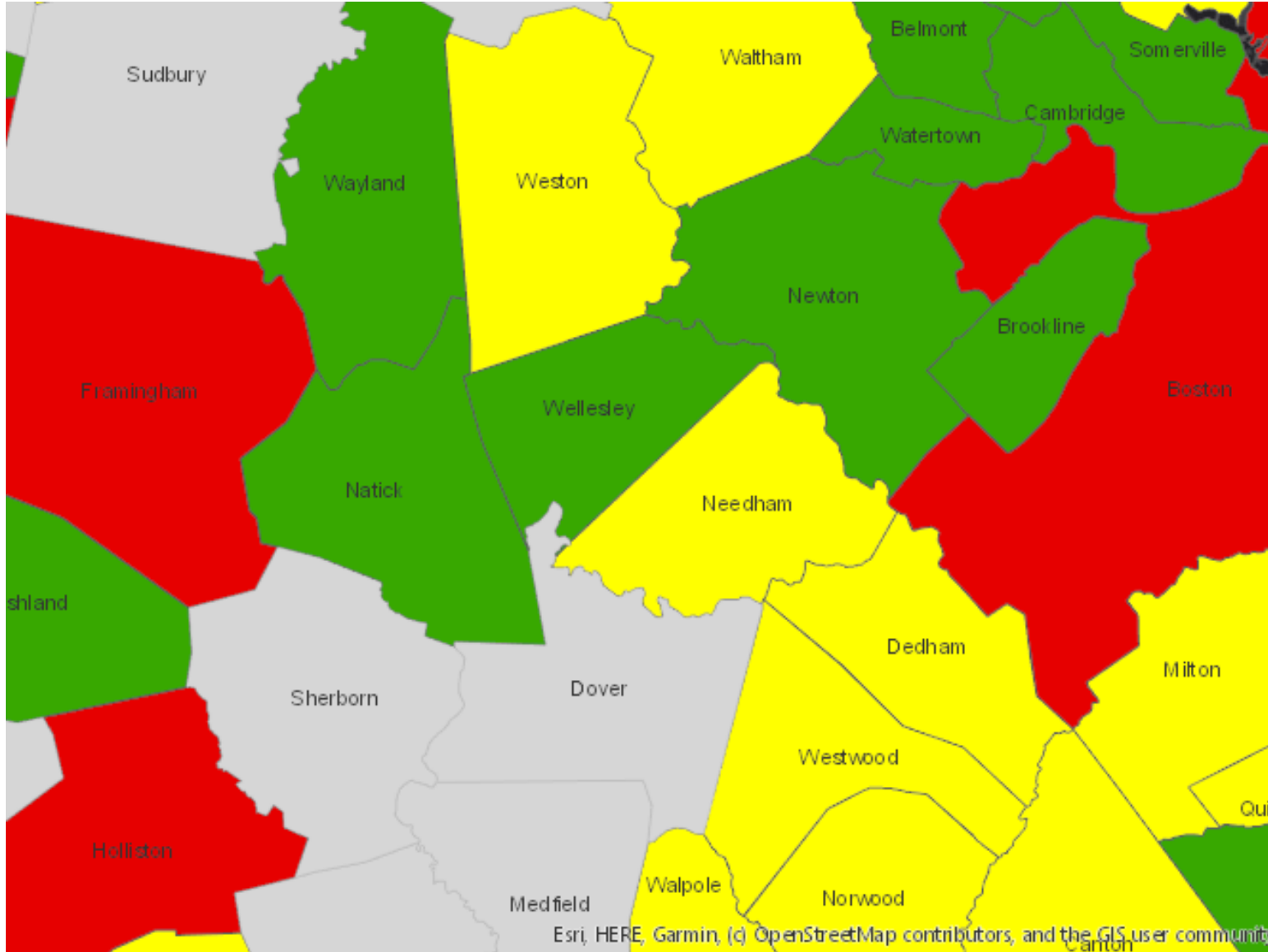
# At a Glance – Needham and Surrounding Areas – Data Published 9/16/20



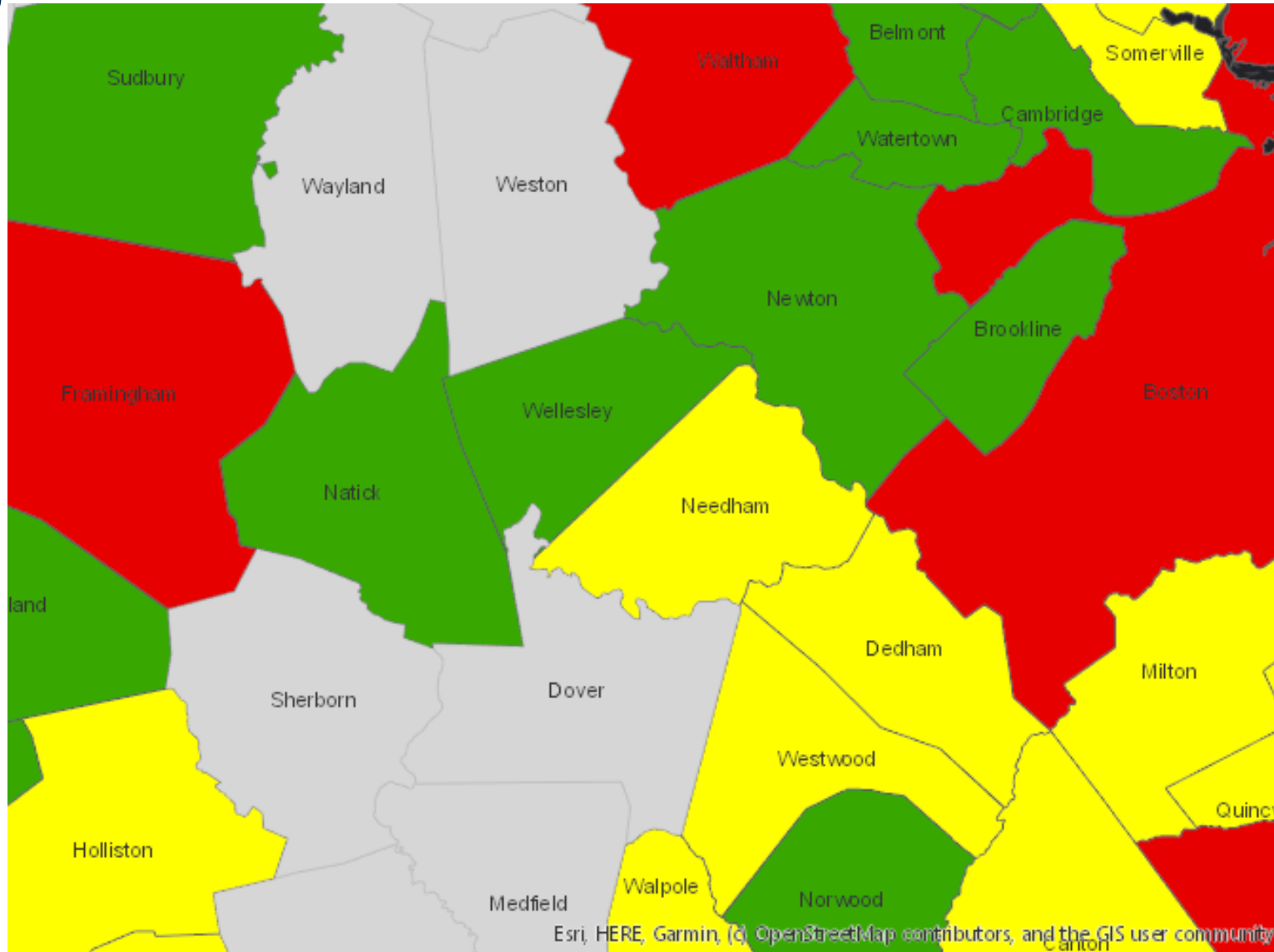
# At a Glance – Needham and Surrounding Areas – Data Published 9/23/20



# At a Glance – Needham and Surrounding Areas – Data Published 9/30/20



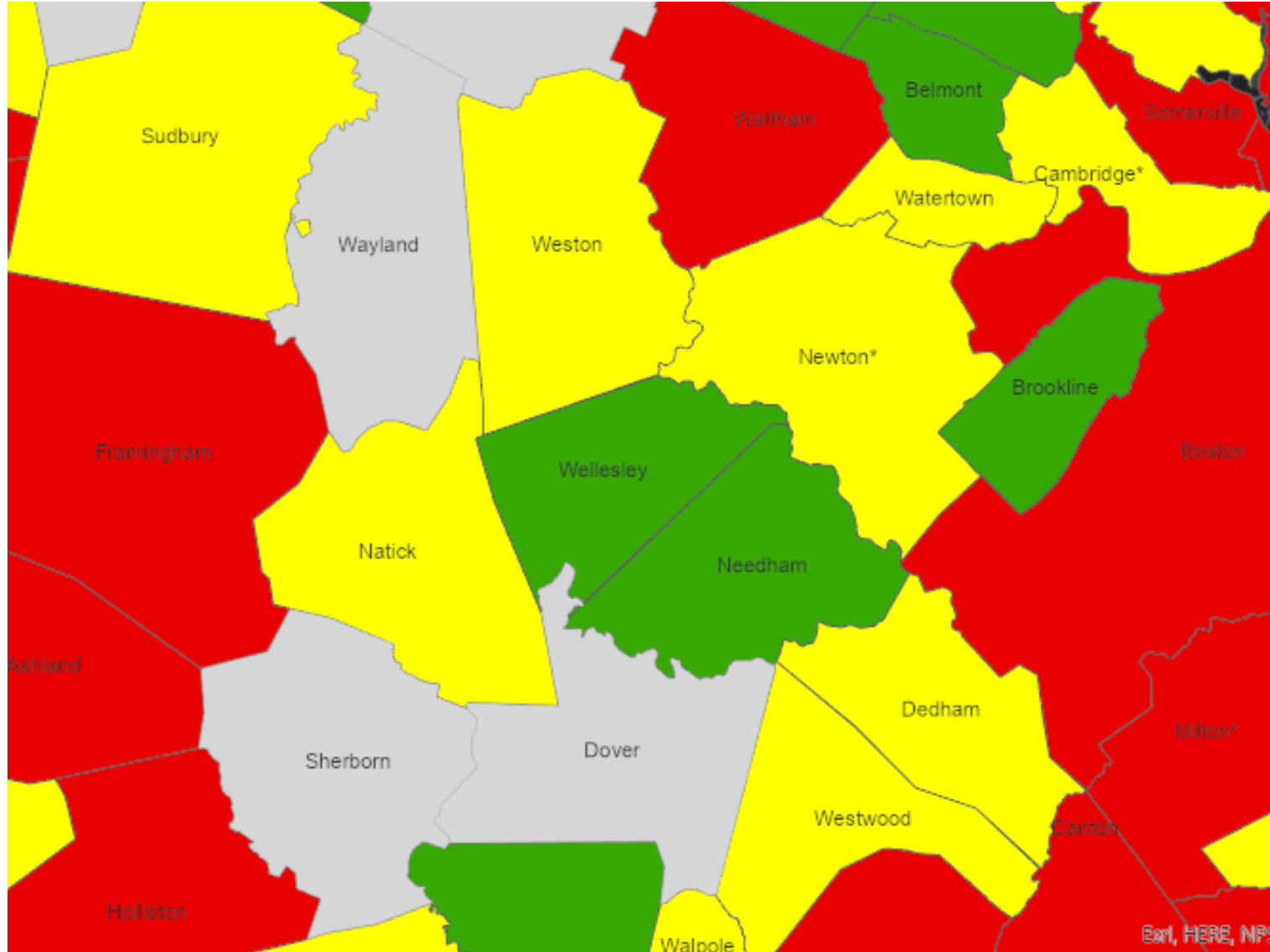
# At a Glance – Needham and Surrounding Areas – Data Published 10/07/20



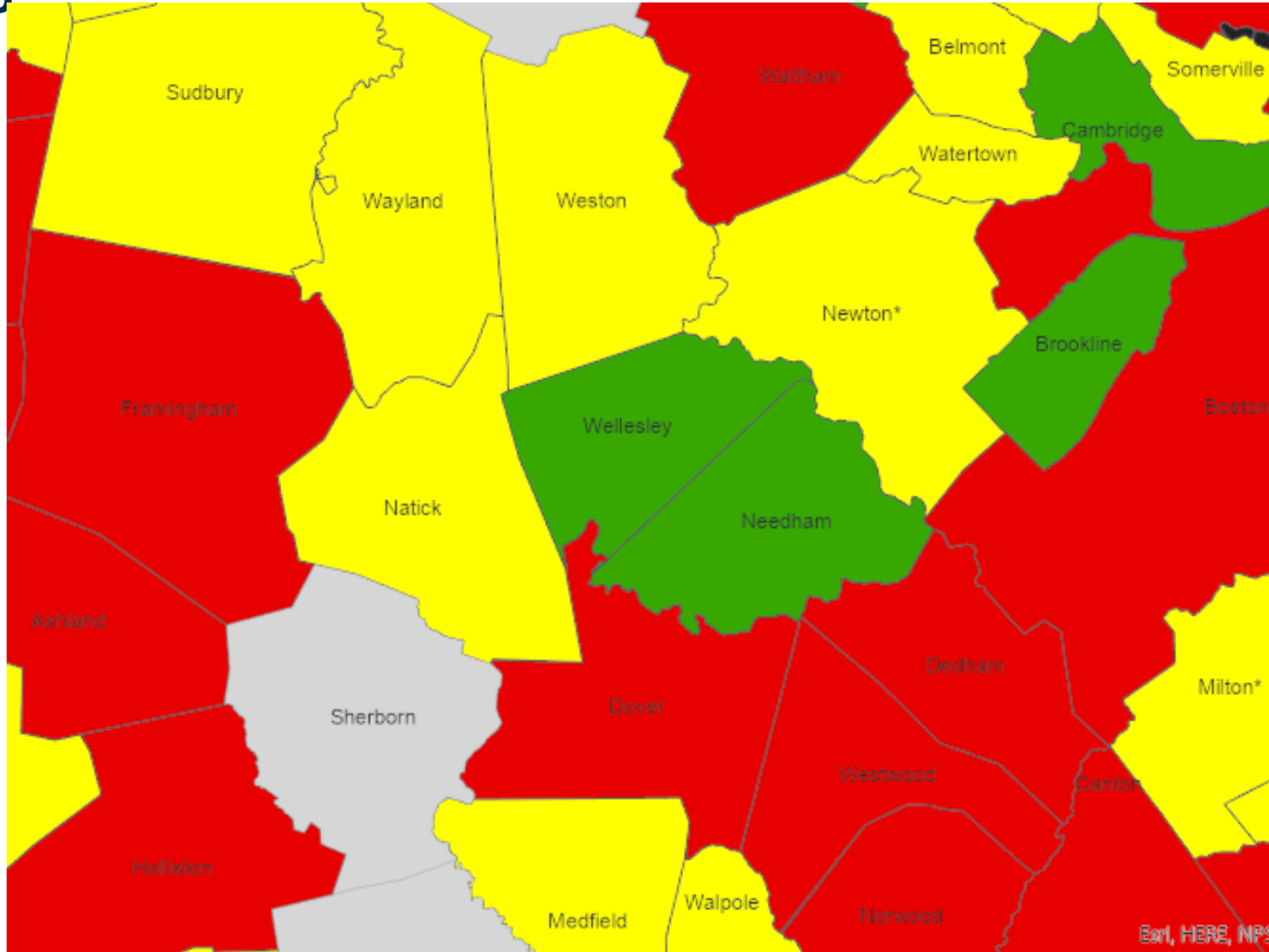
## 10/14/20



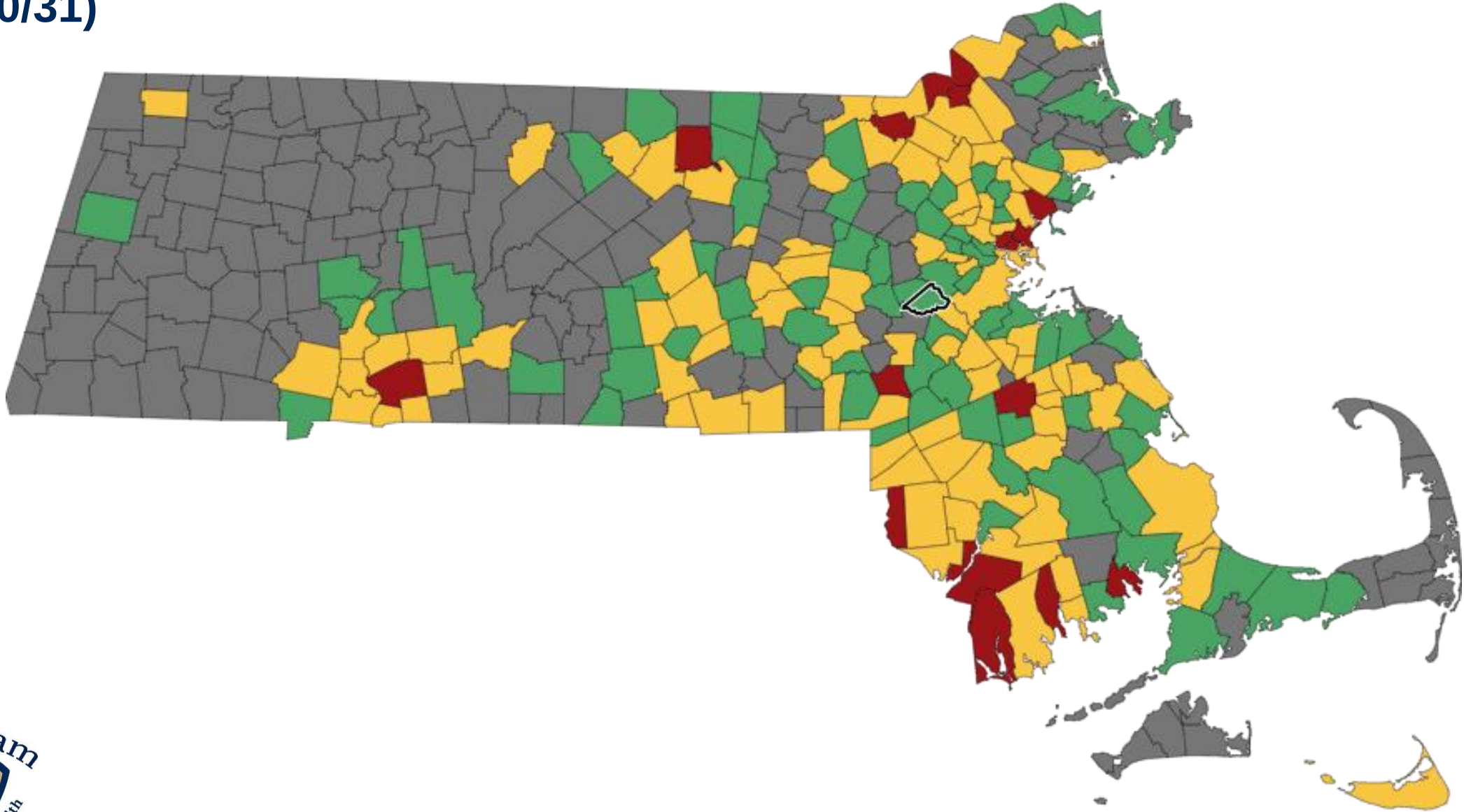
# At a Glance – Needham and Surrounding Areas – Data Published 10/22/20



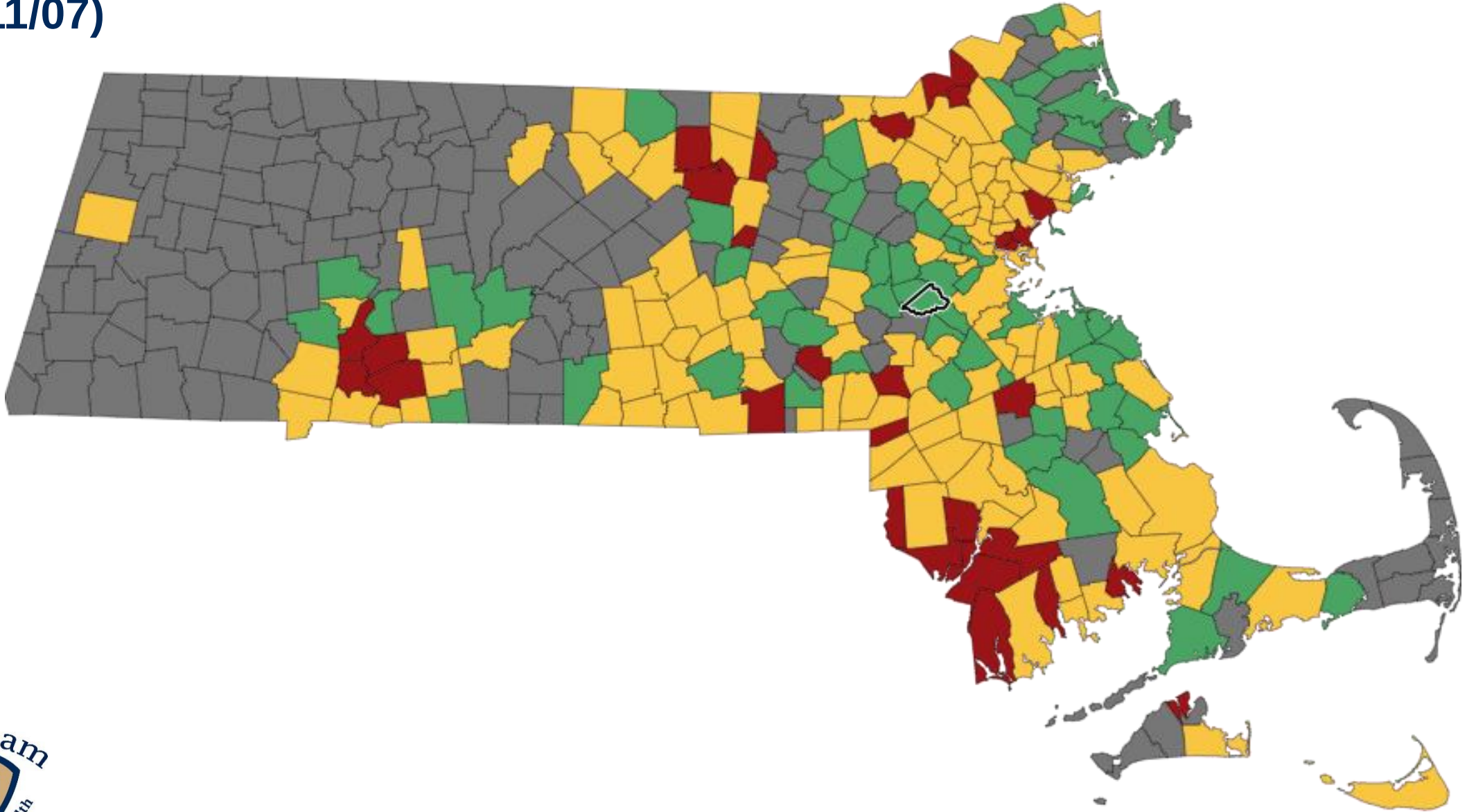
# At a Glance – Needham and Surrounding Areas – Data Published 10/29/20



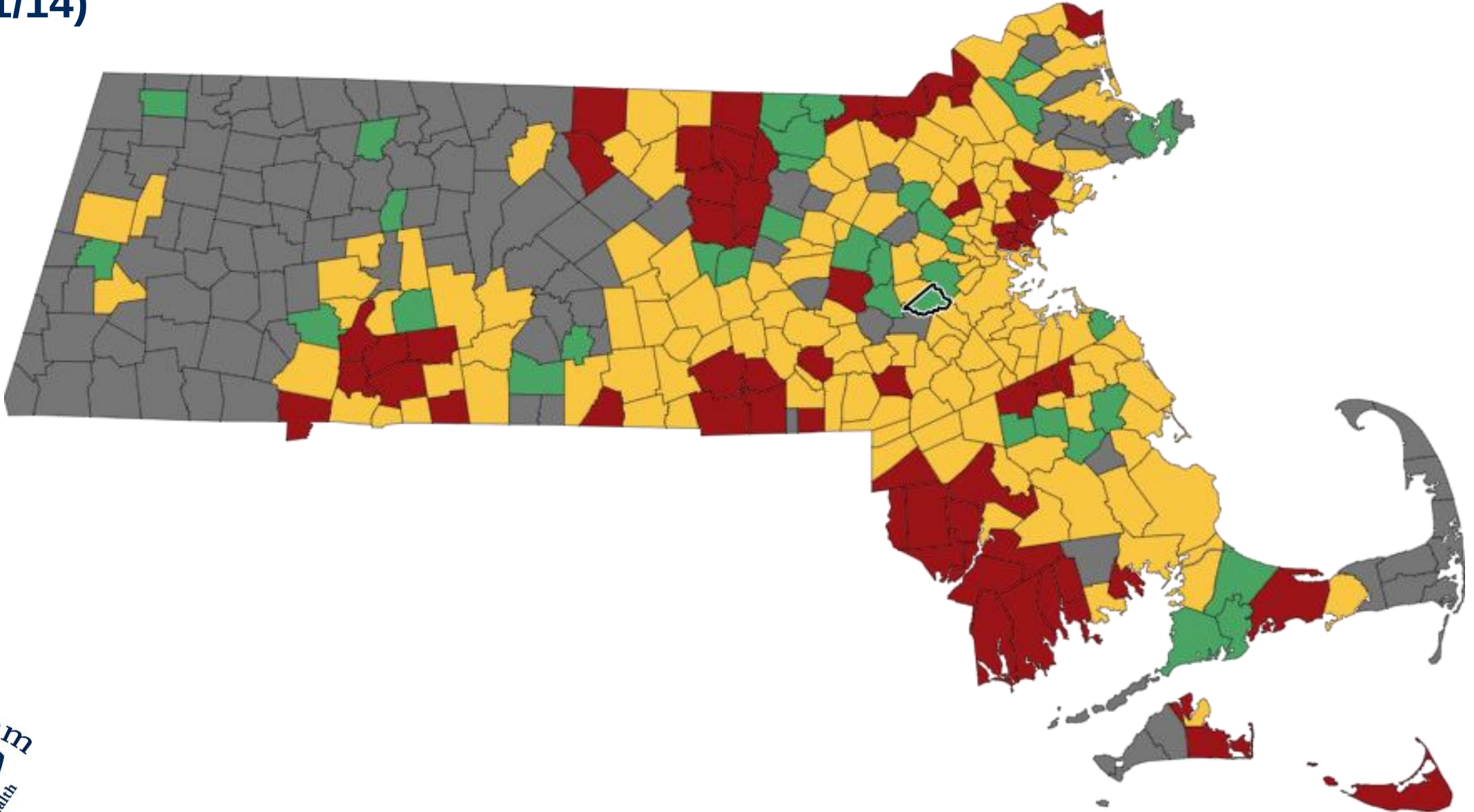
## Statewide Risk Map– Data Published 11/5/20 (drawn from 10/18 to 10/31)



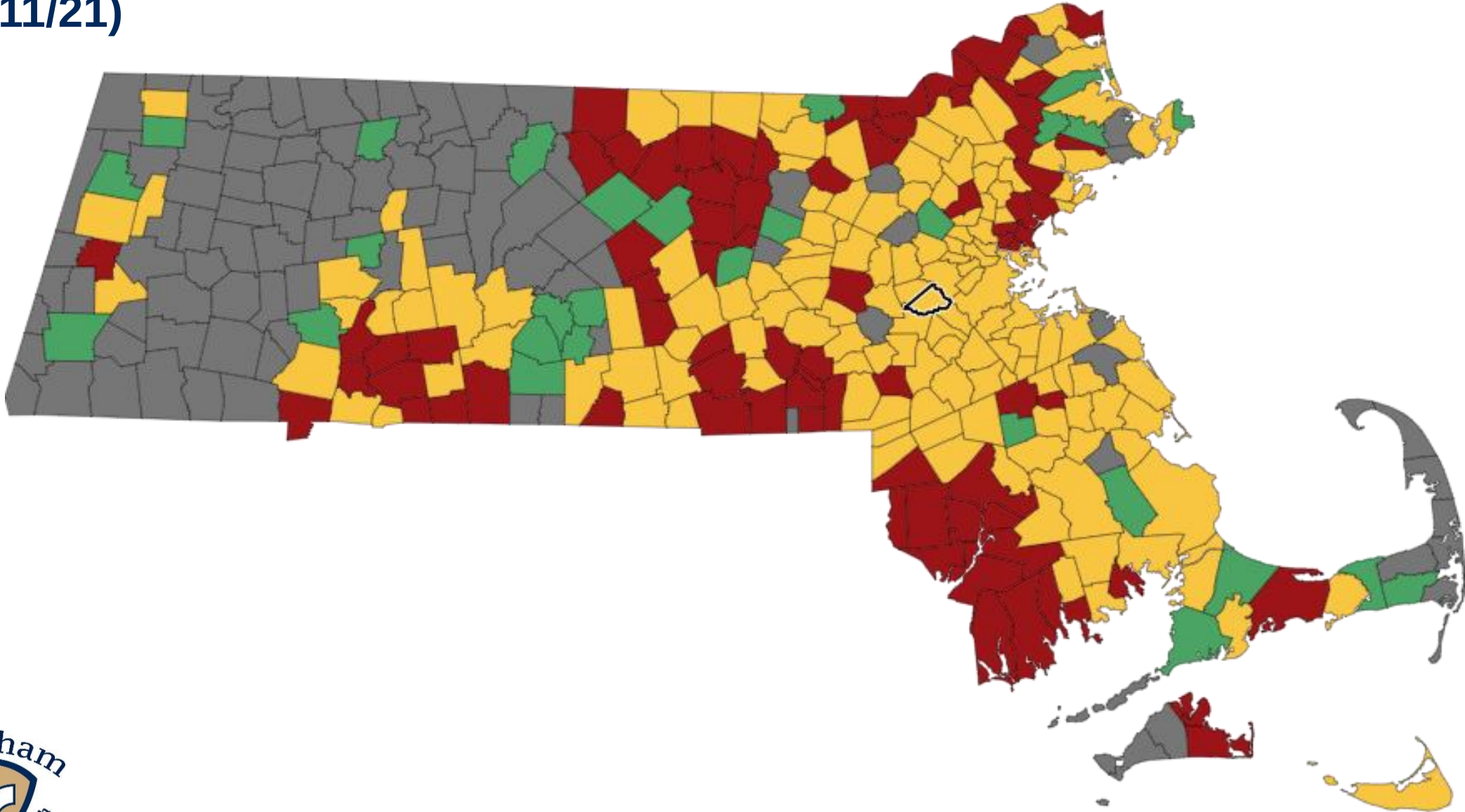
## Statewide Risk Map– Data Published 11/12/20 (drawn from 10/25 to 11/07)



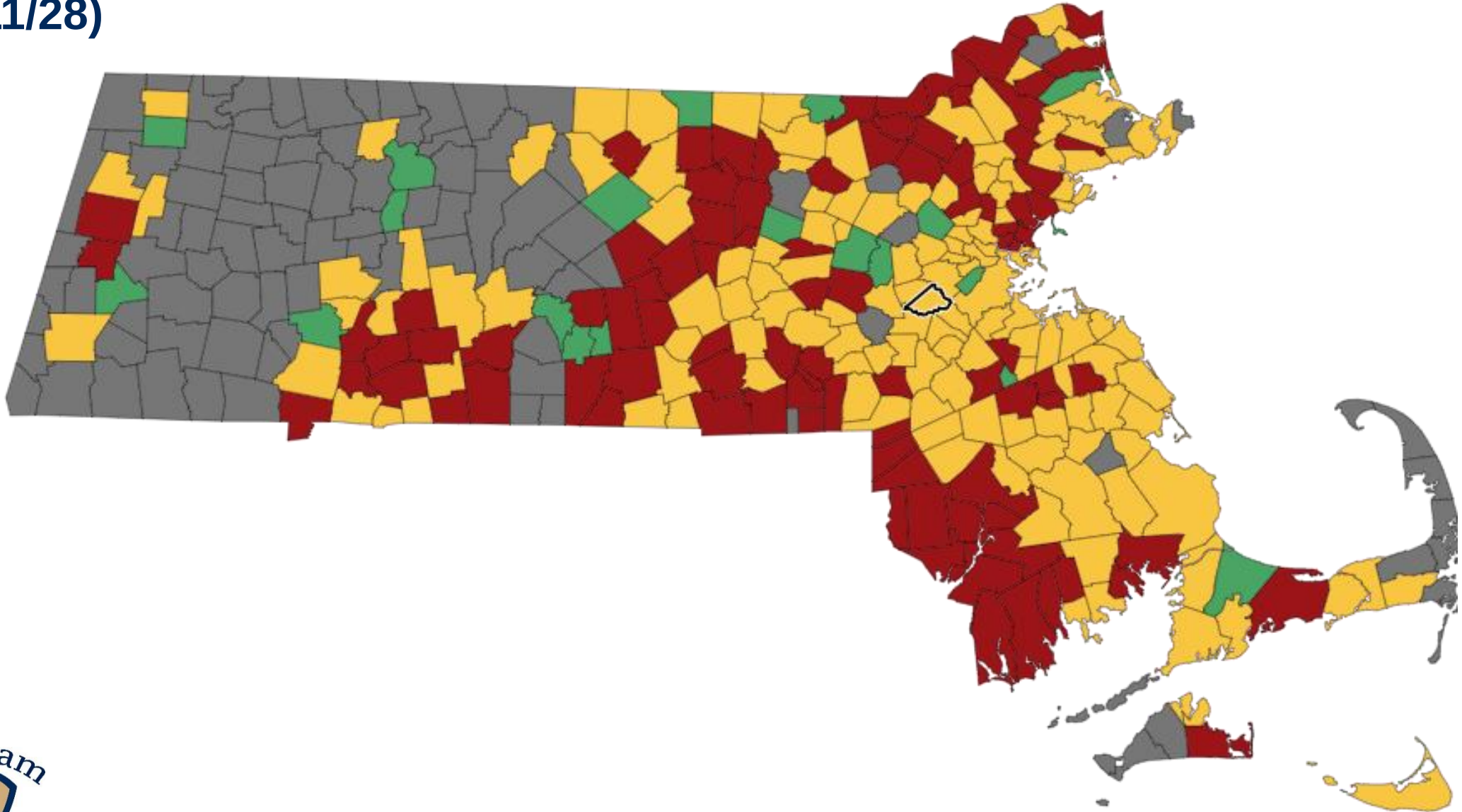
## Statewide Risk Map– Data Published 11/19/20 (drawn from 11/01 to 11/14)



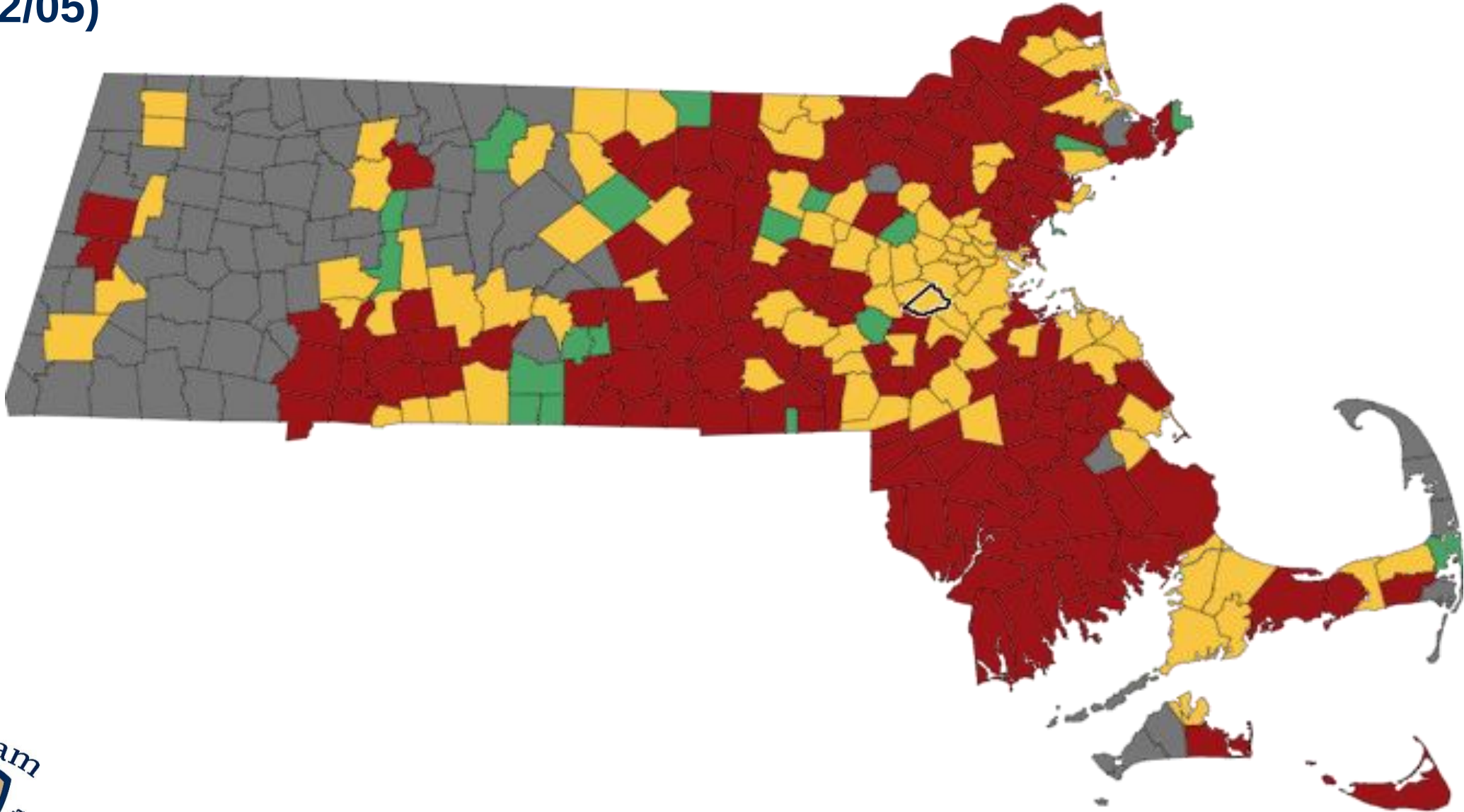
## Statewide Risk Map– Data Published 11/26/20 (drawn from 11/08 to 11/21)



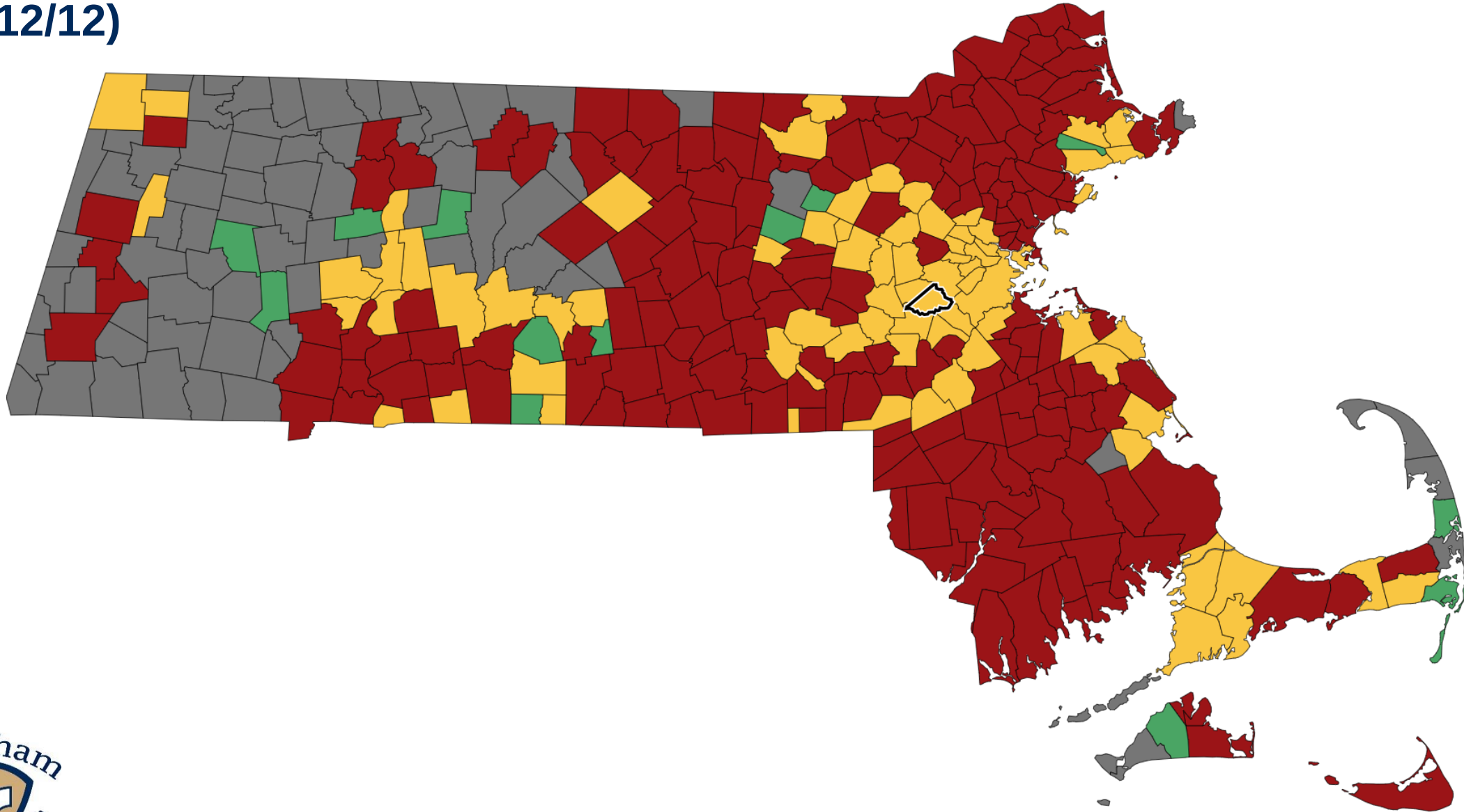
# Statewide Risk Map– Data Published 12/03/20 (drawn from 11/15 to 11/28)



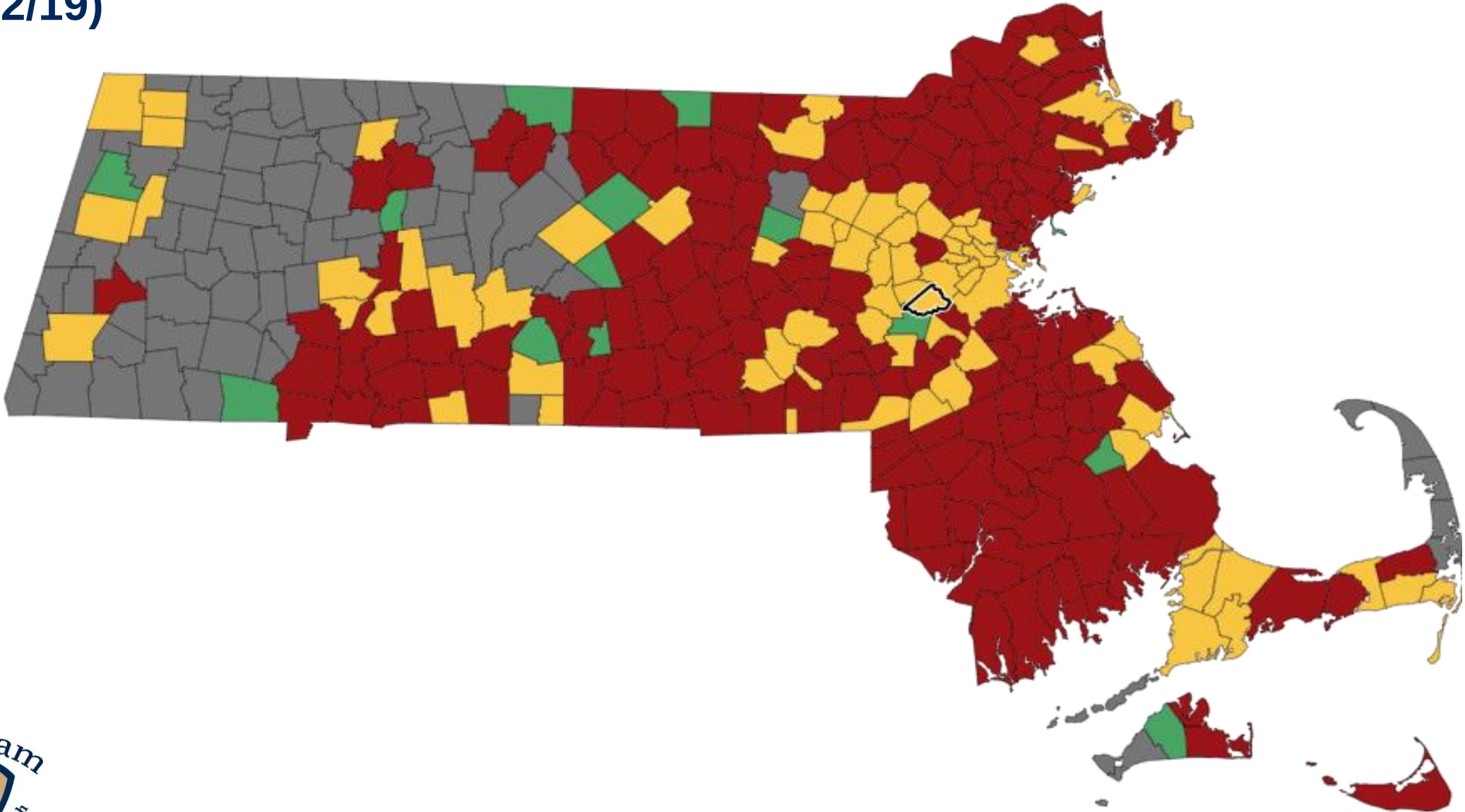
## Statewide Risk Map– Data Published 12/10/20 (drawn from 11/22 to 12/05)



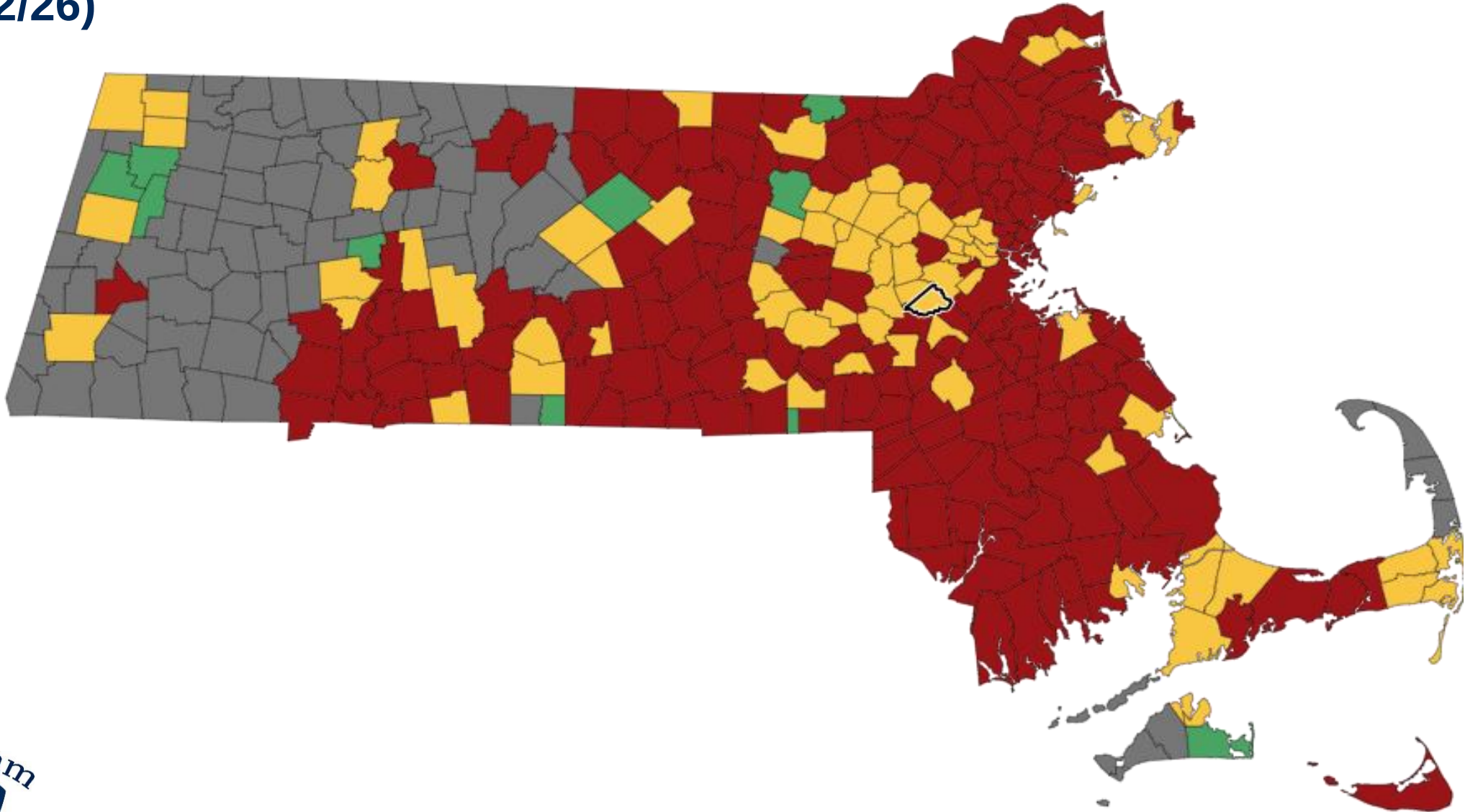
# Statewide Risk Map– Data Published 12/17/20 (drawn from 11/29 to 12/12)



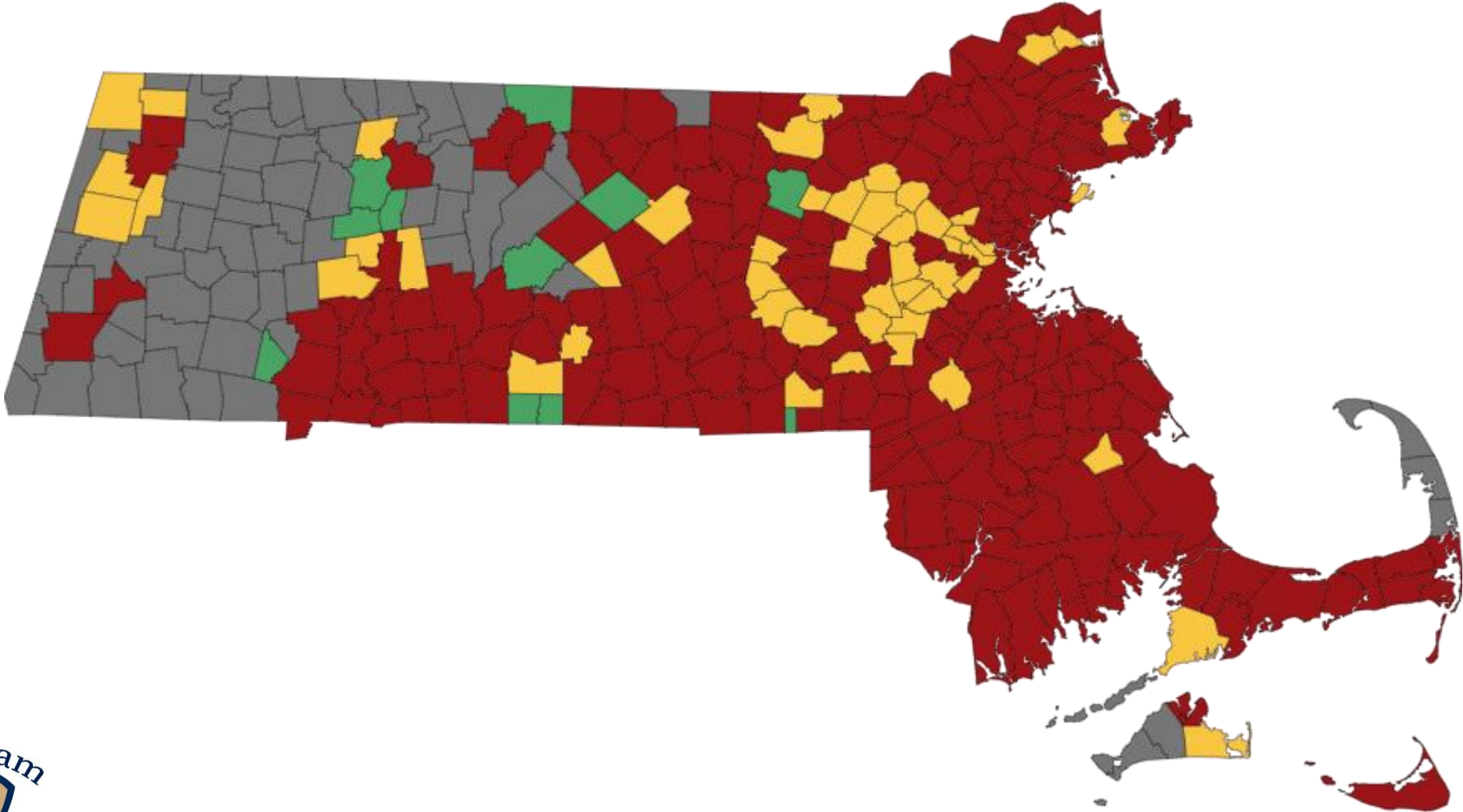
# Statewide Risk Map– Data Published 12/24/20 (drawn from 12/06 to 12/19)



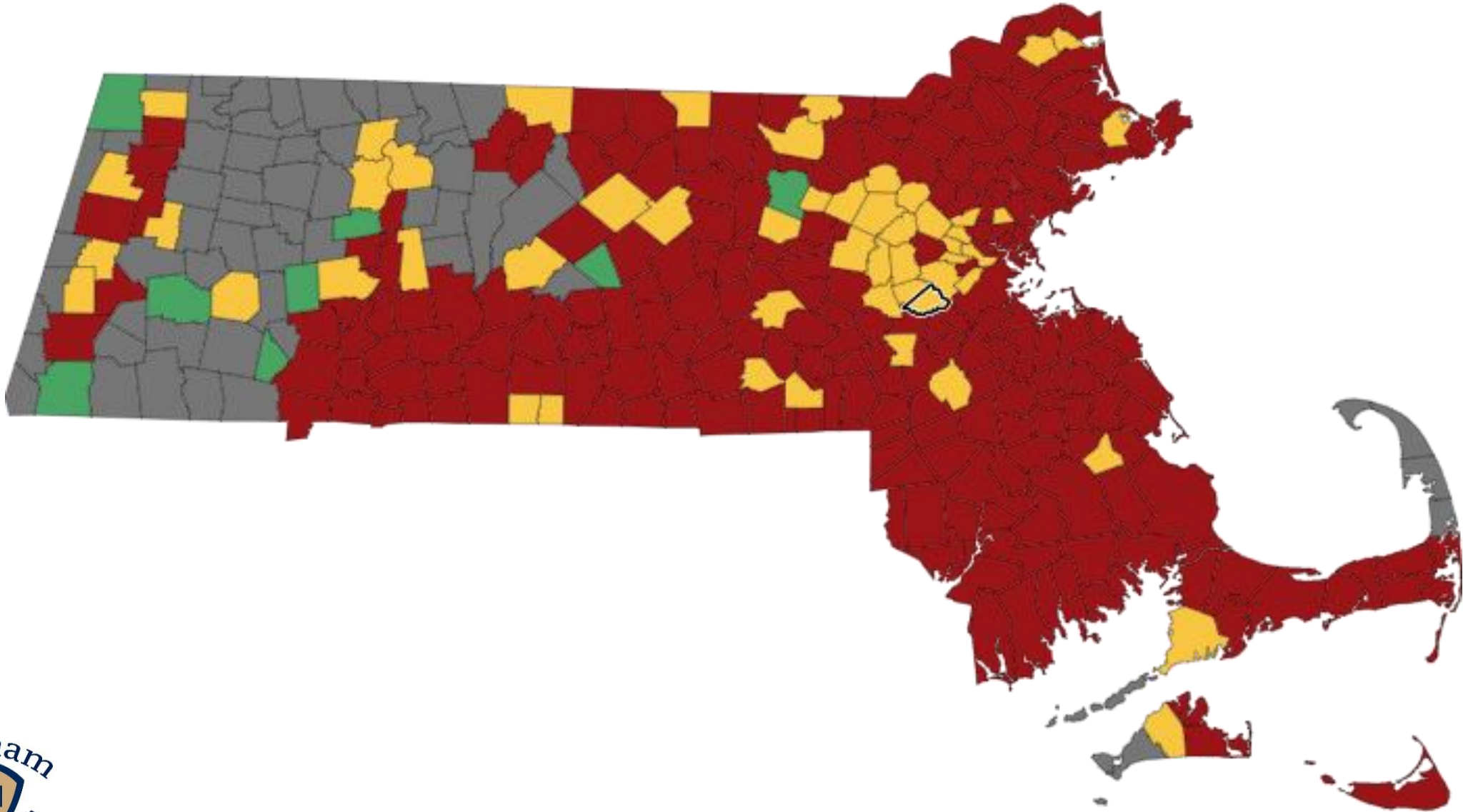
# Statewide Risk Map– Data Published 12/31/20 (drawn from 12/13 to 12/26)



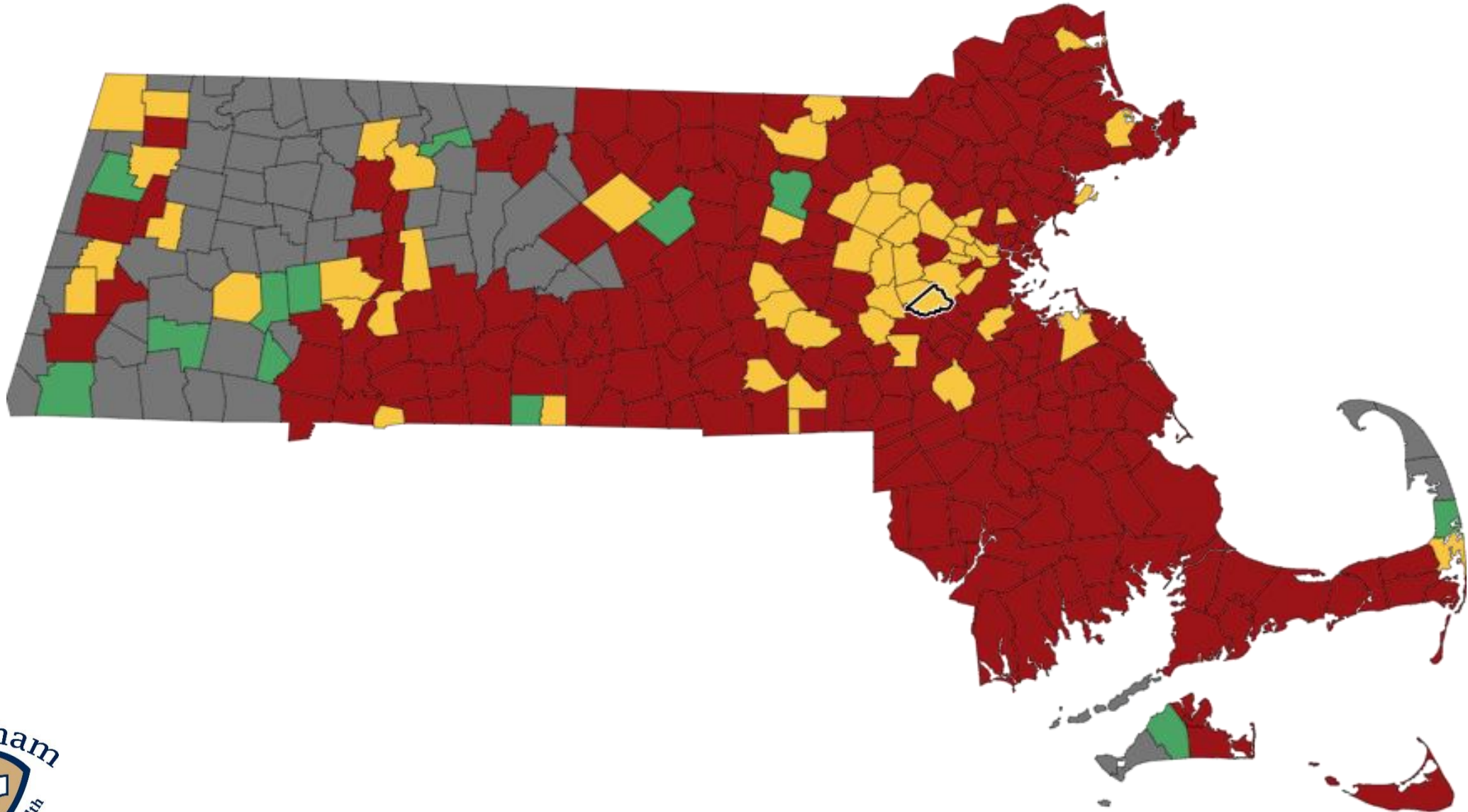
## Statewide Risk Map– Data Published 1/7/21 (drawn from 12/20 to 1/2)



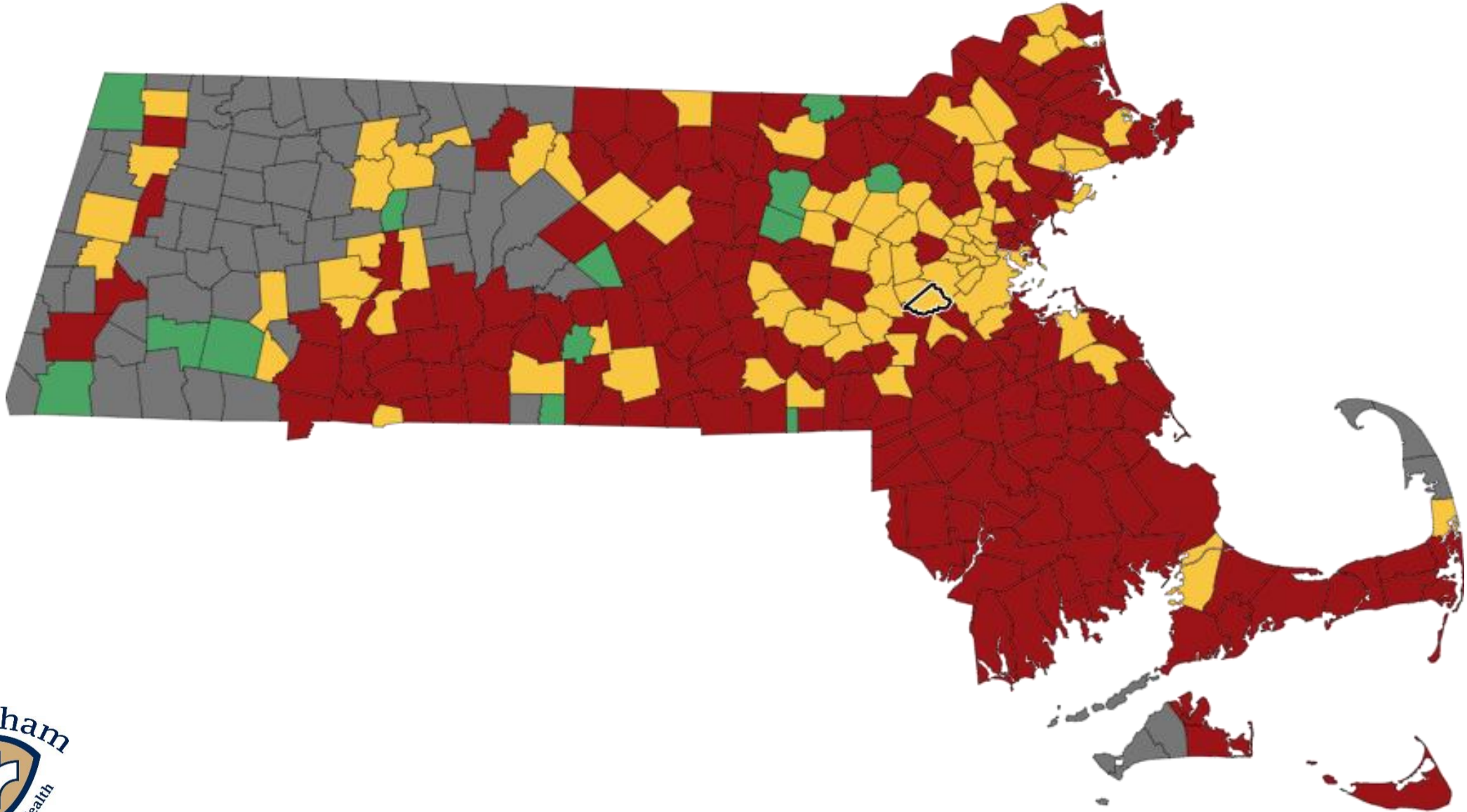
## Statewide Risk Map– Data Published 1/14/21 (drawn from 12/27 to 1/9)



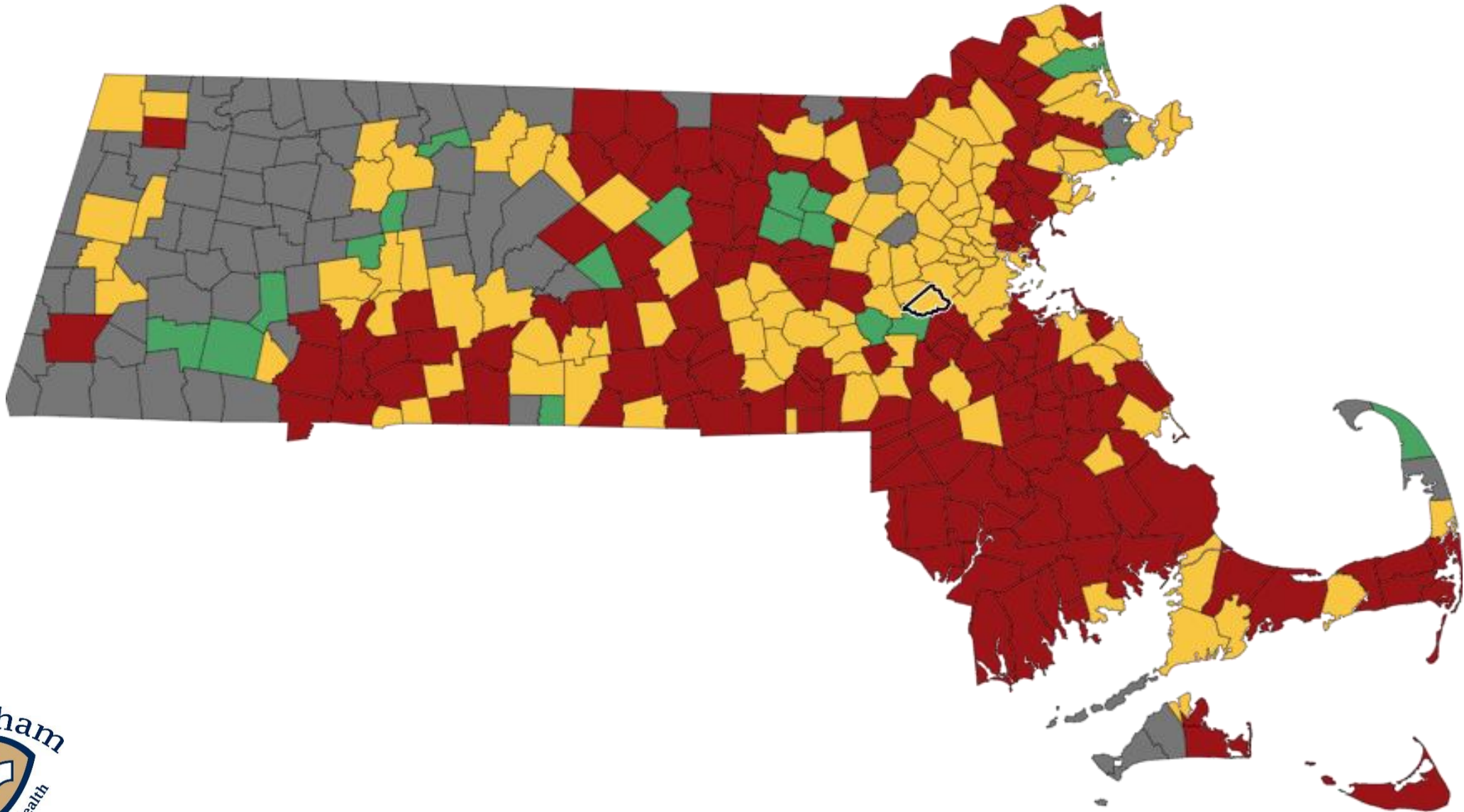
## Statewide Risk Map– Data Published 1/21/21 (drawn from 1/03 to 1/16)



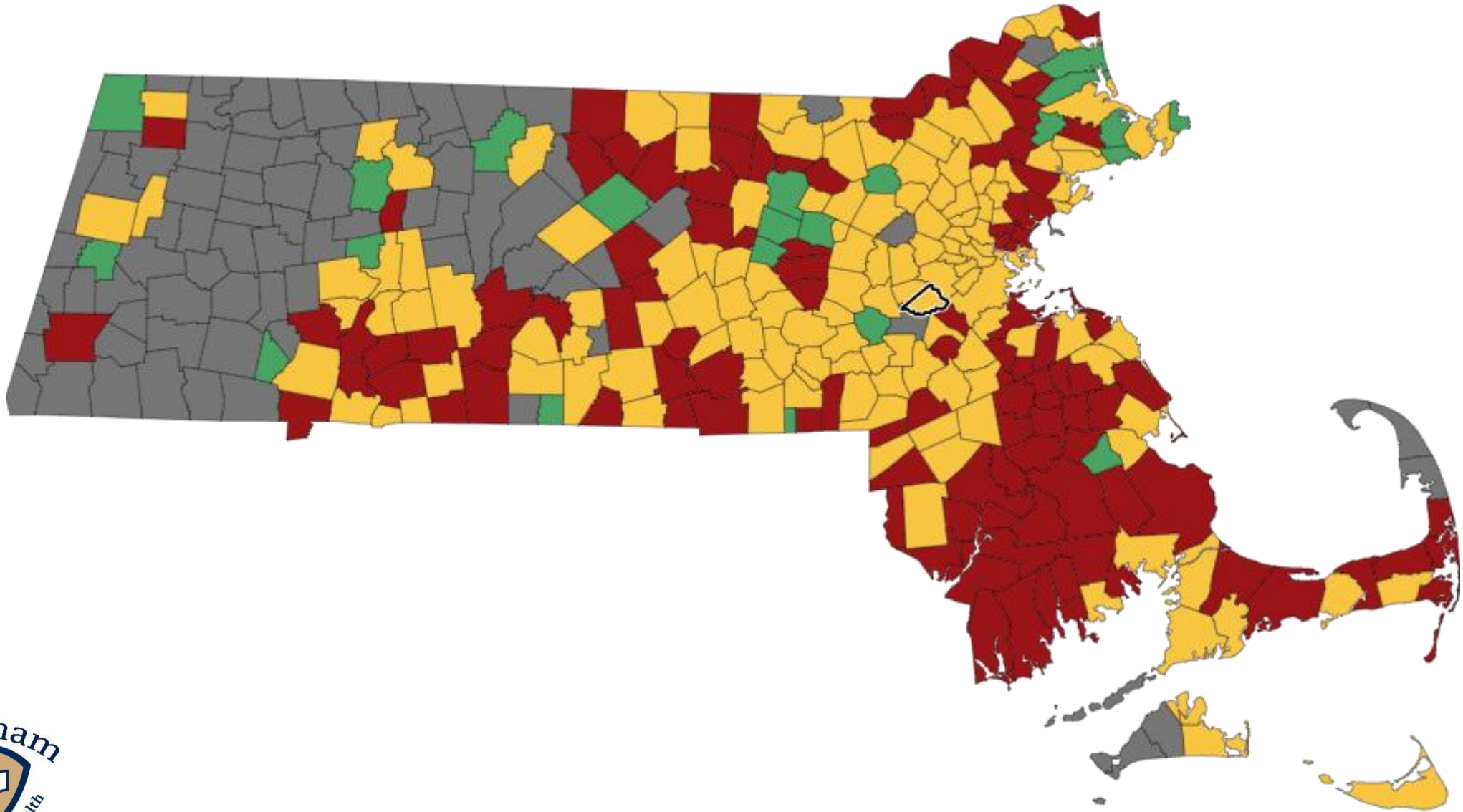
## Statewide Risk Map– Data Published 1/28/21 (drawn from 1/10 to 1/23)



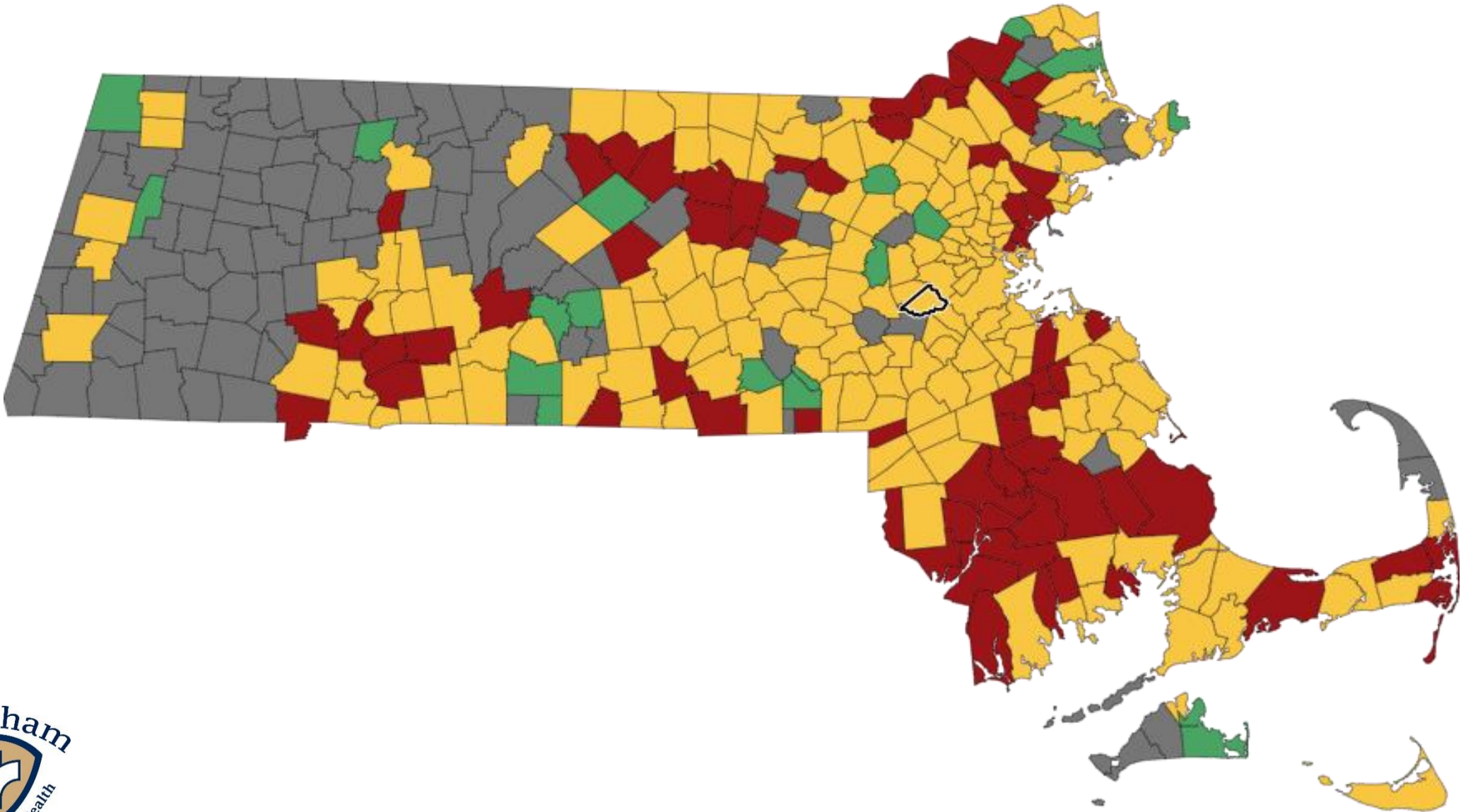
## Statewide Risk Map– Data Published 2/04/21 (drawn from 1/17 to 1/30)



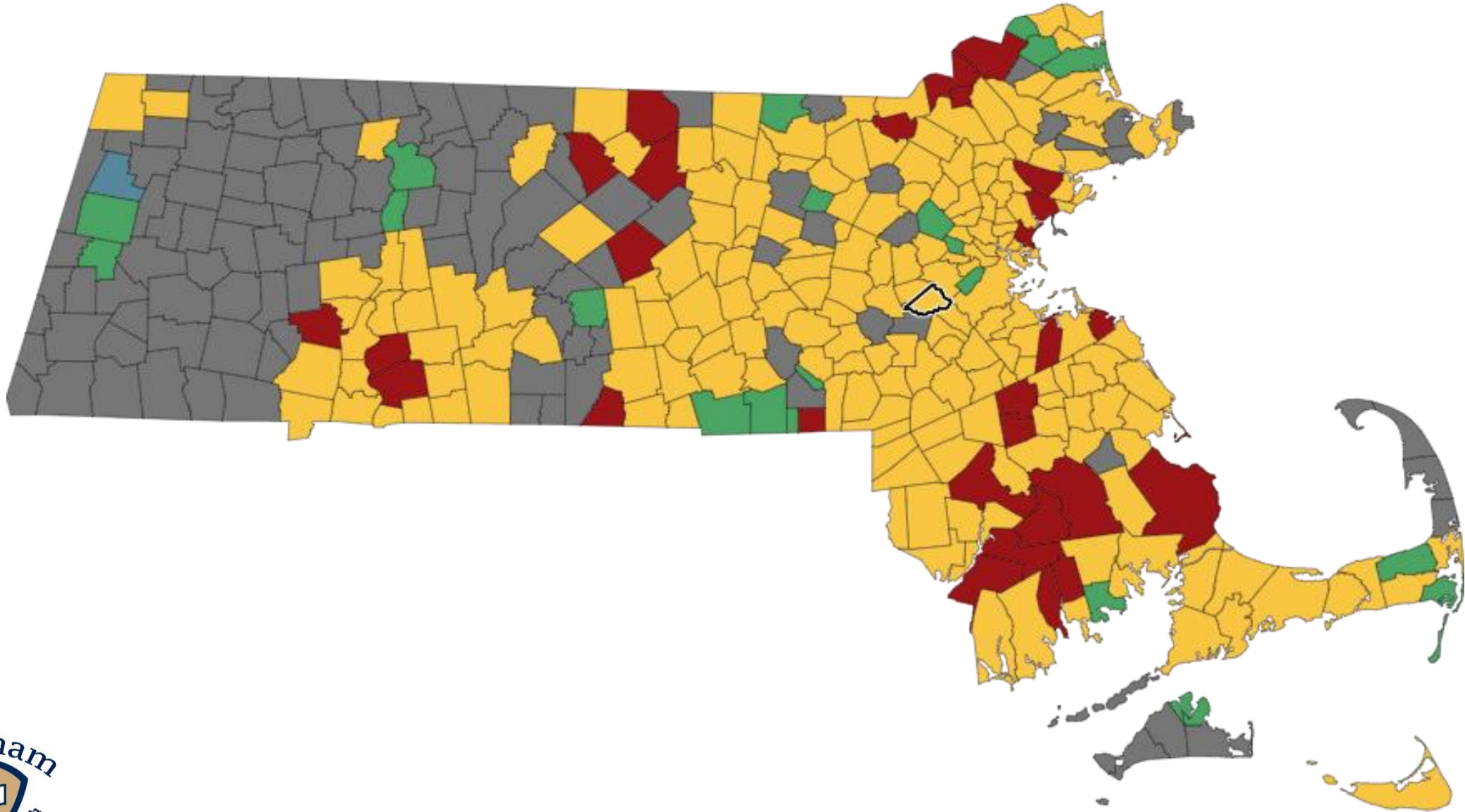
## Statewide Risk Map– Data Published 2/11/21 (drawn from 1/24 to 2/06)



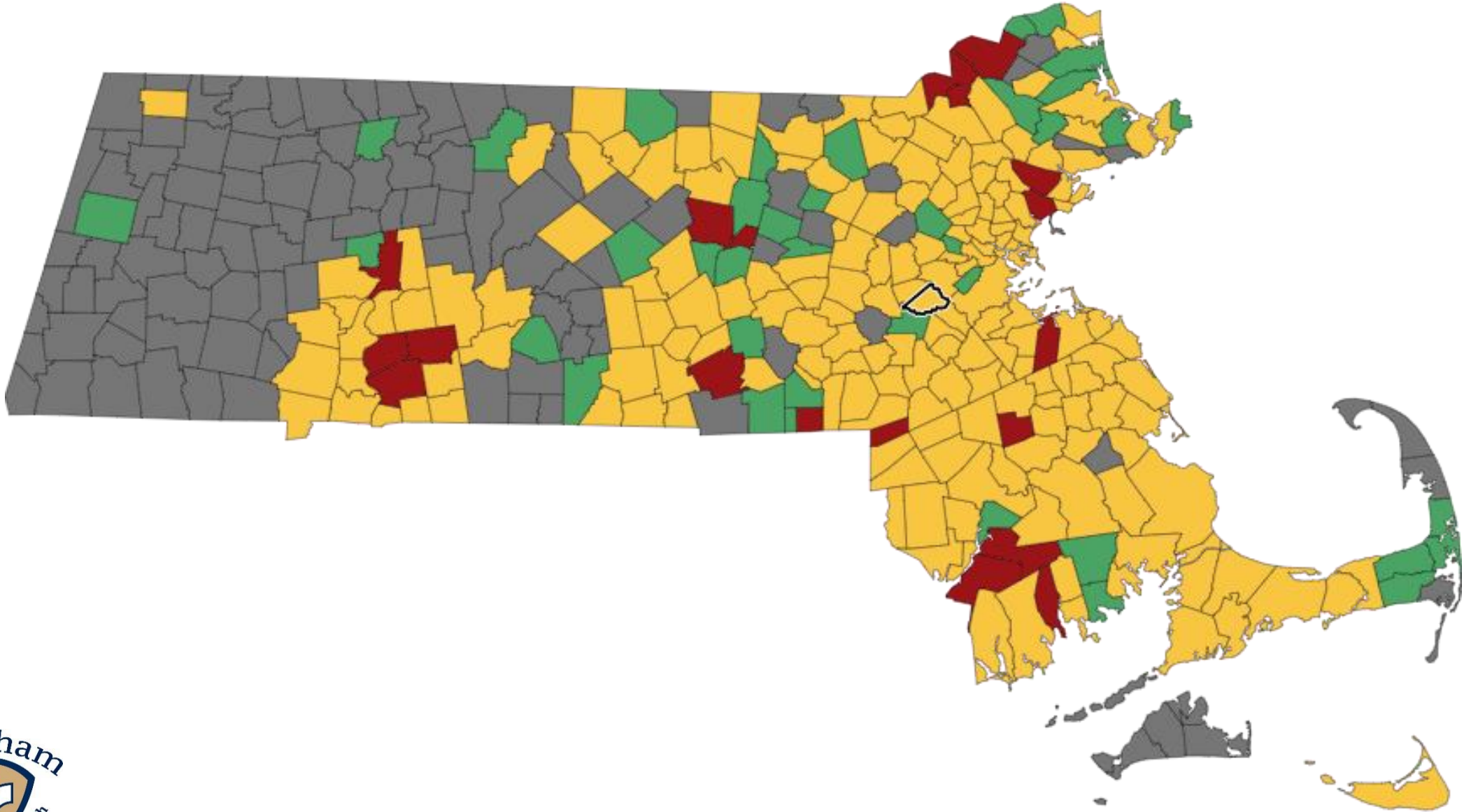
## Statewide Risk Map– Data Published 2/18/21 (drawn from 1/31 to 2/13)



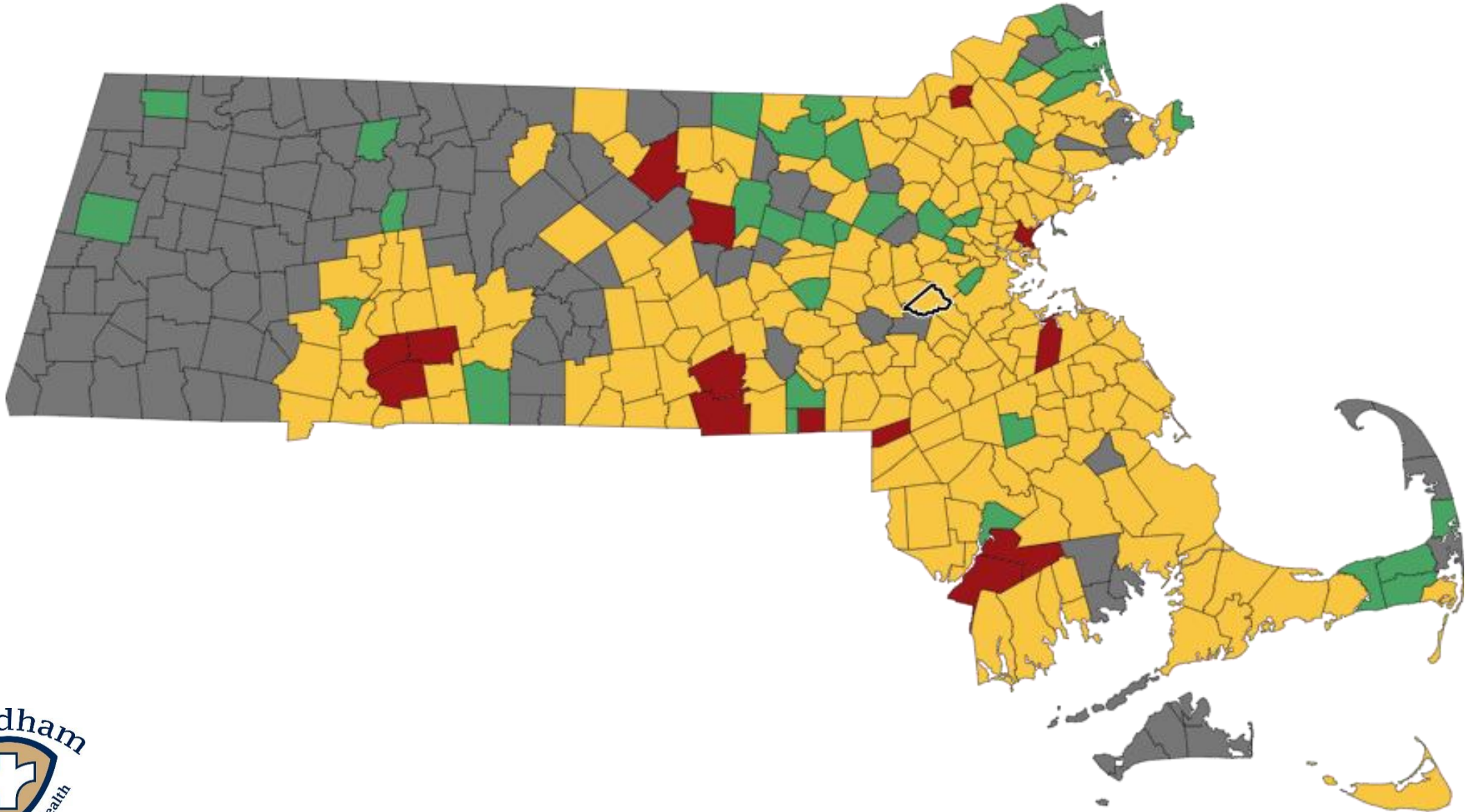
## Statewide Risk Map– Data Published 2/25/21 (drawn from 2/07 to 2/20)



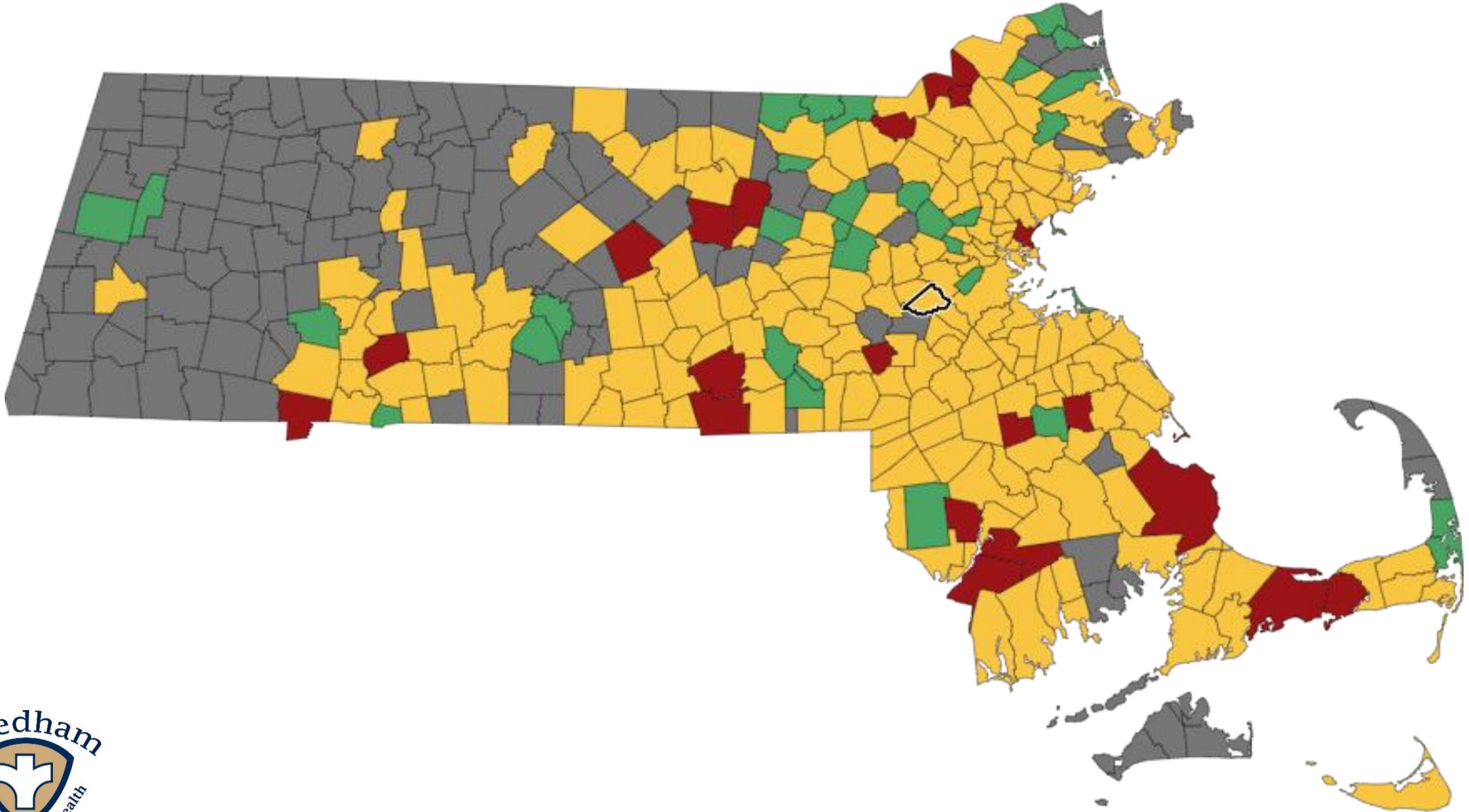
## Statewide Risk Map– Data Published 3/04/21 (drawn from 2/14 to 2/27)



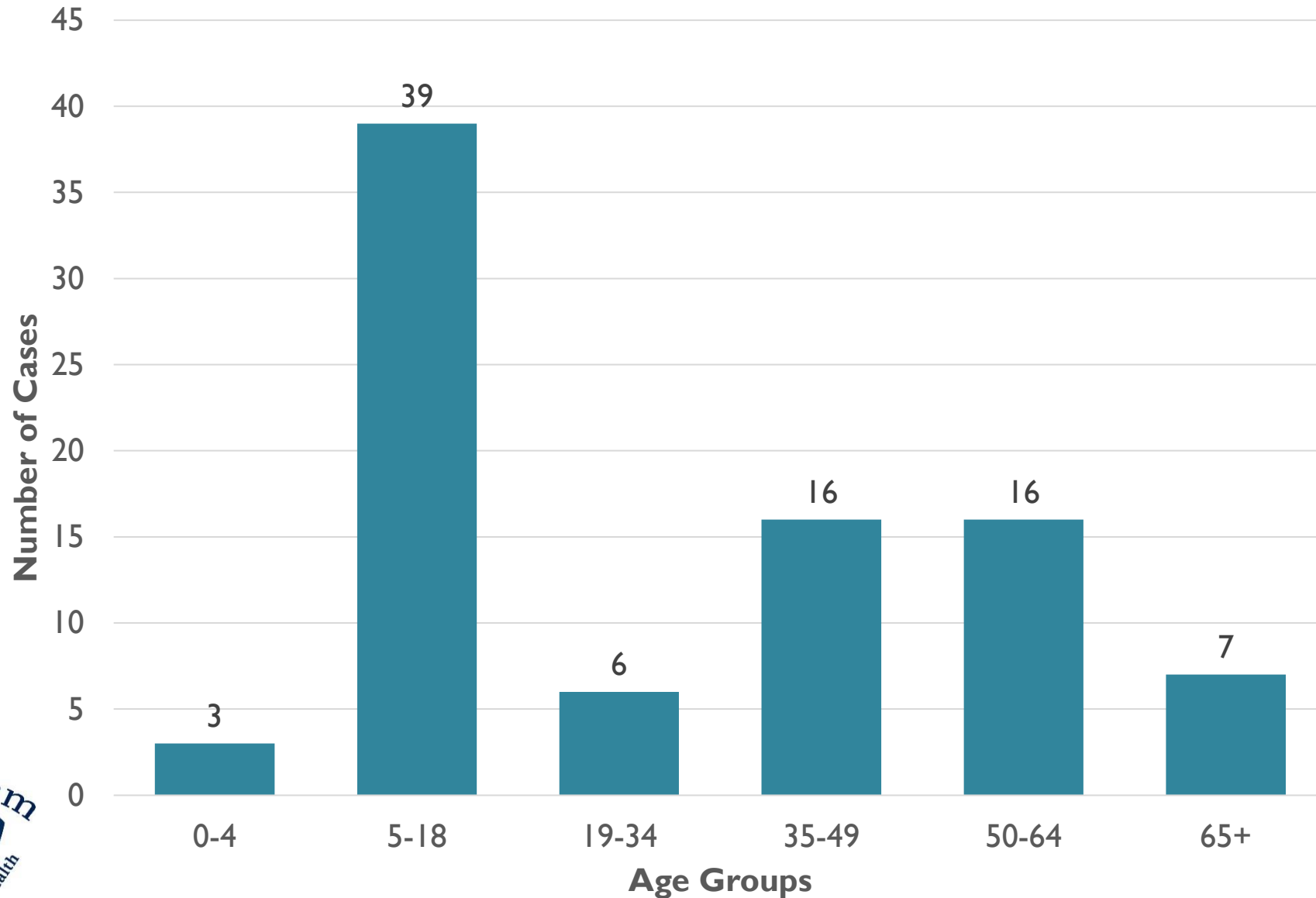
## Statewide Risk Map– Data Published 3/11/21 (drawn from 2/21 to 3/06)



## Statewide Risk Map– Data Published 3/18/21 (drawn from 2/28 to 3/13)



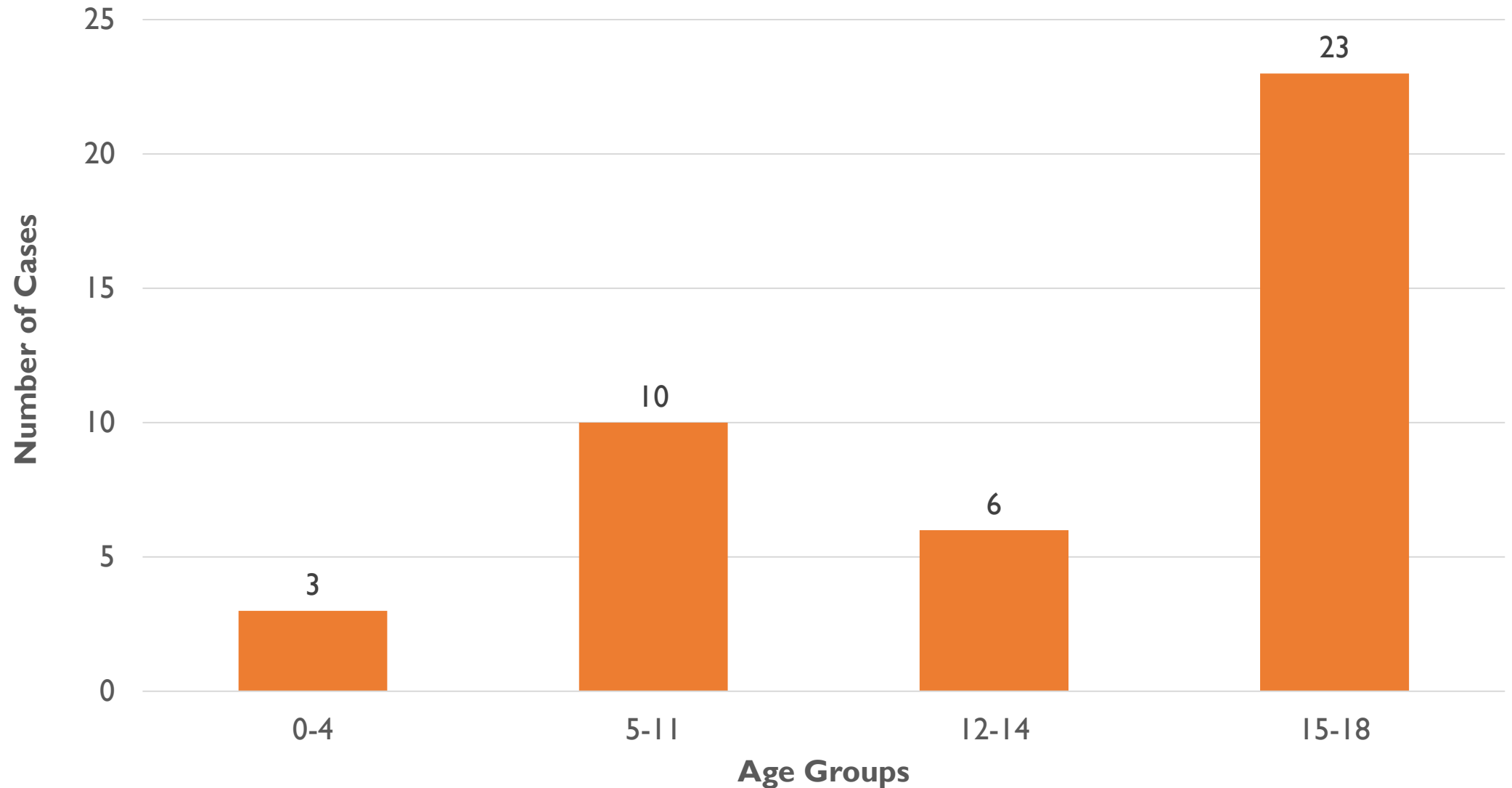
# Needham Confirmed Cases, Feb 28-Mar 13



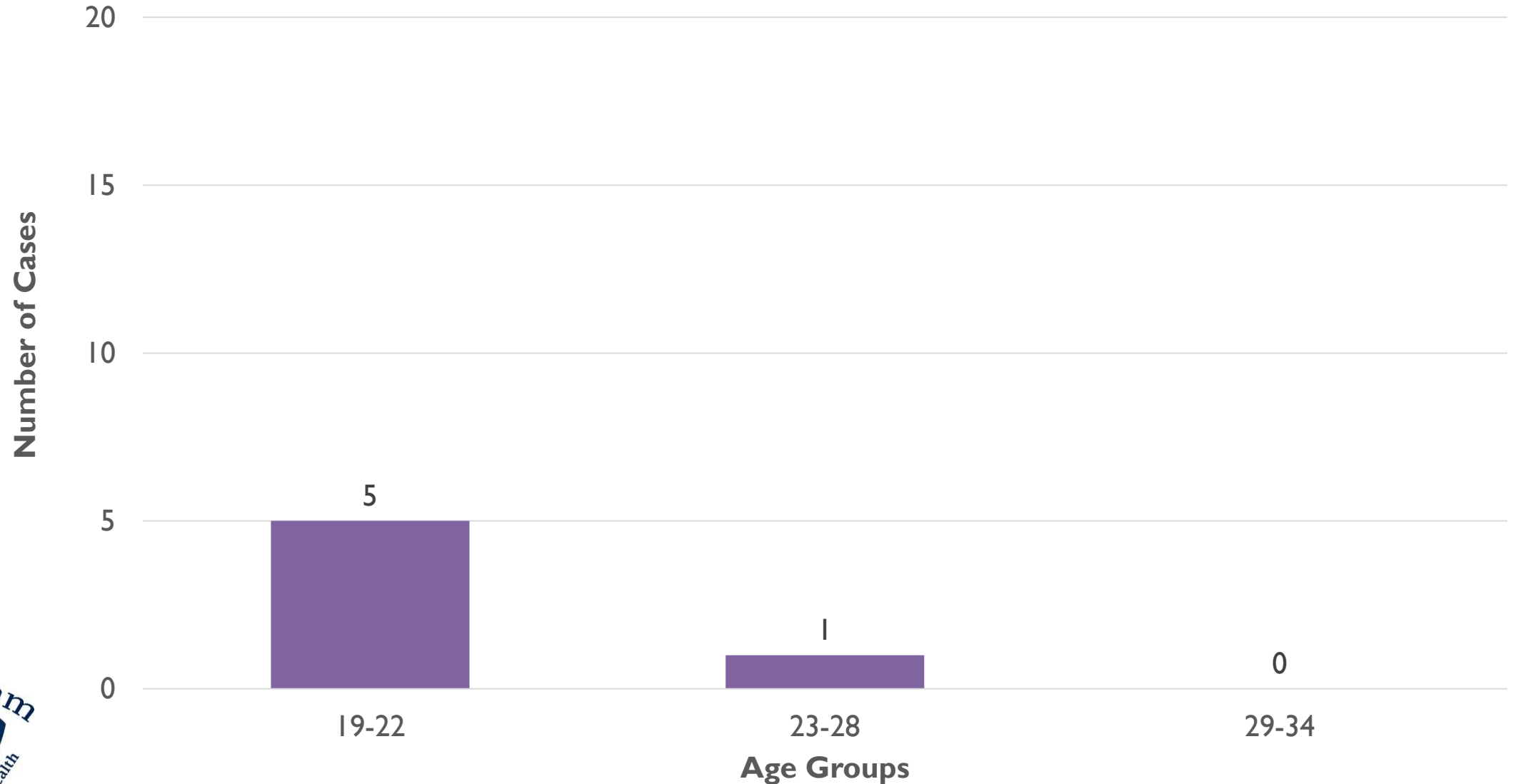
Total cases in  
two-week  
period

87 ▲

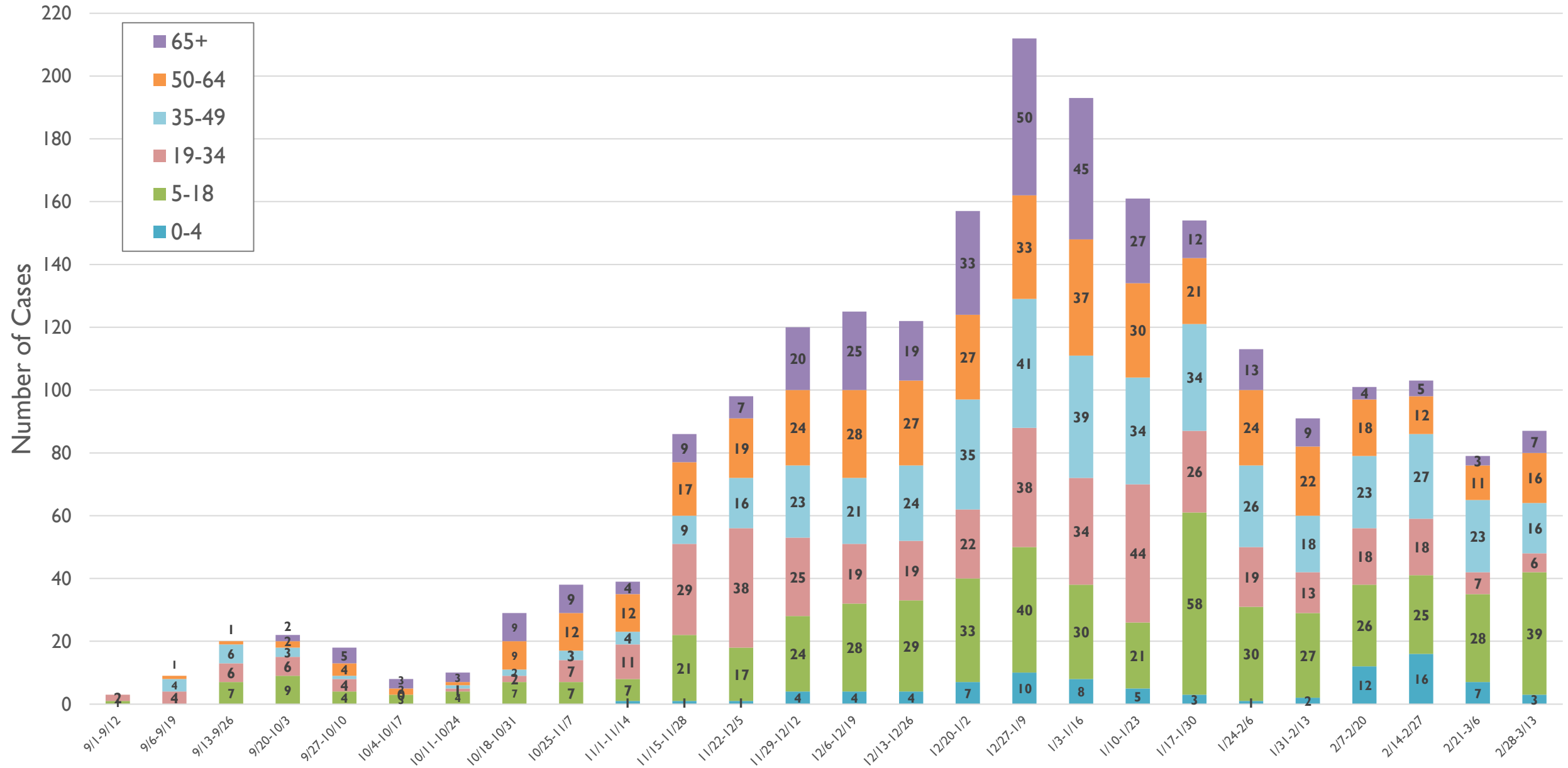
# Cases in Children, Feb 28 – Mar 13



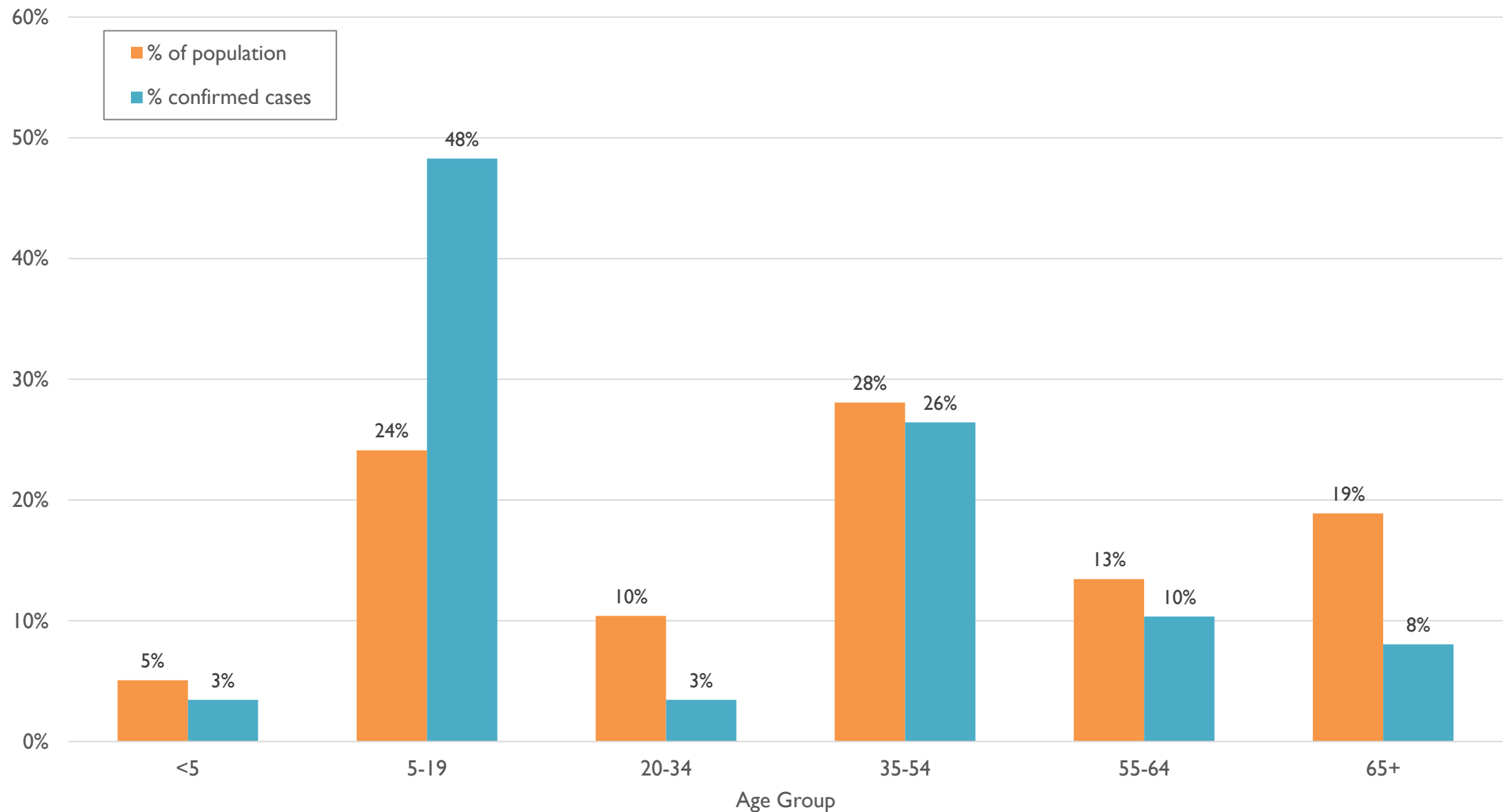
# Cases in Young Adults, Feb 21-Mar 6



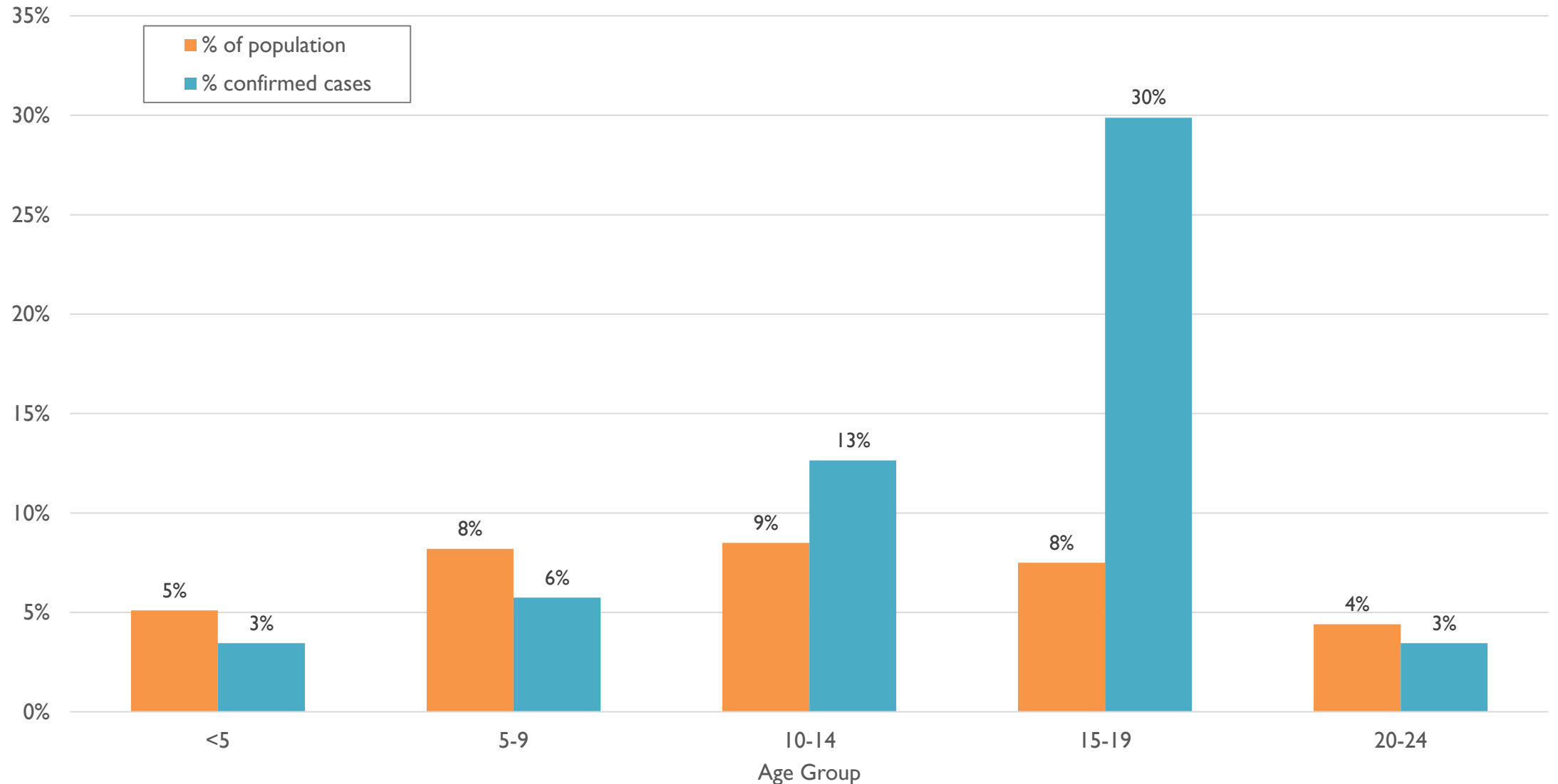
# Age Breakdown: Academic Year To Date



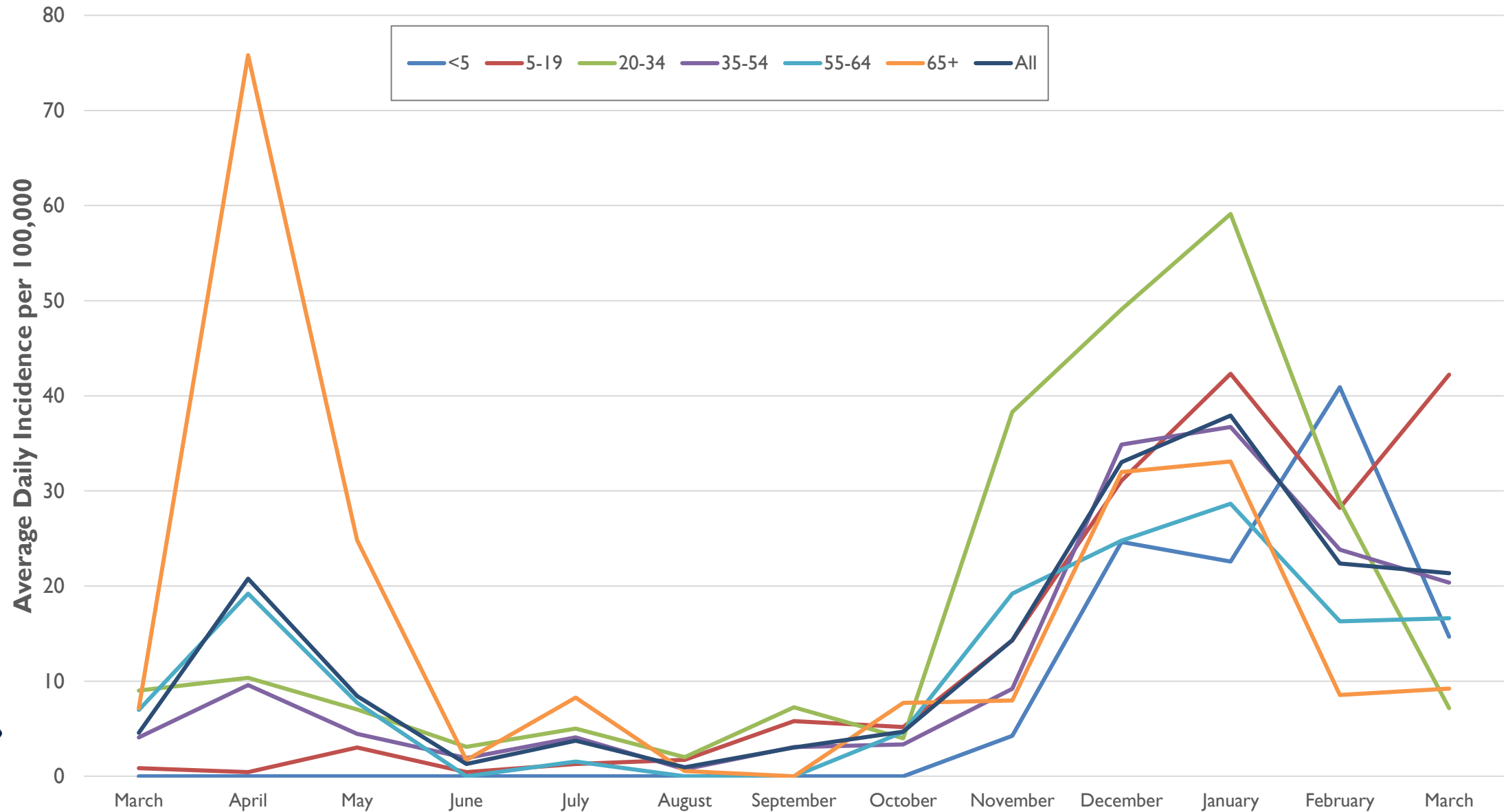
# Cases by age compared to population, Feb 28 – Mar 13



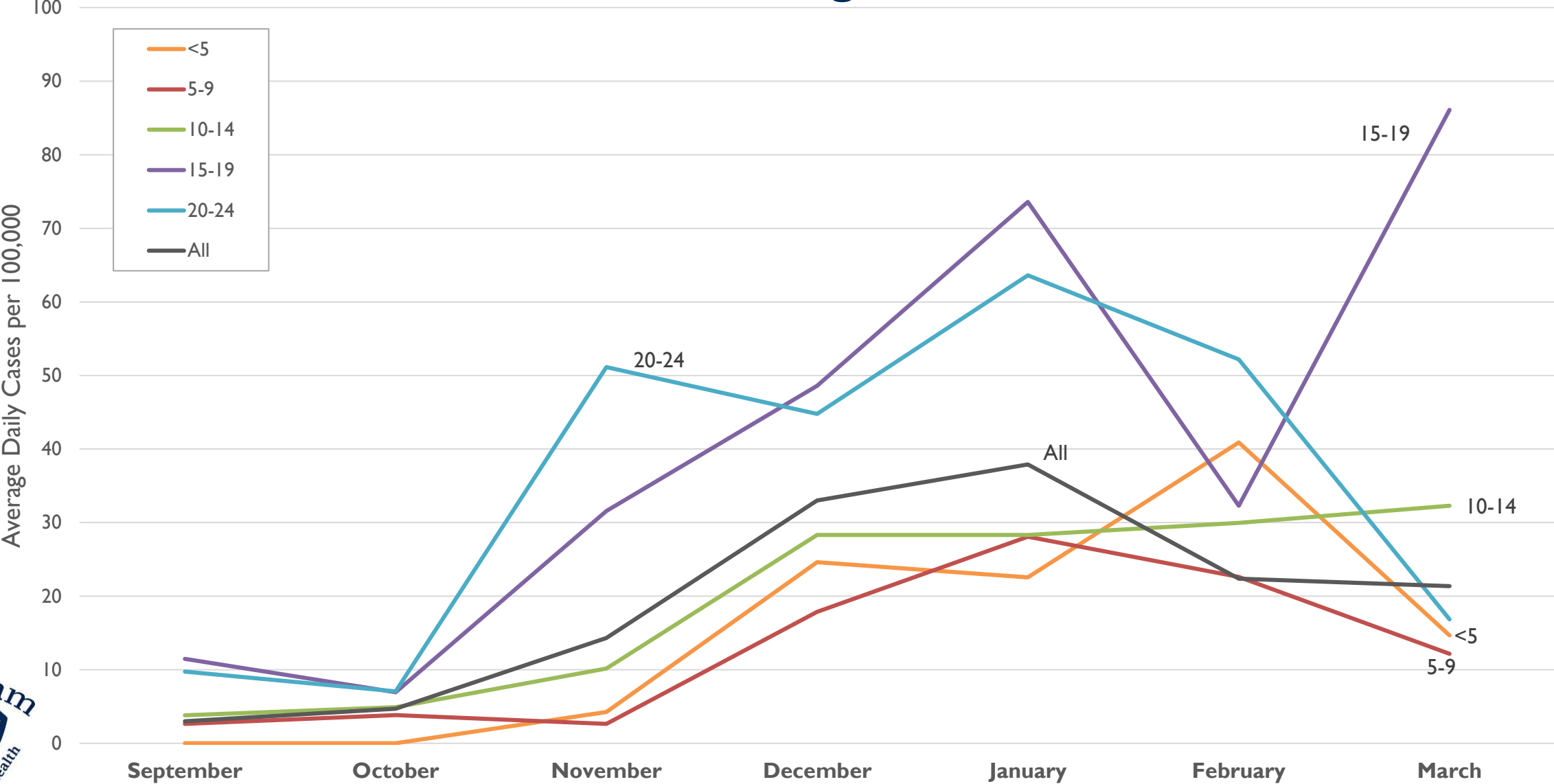
# Cases by age compared to population: Children and young adults, Feb 28 – Mar 13



# Average Daily Incidence by Age



# Average Daily Incidence by Age, Children & Young Adults

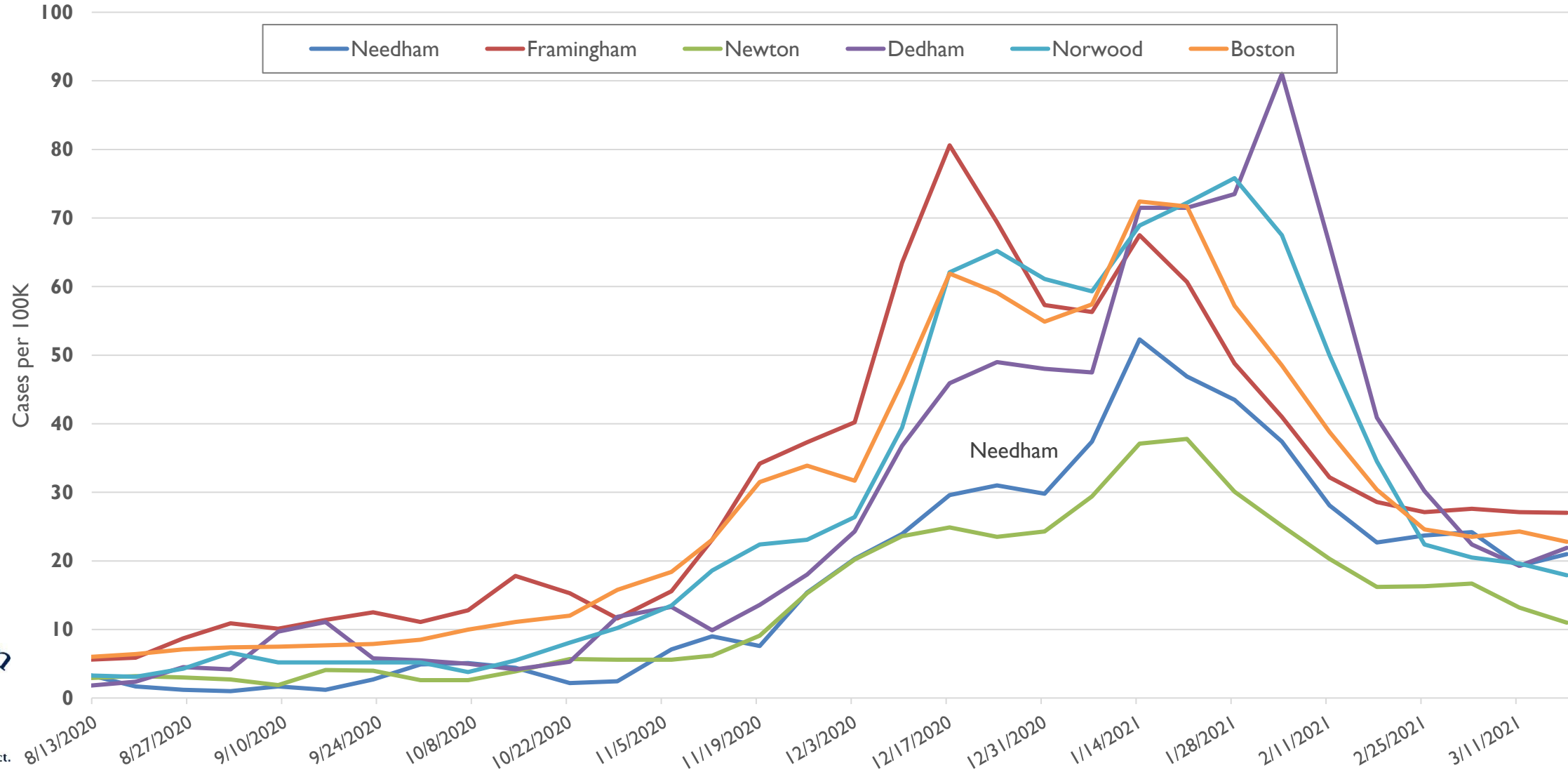


\* March rate is for March 1-13

# Average Daily Cases per 100K, City & Towns

Data published 3/18/21

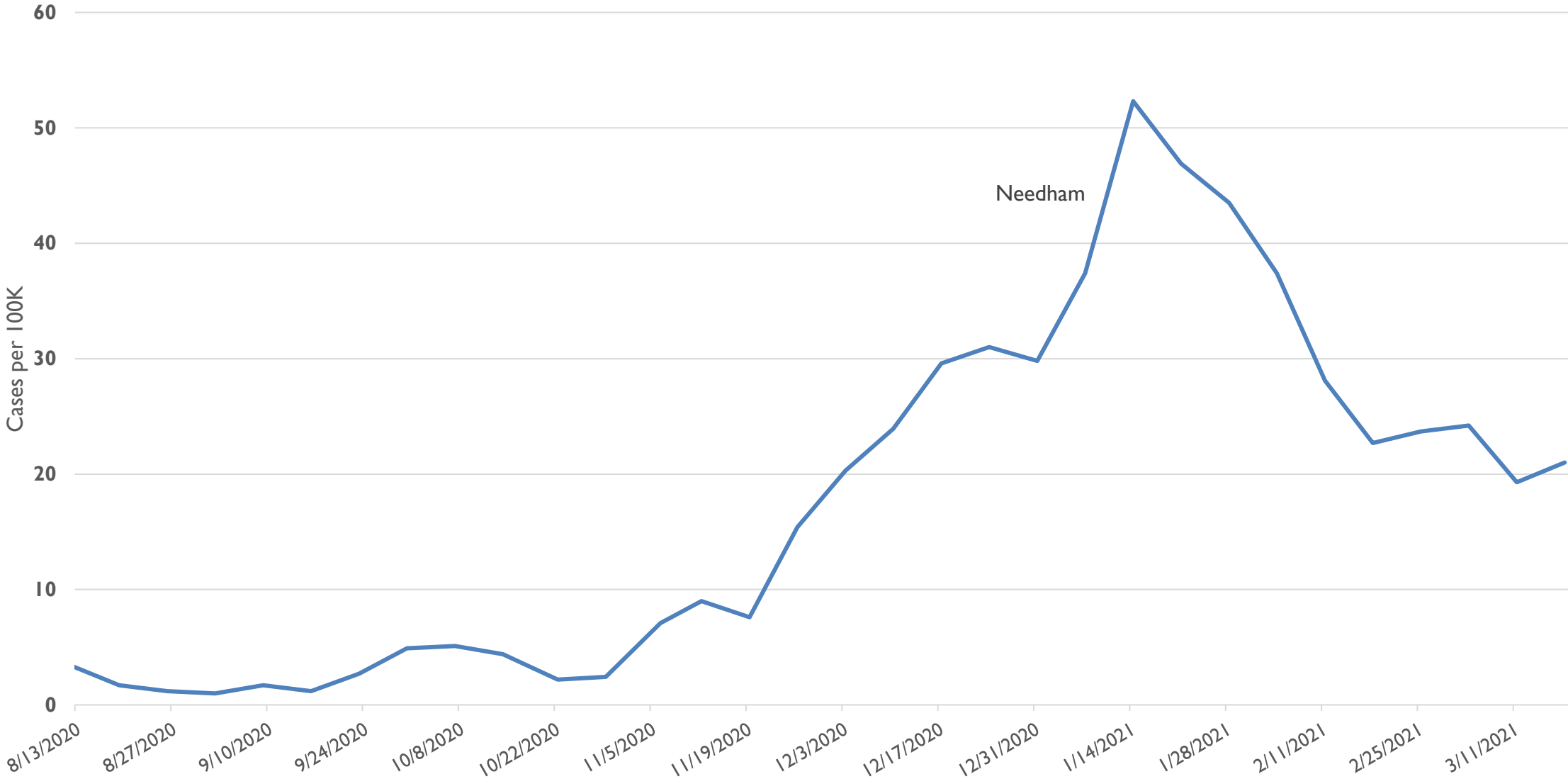
Average Daily Incident Rate per 100K: City & Towns



# Average Daily Cases per 100K, City & Towns

Data published 3/18/21

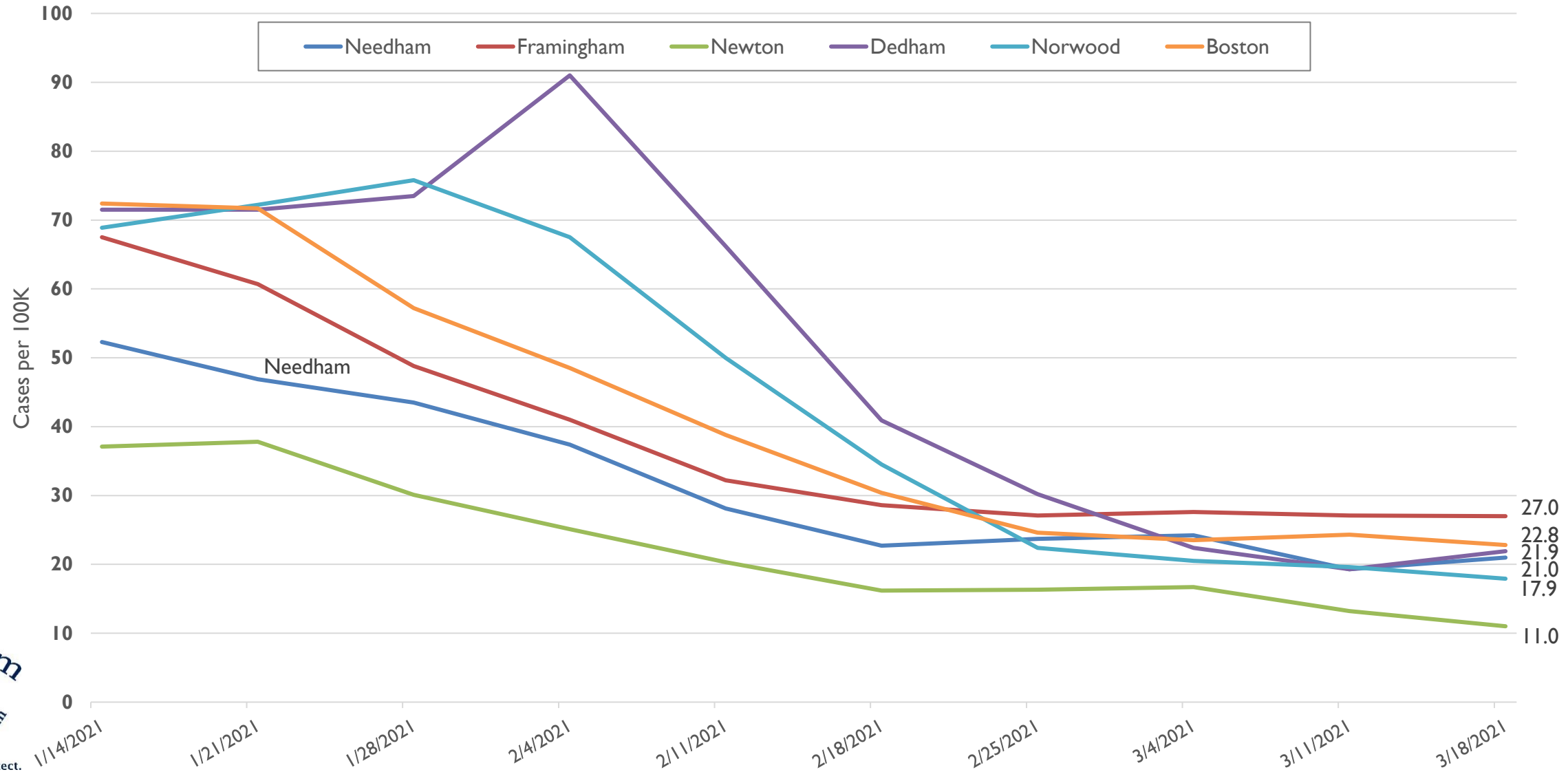
Average Daily Incident Rate per 100K: City & Towns



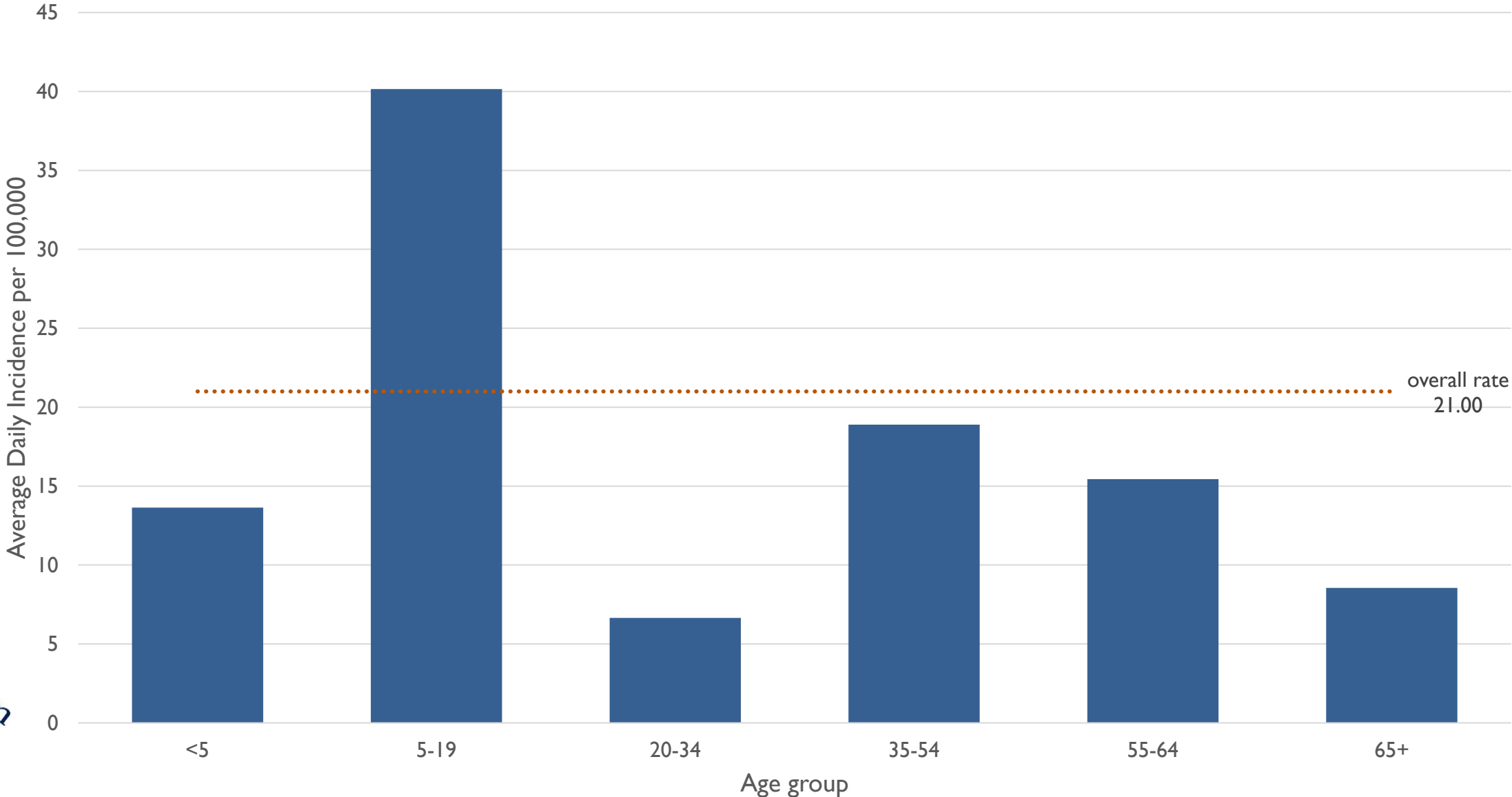
# Average Daily Cases per 100K, Jan-March

Data published 3/18/21

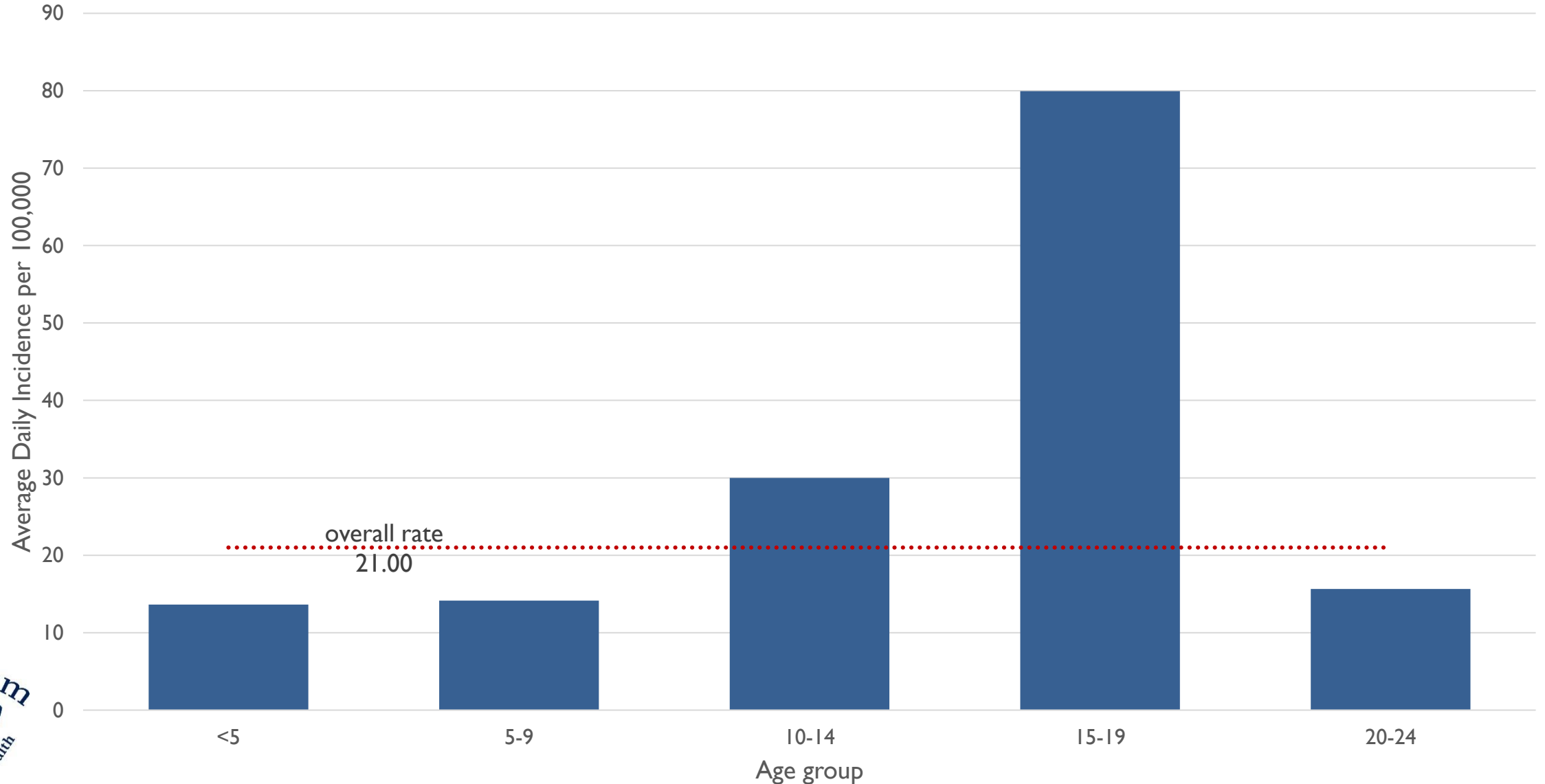
Average Daily Incident Rate per 100K: City & Towns



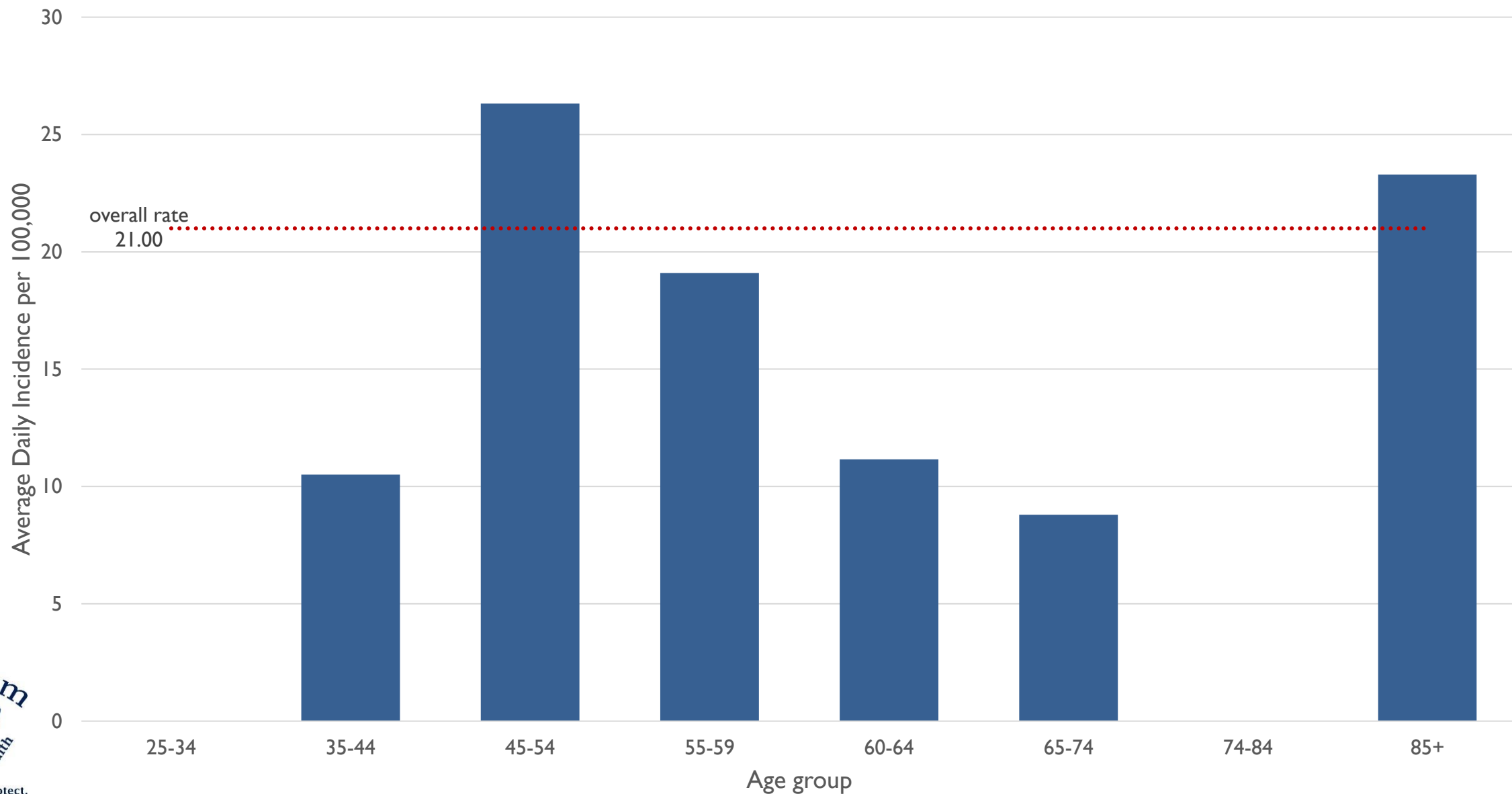
# Average Daily Cases by Age, February 28 – March 13



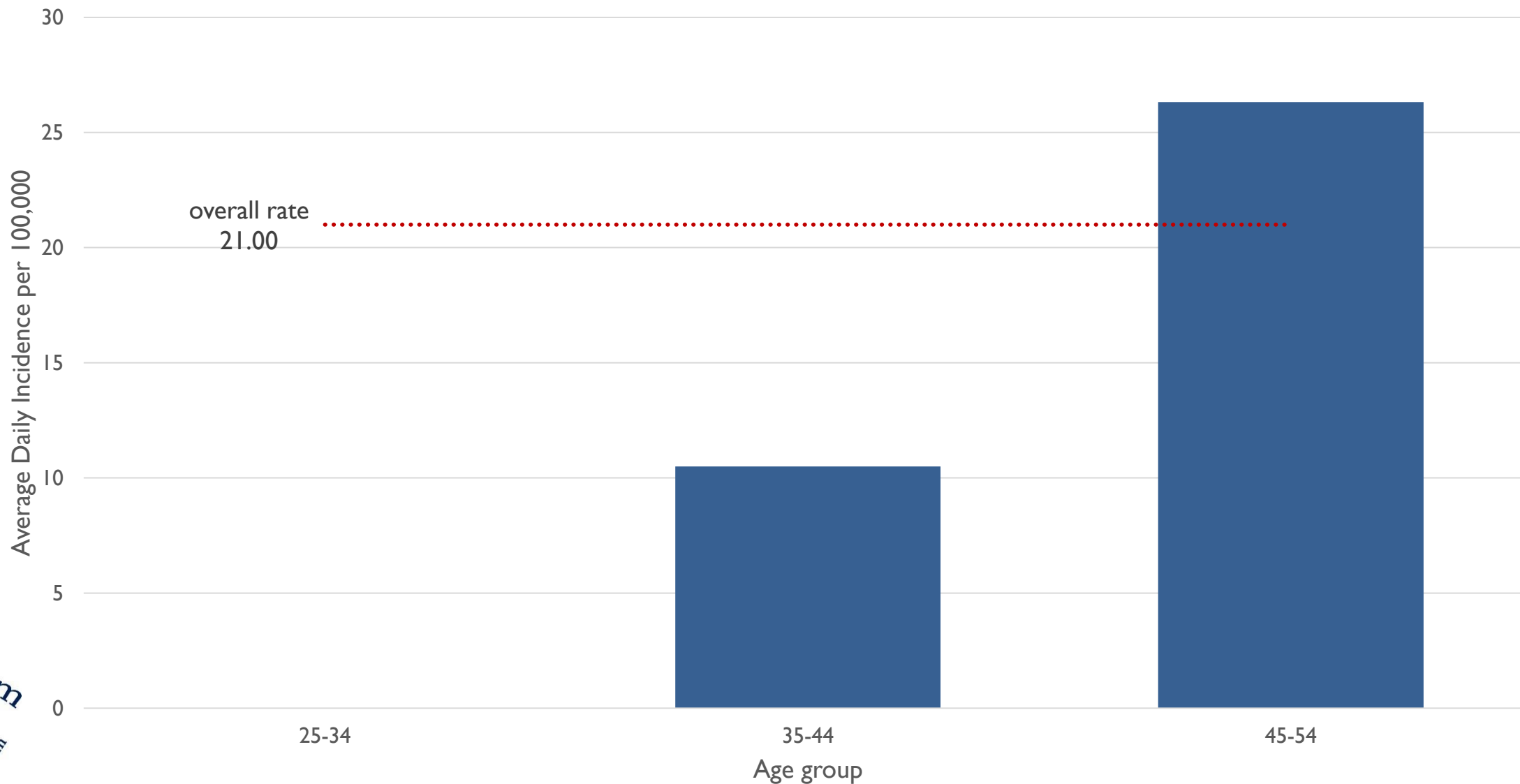
# Average Daily Cases Among Children & Young Adults, February 28-March 13



# Average Daily Cases Among Adults, Feb 28-March 13



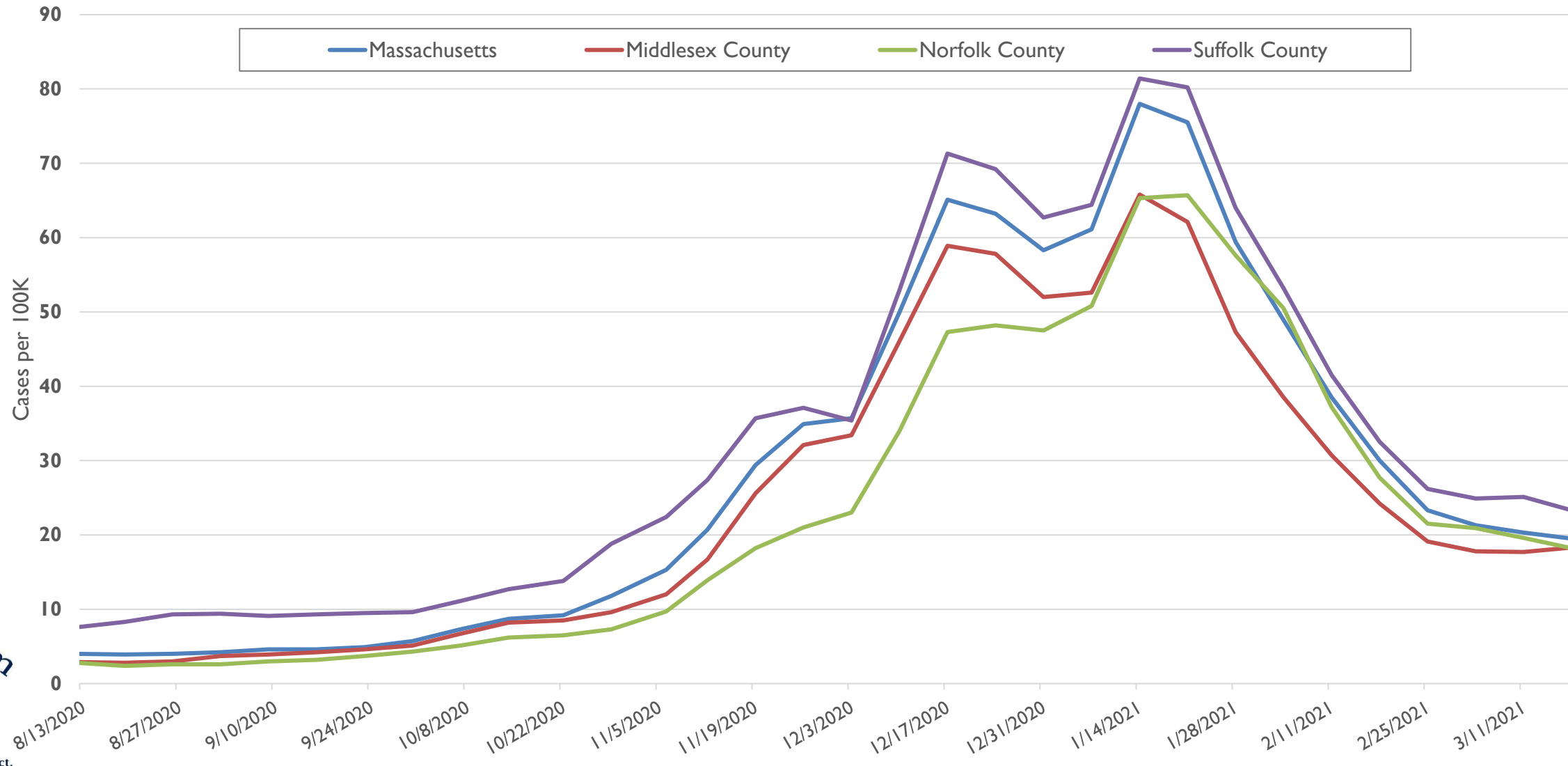
# Average Daily Cases Among Adults, Feb 28-March 13



# Average Daily Cases per 100K, State & Counties

Data published 3/18/21

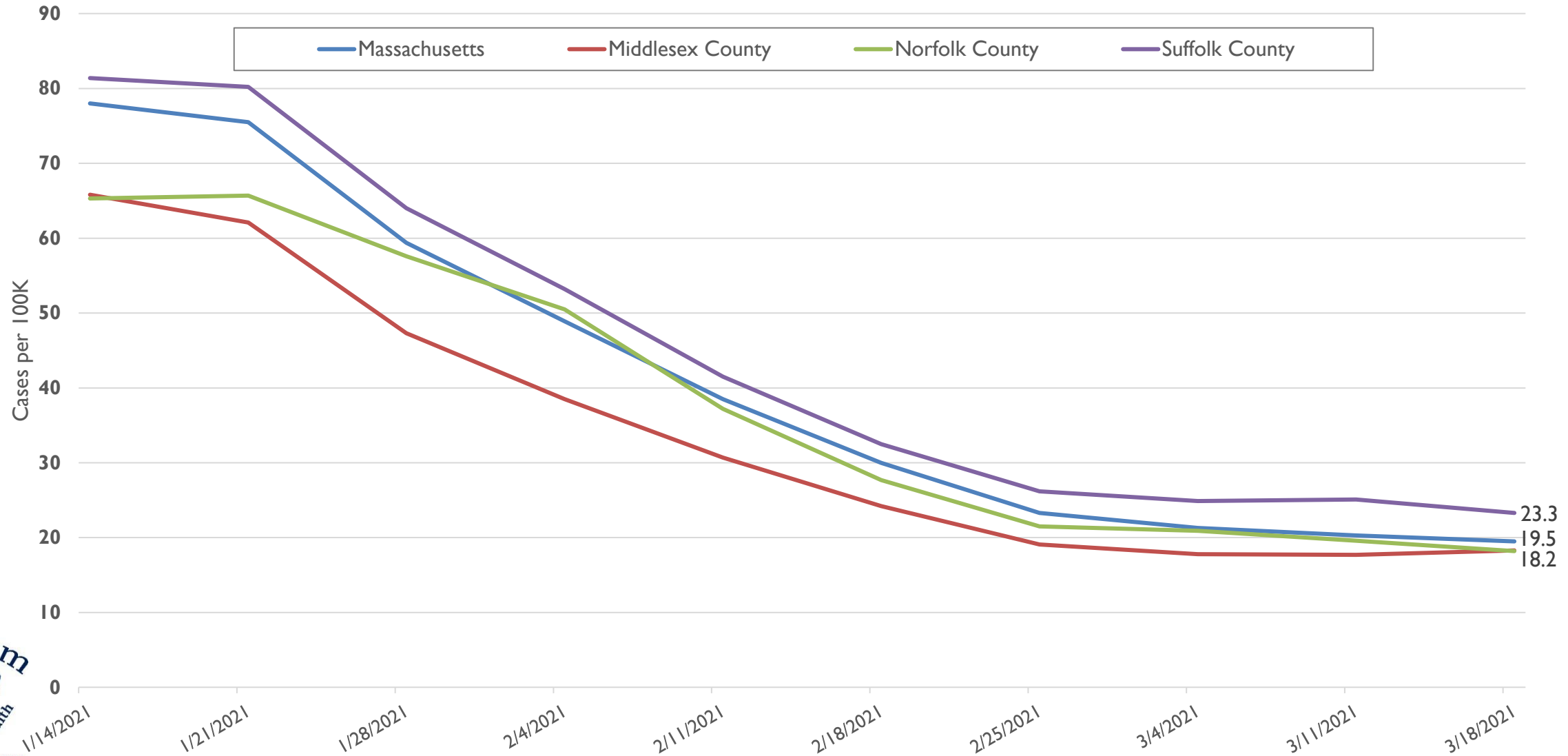
Average Daily Incident Rate per 100K: State & Counties



# Average Daily Cases per 100K, Jan-March

Data published 3/18/21

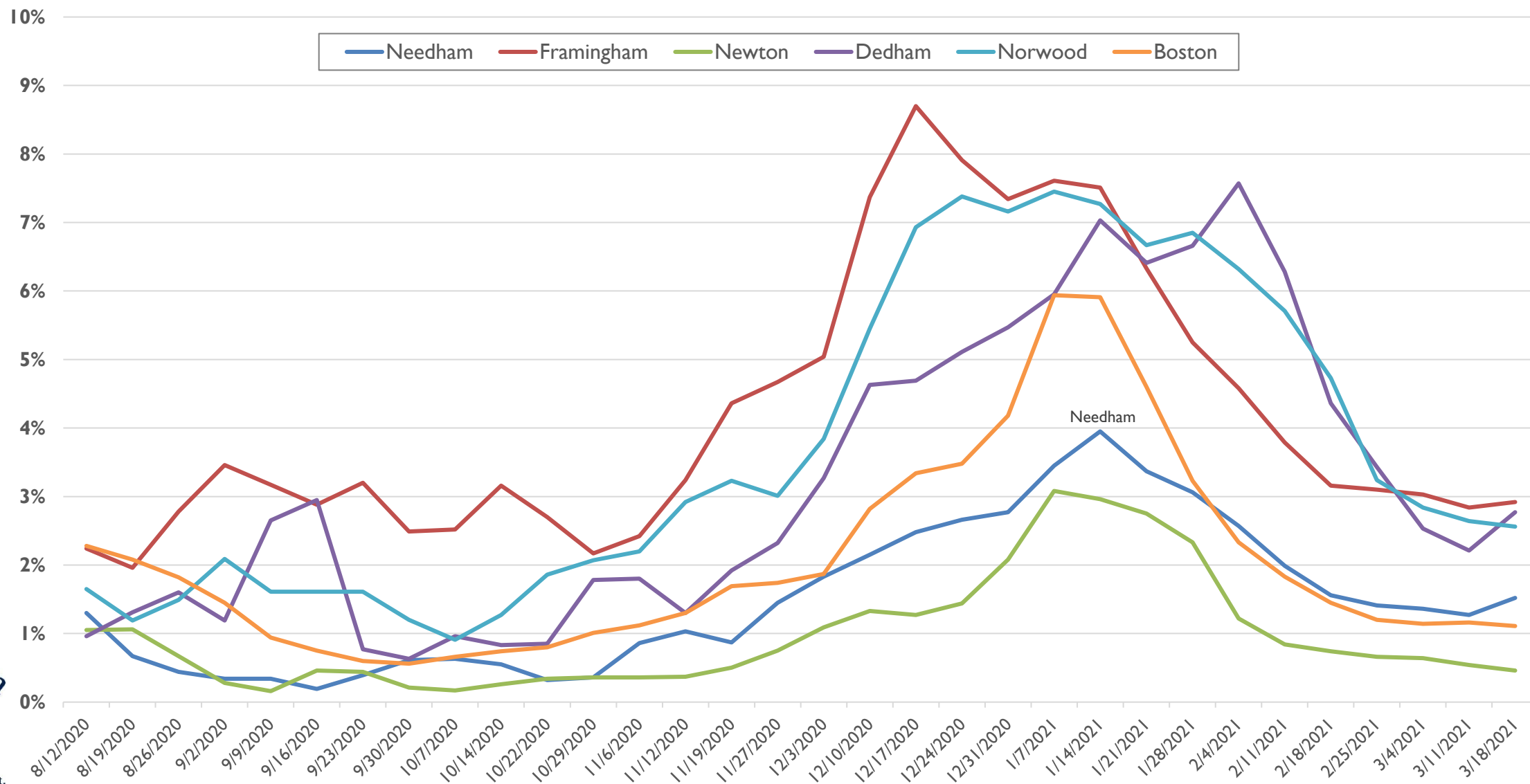
Average Daily Incident Rate per 100K: State & Counties



# State Calculated Positive Testing Rate

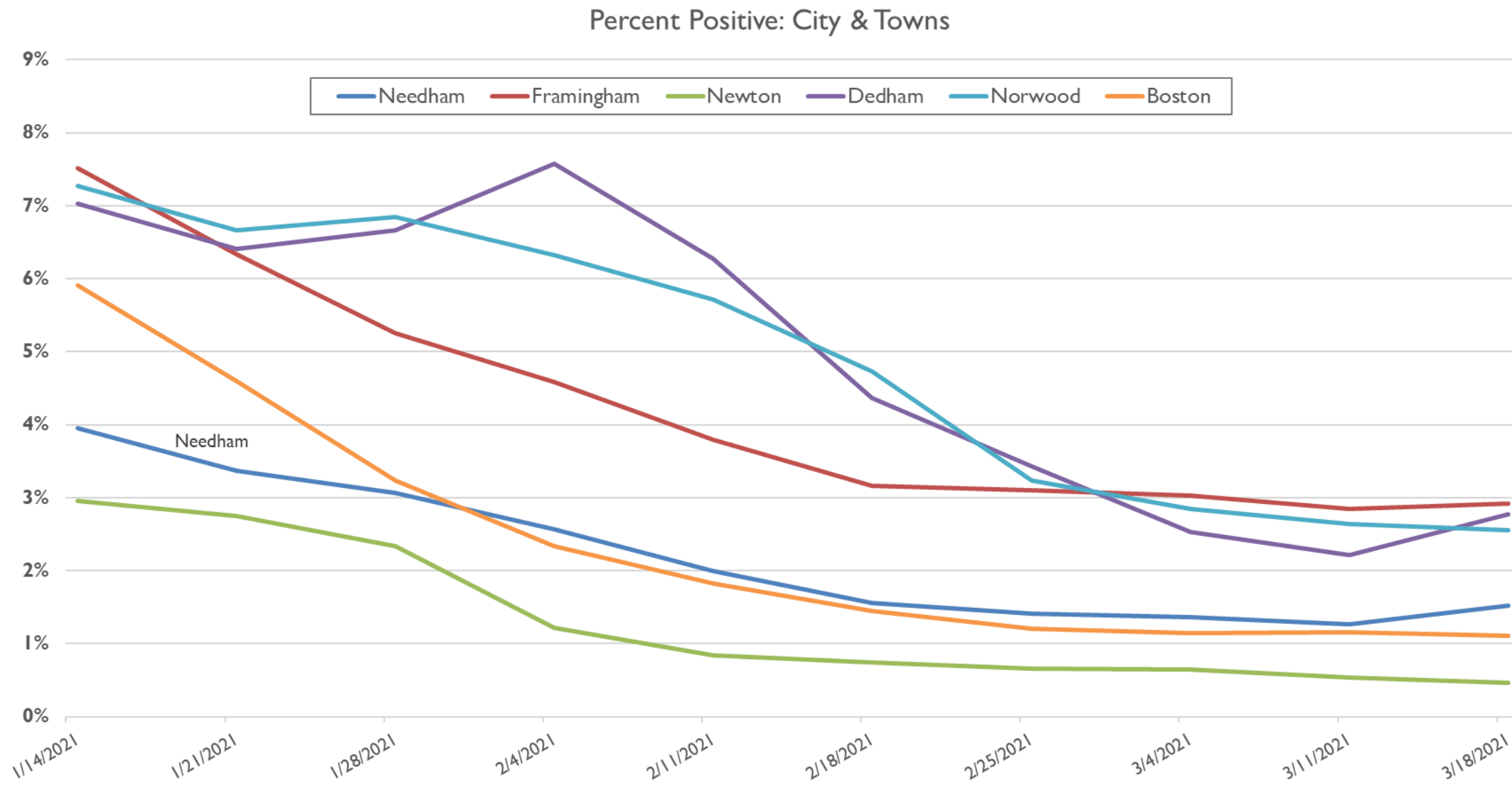
Data published 3/18/21

Percent Positive: City & Towns



# State Calculated Positive Testing Rate, Jan-March

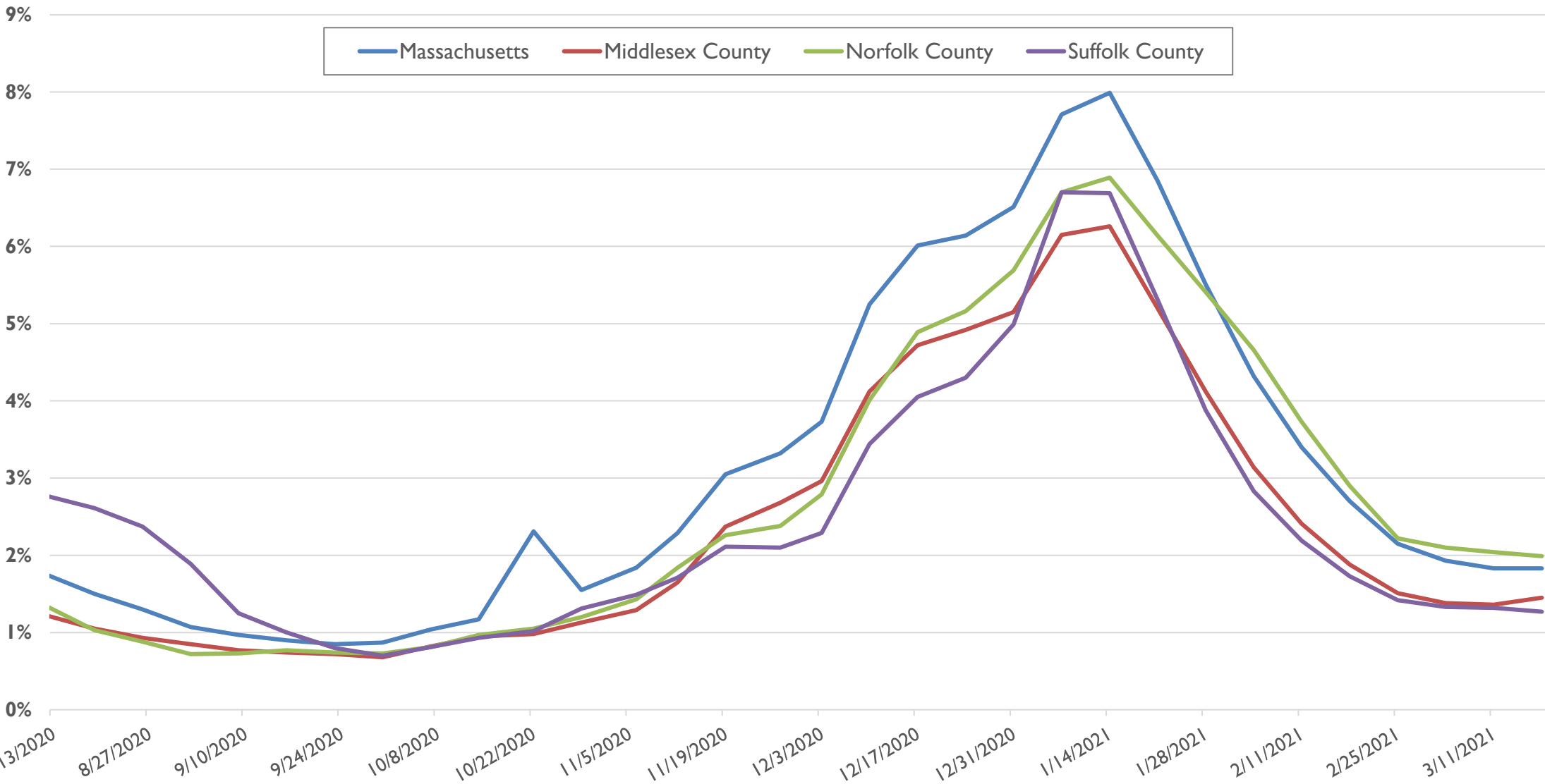
Data published 3/18/21



# State Calculated Positive Testing Rate

Data published 3/18/21

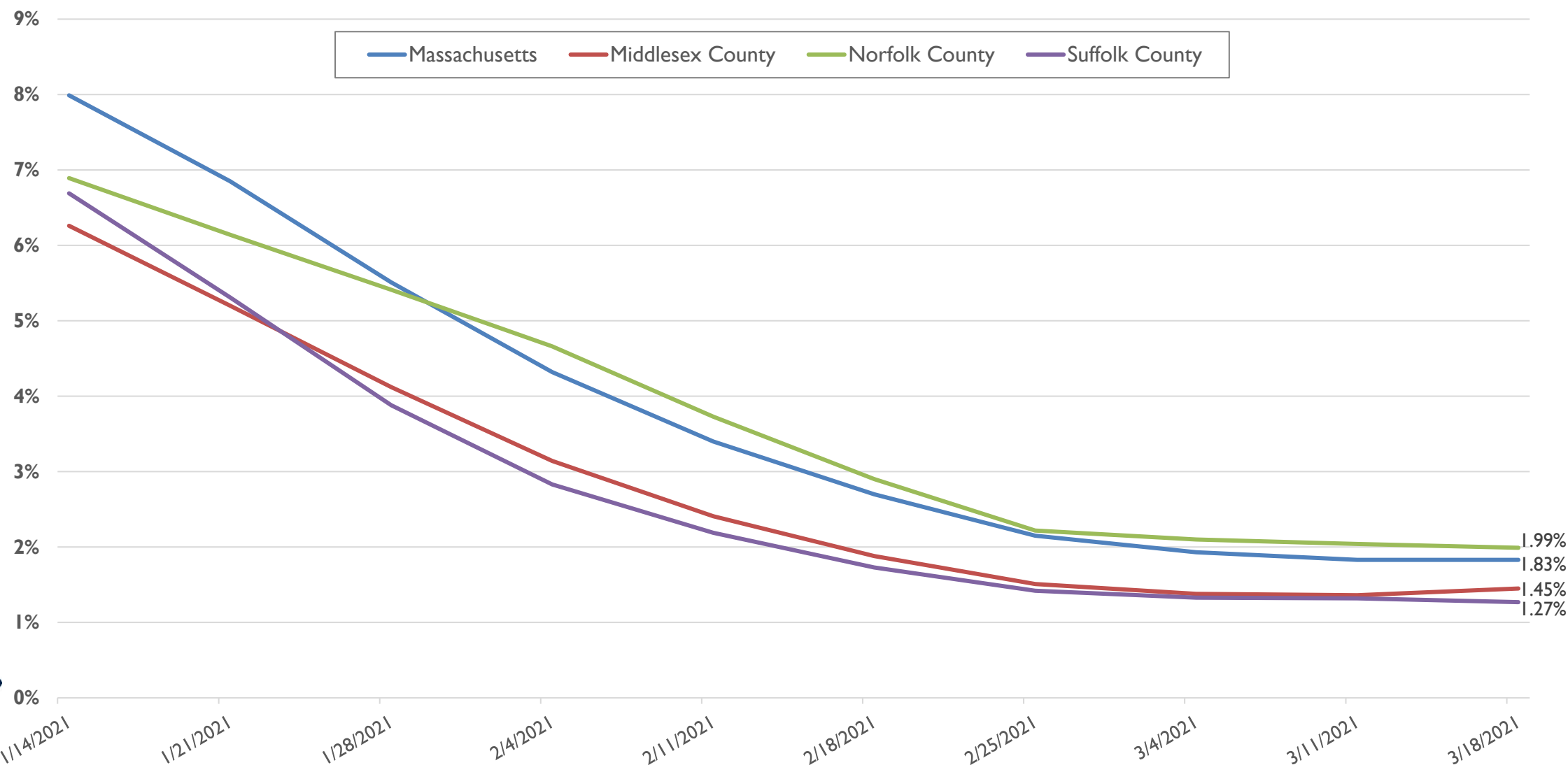
Percent Positive: Statewide and by county



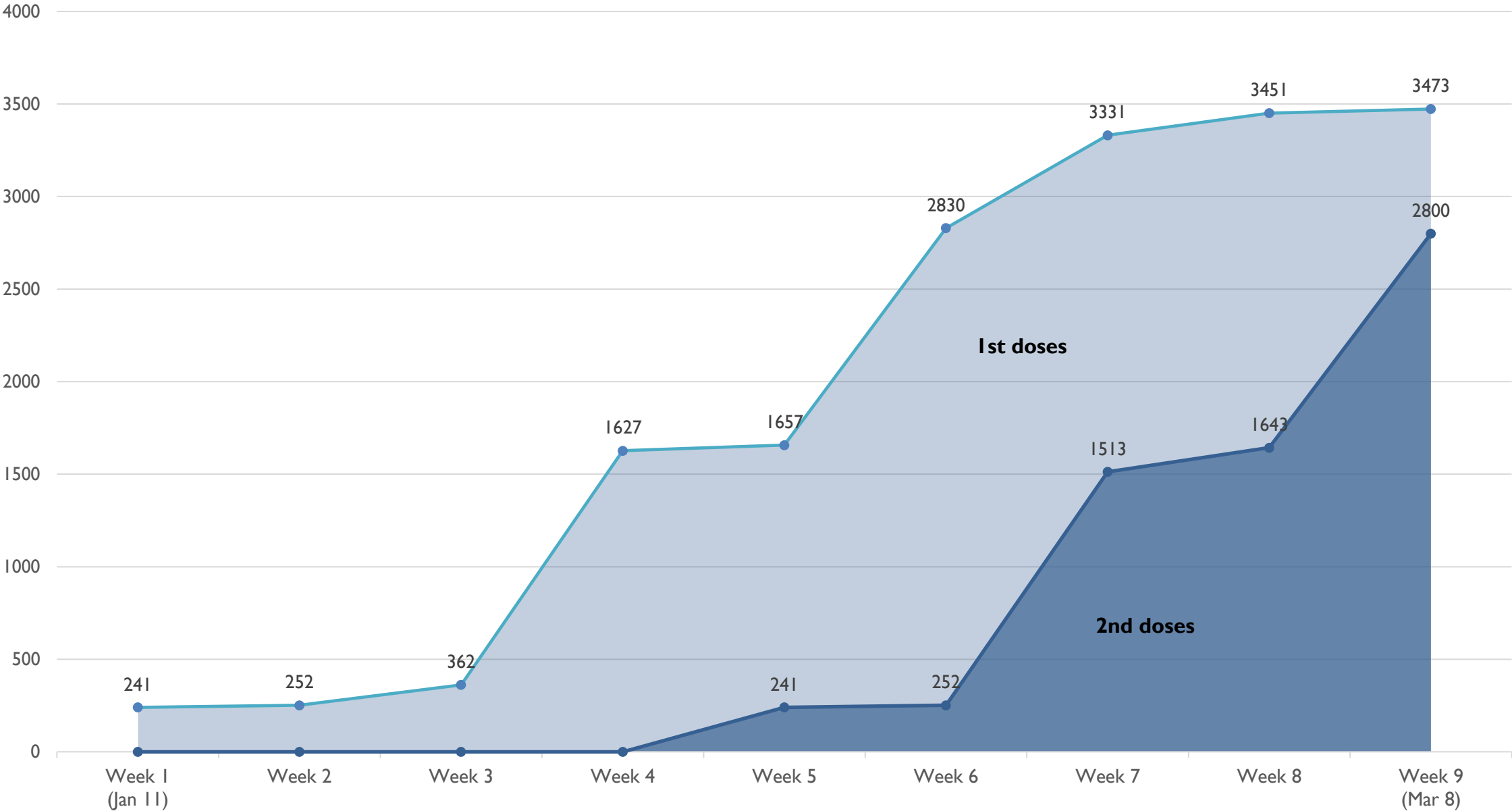
# State Calculated Positive Testing Rate, Jan-March

Data published 3/18/21

Percent Positive: Statewide and by county



# COVID-19 Vaccinations Administered



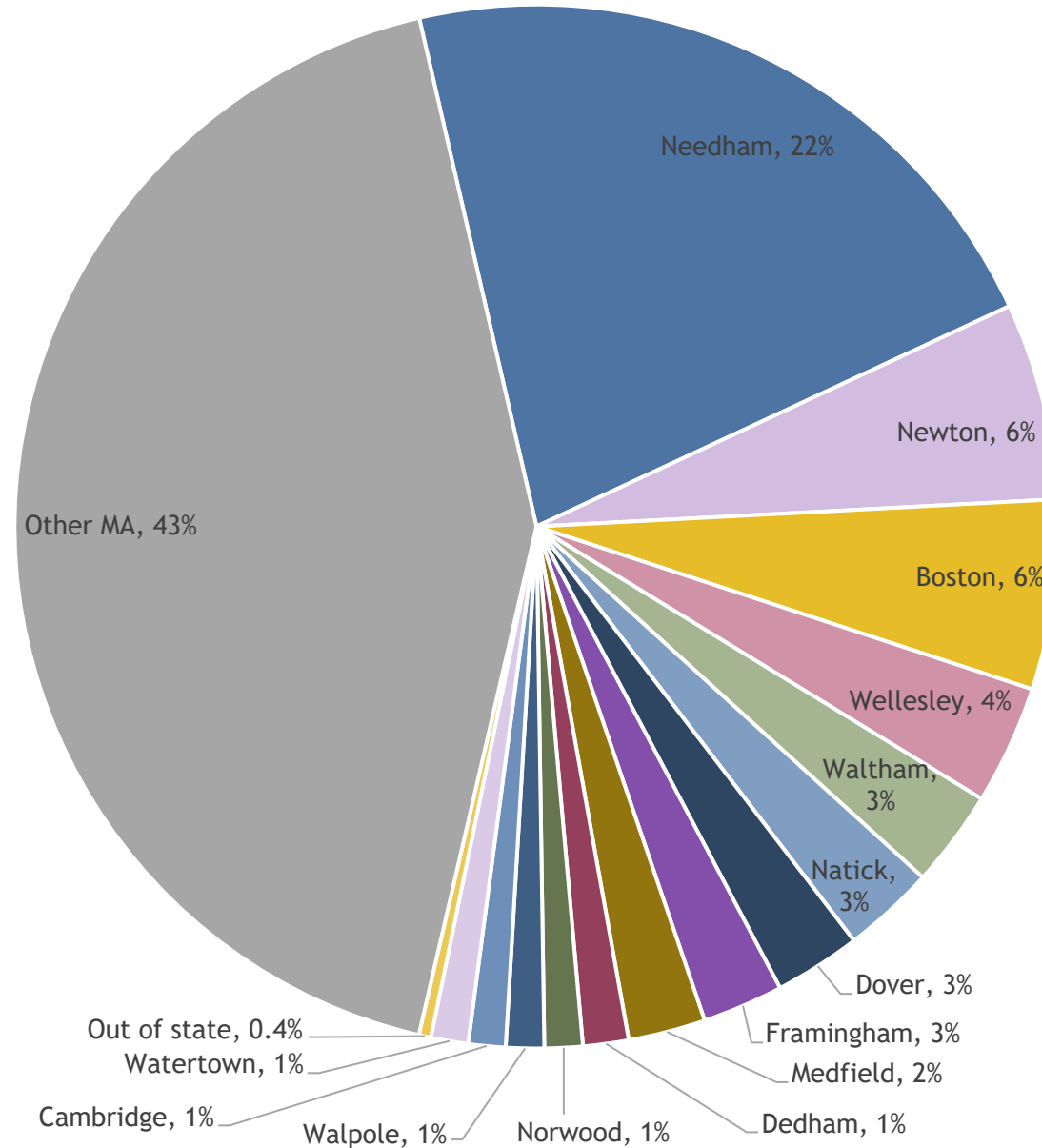
# COVID-19 Vaccinations Administered

|                          |       |
|--------------------------|-------|
| Total Doses Administered | 6,273 |
| First Doses              | 3,473 |
| Second Doses             | 2,800 |
| People Fully Vaccinated  | 2,794 |
| Doses Scheduled          | 500   |

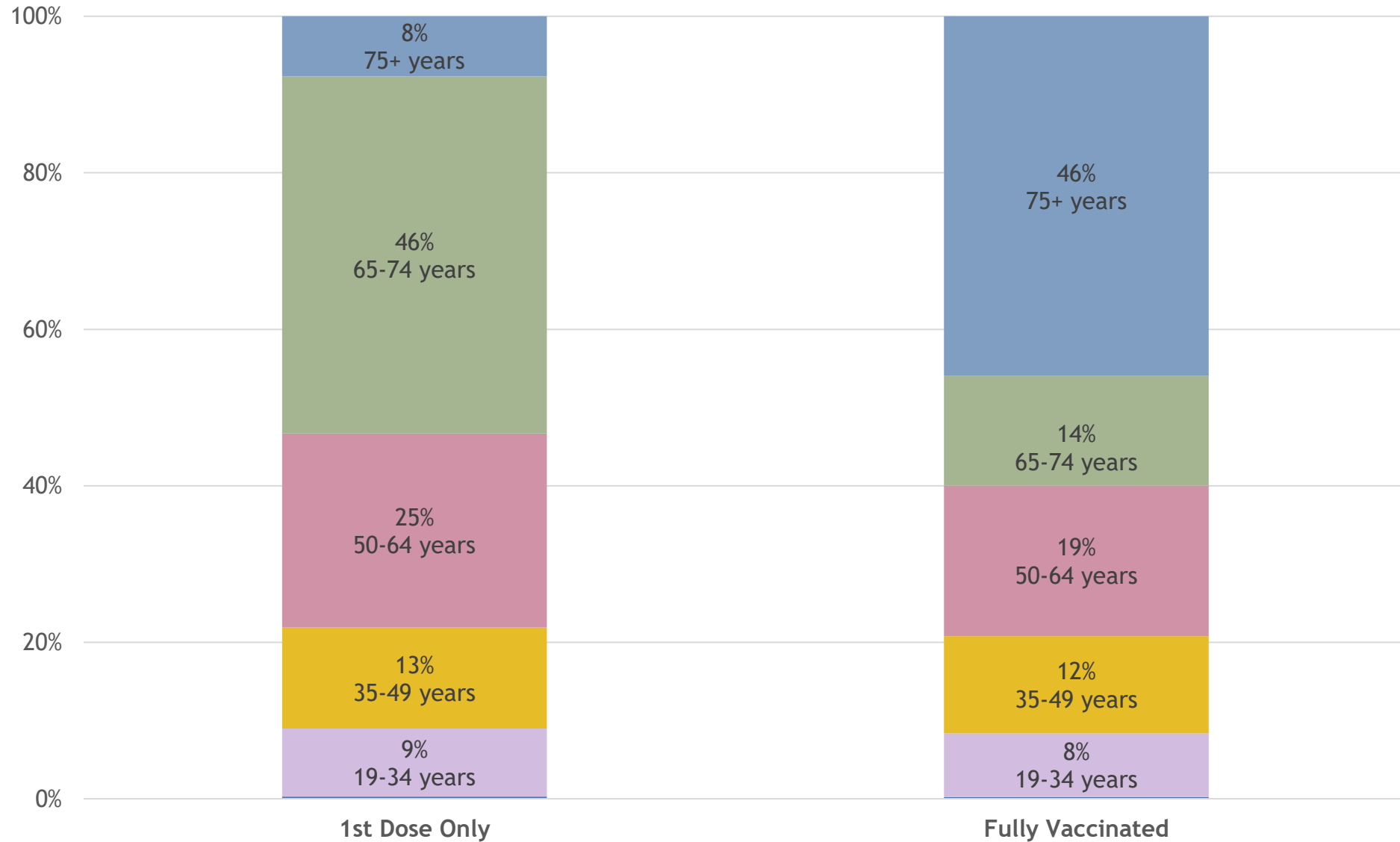


# Vaccinations Administered by Town

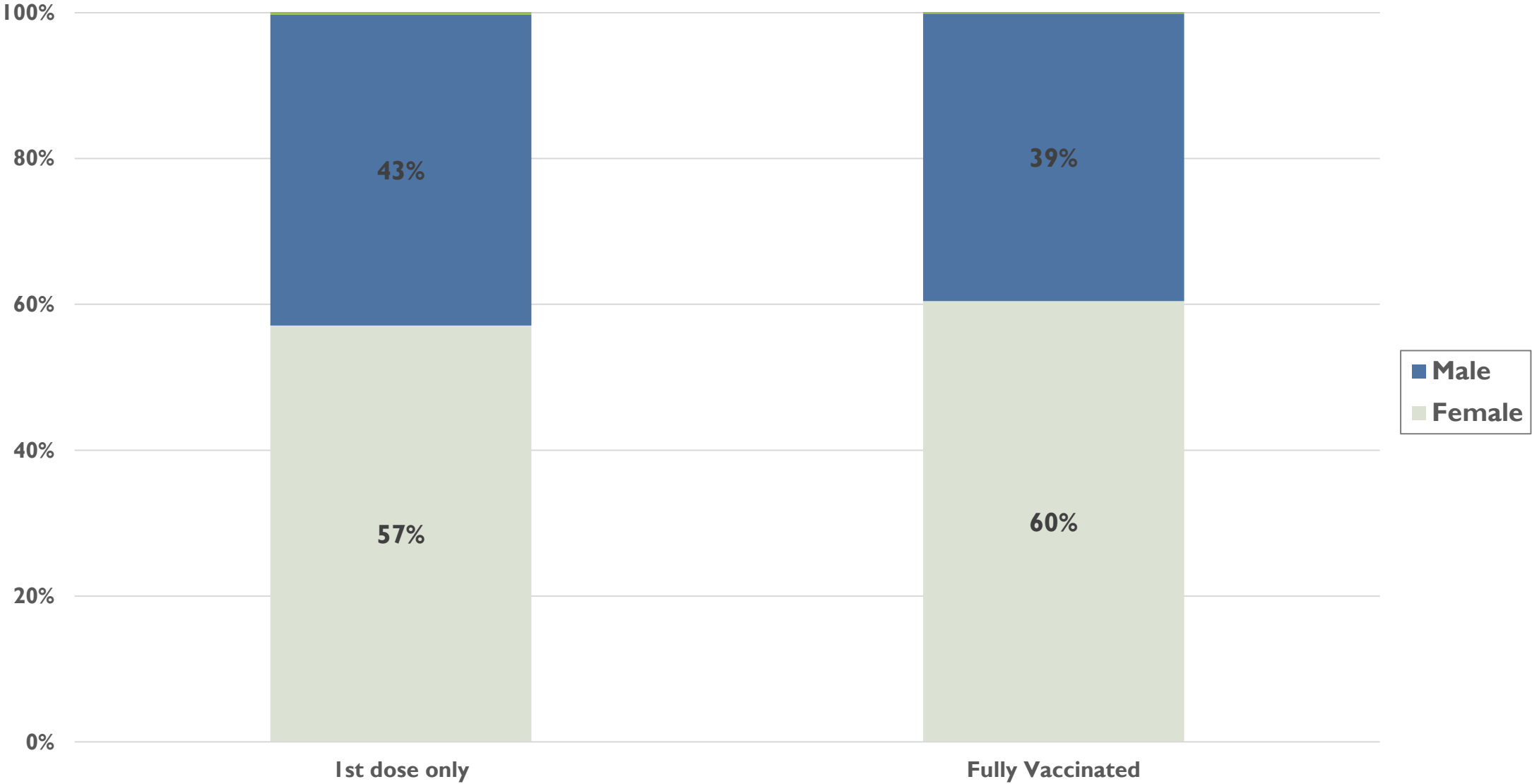
Residents of 207 towns  
& cities vaccinated,  
including 12 towns &  
cities outside of MA



# Vaccines Administered by Age Group

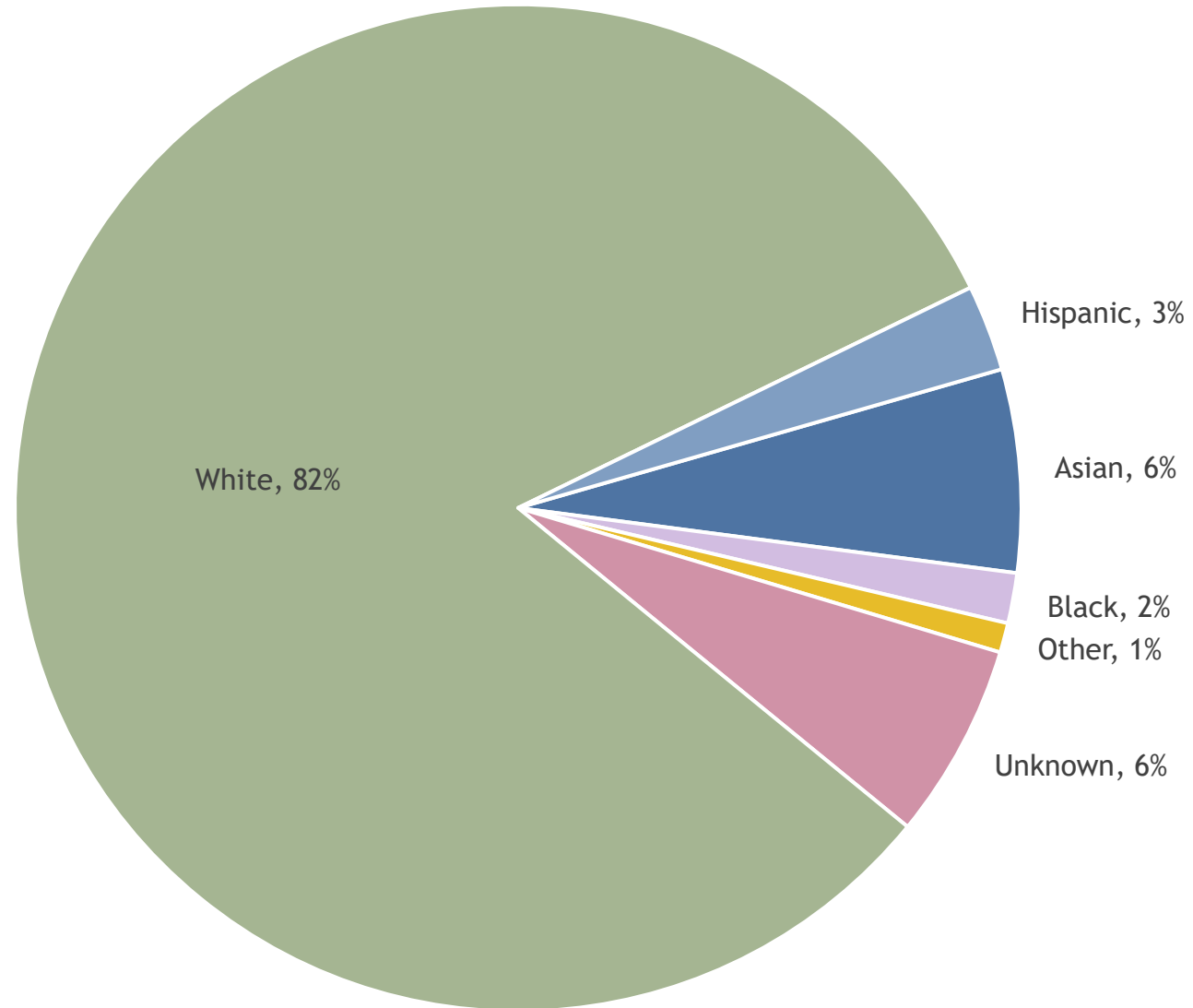


# Vaccines Administered by Gender



# Vaccines Administered by Race & Ethnicity

First Dose Only & Fully Vaccinated



# Massachusetts Homebound Vaccination Program Resource Guide and Information

23 March 2021



## Massachusetts Homebound Vaccination Program

The Commonwealth is working with local Boards of Health and developed a statewide program to offer in-home vaccinations for homebound individuals who cannot leave their home to get to a vaccination site.

### Eligibility for Massachusetts Homebound Vaccination Program

**In-home vaccinations are for homebound individuals who are not able to leave their home to get to a vaccination site, even with assistance. These individuals require either:**

1. Ambulance or two-person assistance to leave the home, or
2. Are not able to leave the home for medical appointments under normal circumstances, or
3. Have considerable difficulty and/or require significant support to leave the home for medical appointments.

### How to Connect with the Massachusetts Homebound Vaccination Program

Organizations who support individuals who are homebound and may require an in-home vaccination may be referred to the State Homebound Vaccination Central Intake Line, operated by MassOptions, to be screened for appropriateness for an in-home vaccine and connected to resources to schedule a vaccination.

#### **Homebound Vaccination Program Central Intake Line**

**1-833-983-0485**

Monday through Friday  
9:00 AM to 5:00 PM

The Homebound Vaccination Program Central Intake Line is available in English and Spanish and will have translators available to support residents in approximately 100 additional languages.

### About the Massachusetts Homebound Vaccination Program

For people who cannot leave their home for a vaccine appointment, even with assistance, the **Commonwealth has a developed a multi-pronged solution to ensure these individuals are able to get vaccinated in their home.**

**Many local Boards of Health are managing their own homebound vaccination programs for their community, while others have chosen to partner with the state's homebound vaccination program through Commonwealth Care Alliance (CCA).**



**When an individual contacts the Homebound Vaccination Central Intake Line, they will be able to speak with a representative who will ask them questions to determine if an in-home vaccination is appropriate** (as defined above). The Homebound Vaccination Central Intake Line is only able to support individuals with screening for an in-home vaccine and representatives are not able to schedule general vaccine appointments, answer general questions about COVID-19 or provide individual health care advice.

**If in-home vaccination is appropriate, they will be registered with the State Homebound Vaccine Provider, Commonwealth Care Alliance, or referred to their local Board of Health based on where they live and whether their local Board of Health is providing in-home vaccinations.**

If an in-home vaccination is not appropriate, the caller will be referred to other resources for assistance to schedule an appointment at a vaccination site or find transportation solutions.

**The State Homebound Vaccine Provider, Commonwealth Care Alliance, will handle the scheduling and administration of in-home vaccinations.**

- Individuals who are registered with the State Program will receive a call from the State In-Home Vaccine Provider to schedule the in-home vaccine appointment within approximately three business days of registering.
- The State Homebound Vaccine Provider will have medical professionals on staff who will visit the home to administer the COVID-19 vaccine according to all public health guidelines. During the scheduling process, the vaccinator will discuss the individual needs of the individual receiving the vaccine. Vaccinators are trained medical professionals who have undergone background checks, follow all public health best practices and will have medications to address allergic reactions.
- The State In-Home Vaccine Provider will be using the FDA-approved single-dose Johnson & Johnson's Janssen Vaccine.

**Due to logistical considerations around vaccine expiration while in transit, people receiving in-home vaccinations will be grouped based on geography, and not on a first-come, first-serve basis. It may take individuals several weeks to get an in-home vaccination due to these logistical challenges.**

For individuals who need assistance preregistering or scheduling an appointment at a vaccination site, please refer to 2-1-1 (877-211-6277).



## **Reopening the Needham Public Schools to Full Time Instruction Spring 2021**

**TO:           The Needham School Committee**  
**FROM:       Dan Gutekanst, Superintendent of Schools**  
**DATE:       March 16, 2021**

On March 5th the [Massachusetts Board of Education](#) voted to give the Commissioner of Education new authority to compel the return to full time instruction for all elementary and secondary students who are presently enrolled in remote only or hybrid instruction within their districts. The Commissioner subsequently ordered all elementary students to return to full time instruction by April 5th and middle school students to return by April 28th. The Commissioner has not provided a date by which high school students would return.

The Needham Public Schools, which has been providing a [hybrid instructional model](#) since September, already began returning Kindergarten, First, and Second graders to school four days per week on March 8th according to a [plan](#) intended to strengthen the elementary hybrid model of instruction.

I propose that we build on the extraordinary work of our elementary staff and teachers to guide a full time return to school this spring at the elementary, middle, and high school levels. Students who are enrolled in the Remote Learning Academy may continue to learn remotely for the remainder of the school year.

### **Guiding Principles for a Safe and Full Time Return to School**

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With a focus on health and safety for all and based on the Commissioner's decision and our own assumptions about what is in the best interest of our students and staff, the Needham Public Schools will plan to return students full time within the following guiding principles:

- We will continue to prioritize measures and protocols designed to safeguard our students and staff members' health; the Joint Committee on Health and Safety will continue to provide guidance for a safe reopening of schools.
- We will be guided by the principles agreed to with the Needham Education Association (NEA) as detailed in the original [Memorandum of Agreement](#) signed last summer; we will continue to partner with the NEA to ensure a safe and educationally appropriate return to full time instruction.
- We will emphasize the academic, social, and emotional wellbeing of our students with an emphasis on building community and nurturing strong, healthy and positive peer and teacher/student relationships.
- We will ensure teachers, staff, and principals have the necessary time they require to plan and collaborate to address the immediate and long term instructional needs of their students; we will ensure time is devoted to planning ahead for our students' needs by considering necessary curriculum and program adjustments for the 2021-22 school year and beyond.
- We will emphasize the priorities and action steps within the [District's 2020-21 Strategic Plan: Portrait of a Needham Graduate](#) in our planning.

## **A Timetable for Returning Students to School**

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A safe and thoughtful reopening of full time schooling requires an enormous amount of time and attention to detail if it is to be successful. With the guiding principles as a basis for decision making, I propose the following:

- Students in Grades K-5 will return to school full time on April 5th with early release Wednesdays.
- Students in Grades 6-8 will return to school full time on April 15th with early release Wednesdays.
- Needham High School students will return to school full time on a staggered and modified schedule beginning May 3rd with early release Wednesdays.

At this time, we are considering options for the Preschool program which currently implements a hybrid program for its students. Logistics, planning, and the specific needs of preschoolers will help determine an appropriate direction should a change be warranted.

### **Middle Schools: High Rock and Pollard**

Although the Commissioner outlines a date of April 28th for the return of middle school students, we believe that an earlier start will be more appropriate for students and staff. A start on April 15th - before the April break - will enable us to:

- Provide an opportunity for students to meet each other and for the teachers to build community and connections; the focus on those two days will be very similar to the first few days of a typical school year when teachers are establishing routines and students are developing relationships.
- Allow for two days of transition for new classes; new configurations of classroom spaces; establishing classroom norms, expectations, and classroom social contracts as a new learning community.
- Ensure a logical transition of curriculum units so that after break, the combined blue and gold cohorts have a coherent learning experience.
- Enable a trial run of staggered passing times and distancing measures; adjustments to rooms and other necessary safety measures can be made over the break.
- Provide an opportunity to work out traffic routes, buses, and lunch issues that may arise.
- Highlight any problems we have with building logistics allowing the administration one week to address issues that arise.
- Allow all students and teachers to meet new classmates and students and then enjoy vacation without additional stress and planning.

### **Needham High School**

While a scheduled date for the return of high school students has not been determined by DESE, we believe that it will be beneficial for Needham High School students to return full time to school in a modified way within a staggered schedule as soon as it is reasonably possible and safe to do so. Due to an enrollment of almost 1,700 students in a building that has little extra space, it is important to structure a return in a thoughtful way in order to ensure the least disruption of schedules and ensure health and safety measures are in place.

Furthermore, 9th, 10th, and 11th grade students will need to take the MCAS, and that will entail reassigning students for testing and making sure there is sufficient staff monitoring of the testing program throughout the building. Additionally, many students, especially 11th and 12th graders, will also be taking Advanced Placement (AP)

tests, and these exams will also require the reassignment of students and staff to accommodate these important assessments.

Therefore, we propose a staggered return as follows:

- **Week of May 3rd:** 9th and 12th graders only attend school in person; 10th and 11th graders learn remotely.
- **Week of May 10th:** 10th and 11th graders only attend school in person; MCAS testing commences; 9th and 12th graders learn remotely.
- **Week of May 17th:** All students return to school for in person instruction.
- **Week of May 24th:** Last week of instruction for 12th graders with their last day scheduled for May 28th.
- **Week of May 31st:** 9th grade MCAS testing scheduled; only grades 9, 10, and 11 in building for duration of school year.

A staggered return has several benefits for students and staff:

- Students will gradually return, easing the impact of 1,700 students and upwards of 200 staff returning simultaneously.
- A gradual return will allow the staff to plan safely and appropriately, making needed adjustments to schedules, distancing measures, and logistics.
- In a typical school year, the MCAS and AP testing schedule is complicated and disruptive to the high school community. In order to prioritize health and safety and ensure students have a carefully planned assessment experience, it is necessary to have flexibility and additional testing space for students.
- Allowing 12th graders to return as soon as reasonably possible will allow them to work together as a class in their last weeks of high school; complete projects, capstones, and AP exams in person and together with their teachers and classmates; and plan for the many senior events anticipated later in June.
- Allowing 9th graders to return as soon as reasonably possible will allow them to build a sense of identity with their school and community within their class; help them to connect more easily with teachers and counselors as they navigate the conclusion of their first high school year; and assist them as they plan for end of year papers, exams, reflections, and the MCAS.
- Allowing all students to access their teachers, counselors, administrators, coaches, and others on a full time basis, including after school when, during a typical school year, teachers provide assistance and guidance for students, is an important and logical way to conclude this unusual year.
- Once students return to school full time, all staff will be able to focus exclusively on the students before them and not worry about the student who was absent from a remote only lesson or who is struggling with learning remotely. Their

time will be devoted to developing one set of lesson plans for the students before them.

It is important to note that if the Commissioner of Education notifies districts that he expects high school students to return to school on a schedule that is different than ours or is accelerated in any way, we will need to revisit this plan.

## **Parameters for a Safe Return to School**

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In order to provide for the health and safety of all students and staff and to ensure a smooth reopening of school, the following parameters will guide planning and decision making at each level:

- Principals will follow [district guidance around the physical distancing](#) of students. Students must be seated away from each other by 3 feet (seat edge to seat edge); distancing must be 6 feet during lunch. Staff should generally remain 6 feet away from students.
- Students may be reassigned to another class or section if it is necessary to maintain physical distancing. All decisions about transfers of students to a different class or teacher will be made by the principal in consultation with the staff, and the decisions will be final.
- Class size will not be capped but will generally remain the total of the blue and gold cohorts. For example, a 4th grade or 7th grade classroom with 10 students in the blue cohort and 11 students in the gold cohort will make a total class of 21. However, the number of students that can be safely distanced in a particular classroom will determine the class size. In some cases, students will be reassigned to another teacher to ensure that 3 feet of physical distancing is maintained.
- Students will eat in designated areas (cafeterias, tents, other spaces) with 6 feet of physical distancing between them; high school students may eat off campus. Students may be seated on rugs, stools, or other flexible seating arrangements.
- Six-foot physical distancing will be followed any time students are not wearing masks.
- [Strict protocols](#) must be followed for staff working with students unable to wear masks
- The district will continue to implement its strict health and safety protocols, including masking, hygiene, and [ventilation measures](#).
- The district will use existing furniture inventory to seat students, augmented by flexible/soft and affordable seating that can be used next year as well. Students may be seated on rugs, stools, or other flexible seating arrangements.

- RLA K-8 students will have one more opportunity to request a move to in person learning; moves will only be permitted based on space available.
- The district does not anticipate hiring additional teachers unless required to do so due to class size/physical distancing needs; students may have to be moved into other classrooms/sections to accommodate distancing.
- The district will hire necessary support staff for lunch, management, etc.
- The district will not provide new bus seats for those now opting for transportation or asking to switch from the RLA to in person school; students will be transported two to a seat on buses. Traffic at schools will increase and require additional police support.
- The schedule for students will be maintained as much as possible. Elementary specialists may teach one less section of a class instead of two; those specialists will then help the principal with coverage, building assistance, etc.
- In collaboration with the NEA and curriculum leaders, plans must be developed to enable those students who are quarantined at home to continue to receive remote instruction.

As stated earlier, the logistics for making moves like these in the middle of the school year and during a health emergency are significant and will require the cooperation of students and families in order to be successful. There will be tradeoffs with programs, scheduling, and the overall student experience. However, we believe the effort is worthwhile if it means we can get our students safely back into school full time and in a way that will assist them academically, socially, and emotionally.

It is important to note that any of these plans to bring students back to school full time could change based on guidance from DESE or a statewide or local health concern (e.g., the spread of COVID cases at a school or level). *At any time students, their families, and the staff must be prepared for the closure of a classroom, grade level, or school if it becomes necessary to do so for reasons of health and safety. Further, the implementation of these plans could be postponed should health and safety needs require this.*

## **The Staff of the Needham Public Schools**

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With health and safety as a priority, I believe that we have the resources, stamina, and determination to manage these significant changes in our instructional model. There will be tradeoffs for students and staff, but it will be worthwhile to get our students together, full time, with their peers and the teachers and staff who care deeply for them.

Let me take this opportunity to acknowledge that this significant change in the instructional model will mark at least the third time our staff has recalibrated and re-engineered their instructional model over the course of this school year. (For elementary teachers, it will be the fourth change in plans.) These changes are unprecedented and come at a cost to staff attention, time, and energy. The frequent refocusing and realignment of curriculum, for example, to meet new schedules and instructional models is not ideal and will inevitably lead to a shift in learning outcomes and program goals. Teaching and learning during a pandemic will never be easy or comfortable.

As I said last month when we shared the plan to return K-2 students, it is a difficult and complicated task to pull off a mid year change that requires hiring staff, training and preparing new teachers, rerouting buses, reconfiguring lunches, rebuilding teacher and staff schedules, reassigning and moving into new classrooms, and procuring sufficient curriculum materials and supplies for students - all in a manner of weeks. The extra logistical and instructional burden this places on all teachers, staff, and administrators should not be understated. Teaching is a complex human endeavor that involves the nurturing of relationships, the continuity of instruction, and the development of thoughtful learning routines - all disrupted whenever there is a change as significant as the one proposed.

Over the last year the Needham Public Schools staff has met the various challenges and obstacles of the pandemic in a creative, determined, and professional way, and they have always kept the needs of their students at the forefront of their efforts. With an eye toward supporting the young people of the Needham and Boston communities as their priority, I know they will once again rise to this challenge knowing that the opportunity for their students to be learning together at this time is especially important and meaningful. It is the right thing to do.

With deep respect for the work of a talented and resilient staff; appreciation to our families for their ongoing support and assistance; and gratitude for serving the exceptional young people of this community, I respectfully request for the Needham School Committee to support this proposal.



## Board of Health

Kathleen Ward Brown, ScD

Edward Cosgrove, PhD

Stephen Epstein, MD, MPP

Christina S. Mathews, MPH Robert Partridge, MD, MPH

# Public Health Emergency Order Mandating Face Coverings

Whereas, on March 10, 2020, Massachusetts Governor Charles D. Baker, acting pursuant to the powers provided by Chapter 639 of the Acts of 195 and Section 2A of Chapter 17 of the General Laws, declared a state of emergency in the Commonwealth of Massachusetts due to the outbreak of the 2019 novel Coronavirus (COVID-19, or SARS-CoV2 virus); and

Whereas, on March 15, 2020 Governor Baker issued an emergency Order (the “March 15, 2020 Order”) to respond t the evolving COVID-19 public health emergency impacting the Commonwealth, including prohibitions on public gatherings of twenty-five or more people and prohibiting on-premises consumption of food or drinks at bars and restaurants from March 17, 2020 until April 6, 2020; and

Whereas, on March 23, 2020 Governor Baker issued an Order (the “March 23, 2020 Executive Order”) limiting gatherings of more than ten people in the Commonwealth of Massachusetts and orderings businesses, other than those that provide COVID-19 essential services as defined in the March 23, 2020 Executive Order as amended (“COVID-19 Essential Businesses”), to close their brick and mortar operations and operate only by remote means; and

Whereas, the Select Board of the Town of Needham issued a local Declaration of Emergency on March 20, 2020; and

Whereas, current scientific consensus is that the SARS-CoV2 virus can be transmitted both by asymptomatic and pre-symptomatic cases;<sup>1</sup> and

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

This Emergency Order was first proposed on April 24, 2020, and was the subject of a Board of Health hearing on April 28, 2020. It was adopted by unanimous vote of the Needham Board of Health on April 28, 2020, and ~~shall take~~took effect on May 1, 2020 at 6:01 a.m. Revised versions of the Order were considered and approved by the Board of Health on June 16, July 28, September 10, 2020, ~~and~~ October 9, 2020, and November 12, 2020, reflecting alignment with state orders or regulations as well as greater scientific understanding of the COVID-19 virus and the most effective steps to limit its spread.

Whereas, some scientific evidence supports the use of face coverings to prevent transmission by large droplets;<sup>2</sup> and

Whereas, the Board of Health of the Town of Needham is vested by M.G.L. c. 111, § 104<sup>3</sup> with the authority and responsibility to prevent the spread of infection; and

Whereas, the Board of Health of the Town of Needham is given authority to enact emergency orders by 310 C.M.R. 11.05;<sup>4</sup> and

Whereas, the Board of Health of the Town of Needham is vested by M.G.L. c. 111, § 31<sup>5</sup> with the authority and responsibility to make reasonable health regulations; and

Whereas, the Board of Health of the Town of Needham is vested by M.G.L. c. 111, § 122 to examine and destroy, remove, or prevent causes of sickness;<sup>6</sup>

Now therefore, the Board of Health of the Town of Needham does hereby order the following:

- 1) Employees of all businesses shall wear a face covering over their mouth and nose, except when in a private office with a closed door. Face coverings must be employed when interacting with the public, co-workers, or customers. Please see personal protective equipment guidelines and recommendations at: <http://www.needhamma.gov/4860/Face-MaskCovering-Guidance>. Please note that a face shield is not a substitute for the required face covering.
- 2) Members of the public entering any business, work site, or government building must wear a face covering such as a well-fitted, multi-layered fabric mask over their nose and mouth.<sup>7</sup>

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<sup>2</sup> National Academies of Sciences, Engineering, and Medicine 2020. Rapid Expert Consultation on the Effectiveness of Fabric Masks for the COVID-19 Pandemic (April 8, 2020). Washington, DC: The National Academies Press. <https://doi.org/10.17226/25776>.

<sup>3</sup> M.G.L. § 104 provides: “If a disease dangerous to the public health exists in a town, the selectmen and board of health shall use all possible care to prevent the spread of infection...”

<sup>4</sup> 310 C.M.R. 11.05 states: “Whenever an emergency exists in which the interest of protecting public health ... requires that ordinary procedures be dispensed with, the board of health or its authorized agent, acting in accordance with the provisions of M.G.L. c. 111 §30, may, without notice or hearing, issue an order reciting the existence of the emergency and requiring that such action be taken as the board of health deems necessary to meet the emergency.”

<sup>5</sup> M.G.L. § 31 provides: “Boards of health may make reasonable health regulations.”

<sup>6</sup> M.G.L. § 122 provides: “The board of health shall examine into all nuisances, sources of filth and causes of sickness within its town, or on board of vessels within the harbor of such town, which may, in its opinion, be injurious to the public health, shall destroy, remove or prevent the same as the case may require, and shall make regulations for the public health and safety relative thereto...”

<sup>7</sup> For additional information about face coverings, their importance, maintenance, donning and doffing instructions, and other items, please visit: <https://www.mass.gov/news/mask-up-ma>

3) Members of the public entering a restaurant for the purpose of picking up food for take-out must wear a face covering over their nose and mouth. Notwithstanding the previous section, those persons dining at a restaurant must employ a face covering and may only remove face coverings in the actual act of eating and drinking. Face coverings are required at all other times while seated at tables and when waitstaff are present at tables.

4) Residents, visitors, and members of the general public entering or exiting a residential or commercial building complex of two (2) or more units must wear a face covering over their nose and mouth while in common areas and communal spaces and must exercise social distancing in these spaces in accordance with CDC guidelines available at:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-di...> Residential and commercial building complexes shall post signage informing all residents, staff, and visitors that face coverings must be at all times in common areas of the building, and reminding all residents, staff, and visitors that a distance of six feet between individuals must be observed, except when those individuals are members of the same household or are engaged in caring for a child.

5) a. Retail establishments must limit the number of customers and staff inside the establishment at any given time so that social distancing of six feet may be maintained. All retail establishments must establish maximum occupancy loads in accordance with published state guidance, including the “Safety Standards and Checklist for Retail Businesses” which is available at:

<https://www.mass.gov/info-details/safety-standards-and-checklist-retail-businesses>. Maximum occupancy shall be posted at each entrance to the establishment and shall be readily visible to members of the public. Retail establishments are limited to ten (10) persons, ~~including-excluding~~ staff, per 1,000 square feet of accessible space or to 50% of the retail establishment’s maximum permitted occupancy, whichever is fewer. Buildings for which no permitted occupancy limitation is on record may allow up to 10 people (~~including-excluding~~ staff) per 1,000 square feet of accessible space. No enclosed space shall exceed occupancy of 10 persons per 1,000 square feet.

b. An employee of the retailer shall be designated to ensure the maximum number of individuals inside of the store is not exceeded. Customers queued outside of the store must maintain a minimum of six feet distance. The retailer shall install visual social distancing markers to remind customers to remain six feet apart.

This Emergency Order shall not apply to anyone under the age of five, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance, and/or any other person exempted by Center for Disease Control & Prevention guidelines or Massachusetts Department of Public Health guidelines. Those who are unable to safely don a face covering due to access or functional needs should not wear one.

This Emergency Order shall not reduce or eliminate the requirement of maintaining safe distancing. The use of a face covering should be combined with social distancing and frequent handwashing and refraining from touching one's face. The use of a face covering is NOT intended to replace those activities but rather to supplement them.

This Emergency Order does ~~not~~ require the wearing of a face covering in ~~outdoor settings at all times in public places, both indoors and outdoors, whenever not on or in one's private property (house, yard, card, etc.). This guidance reflects a revised Governor's Emergency Order issued on November 2, 2020, when a safe distance (minimum of six feet) between other persons is observed or when it is reasonable to expect that a person may maintain a six foot distance from other people at all times.~~

Nothing in this order is intended to encourage residents to act as an enforcement authority for the Town of Needham. Residents should not take it upon themselves to approach people in violation of this order. Residents are urged to focus solely on their personal and family compliance with this order.

This emergency order originally took effect on Friday May 1, 2020 at 6:01 a.m. and was renewed on Tuesday June 16, 2020 at 10:30 a.m. The order was modified on July 28, 2020 to more closely align with state guidance documents and Executive Orders from MA Governor Charlie Baker, and was edited slightly and extended again on September 10, 2020, and further edited to comply with state orders on October 9, 2020, ~~and November 12, 2020 and March 26, 2021~~. The Order shall remain in effect until 11:59 p.m. on ~~January 16 March 31, 2021 TBD June 30, 2021~~ or until notice is given, pursuant to the Board of Health's judgement, that the Public Health Emergency no longer exists, whichever occurs first. ~~s~~ (Unless superseded by a statewide order, if state order lapses, Needham BOH will still continue)

To the extent necessary, this Order shall be enforced by the Director of Health & Human Services and others he chooses to empower as agents of the Board of Health.

ORDERED by vote of the Needham Board of Health on ~~October 9~~ November 12, 2020 March 26, 2021, by,

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<sup>8</sup> Governor's Emergency Order No. 55, the Revised Order Requiring Face Coverings in Public Places, which is available at: <https://www.mass.gov/doc/covid-19-order-55/download>



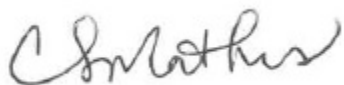
Kathleen Ward Brown, ScD



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## **NEEDHAM PUBLIC HEALTH DIVISION**



### **Reopening Plan Step 4, Phase 1 Updates:**

As of March 22, 2021, the state has entered Step 4, Phase 1 of the state Re-Opening Plan.

#### **Updated Guidance for Restaurants:**

Self-serve, unattended buffets, topping bars, and other communal serving areas must remain closed. Self-serve beverage stations must comply with the following guidelines:

- Hand sanitizer must be made available next to beverage stations and operators must instruct customers to use before pouring beverages
- Only straws and stirrers individually wrapped in cellophane or paper are allowed
- Cups and lids must be from single pull dispenser or other method to minimize contact
- Sweeteners, sugars and creamers must be individual packets
- Floor markers must be installed to achieve social distancing
- Use of personal mugs and cups are not allowed
- Frequent disinfecting of the beverage station must take place, even during busy times

There is no capacity limit in restaurants.

- Capacity is limited by seating areas which must still be at least 6 feet apart from each other.
- No more than 6 guests can be seated at a table.
- Customers are required to wear face coverings at all times and may only remove face coverings while **actively eating or drinking at their table.**

#### **Updated Workplace Safety Standards for Indoor and Outdoor Events:**

- Gathering limits for event venues and in public settings will increase to:
  - o 100 people indoors
  - o 150 people outdoors
- Gathering limits at private residences and in private backyards will remain at a maximum of:
  - o 10 people indoors
  - o 25 people outdoors

# Massachusetts Department of Public Health Guidance

## Reopen Approach for Health Care Providers

### Phase 4: New Normal



**NOTE: This Phase 4: New Normal guidance, effective March 22, 2021, replaces and supersedes all prior reopening guidance for acute care hospitals and other health care providers.**

## I. Introduction

The Massachusetts Department of Public Health (DPH) continues to work with state, federal, and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

Beginning March 22, 2021, the Commonwealth will move into Phase 4: New Normal of the State's reopening process. DPH issues this guidance for all health care providers setting minimum standards for continued provision of services during Phase 4: New Normal of the Commonwealth's reopening process without jeopardizing health system capacity or the public health standards that are essential to protecting health care workers, patients, families, and the general public. DPH recognizes the importance of ensuring that this guidance promote equitable access to care, including high-priority preventative care, across all communities and patient populations, including low-income communities, communities of color, children, and individuals with disabilities.

This guidance replaces and supersedes all previously issued health care reopening guidance issued by the Department.<sup>1</sup>

This guidance does not enumerate any service, program, or sector-specific requirements; health care providers must continue to adhere to all applicable service, program, or sector-specific guidance available on the [state COVID-19 guidance](#) website. Acute care hospitals must also ensure ongoing compliance with the requirements of the COVID-19 Resurgence Planning and Response Guidance.

## II. Public Health and Safety Standards During Phase 4: New Normal

During Phase 4, health care providers must continue to comply with all [state COVID-19 guidance](#). This includes, but is not limited to, DPH guidance on: a) [personal protective equipment \(PPE\)](#), b) [hospital visitation](#), c) [considerations for health care personnel after vaccination](#), and d) [return to work guidance](#) for all workers.

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<sup>1</sup> This includes Phase 1 guidance effective May 18, 2020 and updated May 25, 2020, Phase 2 guidance effective June 8, 2020 and updated June 24, 2020, and Phase 3 guidance effective July 6, 2020 and updated November 3, 2020.



### A. Personal Protective Equipment and Other Essential Supplies

During Phase 4, health care providers must continue to follow the most recent guidelines issued by DPH<sup>2</sup> that align with the CDC as it relates to PPE usage, including any updated guidelines released subsequent to the date of this guidance. In addition, health care providers must continue to:

1. Ensure that they have adequate supply of PPE and other essential supplies for the expected number and type of procedures and services that will be performed. To meet this requirement, providers may not rely on additional distribution of PPE from government emergency stockpiles.
2. Develop and implement appropriate PPE use policies for all services and settings in accordance with DPH and CDC guidelines. Health care providers must maintain sufficient PPE volume on-hand to align with use as directed in the [DPH comprehensive PPE guidance](#).
3. Ensure all staff have appropriate PPE, consistent with DPH guidance, to perform the service or procedure and any related care for the patient. If appropriate PPE is not available to protect the health care workers involved in the patient's care, the service/procedure should be cancelled.

### B. Workforce Safety

During Phase 4, health care providers must continue to:

1. Restrict the number of health care workers in the treatment space to those individuals necessary to complete the service or procedure for the patient.
2. Have a written protocol in place for screening all employees for symptoms of COVID-19 prior to entering the facility or office.
3. Adopt policies that address health care worker safety and well-being.
4. Ensure providers and staff can socially distance to the maximum extent possible (see Section II.D).

### C. Patient and Client Safety

During Phase 4, health care providers must continue to:

1. Have a process for screening patients, clients, and support persons for symptoms of or known exposure to COVID-19 prior to entering the office/facility.

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<sup>2</sup> Please see: <https://www.mass.gov/info-details/covid-19-guidance-and-directives>.



2. Have policies and procedures for screening patients or clients in advance of a service or procedure, or participating in a program, including policies and procedures to facilitate the testing of patients or clients for COVID-19 when medically appropriate as well as for determining whether a procedure should proceed if a patient tests positive.
3. Have policies addressing visitation, special circumstances, and patient or client companions that align with DPH visitation guidance. Special circumstances and populations may include end-of-life care, prenatal care, pediatric patients, behavioral health patients, patients with intellectual or developmental disabilities, patients with physical disabilities, or populations as otherwise identified by DPH.
4. Require that all patients, clients, companions, and visitors wear face coverings as consistent with DPH guidance.<sup>3</sup> However, the health care provider may consider waiving the requirement for face coverings for patients, clients, and/or companions in special circumstances consistent with applicable guidance.
5. Ensure patients or clients can socially distance to the maximum extent possible (see Section II.D).

#### D. Infection Control

During Phase 4, health care providers must continue to:

1. Demonstrate adherence to social distancing and relevant guidelines from DPH and CDC regarding infection control and prevention to maintain a safe environment for patients, clients, and staff.
2. Implement administrative and environmental controls that facilitate social distancing, such as minimizing time in waiting areas, including by asking patients or clients to wait outside until their appointment begins to the greatest extent possible. For any waiting patients or clients, social distancing and face coverings must be in place.
3. Minimize contact between patients or clients through active scheduling practices, such as establishing different times of day or separate space to mitigate the risk of exposure to COVID-19.
4. Have signage to emphasize public health measures (i.e., distancing, coughing etiquette, wearing of face coverings, and hand hygiene) and provide access to hand sanitizer for patients, clients, and staff.
5. Have an established plan for thorough cleaning and disinfection of all common and procedural areas, including in-between patient encounters in treatment rooms, which may require hiring environmental services staff and reducing patient hours to allow for more frequent cleaning.

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<sup>3</sup> Please see: <https://www.mass.gov/news/wear-a-mask-in-public>.



Health care providers should continue to utilize telehealth services where clinically appropriate and feasible. Telehealth will continue to be useful in chronic disease management and for patient access to care.

### **III. Compliance and Reporting**

#### *Written Policies and Protocols*

Each health care provider must continue to implement written policies and procedures that meet or exceed the requirements of the Commonwealth's reopening guidance or incorporate the requirements of this guidance into its existing policies and procedures. Such policies, protocols, and documentation must be developed with input from staff or workforce representation, and must be regularly updated and made available to DPH upon request at any time.

#### *Compliance*

DPH will continue to monitor a range of public health metrics, including COVID-19 prevalence, testing and positive test rates, and hospital bed capacity, and may issue further guidance at any time. Acute care hospitals must continue to comply with COVID-19 Resurgence Planning and Response Guidance as updated on March 22, 2021.



# Recreational Camps and Programs

## Health and Safety Standards for Reopening

Recreational Camps and Programs must comply with any MA state or local requirements or orders in response to COVID-19. Recreational Camps licensed under 105 CMR 430 Minimum Standards for Recreational Camps for Children: State Sanitary Code Chapter IV must comply with those regulations as well as any additional more restrictive MA state or local requirements or orders in response to COVID-19. Camps and Programs are responsible for ensuring their operations are updated to comply with new COVID19 guidance and orders.

### Definitions

*Recreational Camp*: any program required to be licensed as a Recreational Camp for Children under 105 CMR 430.

*Recreational Program*: any municipal or recreational youth programs not traditionally licensed as camps or as childcare facilities.

*Residential Camp*: as defined in 105 CMR 430.020.

*Overnight Program*: means any municipal or recreational youth programs not traditionally licensed as camps or as childcare facilities that offer overnight programs.

*Staff*: includes Staff and Volunteers as defined in 105 CMR 430.020.

*Health Care Consultant*: as defined in 105 CMR 430.020.

*Health Care Supervisor*: as defined in 105 CMR 430.020.

### Staffing and Operations

- Visitors (including parents) are not permitted.
- Designate a senior staff person responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
  - Make enrollment capacity decisions based on the ability to consistently maintain 6 ft of distance in all camp buildings where campers/staff are anticipated to be during the day and emergency shelter locations.
- Ensure adequate staffing to supervise sick campers and to accommodate cleaning requirements.
  - **Licensed Rec. Camps** must have at least two Health Care Supervisors present at all times.
- Review medical information submitted by parents and reach out to parents of high-risk children to discuss whether additional protections are necessary, and what supports can be offered to best help their child.
- Update plans to address new health and safety requirements associated with COVID-19 and provide parents with information on the policies for preventing and responding to COVID-19.
  - **Licensed Rec. Camps** must include plans into Staff Training and Orientation and provided in writing and included in or in addition to the written camp Health Care Policy and other relevant procedures (105 CMR 430.159).
- Develop a tested communication system with parents, children at the camp, all staff, facility and/or grounds management, and emergency medical services. Obtain parents email addresses and home, work, and mobile phone numbers so that staff can reach them at any time.
- Staff must provide campers with an orientation at the start of camp to review new COVID protocols, encourage and educate on reporting of symptoms and not coming to camp if sick, and how to request a replacement mask if needed.

- Must have a plan for handling camp/program closings and staff absences. Consider flexible sick leave policies and promote the importance of staff not coming to work if they are sick.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods unless doing so creates a hazard.
- Ensure water systems and features (e.g., cooling systems) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

## **Cohort Size**

### *All Camps and Programs:*

- Staff must be assigned to the same cohort for the duration of the program session. Cohorts must not be combined at any time and staff must not float between cohorts, unless needed to provide supervision of specialized activities or to provide breaks for other staff.
- May have multiple cohorts of campers and counselors in the same area, but must maintain separation between cohorts and comply with the Governor's most recent [Gathering Order](#).
- Ensure campers/staff belongings are stored in a manner to prevent groups congregating.
- Stagger use of communal spaces, such as game rooms and recreation halls, to reduce congregating and disinfect in between uses.
- Must develop safe pickup/drop off procedures to maintain physical distancing and prevent the mixing of campers. These procedures must be explained to parents prior to the first drop off.
- Must develop a plan for safe vendor deliveries, if applicable.
- **Licensed Recreational Camps** must maintain the camper to counselor ratios in 105 CMR 430.101.

### *Day Camps and Programs:*

- Cohort size limited to  $\leq 25$  campers. Staff are not counted as part of cohort size. Social distancing must be maintained within each cohort.
- May not congregate staff/campers in a way that does not allow for 6 feet of physical distancing between individuals; limit activities to those that can maintain social distancing.

### *Residential Camps and Overnight Programs:*

- Cohort size is limited to  $\leq 12$  campers grouped by sleeping arrangements. Staff are not counted as part of cohort size. There may be multiple cohorts of  $\leq 12$  campers but they may not be combined at any time.
- Social distancing within cohorts is required unless requirements in "Cohort Exceptions" listed below are met.

## **Hygiene and Handwashing**

- Implement proper hand hygiene practices and frequency for both staff and campers including handwashing when necessary including but not limited to: arrival at camp, before and after meals, after bathroom use, after coughing/sneezing, and after contact with bodily fluids or surfaces that may be contaminated.
- Campers and staff must be instructed to go to the nearest handwashing/ hand hygiene station upon entry.
- Adequate handwashing facilities with soap, water, trash receptacle, and paper towels must be readily accessible to all campers and staff with handwashing instructions posted near every handwashing sink.
- Hand sanitizer with at least 60% alcohol may be used at times when handwashing is not available if:
  - Appropriate to the ages of children and children are instructed on proper use;
  - Campers have written parent/guardian permission to use;
  - Products stored securely; and
  - Used under the supervision of staff.

- Ensure that campers and staff are aware of infection control practices and that personal supplies (e.g., hats, brushes, hair ties, contact solutions, towels and bedding) and drinking containers must never be shared with others.
- Post signage throughout the camp environment on signs/symptoms of COVID-19 and the importance of social distancing, mask use, and proper hand hygiene.

### **Personal Protective Equipment (PPE) and Face Masks/Coverings**

- Staff and campers must wear face masks/coverings as required by the Governor's most recent [Order on Face Coverings in Public](#). (Residential Camps and Overnight Programs may be exempted, see "Cohort Exemption", below)
- Masks and cloth face coverings should be routinely washed or replaced (daily and any time the mask is used or becomes soiled), depending on the frequency of use.
- Masks/face coverings should be provided by the camper/parent, but camps should have a sufficient supply of reusable or disposable masks to provide to campers or staff when requested.
- May schedule times and locations for mask breaks, which should be outdoors if possible, or with windows open. During this time ensure 6 feet of distance is maintained between all individuals.
- Staff must wear appropriate gloves during food preparation and screening activities that require contact.

### **Screening and Monitoring**

- Develop and implement a plan for screening children and staff that includes daily screening checks, location of screening activities, and identify designated staff responsible for conducting screenings.
  - **Licensed Rec. Camps:** Staff conducting screenings must be trained by the camp's Health Care Consultant.
- Daily screenings must include a visual inspection of each camper for signs of illness. At drop off parents must:
  - Verbally confirm their child and anyone in their household has not experienced any COVID-19 symptoms in the last 24 hours and that their child is not required to be in COVID-19 isolation or quarantine.
  - Sign a written attestation regarding any household contacts to someone with COVID-19 symptoms or if they have given their child any fever reducing medication.
  - Health check responses must be recorded and maintained on file.
  - COVID vaccination should be noted with other immunization records
- Establish procedures to ensure that no individual is allowed to enter the building or participate in the camp or program until they successfully pass the screening. Screening must be held in an area allows for privacy, confidentiality, and social distancing or a physical barrier.
- Staff must actively monitor children throughout the day for symptoms of any kind. Camps/programs must have a non-contact or temporal thermometer on site to check temperatures.
- Keep track of individuals that staff and campers come into contact with during the course of the day in the potential case of exposure.

### **Isolation and Quarantine**

- Develop plan for identifying, isolating, and discharging symptomatic children and staff.
- Must have procedures for contacting parents of children in isolation immediately, criteria for seeking medical assistance, transportation of a child/staff who has developed symptoms related to COVID-19 and who rely on camp transportation, mitigation of transmission until the sick individual can safely leave the premises, and immediately notifying the local board of health.

- Must have contingency plans for arranging for transportation for a sick camper, in the case that parents are unable to pick up their children, and for staff, in case they are unable to transport themselves.
- Designate a separate space to isolate individuals with COVID-19 symptoms. While all camps/programs must designate an isolation room or space, camps must prepare for the possibility of needing to isolate multiple campers. If possible, camps must create multiple, separate isolation rooms and spaces so symptomatic individuals can also physically distance from each other. A private or separate bathroom and separate exit from the building/area should be made available for use by sick individuals only.
- Symptomatic campers/staff must be isolated immediately and supervised at all times by dedicated staff member(s). Others may not enter the isolation space without PPE appropriate for the care setting.
- In the event camper/staff tests positive for COVID-19 or is identified as a close contact, they may not return to the camp/program until they have met the requirements for discontinuing [isolation or quarantine](#).
  - **Licensed Rec. Camps:** Camp Health Care Consultants, Healthcare Supervisors and healthcare staff may follow current [Return to Work Guidance](#) for Healthcare Workers.
- If a symptomatic individual tests negative, they may return to camp after they have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If, after the individual tests negative, a provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to camp based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).
- Camps/programs must work with the local board of health to help identify and notify close contacts and for guidance on quarantine requirements.
- **Licensed Rec. Camps** must notify MDPH Community Sanitation Program on the Recreational Camp Injury and Reporting form as soon as possible, but no later than 48 hours after notification of the positive case.

### **Cleaning, Disinfecting and Sanitizing**

- Must develop a plan in accordance with [CDC Guidance](#) to intensify the camp/programs cleaning, disinfecting, sanitizing practices and at what frequency. Clean surfaces first and use EPA-registered disinfectants and sanitizers for use against COVID-19, as appropriate. Follow the manufactures instructions for application, including contact and dry-times, and proper ventilation. Do not spray chemicals around children.
- All sanitizing and disinfecting solutions must be labeled properly to identify the contents, stored in a locked closet or compartment, and stored separately from food items.
- Cleaning and disinfection of shared and personal equipment shall be in accordance with EEA standards on [Amateur Sports Activities](#) and [CDC Guidance](#) for Childcare.
  - Clean and disinfect PFDs supplied to campers in accordance with [US Coast Guard guidance](#).
- If a program suspects a camper or staff member was present at camp while infectious, close off and increase ventilation to the area(s) and wait 24 hours or as long as practical to begin cleaning and disinfecting area(s), frequently touched surfaces and shared equipment potentially used by the ill person. Camps/programs must plan for availability of alternative space while areas are out of use.
- Camps/programs shall follow CDC infection control guidelines designed to protect individuals from exposure to diseases spread by blood, bodily fluids, or excretions that may spread infectious disease. Camps/programs must comply with applicable OSHA standards (29 CFR 1910) and 105 CMR 480.000 (Minimum Requirement for the Management of Medical and Biological Waste) to ensure proper disposal of regulated medical waste.

### **Transportation and Travel**

- Limited transportation to surrounding areas and recreational facilities where significant interaction with the public is not expected is permitted.

- Traveling by foot or biking is strongly encouraged where reasonably possible and safe to do so.
- While off-site, camps/programs must comply with all requirements, including social distancing and face coverings, and they must plan for how they will isolate a camper/staff who develops symptoms and arrange for separate transportation to seek medical care from the off-site location.
- Comply with applicable standards in [Reopening Transportation Guidance](#) dated February 11, 2021 from the Department of Elementary and Secondary Education.
- Cohorts should be maintained to the extent possible during all transportation and travel.

### **Food Service and Safety**

- Develop a plan for food service that complies with the Hygiene Protocols in the current [Workplace Safety Standards for Restaurants](#).
- When possible, snacks and meals should be brought from home, be pre-packaged or ready to serve in individual portions. Where this is not feasible, staff must prepare and serve meals. No family style meals or self-service.
- Social distance must be maintained during meals and cohorts must remain constant, extra meal shifts may be necessary. Increase ventilation by keeping windows open when possible. Kitchen staff must maintain a checklist indicating completion of routine cleaning/sanitizing of kitchen and dining areas. Avoid all food contact surfaces when using disinfectants.

### **Activity Limitations**

- All activities must be conducted in accordance with physical distancing, masking and sanitation requirements, and should be conducted outside when possible.
- All sports activities must follow applicable [Safety Standards for Youth and Adult Amateur Sports Activities](#).
- Camps/programs can use their own swimming pools and beach front and offsite pools and beaches in accordance with current applicable [reopening standards](#). If using offsite pools or beaches, camps/programs should reserve their own dedicated time slot to prevent interaction with other camps and the general public.

### **Additional Requirements for Residential Camps and Overnight Programs**

In addition to meeting all requirements above applicable to all camps and programs, Residential Camps and Overnight Programs must meet additional standards, below:

### **Staffing and Operations**

- When possible, staff should remain on-site for the duration of the camp session.
- Campers must remain on-site for the duration of the session, with the exception of planned field trips within the cohort and to seek medical treatment. New campers are not permitted mid-session.
- Campers who leave during the session for other purposes may not return to camp activities.
- Documentation collected (screening documentation, surveillance/medically necessary testing, previous positive test results) must be maintained in a confidential manner and recorded in campers/staff health files.
- Staggered arrival to ensure that there is minimum overlap with campers and their families and so that individuals can complete modified quarantine pending test results (see below).

### **Screening and Monitoring**

- **Pre-Screening:** Staff and campers should self-quarantine 10 days prior to arriving at camp/program. During this time, parents are urged to conduct documented daily screenings of their child for symptoms associated with COVID19 and staff are urged to conduct self-screenings. Camps/programs may request documentation of this screening.
- **Regular Screening:** Individuals who do not pass the daily screening must be immediately isolated and tested. Staff that do not remain on-site for the entire session must be re-screened each day.

## Testing

- Residential Camps must develop a plan to test campers and staff for COVID-19 in accordance with the below requirements. Guidance for on-site testing can be found [here](#).
  - **Licensed Rec. Camps:** The Health Care Consultant (HCC) must review and approve testing policies and procedures which must be added to the camps healthcare policies.
- Parental consent required to conduct routine or medically indicated testing on minors at camp. If parental approval for testing guidelines is not granted, residential camps may not permit the minor to attend camp.
- Residential Camps/Programs must comply with all reporting requirements. COVID-19 is a notifiable disease and results **must** be reported to the Massachusetts Department of Public Health within 24 hours. Camps/Programs must work with DPH and local boards of health to ensure that all individual test results (positive and negative) are reported in an approved manner and include all appropriate demographic and close contact information.
- **Arrival Testing**
  - All campers and staff must obtain a negative PCR test within 72 hours of coming to camp. If unable to produce results upon arrival at camp, individual(s) must quarantine from all other campers and staff until result from PCR test are received.
  - All campers and staff must be tested upon arrival using either a PCR or BinaxNow test.
  - Until results of all tests are received, all campers must be in “modified quarantine” where campers and staff must stay in the smallest groups possible within their cohorts, are required to mask and socially distance except during sleep, and may not interact with other cohorts.
  - If any testing during this period returns a positive result, follow isolation and quarantine guidance.
  - Individuals who have tested positive within the last 90 days, have been cleared from isolation, and can provide lab results do not need to meet Arrival Testing requirements.
- **Symptomatic Testing:** Residential Camps and Programs must develop a symptomatic testing plan that ensures all symptomatic campers and staff are able to be tested promptly for COVID-19. If no on-site testing available, transportation to and from testing location must minimize staff exposure to the symptomatic individual.

## Isolation and Quarantine

- Parents or guardians of a camper or minor in isolation or quarantine must be notified immediately.
- If a camper or staff must isolate due to positive test results or quarantine due to COVID19 exposure, they should not complete their isolation and quarantine requirements at camp.
- Develop a contingency plan in the event an isolated/quarantined individual cannot be sent home immediately by private transportation, including identifying where they will isolate or quarantine.
- Establish space(s), including separate bathrooms, for isolation and/or quarantine of:
  - Individuals that did not provide PCR test results for a test 72 hours prior to arrival;
  - Symptomatic individuals awaiting results;
  - Positive individuals until they are picked up in a private vehicle and driven to where they will isolate and quarantine;
  - Close contacts of positive individuals until they are picked up in a private vehicle and driven to where they will isolate and quarantine

## Sleeping Arrangements:

- Sleeping areas/cabins are restricted to campers in the same cohort and cabin access should be

limited to only individuals who reside in that cabin.

- Bed spacing and cohort sleeping arrangements shall comply with requirements in 105 CMR 430.470 and 105 CMR 430.458, but camps are encouraged to increase bed spacing to 6 feet if possible.
- Face coverings should not be worn while sleeping.
- Increase ventilation by keeping windows open when possible.

### **Cleaning, Disinfecting and Sanitizing**

- Showers and bathroom areas must be cleaned and disinfected frequently, particularly after periods of heavy use. It is recommended these areas be cleaned a minimum of 2 times a day.
- Ensure cabins, sleeping areas, bed surfaces and any shared items are cleaned and disinfected between sessions.
- Laundry services shall be provided in accordance with 105 CMR 430 and if necessary to ensure all campers and staff have clean personal items, including reusable masks. Laundering shall be done in accordance with [CDC Guidance](#).
- Mattresses or mattress covers, and cots or cot covers should be cleaned or laundered regularly, and must be cleaned and disinfected prior to use in next camping session in accordance with CDC guidance for soft (porous) surfaces.

### **Transportation and Travel**

- Develop a policy for campers and staff arrival and departure from camp that limits the use of public transportation and exposure to the general population.
- Off-site travel is strongly discouraged. If off-site travel is offered, campers and staff must maintain distancing between cohorts.

### **Cohort Exception**

- Distancing and masking **within** a cohort is not required if all campers and staff in cohort at a Residential Camp or Overnight Program have:
  - Completed all arrival testing requirements with no identified positive results;
  - Completed modified quarantine; and
  - No one in the cohort has traveled off-site, other than for medical care and planned field trips.
- Physical distancing **between** cohorts must be maintained at all times and mask use is required where there is the possibility of interacting with other cohorts or staff outside the cohort.
- Procedures and activities should continue to encourage social distancing and reduce close contact between campers in a cohort.
- If staff in a cohort have gone off site (other than for planned field trips and medical care where COVID-19 protocols were followed) the entire cohort must mask and distance. The individual who went off site must meet arrival testing requirements before cohort exemption can be applied.

105 CMR: DEPARTMENT OF PUBLIC HEALTH

105 CMR 430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN  
(STATE SANITARY CODE, CHAPTER IV)

Section

- 430.001: Purpose
- 430.010: Scope
- 430.020: Definitions
- 430.050: License Required
- 430.090: Background Information
- 430.091: Staff Orientation and Training
- 430.093: Prevention of Abuse and Neglect
- 430.100: Camp Counselor and Junior Counselor Requirements
- 430.101: Required Ratio of Counselors to Campers
- 430.102: Camp Director Requirements
- 430.103: Supervision of Specialized High Risk Activities
- 430.140: Medical Waste
- 430.145: Maintenance of Records
- 430.150: Health Records
- 430.151: Physical Examinations by Physician and Certificate of Immunization
- 430.152: Required Immunizations
- 430.153: Physical Examination or Immunization Exemptions
- 430.154: Injury Reports
- 430.155: Medical Log
- 430.156: Availability of Health Records and Logs
- 430.157: Communicable Disease Reporting and Parental Education Requirements
- 430.159: Health Care Staff to Be Provided
- 430.160: Storage and Administration of Medication
- 430.161: Emergency/Medical Facilities and Equipment
- 430.162: Personal Hygiene and Laundry
- 430.163: Protection from the Sun
- 430.165: Tobacco Use
- 430.166: Alcohol and Recreational Marijuana Use
- 430.190: General Program Requirements
- 430.191: Requirements for Discipline
- 430.201: Riflery Program Requirements
- 430.202: Archery Program Requirements
- 430.203: Personal Weapons Restricted
- 430.204: Waterfront and Boating Program Requirements
- 430.205: Crafts Equipment
- 430.206: Playground, Athletic Equipment and Facilities Requirements
- 430.207: Storage and Operation of Power Equipment
- 430.208: Horseback Riding Program Requirements
- 430.209: Telephones Required
- 430.210: Plans Required to Deal with Natural Disasters or Other Emergency (Residential and Day Camps)
- 430.211: Special Contingency Plans for Day Camps
- 430.212: Field Trips
- 430.213: Emergency Communication System Required
- 430.214: Storage of Hazardous Materials
- 430.215: Fire Prevention
- 430.216: Smoke and Carbon Monoxide Detectors Required
- 430.217: Requirements for Tents
- 430.250: Vehicles Requirements
- 430.251: Transportation Safety
- 430.252: Qualifications of Driver
- 430.253: Automobile Insurance
- 430.300: Potable Water Required
- 430.301: Installation and Maintenance of Plumbing
- 430.302: Cross Connections Prohibited
- 430.304: Common Drinking Cup Prohibited

105 CMR: DEPARTMENT OF PUBLIC HEALTH

Section: continued

- 430.320: Food Service - Compliance with 105 CMR 590.000: *Minimum Sanitation Standards for Food Establishments (State Sanitary Code, Chapter X)*, Required
- 430.321: Special Provisions for Primitive, Travel and Trip Camps
- 430.330: Nutritious Meals to Be Served
- 430.331: Minimum Daily Food Requirements for Residential, Travel, or Trip Camps
- 430.332: Minimum Daily Food Requirements for Day Camps
- 430.333: Therapeutic Diets
- 430.334: Feeding
- 430.335: Meals Provided from Home
- 430.350: Facilities for Solid Waste Storage
- 430.355: Final Disposal of Solid Wastes
- 430.360: Sewage Disposal
- 430.370: Toilet Facilities Required
- 430.371: Urinals May Be Substituted
- 430.372: Location and Maintenance of Toilet Facilities
- 430.373: Handwashing Facilities
- 430.374: Bathing Facilities
- 430.375: Ventilation Required
- 430.376: Hot Water Temperatures
- 430.377: Maintenance of Sanitary Facilities
- 430.378: Toilet Facilities for Campers with Special Needs
- 430.379: Handwash Basins for Campers with Special Needs
- 430.380: Shower Facilities for Campers with Special Needs
- 430.400: Rodent and Insect Control - Residential and Day Camps
- 430.401: Weed Control - Residential and Day Camps
- 430.430: Swimming Pools - Compliance with 105 CMR 435.000: *Minimum Standards for Swimming Pools (State Sanitary Code, Chapter V)*, Required
- 430.432: Bathing Beaches - Compliance with 105 CMR 445.000: *Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)*, Required
- 430.450: Site Location
- 430.451: Certificate of Inspection Required
- 430.452: Screening Required
- 430.453: Lighting Required
- 430.454: Structural and Interior Maintenance
- 430.456: Egresses
- 430.457: Shelters for Day Camps
- 430.458: Shelters for Residential Camps
- 430.459: Non-ambulatory Campers
- 430.470: Separate Beds to Be Furnished
- 430.471: Sleeping Prohibited in Food Areas
- 430.472: All Bedding and Towels to Be Cleaned
- 430.631: Application for a License
- 430.632: Board of Health Shall Grant, Suspend or Revoke License; Annual Notification
- 430.633: Posting of License
- 430.650: Inspections Required
- 430.651: Inspection Report Forms
- 430.700: Orders to Correct Violations
- 430.701: Violation Which May Endanger or Materially Impair the Health, Safety or Well-being of the Public
- 430.702: Contents of Order
- 430.703: Service of Orders
- 430.730: Request for Hearing
- 430.731: Hearing to Be Held
- 430.732: Decision of Board of Health
- 430.733: Public Record
- 430.734: Appeal of the Board of Health Decision
- 430.735: Compliance
- 430.750: Operation without License
- 430.751: Failure to Comply with Order of the Board of Health

Section: continued

430.752: Failure to Comply with Provisions of 105 CMR 430.000

430.800: Board of Health May Grant Variance

430.830: Severability

430.001: Purpose

The purpose of 105 CMR 430.000 is to provide minimum standards for housing, health, safety and sanitary conditions for minors attending recreational camps for children in the Commonwealth.

430.010: Scope

(A) No person, corporation, trust, authority, government agency, political subdivision or any other entity shall operate a recreational camp for children in the Commonwealth which does not comply with the requirements of 105 CMR 430.000.

(B) Any building which is required to conform to the minimum sanitation and safety standards contained in 105 CMR 430.000 shall not be required to comply with 105 CMR 410.000: *Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II)* during the period of its use as a part of a recreational camp for children.

430.020: Definitions

Age means the age of a person on the day a camp session begins.

Aquatics Director means a trained water safety professional with current certifications as a lifeguard who has responsibility for supervising aquatic activities. The aquatics director shall be at least 21 years of age and have experience in a management or supervisory position at a similar aquatics area of at least six weeks duration.

Bathing Beach means the land where access to the bathing water is provided pursuant to 105 CMR 445.000: *Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)*. For the purposes of 105 CMR 430.000, Bathing Beaches shall not include swimming pools, wading pools and other artificial bodies of water.

Board of Health means a municipal board of health, a municipal health department, a regional health district, or any other legally constituted city, town, or county governmental unit within the Commonwealth serving as a public health agency, as established under M.G.L. c. 41, § 1, or M.G.L. c. 111, §§ 26, 26A, 27A, or 27B, or its authorized agent or representative under M.G.L. c. 111, § 30. Board of Health shall also mean an inspectional services department in a city or town where the inspectional services department is responsible for the enforcement of 105 CMR 430.000. In any case in which a camp extends into the geographic jurisdiction of two or more boards, those boards may coordinate activities in effecting compliance with 105 CMR 430.000.

Camp Director means an individual who has primary and direct responsibility for the day to day operation and supervision of a recreational camp for children including oversight of program operations, supportive services, business affairs, health matters, food, staff supervision and transportation.

Camper means a child who attends a recreational camp for children, including Counselors-in-Training.

Certificate of Immunization shall mean either:

(1) any form or letter signed and dated by a physician or designee, or

(2) a dated report from the Massachusetts Immunization Information System;

provided that either document specifies the month and year of administration and the type/name of the vaccine(s) administered to the camper or staff person, or alternative evidence of immunity.

430.020: continued

Child and Children means individuals who are younger than 18 years old.

Counselor means an individual who supervises campers and who may have exclusive responsibility for campers.

Counselor-in-training means a camper who is training to become a counselor.

CPR Certificate means a current certification in cardiopulmonary resuscitation (CPR) including the American Red Cross CPR Certificate for the Professional Rescuer, American Heart Association CPR Certificate for Health Care Provider, National Safety Council CPR Training or any equivalent CPR training recognized by the Department.

Day Camp means a program which:

- (1) operates on a site for more than two hours but less than 24 hours a day;
- (2) operates for at least four days during a 14 consecutive day period in a city or town; and
- (3) meets the definition of a recreational camp for children.

Department means the Massachusetts Department of Public Health.

First Aid Training means at least current certification in American Red Cross Standard First Aid, American Heart Association, or its equivalent with a current CPR Certificate.

Garbage means the animal, vegetable or other organic waste resulting from the handling, preparing, cooking, consumption or cultivation of food, and containers and cans which have contained food unless such containers and cans have been cleaned or prepared for recycling.

Habitation means a portion inside a building, tent, or other structure which is used for living, sleeping, cooking, or consumption of food.

Health Care Supervisor means a person on the staff of a recreational camp for children who is 18 years of age or older and who is responsible for the day to day operation of the health program or component. The Health Care Supervisor shall be a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

Junior Counselor means an individual who assists counselors in the performance of their duties, but who does not have exclusive responsibility for supervising campers.

Lifeguard means a trained water safety professional who is at least 16 years old and holds the following current certifications:

- (1) An American Red Cross Lifeguard Training Certificate, Royal Bronze Medallion, Boy Scouts of America Lifeguard Certificate, National YMCA Lifeguard Certificate, or an equivalent certification, as determined by the Department;
- (2) A CPR Certificate; and
- (3) An American Red Cross Standard First Aid Certificate, Red Cross Community First Aid and Safety Certificate, or National Safety Council First Aid Training, Level 2, or an equivalent certification recognized by the Department.

Medical Specialty Camp means a camp with a primary purpose to provide programs for campers with special medical or health needs.

Mild Disability means a condition in which a person can function on his or her own in providing total self-care but needs assistance in other camp activities.

Operator means any person who:

- (1) alone or jointly with others owns a recreational camp for children; or
- (2) has care, charge or control of a recreational camp for children as agent or lessee of the owner or as an independent contractor; or
- (3) is the camp director.

430.020: continued

Person or Entity means an individual or his or her estate upon his or her death, or a corporation, a government agency, a partnership, a trust, an association, or an organized group of persons, whether incorporated or not, or any receiver, trustee, or other liquidating agent of any of the foregoing while acting in such capacity.

Primitive or Outpost Camp means a portion of the permanent camp premises or other site at which the basic needs for camp operation such as places of abode, water supply systems and permanent toilet and cooking facilities may not be provided.

Qualified Dietitian means a person who is eligible for registration by the American Dietetic Association or has at least a baccalaureate degree in food and nutrition, dietetics, or food service management.

Recreational Camp for Children means:

- (1) Any day, primitive or outpost, residential, sports, travel or trip camp conducted wholly or in part for recreation or recreational instruction which:
  - (a) operates for profit or philanthropic or charitable purposes, whether or not a fee is charged;
  - (b) serves five or more children who are not members of the family or personal guests of the operator; and
  - (c) operates for any period of time between June 1<sup>st</sup> and September 30<sup>th</sup> of any year or fewer than 15 business days during any other time of the year.
- (2) Provided it is not promoted or advertised as a camp, none of the following shall be deemed to be a recreational camp for children:
  - (a) a child care program licensed by the Department of Early Education and Care in accordance with M.G.L. c. 15D;
  - (b) single purpose classes, 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 as provided in M.G.L. c. 111, § 127A;
  - (c) a program operated solely on a drop-in basis;
  - (d) a classroom-based instructional program provided no specialized high risk activities (*see* 105 CMR 430.103) are conducted as part of the program;
  - (e) a summer school program accredited by a recognized educational accreditation agency, where the accreditation includes standards for specialized high risk activities, if the program involves such activities (*see* 105 CMR 430.103), and the summer program meets those accreditation standards.

Residential Camp means a program which:

- (1) meets the definition of a recreational camp for children;
- (2) operates on a permanent site for three or more consecutive overnights; and
- (3) operates for at least four days during a 14 consecutive calendar day period in a city or town.

Rubbish means waste materials including, but not limited to, such material as paper, rags, cartons, boxes, wood, rubber, leather, tin cans, metals, machine or machine parts, mineral matter, glass, plastic bags and containers, crockery, dust and the residue from the burning of wood, coal, coke, and other combustible materials. Rubbish does not include garbage, yard waste, recyclable material, or bulk items.

Severe Disability means a condition in which a person needs assistance in self-care and camp activities.

430.020: continued

Specialized High Risk Activities means those activities posing an inherent risk of serious injury or death due to the nature of the activity regardless of reasonable precautions and supervision. Such activities present an increased risk to health and safety beyond the routine risk of exercising and being active in various weather conditions. Specialized high risk activities shall include, but not limited to, horseback riding, hiking, scuba diving, rock climbing, firearms, archery, challenge courses, climbing walls, and aquatic activities (e.g., swimming, watercraft activities, scuba diving).

Sports means athletic activities including, but not limited to, football, soccer, dance, baseball, gymnastics, swimming, horseback riding, tennis, skating and basketball.

Sports Camp means a program which:

- (1) meets the definition of a recreational camp for children;
- (2) has a primary focus on one or more sports activities;
- (3) operates on a site for more than two hours but less than 24 hours a day; and
- (4) operates for at least four days during a 14 consecutive calendar day period in a city or town.

Staff means any person employed by a recreational camp for children, not including a volunteer, who:

- (1) is or may be present at any time at the camp when campers are present and is in the service of the camp under any contract of hire, express or implied, oral or written, where the camp operator has the power or right to control and direct the person in the material details of how his or her work is to be performed; and
- (2) is paid directly by the camp operator. This does not include any person at the camp performing contracted services (e.g., delivery person, maintenance staff, bus driver, or third party vendors) while under the supervision of the camp operator or his or her designee.

Stairway means any group of stairs having three or more risers.

Swimming and Diving Areas means aquatic facilities and operations generally known as swimming pools, wading pools, diving tanks, beaches, rivers, lakes, other natural bodies or water and similar areas and facilities.

Swimming Pool means every artificial pool of water licensed as a swimming pool by the Board of Health in accordance with 105 CMR 435.000: *Minimum Standards for Swimming Pools (State Sanitary Code, Chapter V)*.

Tent means any structure of which 25% or more of the roof or walls or both are constructed of canvas, or covered or protected by any fabric material.

Travel Camp means a program which provides care for not less than a 72-hour period, uses motorized transportation to move campers as a group from one site to another and meets the definition of a recreational camp for children.

Trip Camp means a program which provides care for not less than a 72-hour period, moves campers under their own power or by a transportation mode permitting individual guidance of a vessel, vehicle or animal from one site to another and meets the definition of a recreational camp for children. Trip Camp includes, for example, a program which leads campers by bicycle, canoe or horseback from one site to another.

Volunteer means any person who performs services in an unpaid capacity at a recreational camp for children.

430.050: License Required

No recreational camp for children shall operate without a license from the Board of Health. Any person or program that promotes or advertises itself as a camp, even if it does not meet the criteria of a Recreational Camp as defined within 105 CMR 430.020, must be licensed as a recreational camp for children prior to operating.

430.090: Background Information

(A) The operator shall develop and follow written procedures for the review of the background of each staff person and volunteer.

(B) Each staff person and volunteer shall have a background free of conduct that bears adversely upon his or her ability to provide for the safety and well-being of the campers. The operator shall determine whether each staff person's and volunteer's conduct, criminal or otherwise, shall disqualify that person from employment or service at the camp. In making this determination, the operator shall consider at a minimum information required under 105 CMR 430.090(C) and (D).

(C) At a minimum the operator shall require for each camping season the following with regard to each staff person:

(1) Prior work history, including name, address and phone number of a contact person at each place of employment for the previous five years, and

(2) Three positive reference checks from individuals not related to the staff person including, but not limited to, previous employers or school administrators. Returning staff persons may use prior references on record with the camp provided if there is a gap in employment with the camp for one or more camp seasons, new references shall be required.

(3) Inquiry by the operator into each staff person's prior criminal history. Such inquiry shall include, at a minimum, a criminal history inquiry as indicated:

(a) The operator shall obtain a sex offender registry information check from the Massachusetts Sex Offenders Registry Board for all prospective staff. International staff entering the country pursuant to a visa and who have not previously been in the United States are exempt.

(b) In accordance with M.G.L. c. 6, § 172G, operators shall obtain a CORI/Juvenile Report from the Department of Criminal Justice Information Services for all prospective staff.

(c) For prospective staff whose permanent residence is not Massachusetts (out of state and international), the operator, where practicable, shall also obtain from the applicant's state criminal information system, local chief of police, or other local authority with access to relevant information, a criminal record check or its nationally recognized equivalent (*e.g.*, biometric data).

(d) If there is no interruption in the staff person's employment by the camp or organization operating the camp from the time of the initial background check, a new criminal or sex offender history is required at a minimum every three years. This applies only to permanent employees of the same camp or organization operating the camp. Any break in employment service requires a new criminal history and sex offender inquiry for the staff person.

(D) At a minimum, the operator shall require for each camping season the following with regard to each volunteer:

(1) Prior work or volunteer history, including name, address and phone number of a contact person at each place of employment or volunteer service for the previous five years.

(2) A sex offender registry information check from the Massachusetts Sex Offenders Registry Board.

(3) In accordance with M.G.L. c. 6, § 172G, operators shall obtain a CORI/Juvenile Report from the Department of Criminal Justice Information Services.

(E) The operator shall maintain written documentation verifying the background and character of each staff person and volunteer for three years, or as required by M.G.L. c. 149, § 52C, if applicable.

(F) No person shall be employed or allowed to volunteer at a recreational camp for children until such time as the operator is in receipt of, reviews and makes a determination with regard to all background information required pursuant to 105 CMR 430.090(C) and (D).

430.091: Staff Orientation and Training

The operator shall provide orientation and training for all counselors, junior counselors, and other applicable camp staff and volunteers. The operator shall describe, in writing, the camp's plan for orientation including at a minimum the camp's organization, policies and procedures. Training shall include any necessary training specific to overseeing certain camp activities or any specialized training to meet the needs of campers with unique physical or behavioral needs, as applicable. As part of the orientation, all counselors, junior counselors, and other staff and volunteers shall complete one online head injury safety training program, such as the Centers for Disease Control and Prevention's "Heads-Up" training, or an equivalent training approved by the Department. The operator shall not assign any person to be responsible for a group of children nor utilize any staff or volunteer to supervise others until such person has received the minimum orientation described in 105 CMR 430.091. Documentation of specific training components and attendance records for such trainings shall be maintained according to 105 CMR 430.145.

430.093: Prevention of Abuse and Neglect

(A) The operator shall have written policies and procedures in place to protect campers from both abuse and neglect (as defined in 110 CMR 2.00: *Glossary*) while in the camp's care and custody.

(B) The operator shall develop and follow written procedures for reporting of any suspected incidents of child abuse or neglect in accordance with procedures described in M.G.L. c. 119, § 51A. The procedures shall include:

- (1) All staff shall immediately report any suspected child abuse or neglect. The report shall be made either to the Massachusetts Department of Children and Families or its successor, or to the camp director.
- (2) The camp director shall immediately report suspected abuse or neglect to the Massachusetts Department of Children and Families, or its successor.
- (3) The camp director shall notify in writing the Department and the Board of Health if a report is filed pursuant to M.G.L. c. 119, § 51A alleging abuse or neglect of a child while in the care of the recreational camp for children or during a program-related activity. The report filed pursuant to M.G.L. c. 119, § 51A itself shall not be forwarded to the Department or Board of Health.

(C) The operator shall cooperate in all official investigations of abuse or neglect, including identifying parents of campers currently or previously enrolled in the camp who may have been in contact with the subject of the investigation.

(D) The operator shall ensure an allegedly abusive or neglectful staff person shall not have any unsupervised contact with campers until the Massachusetts Department of Children and Families investigation is completed.

430.100: Camp Counselor and Junior Counselor Requirements

(A) Each counselor in a recreational camp for children shall:

- (1) have at least four weeks experience as a junior counselor, have participated in structured group camping, or have at least four weeks experience in a supervisory role with children; and
- (2) have satisfactorily completed a camp counselor orientation and training program as specified in 105 CMR 430.091 prior to the arrival of campers.

(B) Each junior counselor in a recreational camp for children shall have satisfactorily completed a junior counselor orientation program prior to the arrival of campers.

(C) The age of counselors shall be as follows:

- (1) in residential, primitive, sports, travel, trip and medical specialty camps:
  - (a) counselors shall be 18 years of age or older or have graduated from high school;
  - (b) junior counselors shall be 16 years of age or older;

430.100: continued

- (2) In a day camp
  - (a) counselors shall be 16 years of age or older;
  - (b) junior counselors shall be 15 years of age or older.
- (3) All counselors and junior counselors shall be at least three years older than the campers whom they supervise.

430.101: Required Ratio of Counselors to Campers

Each recreational camp for children shall have the following minimum ratio of counselors to campers:

- (A) Residential and Day Camps. Residential, day, and sports camps shall have at least one counselor for every ten campers seven years of age or older and one counselor for every five campers younger than seven years old. To meet these required ratios, counselors shall be within the line of sight or close proximity to campers at all times. Junior counselors may be included in meeting up to 50% of the camper to staff ratio within each unit, living or general activity group, but shall always be under the direct supervision of a counselor. Each residential or day camp serving campers with mild or severe disabilities shall have a staffing plan in place to ensure adequate staffing to supervise children with disabilities.
- (B) Primitive, Travel and Trip Camps. Each primitive, travel and trip camp shall have at least one counselor for every ten campers, with a minimum of two counselors, one of which shall be at least 21 years old. Each primitive, travel or trip camp serving campers with mild or severe disabilities shall have a staffing plan in place to ensure adequate staffing to supervise children with disabilities.

430.102: Camp Director Requirements

Each recreational camp for children shall have at the camp at all times a director who meets the following:

- (A) Residential Camp. Each residential camp shall have a director who is 25 years of age or older and who meets at least one of the following:
  - (1) Successful completion of a course in camping administration such as those offered by national professional camping associations, national agencies or their equivalent, or
  - (2) At least two seasons of previous experience working as part of an administrative staff of a recreational camp for children.
- (B) Day Camp. Each day camp shall have a director who is 21 years of age or older and who meets at least one of the following:
  - (1) Successful completion of a course in camping administration such as those offered by national professional camping associations, national agencies, or their equivalent, or
  - (2) At least two seasons of previous experience working as part of the administrative staff of a recreational camp for children.
- (C) Primitive, Travel and Trip Camps. Each primitive, travel and trip camp shall have a director who shall:
  - (1) Be 25 years of age or older; and
  - (2) Possess demonstrated proof of experience supervising a recreational camp for children in similar camping activities.
- (D) The operator shall inform all staff on duty as to who is responsible for administration of the camp at any given time. In the event of the absence of the director, the director or operator shall appoint a designee who shall be at the camp at all times. The designee shall meet the qualifications as required by 105 CMR 430.102(A), (B) or (C).

430.103: Supervision of Specialized High Risk Activities

Each recreational camp for children which conducts specialized high risk activities, either on or off-site, including, but not limited to, horseback riding, hiking, scuba diving, rock climbing, firearms, archery, challenge courses, climbing walls, watercraft and aquatic activities, shall conduct such activities only under the supervision of a counselor who has evidence of appropriate training, certification and experience in each activity under his or her supervision. Said counselor shall be present during periods of specialized high risk activity. The operator shall make adequate provisions to assure any special training necessary for camp personnel to protect the safety and health of campers with disabilities.

(A) Swimming and Other Aquatics Activities. Swimming and other aquatics activities shall be supervised by one counselor for every ten campers in the water or near the water. For every 25 campers, or portion thereof, there shall also be at least one lifeguard. If 50 or more campers are in the water or near the water, the aquatics director must be present to directly supervise the activities and may be one of the on-duty lifeguards to meet the requirement above. If swimming activities occur at a location separate from the camp, the camp shall provide supervision by lifeguards as required in 105 CMR 430.103 but is not required to provide an aquatics director. Supervision of swimming, if not provided by camp staff, may be allowed through a contractual agreement between the camp and the owner or operator of the swimming venue to supply dedicated lifeguards at the required ratio of one lifeguard for each 25 campers in or near the water.

(B) Watercraft.

(1) All watercraft activities shall be supervised by a minimum of one counselor for every ten campers in watercraft. Each counselor shall hold a lifeguard certification or American Red Cross certification in Small Craft Safety and Basic Water Rescue, or an equivalent certification recognized by the Department that demonstrates water rescue procedures specific to the type of water and activities conducted.

(2) All watercraft activities carried out on white water, or hazardous salt or fresh water, regardless of the number of campers, shall have a minimum of two counselors, each in separate watercraft, supervising the activity. In addition to the certification and training required by 105 CMR 430.103(B)(1), each counselor shall have evidence of previous training and experience with this type of water activity totaling at least six hours on the water.

(3) Campers shall possess at least an American Red Cross Level 4 or higher Program Certificate, or an equivalent recognized by the Department, in swimming proficiency before being allowed to participate in white water, hazardous salt water or hazardous fresh water boating activities. All white water activities must be carried out on water determined to be no more difficult than Class III as defined by the International Scale of River Difficulty. No trips shall be taken on unclassified white water.

(4) All staff and participants engaging in water craft activities shall wear U.S. Coast Guard approved personal floatation devices appropriate to the activity.

(C) Scuba Diving. Scuba diving activities shall be supervised by individuals who are currently certified by a national or regional scuba training program such as the YMCA, National Association of Scuba Diving Schools, Professional Association of Diving Instructors, National association of Underwater Instructors, Scuba Schools International, or equivalent program recognized by the Department.

(D) Firearms. All firearm activities shall be directly supervised by an individual who possesses a current National Rifle Association Instructor's certification and maintains compliance with M.G.L. c. 140, § 129B - Firearm identification cards; M.G.L. c. 140, § 129C(m) - Exemption for instruction, or M.G.L. c. 140, § 131 - Licenses to carry firearms, as applicable. A ratio of one counselor for every ten campers on the range shall be maintained at all times. This ratio may include the instructor.

(E) Archery. A ratio of one counselor per ten campers shall be maintained on the archery range at all times.

(F) Horseback Riding. All riding instructors used by a recreational camp for children whether staff of the camp or of another facility used by the camp, shall be licensed in accordance with M.G.L. c. 128, § 2A.

430.103: continued

- (G) Challenge Course or Climbing Wall. All challenge courses or climbing walls shall:
- (1) Be licensed and maintained pursuant to 520 CMR 5.00: *Amusement Devices*;
  - (2) Comply with the following requirements of *American Camp Association Accreditation Process Guide* Standard PD 24.1:
    - (a) at least an annual inspection by qualified personnel to ensure the integrity of the hardware, material and equipment for each element of the challenge course, climbing wall or other apparatus, and
    - (b) a written report of such inspection(s) including recommendations concerning the safety of the challenge course or climbing wall and appropriate remedial actions needed to correct any deficiencies noted in the report; and
  - (3) Maintain a ratio of one counselor for every ten campers at all times.

430.140: Medical Waste

Any medical waste, as defined in 105 CMR 480.000: *Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code, Chapter VIII)*, shall be maintained and disposed of in accordance with the requirements of 105 CMR 480.000.

430.145: Maintenance of Records

Camp operators shall maintain all records relating to campers, staff and volunteers for a minimum of three years.

430.150: Health Records

Each recreational camp for children shall maintain a health record for each camper and for each staff person who is younger than 18 years old. The health record shall be readily available at all times in electronic or hard copy form that is secure from unauthorized access and shall include at least the following:

- (A) The camper's or staff member's name and home address;
- (B) The name, address and telephone number of the camper's or staff member's parent(s) or guardian(s);
- (C) A written authorization for emergency medical care signed by a parent or guardian;
- (D) The travel location(s) and telephone number(s) of the camper's or staff member's parent(s) or guardian(s) if the parent(s) or guardian(s) will be traveling during the camping season;
- (E) The name, address and telephone numbers of the camper's or staff member's family health care provider or health maintenance organization, if any;
- (F) If the camper or staff member brings a prescribed medication from home, a written authorization to administer the medication signed by a parent or guardian;
- (G) Copies of injury reports, if any, required by 105 CMR 430.154;
- (H) A certificate of immunization indicating compliance with 105 CMR 430.152; and
- (I) In addition, in each residential, sports, travel and trip camp: the health history and report of physical examination required by 105 CMR 430.151.

430.151: Physical Examinations by Physician and Certificate of Immunization

- (A) Every camper and full time staff person shall prior to attending or after receiving a conditional offer of employment from a residential, travel, sports, or trip camp, furnish to the camp the following, prepared and signed by a licensed health care provider:

430.151: continued

- (1) A current medical history which lists allergies, required medications, and any health conditions or impairments which may affect the individual's activities while attending the camp;
- (2) A report of a physical examination conducted during the preceding 18 months; and
- (3) A certificate of immunization.

(B) Every camper and full time staff person shall prior to attending or after receiving a conditional offer of employment from a day camp, furnish to the camp:

- (1) A current medical history which lists allergies, required medications, and any health conditions or impairments which may affect the individual's activities while attending the camp. The medical history shall be signed by a parent or guardian, or by a licensed health care provider, however, in the case of a staff member 18 years of age or older, the staff member's signature shall be sufficient; and
- (2) A certificate of immunization.

(C) No person known to be suffering from tuberculosis in a communicable form, or having evidence of symptoms thereof, shall be allowed to work or attend a recreational camp for children in any capacity which might bring him or her into contact with any camper at such camp. Screening and testing for tuberculosis shall be in accordance with the most current guidance issued by the Department's Tuberculosis Prevention Program.

430.152: Required Immunizations

Written documentation of immunization in accordance with the most current Department immunization schedules developed pursuant to recommendations of the Centers for Disease Control and Prevention shall be required for all campers and staff.

430.153: Physical Examination or Immunization Exemptions

(A) Religious Exemption. If a camper or staff member has religious objections to physical examinations or immunizations, the camper or staff member shall submit a written statement, signed by a parent or legal guardian of the camper or staff member if a minor, stating that the individual is in good health and stating the general reason for such objections.

(B) Immunization Contraindicated. Any immunization specified in 105 CMR 430.152 shall not be required if the health history required by 105 CMR 430.151 includes a certification by a physician certifying he or she has examined the individual and in the physician's opinion the physical condition of the individual is such that his or her health would be endangered by such immunization.

(C) Exclusion. In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a camp, all susceptible children, including those with medical or religious exemptions, are subject to exclusion as described in 105 CMR 300.000: *Reportable Diseases and Isolation and Quarantine Requirements*.

430.154: Injury Reports

A report shall be completed on a form available from the Department for each fatality or serious injury as a result of which a camper, staff person, or volunteer is sent home or brought to the hospital or physician's office, and where a positive diagnosis is made. Such injuries shall include, but shall not necessarily be limited to, those for which suturing or resuscitation is required, bones are broken, or the camper, staff person, or volunteer is admitted to the hospital. A copy of each injury report shall be sent to the Department, as well as the Board of Health, as soon as possible but no later than seven calendar days after the occurrence of the injury. In addition, any camp operator that is an owner of a challenge course or climbing wall operating at the camp and licensed pursuant to 520 CMR 5.00: *Amusement Devices* shall comply with the reporting requirements in 520 CMR 5.00 for each fatality or serious injury, as defined in 520 CMR 5.00, related to the challenge course or climbing wall.

430.155: Medical Log

Each recreational camp for children shall maintain a medical log which shall contain a record of all camper and staff health complaints and treatment. The medical log shall list the date and time, name of patient, complaint, and treatment for each incident. The medical log shall be maintained in a readily available format and shall be signed by an authorized staff person.

430.156: Availability of Health Records and Logs

(A) All medical records and logs shall be readily available to the health care supervisor, camp nurse or camp doctor or other health personnel.

(B) All medical records and logs shall be made available upon request to authorized representatives of the Department and of the Board of Health which licenses the camp. The Department and the Board of Health shall maintain the confidentiality of information relating to individual campers and staff.

430.157: Communicable Disease Reporting and Parental Education Requirements

(A) The operator of a recreational camp for children, in consultation with the camp's health care consultant, shall immediately report each case of communicable disease listed as reportable under 105 CMR 300.000: *Reportable Diseases and Isolation and Quarantine Requirements* occurring in a camp to the Board of Health and the Department. Such report shall include the name and home address of any individual in the camp known to have or suspected of having such disease. Until action on such case has been taken by the camp health care consultant, strict isolation of affected individuals shall be maintained.

(B) The operator of a recreational camp for children, in consultation with the camp's health care consultant, shall be responsible for ensuring each suspected case of food poisoning or any unusual prevalence of any illness in which fever, rash, diarrhea, sore throat, vomiting, or jaundice is a prominent symptom is reported immediately to the Board of Health and to the Department, by email or telephone. This report shall be made by the health care consultant, health care supervisor, or the camp director or operator.

(C) Information regarding meningococcal disease and immunization shall be provided annually to the parent or legal guardian of each camper in accordance with M.G.L. c. 111, § 219.

430.159: Health Care Staff to be Provided

The operator of each recreational camp for children shall provide:

(A) A designated Massachusetts licensed physician, certified nurse practitioner, or physician assistant having documented pediatric training, as the camp's health care consultant. The consultant shall:

- (1) Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
- (2) Review and approve the policy initially and at least annually thereafter;
- (3) Approve any changes in the policy;
- (4) Review and approve the first aid training of staff;
- (5) Be available for consultation at all times; and
- (6) Develop and sign written orders, including for prescription medication administration, to be followed by the on-site camp health care supervisor in the administration of his or her health related duties; and
- (7) Provide trainings as required by 105 CMR 430.160 to the health care supervisor(s) and other camp staff.

(B) A written camp health care policy, approved by the Board of Health and by the camp health care consultant. Such policy shall include, but not be limited to: daily health supervision; infection control; medication storage and administration, including self-administration when appropriate, pursuant to the requirements of 105 CMR 430.160; procedures for using insect repellent; conducting tick checks; promoting allergy awareness; handling health emergencies and accidents, including parental/guardian notifications; available ambulance services; provision for medical, nursing and first aid services; the name of the designated on-site camp health care

430.159: continued

supervisor; the name, address, and phone number of the camp health care consultant required by 105 CMR 430.159(A); and the name of the health care supervisor(s) required by 105 CMR 430.159(E), if applicable.

(1) Each full time staff member shall receive a copy of the policy and shall be trained in the program's infection control procedures and implementation of the policy during staff orientation.

(2) Prior to admitting a child to the camp, parents and guardians shall be provided a copy of the policy pertaining to the care of mildly ill campers, administration of medication and the procedures for providing emergency health care. A complete copy of the policy shall be furnished to parents and guardians upon their request.

(C) At least one health care supervisor, or more as determined by the camp operator based on camp size and ability to provide for the needs of the camp, who is present at the camp at all times. Primitive, travel, and trip camps shall have at least one individual who is trained in first aid in addition to the health care supervisor accompanying the campers. Said individual shall possess at least current certification in Red Cross Standard First Aid, or its equivalent.

(D) In residential camps in which the total number of campers and staff is less than 150 and in all day camps, the health care supervisor may have additional non-health related duties, but shall at all times be available at the camp to render emergency first aid.

(E) In camps operated specifically for children with mild or severe disabilities, medical specialty camps, residential camps for children where the total number of campers and staff is 150 or greater and at any other camp when so advised by the health care consultant described in 105 CMR 430.159(A), the health care supervisor shall be:

- (1) A nurse registered to practice in the Commonwealth;
- (2) A physician licensed to practice in the Commonwealth;
- (3) A certified nurse practitioner or physician assistant licensed to practice in the Commonwealth; or
- (4) A Massachusetts licensed practical nurse.

430.160: Storage and Administration of Medication

(A) Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. (M.G.L. c. 94C, § 21).

(B) All medication prescribed for campers shall be kept in a secure manner (*e.g.*, locked storage or in the controlled possession of the individual responsible for administering them, according to *American Camp Association Standard HW.19*). Medications requiring refrigeration shall be stored at temperatures of 36° to 46°F in accordance with Massachusetts Board of Registration in Pharmacy guidance regarding proper storage of refrigerated and frozen medications.

(C) Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

430.160: continued

(D) A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

(1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.

(2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.

(3) Document the circumstances in which a camper, health care supervisor, or other employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:

(a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:

1. the camper is capable of self-administration; and

2. the health care consultant and camper's parent/guardian have given written approval

(b) Receive an epinephrine auto-injection by someone other than the health care consultant or person who may give injections within their scope of practice if:

1. the health care consultant and camper's parent/guardian have given written approval; and

2. the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.

(4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.

(E) The camp's health care consultant shall train health care supervisors on the signs and symptoms of hypo or hyperglycemia, and appropriate diabetic plan management.

(F) The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: *Minimum Requirements for the Management of Medical or Biological Waste*.

(G) The required training for health care supervisors and other camp employees designated to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3) shall:

(1) be provided under the direction of the health care consultant; and

(2) at a minimum, include content standards and a test of competency developed and approved by the Department;

(H) The health care consultant shall:

(1) document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration; and

(2) provide a training review and informational update at least annually for those camp staff authorized to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3).

(I) When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

(1) Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.

(2) The medication disposal log shall be maintained for at least three years following the date of the last entry.

430.161: Emergency/Medical Facilities and Equipment

(A) The operator of each residential camp and each day camp shall provide a single facility identified as an infirmary or first aid facility. Such facility in a residential camp shall be easily recognizable and accessible during the day and the night.

(B) In accordance with guidance from the Department, every residential camp shall have designated space for isolation of a child ill with a communicable disease or suspected of such illness or otherwise in need of quiet and rest, at a location suitably separated from the regular living and sleeping quarters so as to ensure both quiet to the patient and safety to other persons. The space shall be suitably equipped, including a ventilation system capable of providing negative pressure. An isolated child shall be provided with adequate adult supervision. Camps shall notify parents or guardians as soon as possible if their child is isolated.

(C) First aid supplies shall be readily available to the staff wherever the health care consultant deems necessary, and shall be part of the written orders required by 105 CMR 430.159(A). First aid kits shall meet American National Standards Institute Z308.1-2015 requirements including, at a minimum, one Class B Kit and one or more Class A Kits, as necessary.

430.162: Personal Hygiene and Laundry

The operator shall provide adequate facilities and time for the campers and staff to carry out good personal hygiene practices. In a residential camp, campers and staff who are in attendance for more than 14 consecutive calendar days shall be provided laundry facilities and encouraged to wash personal laundry at least once every 14 days.

430.163: Protection from the Sun

The operator shall at all times encourage campers and staff to reduce exposure to ultraviolet exposure from the sun. Such measures shall include, but need not be limited to, encouraging the use of wide brim hats, long sleeve shirts, long pants, screens with a solar protection factor of 25 or greater and lip balm. The operator shall establish written procedures for the topical application of sunscreen, including parent or legal guardian authorization.

430.165: Tobacco Use

Tobacco use in any form, including nicotine delivery systems (*e.g.*, electronic cigarettes) but excluding cessation products approved by the U.S. Food and Drug Administration, shall not be allowed by staff, campers or any other person at a licensed recreational camp for children.

430.166: Alcohol and Recreational Marijuana Use

Use of alcohol and recreational use of marijuana in any form is prohibited at a recreational camp for children during camp operating hours.

430.190: General Program Requirements

(A) The operator of each recreational camp for children shall provide a program of activities and physical environment which shall meet the generally recognized needs of the campers and shall in no respect be in conflict with their best interests nor a hazard to their health and safety.

(B) The operator shall release campers only to the camper's parent or legal guardian or an individual designated in writing by the camper's parent or legal guardian unless alternative documented arrangements are authorized in writing by the Board of Health.

(C) The operator shall print on any promotional literature or brochures the following, "This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health."

430.190: continued

(D) The operator shall inform parents at the time application forms are provided they may request copies of background check, health care and discipline policies as well as procedures for filing grievances.

(E) The operator shall maintain and implement an effective protocol for the appropriate identification and handling of unrecognized persons (*i.e.*, non-campers, staff, volunteers, contractors, or parents or legal guardians) at camp.

430.191: Requirements for Discipline

(A) Discipline and guidance shall be consistent and based upon current American Academy of Pediatrics Childcare Guidance on effective discipline or other guidance approved by the Department, and an understanding of the individual needs and development of a child. The operator shall have written policies and procedures to direct discipline to the goal of maximizing the growth and development of the children and for protecting the group and individuals within it.

(B) Prohibitions

- (1) Corporal punishment, including spanking, is prohibited;
- (2) No camper shall be subjected to cruel or severe punishment, humiliation, or verbal abuse;
- (3) No camper shall be denied food, water or shelter;
- (4) No child shall be punished for soiling, wetting or not using the toilet.

(C) The operator shall describe in writing the camp's procedures for disciplining campers. The written plan shall also include the prohibitions of 105 CMR 430.191(B)(1) through (4).

430.201: Riflery Program Requirements

If riflery is a camp activity it shall be conducted with the following precautions:

(A) Firearms shall be kept in good condition and stored in a locked cabinet when not in use. Ammunition shall also be stored in a locked facility in a location separate from the firearms.

(B) Shooting ranges shall be located well away from other activity areas and shall be constructed and operated in accordance with standards of the National Rifle Association.

(C) Only a non-large capacity rifle loaded with a single shot shall be used.

(D) Campers and staff shall stay behind the firing line at all times except when ordered by the range instructor to retrieve targets.

(E) All rifles shall be unloaded with actions open, and shall be verified to be unloaded by the range instructor, prior to any camper or staff member crossing the firing line, at the conclusion of instruction, or at any other time the range instructor directs.

430.202: Archery Program Requirements

If archery is a camp activity it shall be conducted with the following precautions:

(A) Archery equipment shall be kept in good condition and stored under lock and key when not in use.

(B) The archery range shall be located in an area well away from other program activities, clearly marked to warn passersby away from the danger area. The shooting area shall be large enough to provide at least 25 yards (75 feet ) of clearance behind each target. All bowmen shall fire from a common firing line. A ready line shall be marked at a sufficiently safe distance behind the firing line.

430.203: Personal Weapons Restricted

No personal weapons, bows, rifles or similar equipment shall be brought to camp without the camp operator's written permission. If articles of such nature are brought into camp, they shall be kept under lock by the camp operator or director and used by the owner only under the supervision of an individual who meets the requirements of 105 CMR 430.103(D) and (E), and in accordance with camp safety policies.

430.204: Waterfront and Boating Program Requirements

The following waterfront safety requirements shall be observed:

(A) Swimming shall be prohibited at sites other than the permanent camp waterfront without the prior approval of the camp operator and the aquatics director required by 105 CMR 430.103(A).

(B) All bathing beaches utilized by the campers shall be in compliance with 105 CMR 445.000: *Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)*.

(C) All recreational camps having swimming or diving activities, excluding those activities at swimming pools, wading pools and other artificial bodies of water, shall, at a minimum, meet the requirements of M.G.L. c. 111, § 127A½ (Christian's Law) and all applicable Department regulation and guidelines issued thereunder.

(D) A method of supervising and checking bathers such as the "buddy system" shall be established and enforced. A written "lost swimmer plan" shall be established and all staff shall know exactly what their duties are in case of an emergency at the waterfront.

(E) Swimming shall be prohibited during the hours of darkness unless adequate lighting is provided and swimming is restricted to shallow water.

(F) All piers, floats, and platforms shall be in good repair.

(G) Small craft shall be used only by a qualified person having permission of the aquatics director or camp director. No small craft shall be allowed in the swimming area unless operated by lifeguards on waterfront duty.

(H) All watercraft shall be equipped with U.S. Coast Guard approved personal flotation devices of types I, II, III or IV as prescribed for the specific type of craft and number and age of occupants. Water skiers shall wear a vest approved by the U.S. Coast Guard for that particular activity. Watercraft towing a water skier shall have an observer aboard.

(I) Campers shall possess at least an American National Red Cross Level 4 or higher Program Certificate or its equivalent before being allowed to participate in either white water or hazardous salt water boating activities. All white water activities must be carried out on water determined to be no more difficult than Class III as defined by the International Scale of River Difficulty. No trips shall be taken on unclassified white water.

430.205: Crafts Equipment

Equipment used for arts and crafts shall be in good repair, of safe design, properly installed and used with proper safety precautions.

430.206: Playground, Athletic Equipment and Facilities Requirements

(A) Athletic equipment used for, gymnastics, volleyball, basketball, football, hockey, soccer and other sports shall be set up and maintained in accordance with the manufacturer's guidelines.

(B) All playing fields and surfaces shall be kept free of holes and other obstructions which may create an accident hazard.

430.206: continued

(C) Playground equipment including, but not limited to, climbing apparatus, slides, and swing sets shall:

- (1) be in good repair and of safe design in accordance with the *Consumer Product Safety Commission Public Playground Safety Handbook*. Safe design includes being free of rough edges, protruding bolts and possibility of entrapment of extremities;
- (2) be securely anchored to a concrete or other suitable footing;
- (3) not have an asphalt or concrete surface under or around it; and
- (4) have canvas or other pliable seats on swings.

430.207: Storage and Operation of Power Equipment

Power equipment shall not be stored, operated, or left unattended in areas accessible to the campers without proper safeguards. All power tools shall be stored in a locked place. Power tools and outboard motors shall be used by campers only under the direction and supervision of counselors.

430.208: Horseback Riding Program Requirements

If horseback riding is a camp activity:

(A) A competent riding instructor (*see* 105 CMR 430.103(F)) shall determine each camper riding experience and level of skill and take these into account in assigning horses and determining whether the camper shall ride in the ring or on the trail. Each rider shall wear a hard hat at all times. At least one experienced instructor shall be assigned for every ten riders for each trail excursion, and a minimum of two staff members shall accompany any such excursion.

(B) All horses must be boarded in a stable licensed by the Board of Health in accordance with M.G.L. c. 111, §§ 155 and 158.

430.209: Telephones Required

All residential and day camps shall have immediate access to a reliable telephone. The operator shall maintain and post by each phone, or otherwise have readily accessible, a current roster of telephone numbers of the health care consultant described in 105 CMR 430.159(A) and of all police, emergency medical services and fire departments serving the camp, as well as dialing instructions for each phone.

430.210: Plans Required to Deal with Natural Disasters or Other Emergencies (Residential and Day Camps)

The operator of each residential camp and each day camp shall develop written contingency plans and related procedures dealing with circumstances such as natural disasters and other emergencies and shall develop a written fire evacuation plan. All staff shall be trained in the procedures contained in these plans.

(A) Fire Drills. Fire drills shall be held within the first 24 hours of the beginning of each camping session. The fire evacuation plan shall be in writing and approved by the local fire department. The plan shall indicate the frequency of fire drills to be held during the camping season.

(B) Disaster/Emergency Plans. Each camp shall have at the campsite written disaster/emergency plans in accordance with *American Camp Association Standard Accreditation Process Guide OM 8.1*. All campers and staff shall be advised of the procedures contained in the plan. Arrangements for transporting individuals from the camp to emergency or other facilities shall be included in the plan.

(C) Lost Camper and Swimmers Plan. Written lost camper and lost swimmer plans shall be formulated and kept on file.

430.210: continued

(D) Traffic Control. A written plan relating to the control of the movement of vehicular traffic through the camp shall be on file.

430.211: Special Contingency Plans for Day Camps

Day camp operators shall set forth and follow procedures to deal with the following contingencies:

(A) Children who are registered and on the camp roll but fail to arrive for a given day's activities.

(B) Children who fail to arrive at the point of pickup following a given day's activities.

(C) Children who appear at camp without having registered and without prior notification.

430.212: Field Trips

(A) The operator of each camp, including primitive, travel and trip camps, shall establish a written itinerary before departure for all field trips, and shall provide a copy of this itinerary to the parent(s) or guardian(s) of each camper before departure. Whenever feasible camps shall notify parents/guardians of any changes to the itinerary prior to departure of any field trips.

(B) Sources of Emergency Care. All field trips away from any camp shall include at least one designated health care supervisor. For primitive, travel and trip camps, the sources of emergency care such as hospitals, police and park patrol, and the method of communicating with them shall be identified for each point on the itinerary prior to departure, and shall be included in the written itinerary.

(C) Health Records, Medications and First Aid Kits. For all day and residential camps, including primitive, travel and trip camps, having field trips away from camp, the operator shall ensure health records and medications for each staff person and camper in attendance on the trip are readily accessible and that a first aid kit is available.

(D) Contingency Plan. Written contingency plans for natural disasters, lost campers, lost swimmers, illnesses and injuries shall be established and accompany all field trips from the camp. Staff shall have the ability to carry out these plans.

430.213: Emergency Communication System Required

Each recreational camp for children shall have an operating system for emergency communication to alert all campers and staff and elicit a predetermined response. Such system may include, but not necessarily be limited to, various electronic devices, signals, a public address system, triangle, bell or voice.

430.214: Storage of Hazardous Materials

(A) Storage of Gasoline and Flammable Substances. The operator of each recreational camp for children shall ensure all containers for gasoline, kerosene, explosives and flammable materials are plainly marked and stored in a locked building not occupied by campers or staff, and located at a safe distance from other buildings. Campers shall not have access to such locked buildings and the materials described above shall be used only under qualified supervision.

(B) Storage of Disinfectant and Other Hazardous Chemicals. The operator of each recreational camp for children shall ensure all containers for insecticides, disinfectants, and other hazardous chemicals are plainly marked and stored in a locked closet or compartment separate from food storage areas and not accessible to campers.

430.215: Fire Prevention

The operator of each recreational camp for children shall provide such facilities, equipment, and fire breaks, for fire prevention and firefighting, as may be recommended by the local fire department. A written statement of compliance from the local fire department shall be available to the Board of Health which licenses the camp.

430.216: Smoke and Carbon Monoxide Detectors Required

Smoke and carbon monoxide detectors shall be required for existing and new residential units in accordance with 780 CMR: *State Board of Building Regulations and Standards* and 527 CMR 1.00: *Massachusetts Comprehensive Fire Safety Code*. Tents and other temporary shelters which are designed to sleep fewer than eight persons and which have an open side consisting of greater than 1/6 of the perimeter of the shelter or which have built-in provisions for emergency escape are exempted from 105 CMR 430.216.

430.217: Requirements for Tents

Any temporary, transportable tent, less than 400 square feet, used at a recreational camp for children shall be clearly identified by the manufacturer as constructed of fire-resistant material. No open flames shall be used in or near any tent.

430.250: Vehicle Requirements

(A) Any motor vehicle used for the transportation of children enrolled in a camp program shall be in compliance with the pertinent sections of M.G.L c. 90, in particular, §§ 7B and 7D, and with all applicable regulations of 540 CMR: *Registry of Motor Vehicles*.

(B) Any vehicle used for transportation of children shall have passed an annual safety inspection in accordance with the laws of the Commonwealth.

430.251: Transportation Safety

(A) Only that number of children or adults for whom there is seating space shall be transported in a vehicle, however, when loaded with passengers and gear, the gross weight of the vehicle including trailer tongue weight, shall not exceed the gross vehicle weight specified by the manufacturer regardless of whether or not the number of passengers is within the specified number of seats.

(B) Passengers shall not be allowed to stand while in transit, sit on the floors or in the aisles, ride in the open beds of trucks and project head or limbs outside of the vehicle.

(C) All campers, attendants and drivers shall utilize seat belts in accordance with Massachusetts laws.

(D) When more than eight campers under the age of five are being transported, and when transporting more than two campers with physical handicaps, an attendant other than the driver is required.

(E) A minimum of at least one staff person shall accompany and monitor campers during any bus or van transport, either from the morning pickup to the camp or an afternoon return trip, for off-site drop-off.

(F) Unless safely secured, sharp, heavy or potentially dangerous objects shall not be allowed in vehicles transporting campers.

(G) The camp operator shall communicate any need or problem of campers or staff which may cause difficulty during transport, such as seizures, a tendency towards motion sickness, or disabilities, to the driver of any vehicle transporting campers.

430.251: continued

(H) The driver of the vehicle shall release campers only to the camper's parent or guardian or an individual designated in writing by the camper's parent or guardian unless alternative arrangements are approved in writing by the parent or guardian.

(I) Campers under the age of seven shall not be transported for periods longer than one hour non-stop.

430.252: Qualifications of Driver

(A) The camp operator shall ensure all drivers of vehicles transporting campers and staff are:

- (1) 18 years of age or older;
- (2) have at least two year's driving experience as a licensed driver;
- (3) possess the required license for the type of vehicle; and
- (4) possess a current American Red Cross Standard First Aid Certificate, or its equivalent.

If there is a second staff person in the vehicle possessing the required first aid certification, the driver need not be certified.

(B) The driver of any vehicle transporting children shall have a valid driver's license recognized by the Commonwealth.

430.253: Automobile Insurance

The camp operator shall not allow any camp-owned or staff member's vehicle to transport campers unless it has the following minimum amounts of liability insurance:

- (1) injury per person, \$100,000
- (2) injury per accident, \$300,000
- (3) property damage, \$5,000

430.300: Potable Water Required

(A) The operator of each recreational camp for children shall provide water of safe and sanitary quality in an amount and pressure necessary to meet the needs of the campers and staff and the requirements of 105 CMR 430.000. The water supply shall be obtained from:

- (1) A public water supply; or
- (2) A private water supply meeting the following requirements:
  - (a) If the camp serves 25 or more persons, 60 or more days per year, the water supply shall be obtained from a source approved by the Department of Environmental Protection and subject to 310 CMR 22.00: *Drinking Water*.
  - (b) If the camp serves less than 25 persons, or operates less than 60 days per year, the water obtained from a private source shall be collected and analyzed by a laboratory certified by the Department of Environmental Protection, no more than 45 days prior to the annual opening of a camp, in order to meet requirements of and be approved by the Board of Health.
    1. Water test analyses may include, but not be limited to the following:
      - a. coliform bacteria, nitrate, nitrite, sodium and lead;
      - b. other contaminants identified by the Department of Environmental Protection in its document entitled, *Parameters and Testing Frequency for Private Wells*; and
      - c. any other tests required by the Board of Health or the Department.
    2. The results of these analyses must not exceed the Maximum Contaminant Level (MCL) or Action Level listed in the Massachusetts Drinking Water Regulations 310 CMR 22.00. *Drinking Water* and shall be kept on file for ten years.

(B) In each residential or day camp, adequate drinking facilities shall be centrally located.

430.301: Installation and Maintenance of Plumbing

The operator shall install all pipes, pumps and other plumbing fixtures in accordance with 248 CMR: *The Massachusetts State Plumbing Code* and shall maintain them in good working order.

430.302: Cross Connections Prohibited

The operator shall not permit any physical connection to exist between any pipe carrying drinking water and any waste pipe, soil pipe, service drain or any pipe carrying water from any source or system not approved by the Massachusetts Department of Environmental Protection (DEP), unless said connection is maintained in compliance with 310 CMR 22.22: *Cross Connections* promulgated by DEP, and said connection has been approved in writing by DEP.

430.304: Common Drinking Cup Prohibited

The operator shall not make available nor permit the use of any common drinking utensil. Every drinking fountain shall be of a sanitary design and construction.

430.320: Food Service - Compliance with 105 CMR 590.000: *State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments*, Required

(A) The operator of each recreational camp for children which prepares and/or serves meals shall provide and maintain all food service areas and facilities in a sanitary manner and in compliance with applicable provisions of 105 CMR 590.000 *State Sanitary Code Article X - Minimum Sanitation Standards for Food Establishments*, and shall have and prominently display a food service permit issued by the Board of Health.

(B) Camp operators using a federal United States Department of Agriculture (USDA) Summer Food Service Program managed by the Massachusetts Department of Elementary Education and Secondary Education, or its successor, shall provide written documentation of a food compliance inspection conducted by either the municipality, the state or a contracted third party, pursuant to 105 CMR 590.000: *State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments*

430.321: Special Provisions for Primitive, Travel and Trip Camps

(A) All food taken with the camp, or purchased, or prepared en route by campers and/or staff, shall be appropriate to the length and type of trip, taking into consideration the lack of refrigeration and problems of sanitation that may be encountered.

(B) Commercially packaged dry milk products and dry egg products may be utilized but shall be consumed within one hour after being reconstituted, and shall be discarded if not consumed within one hour of being reconstituted.

430.330: Nutritious Meals to Be Served

The operator of camps where food is prepared and/or served shall provide sufficient numbers of adequately trained personnel to plan, prepare and serve nutritionally adequate meals.

(A) Menus shall be planned and written at least two weeks in advance, and provide for a sufficient variety of foods.

(B) Current menus shall be posted and copies of all menus used during the season shall be kept on file.

430.331: Minimum Daily Food Requirements for Residential, Travel or Trip Camps

(A) The operator of each residential, travel or trip camp shall provide at least three meals per day for every full day that campers are present and shall provide nutritious meals suited to the specific needs of the campers.

430.331: continued

(B) Foods served shall meet the recommendations of the *Dietary Guidelines for Americans - Nutritional Goals for Age/Sex Groups Based on Dietary Reference Intakes and Dietary Guidelines*, of the Federal Dietary Guidelines Advisory Committee, adjusted for age, sex and activity. The only exception shall be by written medical direction.

430.332: Minimum Daily Food Requirements for Day Camps

All day camps providing one or two meals per day shall serve meals meeting the *Dietary Guidelines for Americans - Nutritional Goals for Age/Sex Groups Based on Dietary Reference Intakes and Dietary Guidelines*, of the Federal Dietary Guidelines Advisory Committee, adjusted for age, sex and activity.

430.333: Therapeutic Diets

All camps which serve meals and accept campers who are on medically prescribed diets, including but not limited to weight reduction camps, shall provide food which adequately meets the requirements of such diets. All therapeutic diets shall:

- (A) Be prescribed, dated (no earlier than two months before arrival at camp) and signed by a licensed physician;
- (B) Be precise as to specific dietary requirements or limitations;
- (C) Be planned, prepared and served with the consultation from a qualified dietitian; and
- (D) Meet, if possible, the *Dietary Guidelines for Americans - Nutritional Goals for Age/Sex Groups Based on Dietary Reference Intakes and Dietary Guidelines*, of the Federal Dietary Guidelines Advisory Committee.

430.334: Feeding

- (A) Adequate Staff and Equipment. All camps accepting campers with mild or severe disabilities shall provide sufficient numbers of adequately trained personnel and proper equipment to ensure campers are eating nutritionally adequate meals.
- (B) Meals Shall Not Be Denied. No camper shall be denied a meal for any reason other than by written medical direction.
- (C) Meals Shall Not Be Forced. Campers should be encouraged to eat a well-balanced diet, but no camper shall be forced or otherwise coerced to eat against his or her will.

430.335: Meals Provided from Home

- (A) The operator shall have a method of properly storing meals provided from home to maintain safe temperatures and to protect from contamination.
- (B) The operator shall have a method for providing a nutritious meal to a camper who arrives at camp without a bag lunch.

430.350: Facilities for Solid Waste Storage

The operator of each recreational camp for children shall provide and maintain in a clean and sanitary condition as many receptacles for the storage of garbage and rubbish as are necessary to contain the accumulation between collections, and shall so locate them where no objectionable odors enter any facility used for habitation.

- (A) Garbage and mixed garbage and rubbish shall be stored in water tight receptacles with tight fitting covers. Said receptacles and covers shall be of metal or other durable, rodent-proof material. Rubbish shall be stored in receptacles of metal or other durable rodent-proof material.

430.350: continued

(B) Plastic bags shall be used to store garbage or mixed rubbish and garbage only if used as a liner in watertight receptacles with tight-fitting covers as required in 105 CMR 430.350(A), or placed in enclosures that are rodent, insect and pest proof. Plastic bags may be put out for collection on the day of collection except in those places where such practice is prohibited by local rule or ordinance or except in those cases where the Board of Health determines such practice constitutes a health problem due to evidence of strewn garbage, torn garbage bags or evidence of rodents.

430.355: Final Disposal of Solid Wastes

The operator of each recreational camp for children shall be responsible for the final collection or ultimate disposal of garbage and rubbish by means of:

- (A) the regular municipal collection system; or
- (B) any other collection system approved by the Board of Health; or
- (C) when otherwise lawful, a garbage grinder which grinds garbage into the kitchen sink drain finely enough to ensure its free passage, and is otherwise maintained in a sanitary condition; or
- (D) any other method of disposal which does not endanger any person and which is approved in writing by the Board of Health and the Department of Environmental Protection.

430.360: Sewage Disposal

The operator of each recreational camp for children shall provide for all waste waters a sanitary drainage system connected to the public sewerage system; provided however, that if because of non-availability, distance or ground conditions, connection to a public sewerage system is not practicable, any other means of such disposal of sewage approved in writing by the Board of Health and in compliance with 310 CMR 15.00: *The State Environmental Code, Title 5: Standard Requirements for the Siting, Construction, Inspection, Upgrade and Expansion of On-site Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septage* or approved by the Massachusetts Department of Environmental Protection in compliance with 310 CMR 15.00, 314 CMR 3.00: *Surface Water Discharge Permit Program*, or 314 CMR 5.00: *Ground Water Discharge Permit Program*, as applicable.

430.370: Toilet Facilities Required

The operator of each recreational camp for children shall provide at least two toilets or privy seats for each gender, and,

- (A) For each camp other than a day camp where the number of persons of one gender is in excess of 20, the operator shall provide one additional toilet or privy seat for each additional ten persons or fraction thereof of that gender.
- (B) At a day camp where the number of persons of one gender is in excess of 60, the operator shall provide one additional toilet or privy seat for each additional 30 persons or fraction thereof of that gender.

430.371: Urinals May Be Substituted

For males, one urinal or two lineal feet of urinal trough may be substituted for up to 33% of the number of toilets or privy seats required.

430.372: Location and Maintenance of Toilet Facilities

The operator of each recreational camp for children shall locate the toilets so they are not more than 200 feet from the door of the sleeping rooms of those people who are expected to use them. The operator shall provide an adequate supply of toilet paper and shall screen each window or other exterior opening with screening containing not less than 16 meshes per inch. Every screen door shall be equipped with a self-closing device.

430.373: Handwashing Facilities

The operator of each recreational camp for children shall provide handwashing facilities in compliance with 248 CMR 10.00: *Uniform State Plumbing Code*, and shall meet the following minimum requirements:

- (A) Residential camps shall provide at least one lavatory or wash basin, or space for one person at an industrial-type lavatory, for every ten people.
- (B) Day camps shall provide at least one lavatory or wash basin or space for one person at an industrial-type lavatory, for every 30 people.
- (C) Wash basins shall be located so as to facilitate their use, particularly after use of toilets.

430.374: Bathing Facilities

- (A) Minimum Requirements - Residential Camps. The operator of each residential camp shall provide at least one shower head or bathtub for each 20 people. A bathtub/shower combination shall count as a single unit.
- (B) Required Cleaning of Shower-room Floor. The operator shall cause every shower-room floor to be washed daily with a suitable detergent and hot water and rinsed with a sanitizer at the manufacturer's recommended concentration.
- (C) Duckboards Prohibited. The operator shall not permit the use of wooden duckboards in a shower.

430.375: Ventilation Required

All bathhouses, dressing rooms, shower rooms, and toilets at both indoor and outdoor pools shall be properly and adequately ventilated pursuant to 780 CMR: *The Massachusetts State Building Code*.

430.376: Hot Water Temperatures

Where hot water is provided to hand wash basins, lavatories, showers and bathtubs it shall be:

- (A) In a quantity and pressure sufficient to satisfy the ordinary use of all plumbing fixtures which normally need hot water for their proper use and function.
- (B) In a temperature range of not less than 110°F (43°C) and not greater than 130°F (54°C) for fixtures other than a bathtub or shower.
- (C) In a temperature range of not less than 100°F (38°C) and not greater than 112°F (44°C) for a bathtub and shower.

430.377: Maintenance of Sanitary Facilities

The operator shall maintain all lavatories, wash basins, showers, bathtubs, and toilets in good working order and in a clean and sanitary condition.

430.378: Toilet Facilities for Campers with Special Needs

Campers with special toilet needs or practices shall be assured privacy and be provided with facilities meeting their needs.

430.379: Handwash Basins for Campers with Special Needs

All wash basins or lavatories used by campers with special needs shall be so adapted as to allow for easy access and use.

430.380: Shower Facilities for Campers with Special Needs

All showers or bathtubs used by campers with special needs shall have aids such as chairs on casters, stools and footrests, non-slip surfaces, and flexible shower heads attached to hoses in order to provide for the increased independence of the campers and to make it easier and safer for the staff to assist the campers.

430.400: Rodent and Insect Control - Residential and Day Camps

(A) Buildings and Structures to be Maintained Free. The operator shall maintain every building used or intended for human habitation free from insect infestation, rodents, and other pests.

(B) Extermination Methods. Extermination methods and other measures to control insects and rodents shall conform with the requirements of 333 CMR (Pesticide Board of the Massachusetts Department of Agriculture).

430.401: Weed Control - Residential and Day Camps

(A) Harborage Places to be Controlled. The growth of brush, weeds, grass and plants shall be controlled in central camp areas to minimize harborage of ticks, chiggers, and other insects which may adversely affect public health.

(B) Noxious Plants to be Controlled. The central camp area shall be maintained to prevent growth of ragweed, poison ivy, poison oak, poison sumac, and other noxious plants considered detrimental to health.

430.430: Swimming Pools - Compliance with 105 CMR 435.000: *Minimum Standards for Swimming Pools (State Sanitary Code, Chapter V)*, Required

(A) The operator of each recreational camp for children shall ensure all swimming and wading pools used by campers and staff shall be in compliance with 105 CMR 435.000: *Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V)*, including the pool fence requirements in M.G.L. c. 140, § 206, and 780 CMR: *The Massachusetts State Building Code*, and drain cover safety provisions as provided in the federal *Virginia Graeme Baker Pool and Spa Safety Act*. A copy of the written approval to operate the pool, issued by the Board of Health, shall be kept on file at the camp whether or not the swimming pool is located on the camp property or is part of the camp facility.

(B) At the first pool swimming session, a camp operator shall ensure a determination is made of each camper's swimming ability. Campers shall be confined to swimming areas consistent with the limits of their swimming ability or to swimming areas requiring lesser skills than those for which they have been classified.

430.432: Bathing Beaches - Compliance with 105 CMR 445.000: *Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)*, Required

(A) Physical and Bacteriological Water Quality. Bathing and swimming shall not be permitted at any bathing beach:

(1) that does not meet the requirements of 105 CMR 445.000: *Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)*; or

430.432: continued

(2) that has limited water visibility when a black secchi disk, six inches in diameter, on a white field placed at a depth of at least four feet of water is not readily visible from the surface of the water; or when, under normal usage, such disk is not readily visible from the surface of the water when placed on the bottom where the depth is less than four feet.

(B) Diving Areas.

(1) There shall be a minimum water depth of ten feet for a one meter diving board and 12 feet for a three meter diving board.

(2) For natural diving areas, the bottom shall be cleared of stumps, rocks, weeds and other obstacles.

(3) Diving boards shall be mounted on a firm foundation and never on an insecure base that can be affected by shifting weight loads and wave action. The entire length of the toe surface of diving boards shall be covered with non-skid material. The front end of the board shall project at least six feet beyond the edge of the pool or dock. Clearance from the sides of the board shall be at least ten feet, the distance between diving boards shall be at least eight feet, and at least 13 feet of free and unobstructed head room shall be provided above all divingboards and platforms.

(4) There shall be an adequate number of stairs or ladders for all diving towers, platforms, and flats. All stairs and ladders shall be provided with a handrail. Treads of stairs and ladders shall be of nonslip material.

(C) Required Safety Equipment. For each 2000 square feet or major fraction thereof of water surface area used for bathing, the owner shall provide, in a readily accessible location, one ring with a minimum inside diameter of 15 inches, weighing 2½ pounds and with an attached ¼ inch rope no less than 60 feet in length. All swimming pools and man-made swimming areas shall have at least one safety hook with a minimum handle length of 12 feet.

430.450: Site Location

No person shall operate a recreational camp for children unless it is located:

(A) so as to be accessible at all times during the designated camping season;

(B) where surface drainage conditions create no health or safety hazard;

(C) where approved water supply and sewage disposal facilities can be and are provided; and

(D) where traffic conditions create no undue safety hazards.

430.451: Certificate of Inspection Required

All camp structures used for sleeping or assembly purposes shall have a current certificate issued by the local building inspector (*see 780 CMR: The Massachusetts State Building Code*). Furthermore, the buildings shall be easy to keep clean and have a roof which is weathertight and waterproof.

430.452: Screening Required

The operator of each recreational camp for children shall provide the exterior openings in every building used for food preparation, food service, and every permanent building used for sleeping, with screens containing not less than 16 meshes per inch. Screen doors shall open in the direction of the flow of traffic out of the building. If no screen door is possible, the building door shall be equipped with a self-closing device. Every screen door shall be equipped with a self-closing device.

430.453: Lighting Required

The operator of each recreational camp for children shall provide adequate lighting for the safe and sanitary use of each kitchen, dining room, mess hall, infirmary, toilet room and stairway.

430.454: Structural and Interior Maintenance

All structural elements of camp facilities including, but not limited to, foundations, cellars, floors, walls, doors, windows, ceilings, roofs, staircases, porches, and chimneys, shall be maintained in good repair, fit for the use intended, and in compliance with the requirements of 780 CMR: *The Massachusetts State Building Code*. The interior of the facility shall be maintained in good repair and in a safe, clean, and sanitary condition, free from accumulation of dirt and rubbish.

430.456: Egresses

All egresses shall be in compliance with the requirements of 780 CMR: *The State Building Code* and maintained free of obstructions.

430.457: Shelters for Day Camps

The operator of each day camp shall provide shelter, on or off the site, sufficiently large to house and provide for on-going camp activities. Such structure shall comply with 105 CMR 430.451.

430.458: Shelters for Residential Camps

In all permanent buildings or structures space shall be so arranged as to provide a minimum of 40 square feet of floor area for each person occupying a single bed. 35 square feet of space shall be provided for each person occupying a two tiered (bunk) bed. 50 square feet per person of sleeping space shall be required for persons needing special appliances or equipment such as wheelchairs or walkers for ambulation. Space shall include the area occupied by the bed, but shall not include space such as closets or bathrooms.

430.459: Non-ambulatory Campers

All campers and staff members with problems of mobility shall be housed on ground floor level with the egresses leading directly to grade or to a ramp inclined no greater than one foot in 12 feet.

430.470: Separate Beds to Be Furnished

The operator of each residential camp shall furnish in each sleeping cabin or tent a separate bed, bunk or cot for each camper or staff member. Sleeping shall be so arranged as to provide a minimum of three feet between individuals if single decked and 4½ feet if double decked. A distance of at least six feet shall be provided between the heads of individuals while sleeping. Triple decked beds shall not be used. 105 CMR 430.470 shall not apply to primitive, short-term group, travel and trip camps.

430.471: Sleeping Prohibited in Food Areas

The operator of each recreational camp for children shall not permit sleeping in kitchens or rooms used for food preparation, storage or service.

430.472: All Bedding and Towels to Be Cleaned

The operator of each recreational camp for children shall maintain all operator-supplied mattresses and pillows in a clean and sanitary condition. Bedding and towels provided by the operator shall be washed or dry cleaned prior to distribution.

430.472: continued

(A) The operator shall ensure sheets, towels, and pillow cases are laundered at least once a week whether they are operator or camper supplied. Sleeping bags shall be aired at least every five days.

(B) The operator shall not allow a common towel to be used.

430.631: Application for a License

An applicant for a license for a recreational camp for children shall file an application with the Board of Health at least 90 days prior to desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed.

430.632: Board of Health Shall Grant, Suspend or Revoke License; Annual Notification

The Board of Health shall grant, suspend or revoke licenses for recreational camps for children in accordance with the provisions of M.G.L. c. 140, §§ 32B and 32C. All licenses for recreational camps granted under 105 CMR 430.000 shall state the maximum number of occupants authorized for such camp and the capacity shall not be exceeded by the operator at any time. Upon the issuance of a license, the Board of Health shall notify the Massachusetts Department of Environmental Protection and the Department annually on a form provided by the Department. Said notification shall include the name and address of the camp, the name of the owner, the number of campers and staff, and the number of days per year the camp will be in operation.

430.633: Posting of License

The operator of each recreational camp for children shall post the license in a prominent place at the camp site.

430.650: Inspections Required

No recreational camp for children shall receive a license to operate in each year until it has been inspected by the Board of Health and found by the Board to meet all the requirements of 105 CMR 430.000. Provided, however, a day camp timely applying for renewal of licensure, pursuant to M.G.L. c. 140, § 32B, may, at the discretion of the Board of Health, be granted a license without prior inspection if:

- (1) the camp is under the same ownership and directorship as the prior camping season;
- (2) the camp has had a satisfactory inspection report the prior camping season;
- (3) the Board of Health determines, based upon the record of the camp, there is no evident risk to the health and safety of the campers; and
- (4) the camp is subsequently inspected by the Board of Health during the camping season.

The Board of Health shall also inspect a recreational camp for children at any time the Board has reason to believe a violation of 105 CMR 430.000 exists, or upon the request or complaint of any person.

430.651: Inspection Report Forms

(A) The Board of Health shall prepare for each inspection a written report which must include, but need not be limited to the following:

- (1) the name of the inspector;
- (2) the date and time the of inspection or investigation;
- (3) the location of the facility inspected;
- (4) the date and time of any scheduled follow-up inspection;
- (5) a description of each condition constituting a violation of 105 CMR 430.000; and
- (6) a listing of each specific provision of 105 CMR 430.000 that appear to be violated.

430.651: continued

(B) A copy of the inspection report shall be completed and mailed or delivered to the operator within seven days of the day of inspection.

430.700: Orders to Correct Violations

If an examination pursuant to 105 CMR 430.650 or pursuant to 105 CMR 400.100: *State Sanitary Code Chapter I: General Administrative Procedures* reveals a recreational camp for children does not comply with the provisions of 105 CMR 430.000, the Board of Health shall order the operator to comply with the violated provision of 105 CMR 430.000.

430.701: Violation Which May Endanger or Materially Impair the Health, Safety or Well-being of the Public

If an examination pursuant to 105 CMR 430.650 or pursuant to 105 CMR 400.100: *State Sanitary Code Chapter I: General Administrative Procedures* reveals any condition at a recreational camp for children fails to comply with the provisions of 105 CMR 430.000 so as to endanger or materially impair the health, safety, or well being of the occupants or the public, the Board of Health shall order the operator to comply with 105 CMR 430.000 or may order any building condemned and vacated if appropriate or may order the camp program to be terminated.

430.702: Contents of Order

Subject to the emergency provisions of 105 CMR 400.200(B): *Emergency Procedures*, any order issued under the provision of 105 CMR 430.000 shall:

(A) Include a statement of the violation or defect, a citation of the provision which is violated, and may suggest action which if taken will effect compliance with 105 CMR 430.000; and

(B) allot a reasonable time for any action it requires; and

(C) inform the person to whom it is directed of the right to a hearing; of the deadline and proper procedure for requesting a hearing; the right to inspect and obtain copies of all relevant inspection or investigation reports, orders, notices and other documentary information in the possession of the Board of Health; the right to be represented at the hearing and that any interested person has a right to appear at said hearing and present evidence, testimony or argument.

430.703: Service of Orders

Every order authorized by 105 CMR 430.000 shall be in writing. Orders issued under the provisions of 105 CMR 430.700 and 430.701 shall be served on the operator or his authorized agent:

(A) personally, by any person authorized to serve civil process, or

(B) by leaving a copy of the order at his last and usual place of abode, by any person authorized to serve civil process, or

(C) by sending him a copy of the order by registered or certified mail, return receipt requested, if he is within the Commonwealth, or

(D) if his last and usual place of abode is unknown or outside the Commonwealth, by posting a copy of the order in a conspicuous place on or about the building or portion thereof affected.

430.730: Request for Hearing

The person or persons to whom any order served pursuant to 105 CMR 430.700 and 430.701 has been directed may request a hearing before the Board of Health by filing within seven days after the day the order was served in the office of the Board of Health a written petition requesting a hearing on the matter.

430.731: Hearing to Be Held

Upon receipt of a petition pursuant to 105 CMR 430.730 the Board of Health shall set a time and a place for such hearing and shall inform the petitioner thereof in writing. The hearing shall be commenced not later than ten days after the day on which the petition was filed; provided, upon application of the petitioner the Board of Health may postpone the date of the hearing for a reasonable time beyond such ten-day period if in the judgment of the Board of Health the petitioner has submitted a good and sufficient reason for such postponement. At the hearing the petitioner shall be given an opportunity to be heard and to show why the order should be modified or withdrawn.

430.732: Decision of Board of Health

The Board of Health shall sustain modify, or withdraw the order and shall inform the petitioner in writing of its decision within seven days after the conclusion of the hearing. If the Board of Health sustains or modifies the order, it shall be carried out within the time period allotted in the original order or in the modification.

430.733: Public Record

Every notice, order or other record prepared by the Board of Health in connection with the hearing shall be entered as a matter of public record in the office of the clerk of the city or town, or in the office of the Board of Health.

430.734: Appeal of the Board of Health Decision

Any person aggrieved by the decision of the Board of Health with respect to the provisions of 105 CMR 430.000 may seek relief therefrom in any court of competent jurisdiction, as provided by the laws of the Commonwealth.

430.735: Compliance

If a written petition for a hearing is not filed in the office of the Board of Health within seven days after an order as provided in 105 CMR 430.700 and 430.701 through 430.703 inclusive has been issued, or if after a hearing the order has been sustained in any part, each day's failure to comply with the order as issued or modified shall constitute an additional offense.

430.750: Operation without License

Whoever operates a recreational camp for children without a license shall upon conviction be fined not less than \$10 nor more than \$100 in accordance with M.G.L. c. 140, § 32E.

430.751: Failure to Comply with Order of the Board of Health

Any person who fails to comply with any order issued pursuant to 105 CMR 430.000 shall upon conviction be fined not less than \$10 nor more than \$100. Each day's failure to comply with an order shall constitute a separate violation.

430.752: Failure to Comply with Provisions of 105 CMR 430.000

Any person who shall violate any provision of 105 CMR 430.000 shall upon conviction be fined not less than \$10 nor more than \$100.

430.800: Board of Health May Grant Variance

Variances may be granted only as follows:

(A) The Board of Health may vary the application of any provisions of 105 CMR 430.000 with respect to any particular case when, in its opinion:

- (1) the enforcement thereof would do manifest injustice;
- (2) the applicant has proved the same degree of protection required under 105 CMR 430.000 can be achieved without strict application of the particular provision(s); and
- (3) when insurance is utilized, the applicant has provided written confirmation from the insurance carrier confirming the continuation of full coverage(s) if the minimum health and safety provision(s) are varied.

(B) Every request for a variance shall be made in writing and shall state the specific variance sought and the reasons therefore. Any variance granted by the Board of Health shall be in writing. Any denial of a variance shall also be in writing and shall contain a brief statement of the reasons for the denial. A copy of each variance shall be available to the public at all reasonable hours in the office of the city or town clerk or the office of the Board of Health while it is in effect. Notice of the grant of each variance shall be filed with the Department.

430.830: Severability

In the event any section of 105 CMR 430.000 is found to be invalid or unconstitutional, the remaining sections shall not be affected.

REGULATORY AUTHORITY

105 CMR 430.000: M.G.L. c. 111, §§ 3 and 127A.



**Board of Health  
TOWN OF NEEDHAM  
AGENDA FACT SHEET**



**MEETING DATE: 3/26/2021**

|                    |                                                                          |
|--------------------|--------------------------------------------------------------------------|
| <b>Agenda Item</b> | <b>Proposed Change in Operating Hours Request from Sira Naturals RMD</b> |
| <b>Presenter</b>   | Tara Gurge, Assistant Public Health Director                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |
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| <b>1.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>BRIEF DESCRIPTION OF TOPIC TO BE DISCUSSED</b> |
| <p>Sira Naturals RMD in Needham has emailed a request to see if they would be allowed to extend their hours of operation for the upcoming dates of April 16 – 20<sup>th</sup> 2021, and would like to stay open from 9 AM – 9 PM, during those specific dates. Here are the specifics on what the BOH allowed for a similar previous request along with the except of our existing regulation, below:</p> <p>Excerpt of Needham BOH Medical RMD regs., RE: required hours of operation - -</p> <p style="padding-left: 40px;">A. <i>A RMD may not open for business before <b>8:00 A.M.</b> and shall close no later than <b>8:00 P.M.</b>, on each day the RMD is open. Deliveries from, or on behalf of, the RMD that are made to patients must adhere to the same hours. The hours and days of RMD operation must be posted conspicuously on the front entrance door. A violation of this provision constitutes a MINOR violation of these regulations.</i></p> <p>Sira Naturals previous request that was approved by the BOH back in March 2019, where they asked for approval to stay open later for three consecutive dates, specifically, hours of business requested were from 9am – 11pm on April 18<sup>th</sup>- April 20<sup>th</sup> 2019. (<b>PLEASE NOTE:</b> As a condition of the BOH approval in 2019, the Board required them to inform the police about their new hours and also required them to have sufficient staff on site along with sufficient security on site for that extended timeframe.)</p> |                                                   |
| <b>2.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>VOTE REQUIRED BY BOARD OF HEALTH</b>           |
| Vote is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| <b>3.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>BACK UP INFORMATION:</b>                       |
| <p><b>Copy of Request received from Sira, via email, From:</b> Parsons, Richard<br/>&lt;<a href="mailto:RParsons@siranaturals.org">RParsons@siranaturals.org</a>&gt; received on Monday, March 22, 2021 4:56 PM -</p> <p>2 March 2021<br/>Sira Naturals Needham</p> <p>Tara,</p> <p>I am writing to request an exception be made regarding our business hours. (NBOH <b>20.4.1 K</b>)<br/>The specific dates of this request are April 16<sup>th</sup>, April 17<sup>th</sup>, April 18<sup>th</sup>, April 19<sup>th</sup>, and April 20<sup>th</sup><br/>Hours of Business requested 9am – 9pm<br/>The Sira Somerville location will have extended hours these dates and we would like to offer the same business hours to meet patient expectations.</p> <p>Thank You,<br/>Richie Parsons Mgr.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |