



# Guidelines for Camp Operations During COVID-19

For Use in Licensed Children's Camps  
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**Note:** This guidance was developed with consideration of printed materials from the Centers for Disease Control and Prevention (CDC), American Camp Association, Association of Camp Nurses, and Michigan Executive Orders. This guidance does not constitute legal advice and is subject to change. Licensees are encouraged to seek legal counsel to ensure their operations comply with all applicable laws, rules, and executive orders. LARA will continue to monitor best practices and will issue updated guidance as our collective knowledge of COVID-19 continues to improve. Visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus) for updates. New versions of this document will be posted online and shared electronically with all licensed camps.

## Introduction

Camp providers across the state have always prioritized the health and safety of the children in their care. With the spread of COVID-19, new health and safety protocols are necessary to ensure children, families, and staff members are as safe as possible.

This document is intended to help camps mitigate some of the risk associated with opening a camp during this COVID-19 pandemic. This document offers considerations and actions to take before opening for the season. It also includes specific health and safety protocols for camps to follow during operations.

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as [handwashing](#), [staying home when sick](#)) and environmental [cleaning and disinfection](#) are important principles that are covered in this document. Fortunately, there are a number of actions youth camp administrators can take to help lower the risk of COVID-19 exposure and spread during camp sessions and activities.

Some camp providers are equipped and ready to begin operations and some may not be. If you have questions about how and when to reopen, your licensing consultant is available to help you consider your options. The Centers for Disease Control and Prevention (CDC) offers a [tool](#) to assist you in deciding whether you are ready to begin camp this summer. Multiple other relevant guidance documents from CDC and other organizations are referenced throughout these guidelines.

**Reminder:** All camps are required to follow Executive Orders issued related to COVID-19. These guidelines are recommendations meant to assist camps to reduce the risk of COVID-19 exposure and community spread. While licensing will not establish a violation based on these guidelines, areas that are addressed in administrative rules could be cited if not in compliance. Please visit [Michigan.gov/coronavirus](https://www.michigan.gov/coronavirus) for up-to-date information. Links to pages specific to camps are included throughout this document.

**Note:** Additional guidance about residential camps are listed in the addendum section of this document.

## Required Action: COVID-19 Preparedness and Response Plan

All businesses, including camps, that are open must develop and implement a **COVID-19 preparedness and response plan** consistent with the guidelines here. The response plan must be available at your camp or camp headquarters. Response plans must be made available to families and staff. Your response plan must be part of your health service policy and meet applicable camp licensing rules.

Your plan should include:

- How you will monitor symptoms of COVID-19.
- How your programs practice social distancing, as developmentally appropriate.
- How you will ensure hygiene (including regular cleaning and disinfecting).
- How you will obtain and use of safety equipment.
- Communication and Training to staff, parents, and campers related to new expectations.
- Isolation of procedure in case of symptoms or confirmed cases onsite.
- How to maintain required staff to camper ratios in the event of staff illness.

Your licensing consultant may request to review the response plan; however, response plans do not need to be submitted to licensing for approval.

It is strongly recommended that you discuss your plan with staff from the [local health department](#) so that all roles and responsibilities are clarified, and updated contact information is included. It is also recommended that the local health department be provided with a final version of your response plan. In most jurisdictions throughout Michigan, the local health department will be leading any case investigation and contact tracing in the event that a camper or staff develops symptoms of COVID-19 or is confirmed to have COVID-19. All determinations regarding isolation of ill campers/staff or quarantine of their close contacts will be at the direction of the local health department or the local health department's designee. Local health department staff are also prepared to assist with decisions regarding the need for clinical evaluation of campers or staff with COVID-19 symptoms and can connect you with timely testing resources in the area.

In every element of your plan, consider how to mitigate risk as you scale up operations. The scope and nature of mitigation required will vary depending on the level of COVID-19 in your community and the communities you are accepting campers from. Camps limited to participants from the surrounding community are at lower risk for transmission of COVID-19 at their camp and lower risk for acting as a transmission site that may facilitate spread from geographic areas with higher transmission rates to geographic areas with lower transmission rate. Camps who are accepting campers from various geographic regions (e.g., community, city, town, county) or other states should communicate that information to families. For up-to-date assessments of COVID-19 epidemic spread and public health response capacity by region and county visit [Mistartmap.info](https://www.mistartmap.info).

## Recommended Mitigation Strategies Based on MI Safe Start Phase

A continued high level of vigilance is advised until all communities in Michigan are able to reach the Post-Pandemic Phase (Phase 6), given the significant potential for re-emergence of COVID-19 at any time. In an effort to align guidance from CDC for camp programs that are based on thresholds set out in the federal Guidelines for Opening Up America Again (see [Whitehouse.gov/openingamerica/](https://www.whitehouse.gov/openingamerica/)), with the MI Safe Start Plan which is providing the roadmap for reopening the State of Michigan (also found at [Mistartmap.info](https://www.mistartmap.info)), the following table summarizes specific mitigation measures recommended by CDC to best protect campers, staff, and communities and slow the spread of COVID-19.

	Phases of Reopening		
Guidelines for Opening up America Phase	1	2	3
MI Safe Start Phase	3	4	5/6
Recommended Camp Mitigation Strategies for Each Reopening Phase			
Camp participation restrictions by geographic areas	Limited enrollment	Open to all campers. Camps could consider limiting enrollment to children from the local geographic area (within a county or < 100 miles)	Open to all campers.
Activity settings	Prioritize outdoor activities	Continue to prioritize outdoor activities; Limit indoor activities to only those where adequate social distancing can occur	Continue to prioritize outdoor activities; Limit indoor activities to only those where adequate social distancing can occur
Social distancing (to the maximum extent possible)	Social distancing observed between all campers, including those within the same group	Social distancing observed between all campers, including those within the same group, particularly if cloth face coverings are not being worn	Social distancing observed between all campers, including those within the same group, particularly if cloth face coverings are not being worn
Sharing of objects	Restrict sharing of objects and implement cleaning protocols	Restrict sharing of objects and implement cleaning protocols	Minimize sharing of objects and implement cleaning protocols
Interactions with other campers and staff	Maintain camper and staff groups that remain together all day, every day; Interactions with other campers and staff restricted	Maintain camper and staff groups that remain together all day, every day; Interactions with other campers and staff restricted	Maintain camper and staff groups that remain together all day, every day, with minimal mixing between groups and with other staff permitted

## Communication and Training

### Proactively Contact Staff Members<sup>1</sup>

Camps should reach out to all staff members to:

- Determine when staff members will return to work.
- Discuss concerns or questions staff members have about returning to work and discuss how you can address them together.
- Discuss any health concerns/conditions which may make a staff member at higher risk for complications if exposed to COVID-19. Take care to respect employee's privacy. Staff with underlying health conditions or at higher risk should consult with their primary care provider before committing to work.
- Share the steps you are taking, including the response plan, to make the camp as safe as possible.

### Share Employees' Rights

Under [Executive Order 2020-36](#), employees may not be discharged, disciplined, or otherwise retaliated against for staying home when he or she is at particular risk for infecting others with COVID-19 for the duration of the states of emergency and disaster. See the Executive Order for complete details on whether employees must be paid and when they must return to work.

### Create a Staffing Plan

- Assess staffing needs based on projected enrollment, the need to maintain groups of fewer than 10 campers, and the need to practice physical distancing.
- Consider developing a policy on how you will handle the potential need to isolate staff or allow for longer absences from work than normal and considering out-of-state or international staff.

### Train Staff

Camps are to train all staff about COVID-19 and their response plan. This includes:

- Workplace infection-control practices and preventative measures to limit the spread of COVID-19.
- The proper use and reasoning behind personal protective equipment.
- How to report unsafe working conditions.
- Signs and symptoms of COVID-19.
- Signs and symptoms to monitor for when an individual is sick with COVID-19.
- Staff obligation to notify camp administration of exposure or signs/symptoms of COVID-19.
- Camp response plan for suspected or confirmed case of COVID-19.
- Temperature screening and other expectations.

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<sup>1</sup> For purposes of the guidance document, the term staff members include paid employees and volunteers.

### **Provide Resources to Support Campers' Social Emotional Needs**

Camps should partner with staff members to develop a plan to support the emotional reactions of campers returning to a social, structured environment like camp. Some campers will be excited, while some will have initial challenges with separation from their parent(s), and some may act out toward other campers. Whatever the reactions, staff may need some new tools in their toolkit to assist the camper with emotional regulation. The American Academy of Pediatrics offers helpful tools at [Healthychildren.org](https://www.healthychildren.org).

### **Provide Resources to Support Staff Members' Social Emotional Needs**

To ensure the well-being of the campers, it is also imperative to ensure the well-being of their staff, and to provide them with the emotional and administrative supports necessary during this time of re-integration. The [Michigan Department of Health and Human Services](https://www.michigan.gov/health) offers helpful tools.

### **Proactively Contact Families**

For camps to operate as safely as possible, families will need to play a key role in risk mitigation. Camps are encouraged to also communicate a brief summary of their plans for mitigating risk of COVID-19 transmission at camp and responding to any camper who may develop symptoms of COVID-19. Camps should contact applicant parents and guardians that wish their child to attend camp to:

- Discuss concerns or questions families have about attending camp and how you can address them together.
- Educate parents on the response plan and new expectations related to COVID-19.
  - Explain that health screenings will be conducted daily.
  - Set the expectation that parents should screen their children at home before arriving at camp as well. Children with a fever or other COVID-19 symptoms should stay home.
- Explain the camp's communication plan including how the camp will communicate with parents about regular operations and health emergencies. Parents should provide multiple forms of contact information to allow operators to quickly contact parents if a camper gets sick and needs to be picked up.
- Discuss any health concerns/conditions which may make the child at higher risk for complications if exposed to COVID-19. Remind families that immunocompromised children and children with chronic health conditions should consult with their primary care provider regarding decisions about camp attendance.
- Camps that serve campers with disabilities should consult additional guidance from the [CDC](https://www.cdc.gov) on best practices for keeping campers safe.

While immunizations are not always required to attend camp, it is recommended that children should be up to date with current vaccination schedules to protect from vaccine-preventable infectious disease outbreaks, including influenza. If vaccines have been delayed as a result of the stay-at-home order, families should have a plan with their child's medical provider for catch-up vaccinations in a timely manner.

## Monitor (Health Screening) for COVID-19

Camps are required to check for COVID-19 symptoms when campers and staff arrive daily. It is recommended that the checks are conducted before campers and staff enter campsites and/or your facility. Family members dropping off campers should stay until campers have been cleared to stay. Consider designating an area that allows for privacy and physical distancing. A re-check during the day is required if an individual appears sick or displays symptoms for COVID-19.

Use the following guidance to create and implement your own policies to monitor symptoms.

**Pre-Arrival Screening\*** see Addendum for Residential Camp Guidelines

### Campers on Arrival

- Fever is a **key** indicator for youth. If a camper’s temperature is above 100.4 degrees, the child should be excluded from camp. Cough and/or diarrhea in addition to fever is suggestive of coronavirus.
- When campers arrive:
  - Perform temperature checks. Have multiple thermometers available for screening. Thermometers should be cleaned and disinfected between uses, following the manufacturer’s instructions.
  - Ask parents:
    - Have you or your child been in contact with a person who has or is suspected to have COVID-19?
    - Has your child felt unwell in the last 3 days? (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste of smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea)
  - Ask campers:
    - Have you felt unwell in the last 3 days? (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste of smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea)
    - Are you feeling well today?
    - Additional screening questions can be added.
  - Visually check the camper for signs of illness, including flushed cheeks, rapid or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

**Reminder: The symptoms of COVID-19 are similar in children and adults. However, children are less likely to have fever, cough or shortness of breath and are more likely to have milder symptoms or develop no symptoms at all. Their symptoms are often similar to those seen in other common viral upper respiratory tract infections such as runny nose, cough or sore throat, with or without fever. Vomiting and diarrhea have also been reported.**

- If a camper has any symptoms or has been in contact with a person who has or is suspected to have COVID-19, they should go home and not enter camp. See “Guidelines for Attending Camp” for more details about when sick campers can return.
- After campers arrive, continue to observe campers for symptoms throughout the day and monitor temperatures when campers appear ill or “not themselves.” If a camper shows symptoms, they should report to the designated area to meet with the Point of Contact (POC) (see more info later in this section about Point of Contact).

It is also important to remind campers and staff that many infected individuals will never experience any symptoms and others may only experience mild cold-like symptoms. While COVID-19 can cause severe disease in children and adolescents, as they are more likely than adults to experience only mild symptoms or no symptoms at all. Because of the potential for asymptomatic transmission to occur, other precautions such as cloth face coverings and social distancing are key since nobody knows whether or not they could be infectious and potentially infecting those around them at any given time.

### **Staff on Arrival**

- When staff members arrive:
  - Perform temperature checks when staff arrive. Have multiple thermometers available for screening. Thermometers should be cleaned and disinfected between use, following the manufacturer’s instructions.
  - Ask staff:
    - Have you felt unwell in the last 3 days? (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste of smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea)
    - Are you feeling well today?
    - Additional screening questions can be added.
  - Staff arriving with fever at or above 100.4 degrees or other symptoms must be sent home.
- If staff has any symptoms or has been in contact with a person who has or is suspected to have COVID-19, they should go home and not enter camp. See “Guidelines for Attending Camp” for more details about when sick staff can return.
- Staff should report contact with anyone outside of work who has had a documented case of COVID-19. Staff should be instructed to self-quarantine for 14 days if they have been exposed to COVID-19 and contact their doctor if they develop symptoms.
- If staff leave the campsite for any reason, they must follow the above health screening protocol upon return to the camp. It is recommended that the same standard be applied for staff member families living on site at the camp.

## Parents/Guardians

You are a trusted voice for the families you serve. Talk to parents/guardians about the importance of these guidelines. Parents/guardians should be informed in advance of daily temperature checks and the protocol for sending children and staff home.

Camp should also create a plan for how parents/guardians should tell you about possible or confirmed cases of COVID-19. Parents/guardians should report possible illness if anyone in their household shows symptoms or has tested positive for COVID-19, including the child or family members if they or their children experience possible symptoms or have a positive test.

## Tips for Daily Implementation

The CDC offers guidance for [how to practically conduct daily health screenings](#). Some additional recommendations:

- Make sure you have the necessary supplies for daily temperature checks including wipes, thermometers, alcohol-based hand sanitizer, tissues, cloth face coverings, etc.
- Make sure staff members are trained on the temperature check process and there is someone assigned to conduct monitoring. Camps should also have procedures in place regarding the personnel who are administering health screenings. Staff with underlying health conditions should not be in contact with children before they are screened.
- Be clear with families and staff about what happens if a child or staff member shows symptoms.
- Identify a staff person who will be responsible for handling questions and reporting about COVID-19 concerns. Employees should know who this person is and how to contact them.

## Respond to Possible or Confirmed Cases of COVID-19

Camps are a critical part of helping communities limit the spread of the virus.

- **A camp must identify a point of contact (POC) adult onsite during the camp operation to manage with health-related concerns.** This person should have a thorough understanding of the signs/symptoms of COVID-19, the COVID preparedness and response plan, and the camp health policy. All camp staff and families should know who this person is and how to contact them.
- **Monitor the health of staff and campers throughout the duration of camp.**
- **If someone becomes symptomatic at camp, send them home immediately.**
  - Sick individuals should be immediately separated from all other campers and staff and either sent home or to a healthcare facility for evaluation depending on how severe their symptoms are. They should also follow CDC guidance: [What to do if you are sick](#).
  - Procedures for safe transportation of sick campers or staff should be determined in advance. If an ambulance is being called to transport them to a hospital, they should be notified in advance that the person may have COVID-19. The [CDC](#)

- offers guidance for how to watch for warning signs that symptoms are escalating and how to keep yourself safe when caring for someone who is sick.
- If an individual cannot be picked up immediately, isolate the individual in a safe location until they can be picked up.
  - Sick individuals should wear a cloth face covering (if tolerated by the camper and developmentally appropriate).
  - Do not leave campers alone. Staff with underlying health conditions should not be involved in the care or monitoring of children who may become ill during the duration at camp.
  - For staff: If a staff member begins to feel ill during camp, they should go home. If an individual is the only available staff or if leaving will create inappropriate adult to camper ratios, they should put on a cloth face covering (if not already on) and limit close interactions with campers until they can be relieved by another staff member.
- **If someone becomes symptomatic at camp, call your local health department to report exposure and determine whether close contacts need to leave camp.**
    - Contact your [local health department](#) to notify them about the camper or staff with COVID-19 symptoms and determine if their close contacts should be sent home as well. They will provide guidance regarding how to determine who should be considered a close contact. They will likely require that you isolate close contacts and send them home as soon as possible.
    - Your local health department will also advise you on when these close contacts can return using current CDC guidance. They will likely require the sick individual to have a negative COVID-19 test before close contacts (staff and campers) can return to camp or, if a test is positive (or not available), that staff and campers self-quarantine for 14 days.
    - Work with camp administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. If the camp has a nurse or other healthcare provider, they should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
    - Camps should also report this exposure to their licensing consultant.
  - **Report exposure that occurs outside of camp.** If a camper, staff member, family member, or visitor to your camp becomes ill, you must contact your local health department and licensing consultant for next steps. Staff and families are also required to report to the camp if they become symptomatic or receive positive COVID-19 test results. When notifying parents that COVID-19 is present in the camp, remember to respect the privacy of individuals in your care by not sharing health information of a specific person.
  - **Determine whether to close the camp based on guidance from your local health department.** If an individual in a shared area is identified with a positive test for COVID-19, the shared area should be closed until cleaned and disinfected.
    - With the area closed, wait 24 hours or as long as possible before cleaning.

- Contact your local health department for guidance and best practices and to determine if your entire camp must close.
- Your local health department may also ask you to participate in contact tracing to limit the spread of the virus.

### **Additional Guidance**

Additional guidance about how to monitor for symptoms and respond to possible cases of COVID-19 is available from the [Michigan Department of Health and Human Services](#), the [Centers for Disease Control and Prevention](#), and your local health department.

### **Guidelines for Attending Camp**

Staff members and campers should stay home and self-isolate if they show symptoms of COVID-19. Upon returning they should follow the Camper and Staff Arrival Health Screening recommendations.

If a camper has a fever or a cough, operators should follow their illness policy. At this time, it is recommended that campers be fever free for 72 hours without the use of medicine that reduces fever before returning to camp (even if other symptoms are not present). Campers should be referred to their primary care provider.

If a staff member or camper exhibits symptoms of COVID-19 or an individual tests positive for COVID-19, the individual must stay home until:

- They are fever-free for at least 72 hours without the use of medicine that reduces fevers **AND**
- Other symptoms have improved **AND**
- At least 10 days have passed since their symptoms first appeared or since they tested positive for COVID-19.

Most campers and staff members can return to camp based on improved symptoms and the passage of time. Local health departments may recommend that some individuals (for example, immunocompromised individuals) receive two negative tests in a row, 24 hours apart. You can view the full recommendations from the CDC [here](#).

If campers or staff were sent home because of possible exposure to a symptomatic individual at camp, local health departments will help guide decisions about when these individuals can return to camp. Parents/ guardians should be encouraged to have back-up child care plans if the camper or a family member becomes ill or is required to self-quarantine due to possible COVID-19 exposure.

Staff and campers who have had [close contact](#) with a person who has [symptoms](#) should be separated, and follow [CDC guidance for community-related exposure](#). If symptoms develop, individuals who are sick should be cared for following [CDC guidance for caring for yourself or others who are sick](#).

### **Procedures for Preventing Disease Transmission**

Camps should ensure the implementation of the following:

## Hand Washing

Reinforce regular health and safety practices with campers and staff. Wash hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, sneezing; going to the bathroom; and before eating or preparing food.

- Continue to implement CDC [handwashing guidelines](#). Wearing gloves does not replace appropriate hand hygiene.
- Soap and water are the best option, especially if hands are visibly dirty. If you use hand sanitizer, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. The hand sanitizer should remain out of the reach of young campers and be used under adult supervision.
- Consider adding additional handwash stations and time into your programming for handwashing.
- Cover cough or sneeze with a tissue or sleeve. The CDC has [flyers](#) you can print and post in your facility.

## Surface Cleaning and Disinfecting

Use robust cleaning protocols on at least a daily basis for items touched frequently. This may require designated cleaning staff. Research indicates that children touch items at significantly higher rates than adults.

### Typical Cleaning for Non-Porous Surfaces

- Cleaning staff should wear disposable gloves (some operators may choose to also use goggles or a face shield) when recommended by cleaning products manufacturing guidelines.
- Using a detergent cleaning solution, spray 6 to 8 inches from the non-porous surface and wipe with clean paper towels (or according to manufacturer's instructions) to remove visible contamination, if present.
- Make sure the surface is dry before applying disinfectant.
- Review the instructions provided by the disinfectant manufacturer to note the concentration, application method, and necessary contact time. This will vary by product and type of cleaning activity.
- Allow the disinfectant to remain on the surface for the instructed time and wipe with paper towels.
- After a cleaning task is complete, remove the gloves and dispose. Carefully wash hands for at least 20 seconds with soap and water. Hand sanitizer may be used if water is not available and no visible dirt is observed on hands.
- Reusable aprons or work clothing may be used, if laundered or washed after use.

**Typical Cleaning for Porous Surfaces** \* see Addendum: Residential Camp Guidelines for additional guidelines.

- CDC recommends removing or limiting use of soft and porous materials, such as area rugs and couches, as they are more difficult to clean and disinfect. For day camps, soft materials (such as blankets, coats, soft comfort items, or clothing) should be washed daily, either at the camp or the camper's home. Residential camps should wash soft

materials used by one camper (such as camp linens, bedding) between sessions/visiting groups and soft materials used by more than one camper (such as towels) should be washed daily. The CDC offers tips on how to effectively [clean soft objects](#).

### Common Areas

- Common areas require at least a daily deep clean. Use these guidelines from the CDC for [cleaning and disinfecting](#).
- Examples of frequently touched surfaces include tables, drinking fountains, door handles, hand railings, light switches, countertops, cabinet handles, desks, phones, keyboards, toilets, faucets, and sinks. Any other surfaces frequently touched by campers or staff should be cleaned and disinfected at least daily or, preferably, several times per day.
- Cleaning of outdoor structures made of plastic or metal can be carried out according to typical camp cleaning practices. More frequent cleaning of high touch outdoor surfaces, such as grab bars or railings, is recommended. Outdoor wooden surfaces, such as play structures or benches, can be cleaned according to standard camp practices and more frequently if needed to remove obvious soiling.
- Changing areas, locker rooms, toilets, showers, restrooms, and playground equipment should be cleaned and disinfected at least daily. If possible, it is encouraged that cleaning occur between use by small groups.

### Shared Equipment/Items from Home

- Strive to provide adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, etc.). If that's not possible, limit use of supplies and equipment to one group of campers at a time and clean and disinfect between use.
- Items from home should ideally be stored in an individual storage space for each camper. When not practical, items from home shall be separated per their assigned small group and separate from other small groups.

### Prepare Your Campsite and Activity Space

Camps should prepare their physical space to prevent the spread of COVID-19 and encourage social distancing, to the maximum extent possible.

- **Identify a location to safely isolate** individuals who develop symptoms during camp. Campers or staff members may become sick during camp hours. Identify a place where they can wait to be picked up.
- **Clean and disinfect frequently touched surfaces** within the camp and vehicles at least daily (for example, playground equipment, door handles, sink handles, drinking fountains). Ensure safe and correct storage and application of disinfectants and keep products away from campers.
- **Create a plan for how to use shared equipment** (such as harnesses, paddles, PFDs). The best practice is to limit use of these materials to one camper for the duration of camp. Where it is not possible to eliminate shared use:

- Provide cleaning products (for example, alcohol spray or solution) where equipment is located.
- Keep cleaning products with equipment as it moves around activity sites.
- Ensure all staff and participants thoroughly wash or sanitize their hands before and after every use.
- Ensure all parts of the equipment (including buckles, clips) are wiped down before and after use.
- **Rearrange seating to seat campers six feet apart** (when possible) and limit the number of campers sitting together.
- **Use touchless trash cans** to provide a hands-free way to dispose of tissues and contaminants, if they are available.
- **Ensure all building type ventilation systems operate properly** and increase circulation of outdoor air as much as possible by opening windows and screen doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) risk to campers using the camp.
- **Prepare your space to prevent spread and encourage physical distancing**, to the maximum extent possible. For example:
  - Remove or prohibit the use of activity equipment which cannot be easily cleaned or sanitized between use.
  - Divide large group spaces into manageable small areas to create separation.
  - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and campers remain at least 6 feet apart in lines and at other times (e.g., guides for creating “one way routes” in hallways).
- **Consider aquatic venues** and ensure you have modified layouts of seating areas and provided physical barriers and guides to promote social distancing. Remove shared items that are difficult to clean regularly. Note: Cloth face coverings should not be worn in or around pools, rivers and lakes as they can become difficult to breathe through when wet. As a result, in the absence of any face coverings to protect those around the wearer, it is of even greater importance to promote physical distancing of at least 6 feet both in and out of the water.
- **Plan your pick-up and drop off location** to minimize the potential spread of COVID-19. See more details about drop off and pick up in the Practice Social Distancing section.
- **Food/Meal Service**
  - Expand the dining space or increase the number of dining spaces to allow diners to maintain physical distance. Physical distance and increased spacing is necessary.

- If possible, offer multiple mealtimes in an expanded window in order to decrease the number of diners in the dining area at a time. Clean and disinfect the dining area between mealtimes.
  - Make stations available for diners to wash their hands with soap and water prior to eating. If handwashing stations are not available, station dispensers of alcohol-based hand sanitizer containing at least 60% alcohol at the entrance of the dining facility.
  - Prioritize, encourage, and make available outdoor seating areas.
  - It is recommended to decrease the table capacity by as much as 50 percent to support physical distancing between individuals.
  - Avoid buffet style, salad bars, self-service, table, counter food service, and other configurations that require diners to use shared utensils. Prioritize use of “grab-n-go” services (i.e. box meals), in which meals are packaged or assembled on a tray for diners to retrieve.
  - Cafeteria style where one kitchen staff person serves diners so serving utensils are not touched by multiple people is acceptable.
  - During family service, encourage counselor and/or staff (with clean/sanitized hands) to serve everyone from the tables serving dishes.
  - Use touchless trash cans to provide a hands-free way to dispose of meal waste.
  - Discontinue use of condiment dispensers. Offer condiment single use packets or small containers alongside of the prepared meal.
  - Discontinue use of common/shared use beverage dispensers is recommended.
- **Bathrooms** \* see Addendum: Residential Camp Guidelines for additional guidelines.
    - Keep soap, toilet paper, and paper towels well stocked in the bathroom.
    - Create a staggered bathing schedule and limit the number of people using the facilities at one time.
    - Post the [Handwashing](#) sign from the CDC in the bathroom to remind campers and staff when and how to properly wash hands.
    - See “Procedures for Preventing Disease Transmission; Common Areas” within this document for cleaning frequency and cleaning supplies to clean bathrooms.
    - Consider adding physical barriers, such as plastic barrier, between bathroom sinks, especially when they cannot be at least 6 feet apart.

### Practice Social (Physical) Distancing

When creating a plan to safely provide care during COVID-19, remember “less is best.” Limit group sizes, the number of staff members caring for campers, and the number of areas a camper is in during the day as much as possible. We acknowledge that physical distancing is very challenging at camp. These best practices identify steps camps can take to help.

### **Maintain Consistent Groups**

Whenever possible, it is **strongly recommended** that group sizes be kept **to 10 or fewer campers** and camps spread out activities/groups across multiple areas. This is especially important in enclosed areas. A camp can have as many groups of 10 campers as necessary (within their licensed capacity) assuming they can maintain physical distancing and other requirements of this guidance document.

Review the specific mitigation strategies recommended based on your community's MI Safe Start phase earlier in this document. Social distancing within small groups is strongly recommended but may not always be possible.

- Contact with external staff and between groups of campers should be limited. For example, playground time should be rotated between groups and specialist teachers (e.g. music, art) should be limited.
- If nap or rest time is offered, place cots and mats at least six feet apart, when possible. Place bedding in head-to-toe positioning.
- No mixing of small groups.
- When small groups cross paths with each other or are sharing an area, adhering to strict hand hygiene, physical distancing, and when physical distancing cannot be maintained cloth face coverings be worn (for those staff and children that can tolerate) is highly recommended. Symptom screening and protocols on how to handle illness for staff and children need to be followed and enforced.

**Residential Sleeping Accommodations** \* See Addendum: Residential Camp Guidelines for additional guidelines.

### **Limit, or Eliminate, Use of Common Spaces**

To the extent possible, close common spaces. If common spaces remain in use, clean the space in between groups.

- Create smaller camper use areas when using large spaces to keep campers from gathering outside of their group.
- Stagger times for activities that require shared space or equipment, such as swimming, high adventure activities, or gym times

### **Camp Activities**

When scheduling activities, consider activities that are a lower risk. Risk of COVID-19 spread increases the more people a camper or staff member interacts with, the closer and longer duration each physical interaction is, and the more sharing of objects or equipment used during those interactions. Most close contact sports (e.g. basketball, baseball, soccer, football) should be discouraged unless significant modifications can be made that allow campers and staff to maintain at least 6 feet of distance from other participants and minimize sharing of commonly used objects such as basketballs, baseballs, baseball bats, etc.

**Note:** High Adventure Activities that require a third-party vendor inspection or permitting by the Bureau of Construction Codes, Ski-Amusement Division must have up-to-date inspections and permits to operate.

When selecting activities consider:

- Amount of necessary touching of shared equipment and gear (for example, protective gear, balls, bats, racquets, mats, or water bottles)
- Ability of participants to engage in social distancing
- Age of camper. Older youth might be better able to follow directions for social distancing and take other protective actions like not sharing water bottles.
- Size of the group

In all activities, camps should make modifications or implement procedures that mitigate the risk of COVID-19 spread. Use the following resources to assess and mitigate the risk of your typical programming:

- [Considerations for Youth Sports](#), from the CDC
- [Considerations for Aquatic Venues](#), from the CDC
- [Guidance for Administrators in Parks and Recreational Facilities](#), from the CDC
- [Field Guide for Camps for Implementing of CDC Guidance](#), Section 7.0 for more details.

### **Plan for Inclement Weather**

Camps operate most of their programming outside. Plan for rainy, hot, or inclement weather days and ensure you have strategies to socially distance in your indoor spaces. A camp's capacity should be limited by the available indoor space that can be occupied while maintaining adequate social distancing.

### **Field Trips/Traveling Groups**

Field trips/Traveling groups to off-site natural environments are permitted if a camp can ensure no contact with the public and no publicly shared space or equipment.

### **Assess Drop Off and Pick Up Times**

To minimize the potential spread of COVID-19, limit the number of individuals in your facility—at drop off, pick up, and throughout the day. Consider restructuring drop off and pick up times to allow for maximum physical distancing.

- Set up hand hygiene stations at the entrance of your facility so campers and parents can clean their hands. Use soap and water or hand sanitizer with at least 60% alcohol if soap and water are not available. The hand sanitizer should remain out of the reach of young campers and be used under adult supervision.
- Stagger arrival and drop off times and plan to limit direct contact with parents to the extent possible. If possible, have staff meet campers at curbside, near the facility, and escort them to the camp staging area. These practices need to be balanced with the

impact on a camper's transition time, the parent's work schedule, and the impact on instructional time.

- Limit the number of people dropping off or picking up a child to one adult.
- Ask parents to avoid congregating in a single space or a large group.
- The CDC offers additional guidance for how to minimize potential spread of the virus during [pick up and drop off](#).

### **Limit Non-essential Visitors**

- Restrict the individuals in your facility or home as much as possible. Limit non-essential visitors, volunteers, and activities including groups of children or adults.
- Licensing consultants are considered essential visitors.

### **Transportation**

Camps should continue to avoid non-essential travel. If travel is necessary, vehicles should be modified to allow for social distancing. Staff should limit non-essential work-related travel and participate in training and technical assistance virtually whenever possible.

Additionally, the American Camp Association recommends:

- Prepare to travel:
  - Stock disposable gloves, cloth face coverings, and cleaning supplies accessible for use on the vehicle.
  - Modify vehicles to allow for physical distancing. For example, on a bus rope off seats that should not be used.
  - If possible, use larger or more vehicles to allow for physical distancing.
- Before boarding:
  - Wash or sanitize hands.
  - Take the temperature of all children and staff members.
- While traveling:
  - Practice good hygiene: cough or sneeze into your elbow or tissue and avoid touching your mouth, nose, and eyes.
  - If possible, maintain physical distance by maximizing distance between yourself and other passengers. When vehicle capacity doesn't allow individual physical distancing then seat small groups together and physically distance between assigned small groups.
  - Cloth face coverings should be worn by everyone in the vehicle, if possible.
  - If re-boarding the vehicle, sit in the same seat, or your assigned seat, each time.
  - Have all people in the vehicle avoid touching their eyes, nose, and mouth.
  - Disinfect frequently touched surfaces (handles, cupholders, etc.) often.
- After travel:
  - Clean and disinfect daily using appropriate cleaner and disinfectant for surfaces and clean surfaces between groups or route runs.
  - Follow the [CDC's cleaning protocols](#) for the vehicle.

## Use Appropriate Safety Equipment

Additional equipment is necessary in many settings to keep individuals safe. Camp staff do not need to wear N95 or surgical masks, smocks, or face shields, however other protective equipment is appropriate. Use these guidelines, as well as technical assistance from the [United States Department of Labor, Occupational Safety and Health Administration](#).

### Cloth Face Coverings: Staff Members

Camps should establish (and consistently enforce) expectations for wearing cloth face coverings with staff members and families. Camps should also provide frequent reminders that wearing a cloth face covering is not for the protection of the wearer but rather for those around them. Given the possibility of asymptomatic transmission occurring, nobody knows if and when they may be actively infected and able to infect those around them. Wearing a cloth face covering is one of the most important ways to reduce transmission occurring in this manner.

- **Establish a policy for when cloth face coverings must be worn.** Per executive order, employers must develop a preparedness and response plan that includes when, where, how, and if employees are required to wear cloth face coverings. We currently recommend a cloth face covering as a best practice.
- **Provide cloth facing coverings to staff.** By [Executive Order](#), Governor Whitmer required all employers whose workers perform in person work to provide non-medical grade face coverings to their workers. This includes camps. Cloth face coverings, such as a homemade mask, scarf, bandana, or handkerchiefs, are best. N95 masks and surgical masks are not recommended at this time for staff (other than camp health officers). The [CDC](#) provides more guidance for how to properly wear and sanitize a cloth face covering.
- **Attend to children's social emotional health.** Camps will need to use strategies to prepare campers for seeing staff in cloth face coverings and attend to camper's emotional responses to this new normal. One option is for staff to share a picture of themselves with and without the covering in advance of attendance at camp. Another option is to use pediatric appropriate designs (for example, with child friendly designs or characters) made by community members who will donate them or produce them at an affordable price for camps.
- **For information on how to put on (don) and take off (doff) PPE see** [Cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)

### Cloth Face Coverings: Campers

Camps should create their own policy for whether campers should wear a cloth face covering. Medical professionals recognize that many children will not reliably wear a cloth face covering and that required use may result in increased touching of the face which would negate the purpose. Campers may take the cloth face coverings off multiple times a day and in the process, it will possibly touch the floor and other objects making them a potential source of infection.

- **Establish your own policy** for whether children should wear cloth face coverings while at camp. This decision will depend on the age of the camper, number of campers in

care, and the level of community spread, and any orders put in place by your local health department. If you maintain consistent groups, children do not need to wear one when within their consistent group.

- **If campers do wear cloth face coverings, ensure they can remove the face covering without assistance.** Cloth face coverings should never be placed on campers under age 2, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance. The [American Academy of Pediatrics](#) provides tips for how to help children be more comfortable wearing cloth face coverings and provides more information to assist with your decision about whether to mandate use.

It is recommended that gloves be worn when handling contaminants, cleaning or when serving food. Staff members should wash hands before putting gloves on and immediately after gloves are removed. Gloves are not recommended for broader use.

### Additional Resources

- [CDC Guidance for Camps COVID-19](#)
- [CDC Suggestions for Youth and Summer Camps](#)
- American Academy of Pediatrics, [COVID-19 Resources](#)
- [American Academy of Pediatrics, Improving Health and Safety at Camp](#)
- American Camp Association [COVID-19—Resource Center for Camps](#)
- Association of Camp Nurses [Coronavirus COVID-19 Consideration for Camps](#)
- [MIOSHA COVID-19 Workplace Safety Guidance](#)
- [COVID-19: Stakeholder Call Camps and Youth Programs](#)

## ADDENDUM: Residential Camp Operating Guidelines

In addition to the above guidance, the following guidelines are specific to residential camps.

### Monitoring (Health Screening) for COVID-19

#### Pre-Arrival Screening

There are two strategies camps should implement to ensure campers and staff arrive healthy.

- **Get tested.** Camps are encouraged to require campers and staff to get tested to assure that they have had a negative diagnostic test for COVID-19 completed within the last 10 days.
  - Before arriving, campers and staff can find a testing location in their community by visiting [Michigan.gov/coronavirustest](https://www.michigan.gov/coronavirustest).
  - If cost is a barrier, the state of Michigan also provides a list of locations that are providing testing at no cost.
  - Campers and staff members should assure that they have been tested and the result was negative, but they should not be required to submit documentation of their test result.

- Testing does not eliminate the need to implement the prevention measures outlined in this document. Someone can still become infectious or become infected with COVID-19 after the testing, but this is one imperfect step taken to screen out someone with active infection prior to coming to camp.
- **Prescreening.** Campers and staff members have a key role to play in limiting the spread of COVID-19 before arriving on site. Camps should remind campers and staff to:
  - Take and record their temperature daily between getting tested and arriving at camp.
  - Monitor their symptoms (fever of 100.4 °F or greater, new onset of a cough, new onset of shortness of breath, diarrhea, fatigue, headache, muscle or body aches, congestion or runny nose, nausea, loss of taste or smell, sore throat, vomiting, etc.) in the time between getting tested and arriving at camp.
    - The [MI Symptoms app](#) is a good tool to track symptoms and is free for use in Michigan.
    - If campers or staff develop symptoms, they should not be allowed to attend camp, and they may need to repeat testing.
  - Self-quarantine, to the extent possible. Campers and staff should strive to limit the number of people they meet. It is especially important to avoid contact with individuals who have been diagnosed with, tested for, or quarantined as a result of COVID-19. An ideal scenario, which may not be possible for all campers, is to self-quarantine for 14 days prior to coming to camp.

**Note:** The pre-arrival screening process does not replace the requirements for health screening upon arrival and continued monitoring of campers and staff.

## Procedures for Preventing Disease Transmission

### Typical Cleaning for Porous Surfaces

- Residential camps should wash soft materials used by one camper (such as camp linens, bedding) between sessions/visiting groups and soft materials used by more than one camper (such as towels) be washed daily.

## Preparing Campsite and Activity Space

### Bathrooms

- Avoid sharing common bathroom supplies (towels, soap, toothpaste, etc.). Instruct campers to bring their own bathroom supplies and a container for toiletries to be stored in for the duration of camp (for example, a bathroom tote or a 1-quart clear plastic bag labeled with their name).
- Campers should keep personal items in their bag or tote and store their bag or tote in a designated area.
- Encourage staff and campers to avoid placing toothbrushes or toiletries directly on counter surfaces.

## Practice Social (Physical) Distancing

### Sleeping Accommodations

- Create at least six feet of space between beds. Utilize head-to-toe orientation.
- The use of a sleeping space by multiple small groups requires both individual and small group physical distancing.
- Position sleepers to maximize distance between heads/faces:
  - For bunk beds, position the head of the camper in the top bunk opposite the position of the camper in the bottom bunk. Six feet separation is not required between the top and bottom bunk because of the physical barrier between campers.
  - For side-by-side beds, position the head of the camper in one bed opposite the position of the camper in the adjacent bunk.
  - For end-to-end beds, position the toes of each camper close to the other camper toes.
- Implementation of handwashing measures should be contemplated for the sleeping accommodation area. If handwashing facilities are not immediately available, use of hand sanitizer stations is acceptable.
- Sleeping accommodations should be cleaned and sanitized daily consistent with common space cleaning practice.
- Campers should keep personal belongings organized and separate from other campers' belongings.
- Tent, yurt, and hybrid structures capacity is contingent upon physical distancing recommendations.
- Consider installing physical barriers, such as plastic barrier, between beds, especially when the bunk/bed/cot, etc. cannot be at least 6 feet apart. Physical barriers must not block egress.