



COVID-19 Prevention Guidance for Certified Child Care, Youth Programs, and Camps

6/3/2021

While fewer children overall have become seriously ill with COVID-19 compared with adults during the pandemic, children can be infected with the virus that causes COVID-19, get sick with COVID-19, spread the virus to others, and have severe outcomes. Vaccine eligibility has been expanded to include some school-aged populations, however children aged 12-15 have only recently become eligible and children under 12 years of age remain ineligible to be vaccinated. For these reasons, the Minnesota Department of Health (MDH) continues to recommend the consistent use of layered mitigation strategies to help limit the spread of COVID-19 in youth-serving programs.

This document references a limited number of requirements from the federal government, existing Minnesota Rules, and the Universal Business Guidance on [Stay Safe Guidance for All Businesses \(staysafe.mn.gov/industry-guidance/all-businesses.jsp\)](https://staysafe.mn.gov/industry-guidance/all-businesses.jsp).

This document also provides recommendations around the policies, practices, and strategies for youth-serving programs to promote health and safety while mitigating the risk of COVID-19 transmission to children, staff, and volunteers who are attending. This guidance is intended for youth programs, including certified child care centers, youth enrichment programs, and school-age programs exempt from licensure. Examples include community education classes, YMCAs, school-age care programs operated by public and private schools, parks and recreation programs, Boys and Girls Clubs, art programs, camps, those operated by non-profits, and 21st Century Community Learning Centers.

Finally, MDH recommends program and camp administrators review [CDC: Guidance for Operating Youth and Summer Camps: Readiness and Planning Tool \(www.cdc.gov/coronavirus/2019-ncov/downloads/camp-planning-tool.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/camp-planning-tool.pdf) for additional mitigation strategies and toolkits.

For programs where everyone is fully vaccinated (have received two doses in a two-dose series or one dose in a one-dose series, and it has been at least two weeks since the final dose of vaccine), it is safe to return to full capacity without face coverings and without physical distancing in accordance with [CDC: Interim Public Health Recommendations for Fully Vaccinated People \(www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html), unless these measures are required by federal, state, local, tribal, or territorial laws, rules, or regulations.

- Refer to the “Face Coverings” section below for recommendations for unvaccinated participants and staff.
- Although the state does not require participants to wear face coverings, programs and camps can consider their own policies, and should also be supportive of campers or staff who choose to wear a mask.

Federal government, Minnesota Rule, and universal business guidance requirements

- Face coverings: All people are required by Centers for Disease Control and Prevention (CDC) order to wear face coverings on all public transportation conveyances (airports, public buses, etc.), including school buses.
 - [CDC: Requirements for Face Masks on Public Transportation Conveyances and at Transportation Hubs \(www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html)
- Handling a suspected or confirmed case of COVID-19: Minnesota Rule 4605.7070 requires any person in charge of any institution, school, child care facility, or camp to report cases of COVID-19 to MDH.
 - [Reportable Disease Rule \(www.health.state.mn.us/diseases/reportable/rule/index.html\)](https://www.health.state.mn.us/diseases/reportable/rule/index.html)
- Universal guidance: Executive Order 21-11, as amended by Executive Order 21-21 and 21-23 (“EO”), requires all businesses and entities to follow the [COVID-19 Universal Guidance for All Businesses and Entities \(staysafe.mn.gov/assets/covid19-universal-guidance-for-all-businesses-and-entities_tcm1152-480317.pdf\)](https://staysafe.mn.gov/assets/covid19-universal-guidance-for-all-businesses-and-entities_tcm1152-480317.pdf) through June 30, 2021 or until 70% of Minnesotans aged 16+ receive at least one dose of a COVID-19 vaccine, whichever is earlier.

Recommendations for mitigating COVID-19 transmission in certified child care, youth programs, and camps

Plan and prepare

MDH strongly recommends that programs:

- Encourage staff to be fully vaccinated (two weeks after completion of a two-dose or a one-dose series) prior to starting camp to reduce the risk of getting seriously ill from COVID-19 and help reduce risk of spreading COVID-19 to others.
- Communicate protocol and policy differences, if any, for people who are **fully** vaccinated versus those who are **not fully** vaccinated.
- Communicate with families prior to sessions beginning to set expectations for program participation, including following mitigation strategies and attendance requirements related to illness, symptoms, exposure, and quarantine.

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- Regularly communicate and educate participants and their families related to the program's COVID-19 mitigation measures and acknowledge that strategies and available programming may change if the level of community transmission increases.
- Consider engaging program participants in developing communications or creative strategies to limit the spread of COVID-19 (e.g., develop a competition around creating new greetings, providing alternatives to hugs, or high-fives).
- Hold staff and volunteer meetings, trainings, etc. virtually or in a large enough space to accommodate social distancing.
- Have a staffing plan that is flexible enough to accommodate staff member or volunteer absences due to illness or quarantine for exposures.
- Review sick and absentee policies to ensure they are supportive of participants staying home when sick or when in quarantine due to an exposure.
- Consider ways to accommodate the needs of staff, volunteers, children, and families at risk for serious illness from COVID-19.
- Establish clear procedures with vendors to mitigate interaction with the program and camp community.
- **Overnight camp programs:** Contact local municipalities (or county government) near the camp location to ensure they are aware of the camp's activities and share your COVID-19 mitigation strategies with them.

Face coverings

While face coverings are no longer required by statewide mandate, programs can consider establishing their own requirements and recommendations, and MDH encourages programs to review this guidance before doing so.

CDC does not encourage programs or camps to require or recommend face coverings for fully vaccinated staff and participants, except when face coverings are required or recommended for fully vaccinated people by federal, state, local, tribal, or territorial laws, rules and regulations.

- Reference the [Federal government, Minnesota Rule, and universal business guidance requirements](#) section above for additional details on the use of face coverings on transportation vehicles.
- Although fully vaccinated people do not need to wear masks, camps should be supportive of staff or campers who choose to continue to wear a mask.

MDH strongly recommends that unvaccinated participants, including staff and children, wear face coverings:

- During all indoor programming, as the risk of transmission is heightened in indoor settings.
- During outdoor programming, particularly in areas of substantial to high transmission, if physical distance cannot be maintained. People who are not fully vaccinated are encouraged to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

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- No child under the age of 2 should wear a face covering, and programs and camps should consider adaptations to recommendations or policies for those who are unable to tolerate a face covering due to a health condition, disability, or behavioral or developmental condition.

Face covering resources:

- [Masks and Face Coverings \(www.health.state.mn.us/diseases/coronavirus/prevention.html#masks\)](http://www.health.state.mn.us/diseases/coronavirus/prevention.html#masks)
- [Face Covering Requirements and Recommendations \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](http://www.health.state.mn.us/diseases/coronavirus/facecover.html)
- [Masking Requirements for Child Care: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/schools/masks.html\)](http://www.health.state.mn.us/diseases/coronavirus/schools/masks.html)
- Train all staff how to effectively use face coverings. Visit [CDC: How to Wear Masks \(www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html\)](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html)
- [CDC Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 \(www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html\)](http://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html)

Physical distancing and cohorting

Maintaining social or physical distance provides protection by reducing risk of exposure and limiting the number of close contacts when someone is infected with COVID-19. The terms “social distancing” or “physical distancing” mean keeping a safe space between yourself and other people. Similarly, the practice of “cohorting,” which refers to identifying small groups of youth and staff and keeping them together throughout an entire day, reduces the risk of additional exposures by limiting unnecessary mixing of multiple groups.

Minnesota recommends certified child care centers, youth programs, and camps follow CDC’s guidance on physical distancing and cohorting: [Guidance for Operating Youth Camps \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html).

While CDC does not require it, camps may still choose to implement physical distancing for all campers and staff, and this may be appropriate for camps that have both unvaccinated and vaccinated people. Physical distancing, regardless of vaccination status, can improve adherence to distancing for those who are not vaccinated and protect privacy.

- Per CDC guidance, programs are encouraged to establish policies and implement strategies to maintain social or physical distancing among participants who are not fully vaccinated, indoors and outdoors, of:
 - At least 3 feet between all participants within a cohort.
 - At least 6 feet between all participants and staff outside of their cohort.
 - At least 6 feet while eating and drinking, including among people within the same cohort.
 - At least 6 feet between participants and staff.
 - At least 6 feet between staff.

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- Consider dividing participants into small cohort groups that stay together as much as possible throughout the day and from day to day, particularly among age groups not currently eligible for vaccination. Maintain 6 feet of distance between cohorts and limit unnecessary mixing between cohort groups as much as possible.
 - Certified child care centers and other youth programs that are legally required by Minnesota Statutes, Minnesota Rules, or other relevant law to limit the size of a group must follow those legal requirements on group size.
- Assign program staff to one cohort whenever feasible. Program directors, coaches, guest speakers, etc. who are not regular participants in a cohort can work with different cohorts, but those who are not vaccinated are strongly encouraged to maintain 6 feet of social distancing from all participants.
- Design the program to prevent staff, volunteers, or participants from different cohorts from congregating without meeting the program's social distancing policies or recommendations (e.g., avoid communal areas and dining that bring together multiple cohorts without clear controls).
- **Overnight camp programs:** Establish and maintain cohorts based on participants sharing sleeping spaces.

Minimize opportunities for mixing between cohorts

- Implement programming that refrains from intermixing cohorts. If intermixing of cohorts is necessary, limit the number of cohorts that intermix, keep records of staff, volunteers, and participants that intermix, and establish rules and controls that ensure separation between cohorts.
- Stagger arrival and dismissal times.
 - Minimize crowding at drop-off and pickup times.
 - Designate times for families to arrive and consider staggering times if possible.
 - Whenever possible, participant pick-up and drop-off should occur outside.
 - Add visual cues or barriers to direct traffic flow and distancing.
 - Develop signage and processes to minimize interactions of families and participants who are not members of the same family.
- Consider dividing participant entry points rather than funneling all participants through the same entry space. These approaches can limit the amount of close contact between participants in high-traffic situations and times.
- If multiple cohorts are in the same area at the same time, establish separate areas that ensure separation between cohorts and have cohorts visit these areas in shifts so that they are not congregating.

Promoting a safe program environment

- Consider limiting any nonessential visitors, volunteers, and activities involving external groups or organizations, to the extent feasible, if those participating are not fully vaccinated. In the event that external groups and partners participate in programming, they should receive guidance and training on the program's COVID-19 mitigation strategies.

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- Outdoor activities are strongly recommended whenever feasible.
- Bring in specialist staff or special programs (e.g., music, art, physical education) to individual program spaces rather than rotating different cohorts through a shared space that is not cleaned or adequately ventilated between cohorts.

Mealtimes

Certified child care, youth programs, and camps must follow existing food safety regulations appropriate to their setting. In addition, MDH recommends the following:

- Food service workers should evaluate their current space for food preparation and allow for at least 6 feet of separation from others while performing required tasks.
- Stagger mealtimes to minimize the number of people dining inside at one time. Where possible, limit dining to one cohort at a time, or physically separate cohorts to eliminate congregation of members from different cohorts.
- Campers and staff who are not fully vaccinated and in separate cohorts should remain at least 6 feet apart when eating or drinking.
- Clean and disinfect common surfaces between cohorts.
- Consider prepackaged, pre-plated, or “grab and go” meals. Ensure physical distancing, hand hygiene, and face coverings for those waiting in line.
- If meals are served “family-style,” programs are encouraged to address hand hygiene and the use of shared utensils. Consider appointing one person to serve food to participants.
- As feasible, have children and staff who are not fully vaccinated eat meals and snacks outdoors or in well-ventilated spaces while maintaining physical distance as much as possible.

Ventilation systems

Ventilation is an important factor in preventing COVID-19 transmission indoors. Facility owners and operators are strongly recommended to evaluate the operational capacity of ventilation systems and increase and maintain ventilation provided throughout the building.

Certified child care centers, youth programs, and camps should review the ventilation resources appropriate to their setting:

- [CDC: Ventilation in Schools and Childcare Programs \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html)
- [Ventilation Guidance for Schools: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/schools/vent.html\)](https://www.health.state.mn.us/diseases/coronavirus/schools/vent.html)
- [Coronavirus \(COVID-19\) Response Resources from ASHRAE and Others \(www.ashrae.org/technical-resources/resources\)](https://www.ashrae.org/technical-resources/resources)
- [CDC: Ventilation in Buildings \(www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)

Cleaning, disinfection, and hygiene practices

The virus that causes COVID-19 is mainly spread by respiratory droplets. The virus can also be spread if you touch a surface contaminated with virus and then touch your eyes, nose or mouth, although this is not the primary way the virus spreads. In most situations, the most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.

Programs should review the following resources for detailed guidance on cleaning, disinfection, and hygiene practices:

- [CDC: Guidance for Operating Youth Camps: Maintaining Healthy Environments \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html#anchor_1621976305746\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html#anchor_1621976305746)
- [CDC: Guidance for Operating Child Care Programs during COVID-19: Maintaining Healthy Environments \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#anchor_1612986010643\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#anchor_1612986010643)
- [CDC: Cleaning, Disinfection, and Hand Hygiene in Schools – a Toolkit for School Administrators \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html)
- Use [EPA About List N: Disinfectants for Coronavirus \(COVID-19\) \(www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0\)](https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0). All antimicrobial products (sterilizers, disinfectants, and sanitizers) that claim to prevent, destroy, repel, or mitigate a pest or the growth of unwanted organisms are pesticides and are required to be registered by the U.S. Environmental Protection Agency (EPA).

In addition, MDH recommends that programs:

- Establish a daily schedule for routine environmental cleaning and disinfection of high-touch surfaces. High-touch surfaces include toys and games, doorknobs, light switches, sink handles, water fountains, restrooms, countertops, toilet training potties, desks, chairs, cubbies, keyboards, etc.
- Provide communication, materials and trainings to ensure that staff, volunteers, and participants:
 - Wash hands often with soap and water for at least 20 seconds, especially after having been in a public place or after blowing your nose, coughing, or sneezing. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
 - Always cover their mouth and nose with a tissue when they cough or sneeze. Throw used tissues in the trash. Those that do not have a tissue should cough or sneeze into their arm or elbow.
- Instruct staff, volunteers, and participants to wash hands upon arriving, before and after eating meals, before and after applying sunscreen, when entering or leaving indoor spaces, and when coming into contact with or use shared amenities.
- Ensure the availability of appropriate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer, paper towels, disinfectant wipes, and tissues) and strategically place supplies in areas where they will be frequently used.

Additional cleaning, disinfection, and hygiene practice resources:

- [Hand Hygiene \(www.health.state.mn.us/people/handhygiene/index.html\)](http://www.health.state.mn.us/people/handhygiene/index.html)
- [Cover Your Cough \(www.health.state.mn.us/people/cyc/index.html\)](http://www.health.state.mn.us/people/cyc/index.html)
- [Why Hand Hygiene is Important and When to Wash Your Hands \(www.health.state.mn.us/people/handhygiene/why/index.html\)](http://www.health.state.mn.us/people/handhygiene/why/index.html)
- [CDC: When and How to Wash Your Hands \(www.cdc.gov/handwashing/when-how-handwashing.html\)](http://www.cdc.gov/handwashing/when-how-handwashing.html)
- [CDC Handwashing: Health Promotion Materials \(www.cdc.gov/handwashing/materials.html\)](http://www.cdc.gov/handwashing/materials.html)

Health screening, isolation, and quarantine

Staff, participants, families, visitors, and others should continue to be vigilant in monitoring for symptoms of illness and protect others by staying home when they are feeling ill and following COVID-19 specific exclusion and self-quarantine guidance when appropriate.

MDH strongly recommends that programs:

- Follow the [Recommended COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs \(www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf) to determine when attendees and staff should stay home and when they may return.
- Establish and enforce sick policies to prevent the spread of disease, including:
 - Staff and participants, even if fully vaccinated, should stay home if they have tested positive for COVID-19, have symptoms of COVID-19, or are ill and waiting for a COVID-19 test result.
 - Participants and staff staying home when they have had recent close contact with a person with COVID-19, until they meet criteria to return as outlined in [Quarantine Guidance for COVID-19 \(www.health.state.mn.us/diseases/coronavirus/quarguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/quarguide.pdf).
- Educate staff, participants, and families about the signs and symptoms of COVID-19, and when they/their children should stay home and when they can return to programming.
- **Overnight camp programs:**
 - If feasible, conduct daily health checks (for example, symptom checking) of staff and campers safely and respectfully, and in accordance with any applicable privacy laws and regulations.
 - Consider asking parents to send a digital thermometer to camp with their child so they can take their own temperature each morning as part of a daily health screening.
 - When camp staff are away from camp (for example, during days off), they should engage in low-risk activities and continue daily screening upon return. Refer to [CDC: Personal and Social Activities \(www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/personal-social-activities.html\)](http://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/personal-social-activities.html).

Additional resources:

- [If You are Sick: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/sick.html#stayhome\)](http://www.health.state.mn.us/diseases/coronavirus/sick.html#stayhome)
- [What to Do While You Wait for a COVID-19 Test Result \(www.health.state.mn.us/diseases/coronavirus/waiting.html\)](http://www.health.state.mn.us/diseases/coronavirus/waiting.html)
- [Close Contacts and Tracing: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/close.html\)](http://www.health.state.mn.us/diseases/coronavirus/close.html)

Handling suspected or confirmed cases of COVID-19

Report a positive test result by completing this form: [COVID-19 Case Reporting Form for K-12 Schools, Childcares, Youth Camps, and Sports Programs \(redcap.health.state.mn.us/redcap/surveys/?s=KKWLDH3ARC\)](https://redcap.health.state.mn.us/redcap/surveys/?s=KKWLDH3ARC).

MDH also strongly recommends that programs:

- Develop policies for notifying MDH about the positive case, managing case follow-up, and notifying exposed people, consistent with: [Recommendations for Handling a Confirmed Case of COVID-19 \(www.health.state.mn.us/diseases/coronavirus/schools/casehandle.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/schools/casehandle.pdf).
- Consider designating a staff person who will be responsible for responding to COVID-19 concerns and coordinating with local health authorities regarding positive COVID-19 cases. Programs should ensure all families and staff know who this person is and how to contact them.
- Create a plan for staff or participants who develop symptoms of COVID-19, including:
 - Immediate isolation of symptomatic people in a designated isolation space and sending the person home as soon as possible.
 - Notification of parents when child becomes ill.
 - Transportation home or to medical care if needed.
 - Limiting the number of staff who have face-to-face interactions with people who have symptoms.
 - Means to ensure that symptomatic participants who are waiting to be picked up remain under the visual supervision of a staff member who is at least 6 feet away.
 - Both the symptomatic participant and the supervising staff should wear a face covering or a surgical mask. Do not place face coverings or surgical masks on anyone who is unconscious or has trouble breathing, anyone who is incapacitated or otherwise unable to remove the face covering without assistance, or anyone who cannot tolerate a face covering due to developmental, medical, or behavioral health needs.
- Establish a dedicated space for children or staff who are experiencing symptoms. Distinguish this space from areas where health services will be delivered to those who are well and need routine types of care (e.g., medication administration or first aid).

Transportation

Programs should review the following resources for guidance on reducing the risk of transmission on transportation vehicles:

- [CDC: Protect Yourself When Using Transportation \(www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html)
- Reference the [Federal government, Minnesota Rule, and universal business guidance requirements](#) for additional details on the use of face coverings on transportation vehicles.

In addition, MDH recommends that programs:

- Where vaccination status is unknown or mixed (vaccinated and unvaccinated people), systematically review and evaluate transportation capacity with the goal of creating physical distance between participants, staff, and drivers on buses or transportation (e.g., seat children one child per row, skip rows), when possible. Participants and staff who live in the same household (or overnight camp cohort) are encouraged to be seated together.
- Assign and document seating for riders to assist with notifications when there is a person who is found to be infectious on the bus. Riders should remain seated in their assigned seat.
- Make sure the vehicle is well ventilated and use natural ventilation (e.g., opening windows) to mix fresh outdoor air with indoor air. Consider consultation with a specialist to inform specific strategies for maximizing cross ventilation under different conditions.
- Clean and disinfect transportation vehicles regularly, focusing on frequent cleaning of touched surfaces in the vehicle (e.g., surfaces near the driver's seat, hard seats, door handles, seat belt buckles, light and air controls, doors and windows, grab handles) between routes.
- Maintain an extra supply of face coverings on program transportation for riders who forget to bring their own.
- Encourage families to transport their children to camp or programs in private vehicles whenever feasible.
- Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- People who become ill during the day should not use group transportation to return home.
 - Create a plan for getting staff and participants home safely if they are ill.
 - If a driver becomes sick during the day, they should follow protocols outlined for people who are ill and should not return to drive participants.

Additional recommendations for overnight camp programs

Testing and vaccination

- If eligible, staff, volunteers, campers, and family members **should be fully vaccinated for COVID-19**. Ideally, wait two weeks after completing vaccination for COVID-19 before traveling to camp.
- Request that staff and campers follow CDC's guidance for travelers, [CDC: Domestic Travel During COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html), in the 14 days before arriving at camps to reduce exposure to COVID-19.
- Ask staff and campers to conduct daily health checks for 14 days leading up to camp.
- Recommend testing of campers and staff who are not fully vaccinated and consider asking them to provide proof of a negative viral test taken no more than 1-3 days before arriving at camp. Delay arrival for campers or staff with confirmed positive test results.
 - If asking for and maintaining documentation of test results, make sure to protect camper privacy and comply with applicable federal and state law that governs camper data and privacy. Camps that are uncertain about their legal obligations are strongly encouraged to consult with legal counsel.
 - A negative COVID-19 test at one point in time does not mean a person will remain negative while participating in camp. A negative test result does not replace the need to wear face coverings when required or recommended, continue frequent handwashing, avoid touching the face, and practice social distancing. These are our best tools to help prevent the spread of illness.
- For people who are not fully vaccinated, routine screening testing can help to identify cases of COVID-19 in asymptomatic or pre-symptomatic people, and prevent secondary transmission. People who are fully vaccinated with no COVID-19-like symptoms and no known exposure should be exempted from routine screening testing programs, if feasible.
- Work with your local public health agency to address situations where there may be delays in sending ill staff or campers' home and plan for access to health care, COVID-19 testing, and transportation to a health care facility.
 - For camp programs lasting longer than one week, confirm there is adequate access to testing available if a staff or camper becomes ill with symptoms consistent with COVID-19. Have a plan in place for isolating campers and staff who are sick and test negative or those who test positive.
 - Should a camper or staff person test positive, have a plan in place to address the need to quarantine and test close contacts.
 - Additional testing may be recommended in some circumstances, in consultation with state or local public health, such as transmission of COVID-19 identified in camp, or if levels of COVID-19 are high in the local community.
- Recommend testing 3-5 days after returning home from camp for those who are unvaccinated.

Face coverings

- When the program requires or recommends face coverings, suggest that campers bring several face coverings with them to camp. The camp should consider keeping a supply of face coverings in case they are needed. Also consider training and setting expectations for staff to model wearing a face covering and washing their hands within the camp community.

Lodging

- Designate cohorts of staff and campers based on those who share cabins, tents, or other lodging.
- Consider sleeping arrangements that allow campers to maintain 6 feet of distance while sleeping. For example, reduce the numbers of campers in the cabin or have campers sleep head-to-toe.
- Set up designated storage areas that allow each camper and staff to keep their belongings separate from others.
- Limit lodging access to only people who reside in that lodging.

Shared bathrooms

- Create showering schedules that limit the number of people using the showers at one time.
- Encourage campers and staff to bring their own toiletries from home to avoid using shared supplies.
- Post signs encouraging campers and staff to properly wash their hands.

Travel

- Visit [Protect Yourself and Others: Traveling](https://www.health.state.mn.us/diseases/coronavirus/prevention.html#travel) (www.health.state.mn.us/diseases/coronavirus/prevention.html#travel) for more information and current recommendations.
- Parents should have a plan in place with the camp if their child becomes ill and needs to be sent home.

Additional resources

- [American Academy of Pediatrics: Guidance for Families and Pediatricians on Camp Attendance During the COVID-19 Pandemic](https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-for-families-and-pediatricians-on-camp-attendance-during-the-covid-19-pandemic/) (services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-for-families-and-pediatricians-on-camp-attendance-during-the-covid-19-pandemic/)
- [American Camp Association: Field Guide for Camps](https://www.acacamps.org/resource-library/coronavirus/camp-business/camp-operations-guide-summer-2020) (www.acacamps.org/resource-library/coronavirus/camp-business/camp-operations-guide-summer-2020)
- [American Camp Association: Suggested Camp Supplies and Materials for 2020 Camp Season](https://www.acacamps.org/sites/default/files/resource_library/operations-guide/ehe-suggested-camp-supplies.pdf) (www.acacamps.org/sites/default/files/resource_library/operations-guide/ehe-suggested-camp-supplies.pdf)
- [COVID-19 Response Child Care Information for Families and Providers](https://mn.gov/childcare/) (mn.gov/childcare/)

COVID-19 PREVENTION GUIDANCE FOR CERTIFIED CHILD CARE,
YOUTH PROGRAMS, AND CAMPS



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