

COVID-19 Prevention Guidance for Youth Programs and Day and Overnight Camps

9/1/2021

While fewer children than adults have become seriously ill with COVID-19 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 school-aged populations 12 years and up. However, because children under age 12 are not yet eligible to be vaccinated and children ages 12 to 15 are only recently eligible, there is an increased risk of COVID-19 transmission in youth-serving settings. The introduction of new variants of COVID-19, as well as increasing rates of vaccination among adults and adolescents, may also change how COVID-19 impacts this population.

The Minnesota Department of Health (MDH), in alignment with current scientific evidence and guidance from CDC, strongly recommends the consistent use of layered mitigation strategies to help limit the spread of COVID-19 and protect people who are not fully vaccinated, including children, youth participants, staff, and members of their households.

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.

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.

Federal government and Minnesota Rule requirements

- **Face coverings:** All people are required by Centers for Disease Control and Prevention (CDC) order to wear face coverings while in transportation hubs and on all indoor public transportation conveyances (airplanes, 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)

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- Minnesota Rules, part 4605.7070 requires any person in charge of any institution, school, child care facility, or camp to report cases of COVID-19 to MDH.
 - [Minnesota Rules, part 4605.7070 \(www.revisor.mn.gov/rules/4605.7070/\)](http://www.revisor.mn.gov/rules/4605.7070/)
 - [Reportable Diseases A-Z: Reportable Infectious Diseases \(www.health.state.mn.us/diseases/reportable/disease.html\)](http://www.health.state.mn.us/diseases/reportable/disease.html)
- **To report a positive case:** [COVID-19 Case Report Form for K-12 Schools, Childcares, and Youth Programming \(Camps, Sports, Extracurricular Activities\) \(https://redcap.health.state.mn.us/redcap/surveys/?s=YLH94XW7YKD9WDE9\)](https://redcap.health.state.mn.us/redcap/surveys/?s=YLH94XW7YKD9WDE9)
- Recommendations for mitigating COVID-19 transmission in 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.
- 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 space large enough 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.

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- **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.

Masking

While masks 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.

MDH has updated masking guidance for **fully vaccinated** people. In areas with substantial or high spread of COVID-19, everyone, including fully vaccinated people, should wear a mask in indoor public settings, crowded outdoor settings, and for activities with close contact with others who are not fully vaccinated.

Fully vaccinated people may choose to wear masks in any situation where it feels needed, and programs and camps should be supportive of staff or campers who choose to continue to wear a mask.

For more information, refer to [CDC: When You've Been Fully Vaccinated \(www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html) and [CDC COVID Data Tracker: COVID-19 Integrated County View \(covid.cdc.gov/covid-data-tracker/#county-view\)](https://covid.cdc.gov/covid-data-tracker/#county-view).

Reference the [Federal government and Minnesota Rule requirements](#) section above for additional details on the use of masks while on transportation vehicles.

Unvaccinated participants, including staff and children, are at much higher risk for getting and spreading the virus that causes COVID-19 than those who are fully vaccinated. They should wear face coverings in the following settings, regardless of local transmission levels of COVID-19:

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

Anyone who is immunocompromised, at an increased risk for severe disease from COVID-19, or who lives or frequently interacts with someone who is immunocompromised, at increased risk for severe disease, or not fully vaccinated should also consider wearing a mask in the above situations, regardless of local transmission levels or vaccination status.

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

Masking resources:

- [Recommendations for Wearing Masks \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html)

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- [Masking Recommendations for Child Care \(www.health.state.mn.us/diseases/coronavirus/schools/masks.html\)](http://www.health.state.mn.us/diseases/coronavirus/schools/masks.html)
- Train all staff how to effectively use face coverings. Visit [CDC: Your Guide to 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 cohorts

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 space between yourself and other people. Similarly, the practice of placing people in cohorts by 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 forming cohorts: [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.
- Consider dividing participants into small cohorts 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 cohorts as much as possible.
- 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 recommended to maintain 6 feet of social distancing from all participants.

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- 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 when feasible. 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.
- Consider staggering 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 pickup 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 during high-traffic situations and times.
- If multiple cohorts are in the same area at the same time, it is recommended to establish separate areas that ensure separation between cohorts and to 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.
- Outdoor activities are strongly recommended whenever feasible.
- Consider bringing 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

Programs must follow existing food safety regulations appropriate to their setting. In addition, MDH recommends the following:

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- 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.
- Participants 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 discourage 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.

Programs 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:

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- [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)
- 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 their 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 using 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 \(www.health.state.mn.us/people/handhygiene/index.html\)](https://www.health.state.mn.us/people/handhygiene/index.html)
- [Cover Your Cough \(www.health.state.mn.us/people/cyc/index.html\)](https://www.health.state.mn.us/people/cyc/index.html)
- [Why Hand Hygiene is Important and When to Wash Your Hands \(www.health.state.mn.us/people/handhygiene/why/index.html\)](https://www.health.state.mn.us/people/handhygiene/why/index.html)
- [CDC: When and How to Wash Your Hands \(www.cdc.gov/handwashing/when-how-handwashing.html\)](https://www.cdc.gov/handwashing/when-how-handwashing.html)
- [CDC Handwashing: Health Promotion Materials \(www.cdc.gov/handwashing/materials.html\)](https://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-isolation 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 should stay 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 about 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, checking symptoms) of staff and campers, safely and respectfully and in accordance with any applicable privacy laws and regulations. Programs should ensure that campers are educated about symptoms of COVID-19 and know to whom to report should they become ill.
 - 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.

Additional resources:

- [If You are Sick or Test Positive: How long to stay home \(www.health.state.mn.us/diseases/coronavirus/sick.html#stayhome\)](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 confirmed cases of COVID-19

Report a positive test result by completing the [COVID-19 Case Report Form for K-12 Schools, Childcares, and Youth Programming \(Camps, Sports, Extracurricular Activities\)](https://redcap.health.state.mn.us/redcap/surveys/?s=YLH94XW7YKD9WDE9) (<https://redcap.health.state.mn.us/redcap/surveys/?s=YLH94XW7YKD9WDE9>).

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 [Best Practices for Handling a Confirmed Case of COVID-19](http://www.health.state.mn.us/diseases/coronavirus/schools/casehandle.pdf) (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 their 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 stays at least 6 feet away.
 - Both the symptomatic participant and the supervising staff should wear a face covering or a surgical mask, even if they are vaccinated. 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 reference the [Federal government and Minnesota Rule requirements](#) section for additional details on the use of face coverings while on transportation vehicles.

In addition, MDH recommends that programs:

- Systematically review and evaluate transportation capacity where vaccination status is unknown or mixed (vaccinated and unvaccinated people), 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

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rows), when possible. Participants and staff who live in the same household (or are in an 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 consulting with a specialist to inform specific strategies for maximizing cross ventilation under different conditions.
- Clean and disinfect transportation vehicles regularly and between routes, focusing on frequently 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).
- 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.
- Keep people who become ill during the day from using 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; they should not return to drive participants.

Additional recommendations for overnight camp programs

Testing and vaccination

- Vaccine-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 camp to reduce exposure to COVID-19.
- Ask staff and campers to conduct daily health checks for the 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 one to three 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.

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- 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, screening testing can help to identify cases of COVID-19 in asymptomatic or presymptomatic people and prevent 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 and isolation space available if a staff member 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, and for those who test positive.
 - Should a camper or staff person test positive, have a plan in place to address the need to quarantine and to 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 three to five days after returning home from camp for those who are unvaccinated.

Masking

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

Lodging

- Designate staff and camper cohorts 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 number 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 separated 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.

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- 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](http://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](http://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/)



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Contact health.communications@state.mn.us to request an alternate format.