



COVID-19



WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS



GET A VACCINE

Guidance for Operating Youth and Summer Camps During COVID-19

CDC's Guidance for Operating Youth and Summer Camps during COVID-19

Updated Apr. 24, 2021

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Summary of Recent Changes

Updates as of April 24, 2021



- Updated background for what is known about COVID-19 and transmission among children and in summer camp settings
- Added vaccination information
- Updated guidance on physical distancing
- Updated guidance on camp activities, including sports and athletic activities
- Updated considerations for screening testing and contact tracing
- Updated guidance on cleaning and disinfection
- Removed guidance on physical barriers
- Updated guidance on developing emergency operations plans
- Updated guidance on ventilation and water systems
- Updated guidance for communal spaces, food service, playgrounds and play space
- Updated guidance for overnight camps

Key Points

1. This guidance is intended for all types of youth day camps with additional guidance provided for overnight camps. Organizations that provide summer day camps on school grounds should use the guidance. Summer learning programs on school grounds should follow [CDC's Operational Strategy for K-12 Schools](#).
2. Consistent and layered use of multiple prevention strategies can help camps open safely for in-person activities; protect children, families, and staff; and slow the spread of the virus that causes COVID-19.
3. This guidance describes physical distancing recommendations for day camps that align with current evidence for physical distancing in [schools](#), including at least 3 feet physical distance between campers in the same cohort, except when eating and drinking (at least 6 feet); at least 6 feet physical distance between campers and staff; and at least 6 feet between campers in different cohorts. Additional guidance on physical distancing in overnight camps is also provided.
4. This guidance outlines strategies that camp programs can use to maintain healthy environments and operations, lower the risk of COVID-19 spread in their programs, prepare for when someone is sick with COVID-19, and support coping and resilience.


Introduction

Youth and summer camps can play an important role in the lives of children, including supporting their social, emotional, and physical development. Camps provide opportunities for children to try new activities, develop relationship and social skills, and be physically active. In addition to allowing for free play and unstructured learning, many camps also incorporate educational content, which can help prevent summer learning loss. The present guidance is intended to help camp administrators operate camps while preventing the spread of COVID-19 and protecting campers, their families, staff, and communities.

Camp administrators, in collaboration with [state, local, territorial, and tribal health officials](#), can adapt the recommendations in this guidance to meet the unique needs and circumstances of the populations served. Implementation should be guided by what is acceptable, and tailored to the needs of each community. This CDC guidance is meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which camps must comply.

This guidance is intended for all types of youth day camps with additional guidance provided for [overnight camps](#). Organizations that provide summer day camps on school grounds should follow this guidance. Summer learning programs on school grounds

should follow CDC's [Operational Strategy for K-12 Schools through Phased Prevention](#). Some K-12 schools may also require the use of their COVID-19 prevention measures for organizations hosting summer day camps on school grounds.

After reviewing this guidance, camp administrators can use [CDC's Youth Programs and Camps Readiness and Planning Tool](#)  [492 KB, 9 Pages] to protect campers, staff, and communities.

Summer learning programs on school grounds should follow CDC's [Operational Strategy for K-12 Schools through Phased Prevention](#).

COVID-19 in Children and Adolescents

While fewer children have gotten sick 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.^{1, 2, 3, 4, 5} However, children are more likely to be asymptomatic or to have mild, non-specific symptoms; they are less likely than adults to have severe illness or die.^{6, 7} Children with [underlying medical conditions](#) are at increased risk for severe illness from COVID-19.

Consistent use of the multiple [prevention strategies](#) described in this document can limit the spread of COVID-19 in many settings, including camps and can help camps open safely for in-person activities.^{8, 9, 10}

Taking Actions to Lower the Risk of COVID-19 Spread

COVID-19 is mostly [spread through close contact by respiratory droplets](#) released when people talk, sing, breathe, sneeze, or cough. Although less likely, it is possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own eyes, nose, or mouth. Regardless of the level of community transmission, camp programs should fully implement multiple [prevention strategies](#) to slow the spread of COVID-19. Key prevention strategies include

- Getting vaccinated when eligible
- Staying home if sick or having [symptoms of COVID-19](#)
- Universal and correct use of [well-fitted masks](#) that cover the nose and mouth
- [Physical distancing, including cohorting](#)
- [Handwashing and covering coughs and sneezes](#)
- Engaging in outdoor activities whenever possible and increasing ventilation for indoor activities
- [Cleaning](#) and disinfecting when needed, to maintain healthy facilities

- [Contact tracing](#) in combination with isolation and quarantine, in collaboration with the state, local, territorial, and tribal health departments

New COVID-19 variants and prevention in camps

[Multiple variants of the virus that causes COVID-19 are circulating globally](#). These include several variants that have been detected in the United States. Some of these variants seem to spread more easily and quickly than other variants, which could lead to more cases of COVID-19. Rigorous implementation of prevention strategies is essential to control the spread of these [variants](#). CDC, in collaboration with other public health agencies, is monitoring the situation closely and studying these variants quickly to learn more to control their spread. As more information becomes available, prevention strategies and guidance may need to be adjusted to new evidence on risk of transmission and effectiveness of prevention in variants that are circulating in the community.

COVID-19 Vaccination

The U.S. Food and Drug Administration (FDA) authorized the first COVID-19 vaccines for emergency use in December 2020. Getting vaccinated as soon as the opportunity is available is an important way for camp operators and staff to keep from getting and spreading COVID-19. Camp operators and staff can review CDC's [COVID-19 Vaccination Information](#) or talk to their healthcare provider for more information. [Fully vaccinated people](#) should continue to take prevention steps, including wearing masks when working or volunteering in youth settings. Vaccines are not yet approved for use in children of all ages, although vaccine trials are currently underway. For this reason, even after camp employees are vaccinated, camps need to continue prevention measures for the foreseeable future, including requiring masks and physical distancing.

Health Equity considerations in prevention strategies

The COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. Camp administrators can help [promote health equity](#) to ensure campers have resources to maintain and manage their physical and mental health. Federal and state disability laws, to the extent applicable, may require an individualized approach for working with children and youth with disabilities consistent with the camper's IEP or Section 504 plan. Camp administrators should also consider adaptations and alternatives to prevention strategies when [caring for people with disabilities](#), while maintaining efforts to protect campers and staff from COVID-19.

Planning and Preparing

Planning and preparing are two of the most important steps to take before reopening and for continuing camp operations. Each camp program should have an Emergency Operations Plan (EOP) in place to protect staff, campers, families, and communities from the spread of COVID-19. Camp operators should review, update, and implement the EOP. The EOP should include steps to take when a camper or staff member has been exposed to someone with COVID-19, has [symptoms](#) of COVID-19, or tests positive for COVID-19. The EOP should be developed in collaboration with regulatory agencies, state, local, territorial, and tribal public health departments, and other organizations that support the camp program, and align with state and local licensing regulations. Camp operators should involve staff, parents/guardians, and other community partners (for example, health centers) in the development of the EOP.

The EOP should address, at a minimum, the following topics:

- Strongly encouraging vaccination for all eligible people
- Health screening for symptoms of COVID-19 and diagnostic or screening testing for COVID-19
- Using multiple prevention strategies including masks, physical distancing and cohorting, residential housing arrangements for overnight camps, and improved ventilation
- Reviewing safety protocols for staff and campers who might be at higher-risk of serious health effects if they contract COVID-19
- Modifying camp activities to promote outdoor and other lower-risk activities
- Traveling to and from overnight camp
- Cleaning [facilities](#) and equipment
- Proper use of personal protective equipment by any healthcare staff
- Policies and practices that enable staff to stay home when they are sick, have been exposed, or are caring for someone who is sick
- Policies and practices that allow families flexibility if campers have symptoms or test positive before arriving at camp
- Managing suspect or confirmed case(s), including contact tracing efforts
- Planning for an outbreak

For additional recommendations when developing the EOP, please see [CDC's Guidance for Operating Child Care Programs During COVID-19](#).

Prevention Strategies That Reduce the Spread of COVID-19

Camp administrators, working with local public health officials, should assess the [level of community transmission](#) to understand the burden of disease in the community. The higher the level of community transmission, the more likely that the virus that causes COVID-19 will be introduced into the camp facility from the community, which could lead

to in-camp transmission if layered prevention strategies are not in use. Camp administrators should continue to monitor community transmission levels to inform decisions on strengthening prevention measures and can refer to specific recommendations for each level of community transmission as described in the [CDC's Operational Strategy for K-12 Schools through Phased Prevention](#). Using the following prevention strategies can lower the risk of transmission of COVID-19 in your camp program.

Staying Home when Appropriate

Educate staff, campers, and their families about when they should [stay home](#) and when they can return to camp. The recommendations below are for staff and campers attending day camps. Additional information on isolation and quarantine while at overnight camp is in the [Additional Guidance for Overnight Camps](#) section.

- Staff and campers who are not fully vaccinated and have recently had a [close contact](#) with a person with COVID-19, including family members who they live with, should [quarantine at home](#).
- Staff and campers who have tested positive for COVID-19 or are showing symptoms of COVID-19 should [isolate at home](#).
- [Fully vaccinated staff and campers](#)
 - Although the risk that fully vaccinated people could become infected with COVID-19 is low, [fully vaccinated](#) people who have symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and tested for COVID-19, if indicated.
- [Fully vaccinated](#) people with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19. Guidance on testing and quarantine following exposure to someone with suspected or confirmed COVID-19 at overnight camps is provided in the [Additional Guidance for Overnight Camps](#) section of this web page.
- Develop policies that encourage sick employees to stay at home without fear of negative consequences. Ensure policies are clearly communicated to your staff.
- CDC's criteria can help inform when staff should return to work:
 - [If they have been sick with COVID-19](#)
 - [If they have recently had a close contact with a person with COVID-19](#)

Masks

[Masks](#) protect the wearer and those around them. Require all campers, staff, and visitors to use well-fitting masks with proper filtration consistently and correctly to prevent the spread of [COVID-19 through respiratory droplets](#). **All people in camp facilities should**


wear masks at all times with exceptions for certain people, or for certain settings or activities, such as while eating and drinking or swimming. Campers and staff can use well-fitting [cloth masks](#) with two or more layers of tightly woven, breathable fabric or [disposable masks](#). N95 respirators or other personal protective equipment intended for healthcare workers should be worn only by camp medical staff when appropriate.

- Develop mask policies for all campers and staff that set the expectation that people will use masks throughout camp. This includes campers in the same small group or cohort.
- Teach and reinforce [consistent and correct](#) use of masks. Staff and campers should wear masks over the nose and mouth, especially when physical distancing is difficult (whether activities are indoors or outdoors). Camp administrators should provide information to staff and campers on proper use, removal, and washing of masks.
 - Masks should **not** be placed on
 - Anyone younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cover without help
- Store masks properly and wash them regularly to keep them clean. Staff and campers should have more than one mask on hand each day so they can easily replace a dirty mask with a clean one. Make sure to [remove masks correctly](#) and wash hands after touching a mask while wearing it or when removing a mask. Store your mask somewhere safe to keep it clean, such as your pocket or backpack. When reusing a mask after a break, keep the same side facing out. For more information on washing masks, visit [How to Store and Wash Masks](#).
- Do not wear a mask when doing activities that could get your mask wet, like swimming at the beach or pool. A wet mask can make it difficult to breathe and might not work.
- CDC's [guidance on wearing masks](#) includes adaptations and alternatives for various activities.
- Additional guidance on wearing masks at overnight camps is provided in the [Additional Guidance for Overnight Camps](#) section of this web page.

Physical Distancing

- **Cohorting:** Cohorts (or “pods”) are groups of campers and staff that stay together throughout the day to minimize exposure to other people while at camp. Cohorts should have the same staff stay with the same group of campers and remain together as much as possible. Limit mixing between cohorts. Cohorting should not replace other prevention measures, including wearing masks. Campers and staff in the same cohort should continue to wear masks at all times, except when eating and drinking or swimming. Camps that serve younger and older children should consider

creating cohorts with campers who are similar in age. When developing cohorts, consider services for campers with disabilities, English language learners, and other campers who may receive services, and to ensure equity, integration, and other requirements of civil rights laws, including federal disability laws.

- **Maintaining Physical Distance:** [Physical distancing](#) provides protection by reducing risk of exposure and limiting the number of close contacts when someone is infected with COVID-19. Establish camp policies and implement strategies to promote physical distancing, indoors and outdoors, of
 - At least 3 feet between all campers within a cohort
 - At least 6 feet between all campers outside of their cohort
 - At least 6 feet while eating and drinking, including among people within the same cohort
 - At least 6 feet between campers and staff
 - At least 6 feet between staff
- Use physical or visual guides to reinforce physical distancing of at least 6 feet in areas where adults may be interacting with other adults, camp staff, or campers (for example reception and dining areas).
- If specialized staff (for example, speech language pathologists) are providing services to campers within multiple cohorts or multiple camp programs, they should take prevention measures to limit the potential transmission of COVID-19, including getting vaccinated if eligible, and wearing masks, or other necessary personal protective equipment. Specialized staff should keep detailed [contact tracing](#) logs.
- If nap times are scheduled for younger campers, assign campers' naptime mats to individual children, [sanitize](#)  before and after use, and space them out as much as possible. Place campers head-to-toe to ensure distance between their faces. Masks should not be worn when sleeping.
- Create physical distance between campers on buses or transportation (e.g., seat children one child per row, skip rows) when possible. Campers who live in the same household may be seated together. Masks should be required on buses or transportation.
- More information on physical distancing for cohorts in overnight camps is provided in the [Additional Guidance for Overnight Camps](#) section of this web page.

Handwashing and Covering Coughs and Sneezes

- Teach and reinforce frequent [handwashing](#) with soap and water for at least 20 seconds and monitor to ensure all campers and staff follow this practice.
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and campers over the age of 2 who can safely use hand sanitizer).
- Staff and campers should not use hand sanitizer if their hands are visibly dirty or greasy (for example, after playing outdoors, fishing, or camping). Instead, they should wash hands with soap and water as soon as possible.

- Staff who prepare food must wash hands with soap and water.
- Encourage staff and campers to cough and sneeze into their mask or a tissue. Masks that become dirty or wet should be replaced with a clean one as soon as possible. They should throw used tissues in the trash and wash their hands immediately with soap and water for at least 20 seconds. When a mask or tissue is not available or in use, they should cough or sneeze into their elbow, not their hands.

Adequate Supplies

- Ensure you have accessible sinks and enough supplies for people to clean their hands and cover their coughs and sneezes. Supplies include soap, a way to dry hands (for example, paper towels or a hand dryer), tissues, hand sanitizer with at least 60% alcohol (for staff and older campers who can safely use hand sanitizer), masks (as feasible), and no-touch/foot pedal trash cans.
- Ensure enough sinks or hand sanitizer dispensers are available at key locations for campers to be able to use them easily without crowding, especially during peak usage times.

Screening and Symptom Monitoring

- The best way to prevent the spread of COVID-19 is to keep the virus from getting into your camp program in the first place. Ask parents, guardians, or caregivers to monitor their children for [signs of infectious illness including COVID-19](#). Children who have symptoms of any infectious illness or symptoms of COVID-19 should not attend your camp program. Staff should also monitor for signs of infectious illness, including COVID-19, and should not report to work if they have symptoms.
- 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.
- Camp administrators may use examples of symptom checking methods in [CDC's Guidance for Operating Child Care Programs during COVID-19](#) as a guide for screening campers and [CDC's General Business FAQs](#) for screening staff.
- Camps should establish partnerships with community providers who offer testing, or refer staff and campers for [screening testing](#). Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission. Screening testing may allow camps to move between different [testing strategies](#) as community prevalence (and therefore risk assessment) changes.
- Weekly screening testing of unvaccinated staff who may oversee multiple cohorts of campers over the summer will help identify those who are asymptomatic and do not have known, suspected, or reported exposure of the virus that causes COVID-19 and prevent further transmission. More information on screening testing in overnight camps is provided in the [Additional Guidance for Overnight Camps](#) section of this web page.

Maintaining Healthy Environments

Camp administrators should implement several strategies in physical spaces to maintain a healthy camp environment.

Cleaning

- If the camp uses transport vehicles (for example, buses), drivers should practice all safety actions and protocols as indicated for other staff (for example, staying 6 feet apart, washing hands, wearing masks). To clean school buses or other transport vehicles, see guidance for [bus transit](#).
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

When to Disinfect

You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces.

- High transmission of COVID-19 in your community
- Low number of people wearing masks
- Infrequent hand hygiene
- The space is occupied by people at [increased risk for severe illness from COVID-19](#)

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space.

Use Disinfectants Safely

Always read and follow the directions on how to use and store cleaning and disinfecting products. [Ventilate](#) the space when using these products.

Always follow standard practices and appropriate regulations specific to your facility for minimum standards for cleaning and disinfection. For more information on cleaning and disinfecting, see [Cleaning and Disinfecting Your Facility](#).

Limit Shared Objects

For young children and others who might not consistently or properly wear masks, wash hands, cover coughs and sneezes, and limit shared objects.

- Discourage sharing of items that are difficult to [clean](#).
- Keep each camper's belongings separated from others' and in individual, labeled

containers, cubbies, or areas.

- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (for example, assign art supplies or other equipment to a single camper), or limit use of supplies and equipment to one group of campers at a time and clean between use.
- Limit sharing of electronic devices, toys, books, and other games or learning aids.

Ventilation

Camp activities should occur outside, as much as possible. If activities are held indoors, bring in as much fresh air into camp buildings as possible. Bringing fresh, outdoor air into your facility helps keep virus particles from concentrating inside. Open windows and doors when possible, use fans to increase the effectiveness of open windows, and decrease occupancy in areas where outdoor ventilation cannot be increased. Ventilation, including opening windows when possible, is also important on camp transport vehicles. For recommendations on improving ventilation in camp facilities, please see [CDC's Guidance for Ventilation in Schools and Childcare Programs](#) and [Ventilation in Buildings](#).

Water Systems

The temporary shutdown or reduced operation of youth and summer camp programs and reductions in normal water use can create hazards for returning campers and staff. [Take steps](#) to ensure that all water systems and features (for example, sink faucets, drinking fountains, showers, decorative fountains) are safe to use to prevent lead or copper exposure, [Legionnaire's disease](#), and other diseases associated with water when reopening facilities after prolonged closure. Follow the [Environmental Protection Agency's \(EPA's\) 3Ts, \(Training, Testing, and Taking Action\)](#) [☑](#) for reducing lead in drinking water. It might be necessary for you to conduct ongoing regular flushing after reopening. For additional resources, refer to EPA's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#) [☑](#).

- Clean drinking fountains as part of routine cleaning practices. More frequent cleaning might be required based on level of use for all high-touch surfaces. Access to drinking water fountains should allow for physical distancing. Encourage staff and campers to bring their own water, when possible, to minimize use and touching of water fountains. Consider installing no-touch activation methods for water fountains. For more information on the importance of water access in schools, visit [CDC's School Nutrition](#) page.

Communal Spaces

- Follow recommendations in [CDC's Guidance for Operating Child Care Programs during COVID-19](#) and reinforce prevention strategies for indoor communal spaces.
- Stagger use of shared spaces, such as dining halls and playgrounds with shared playground equipment to promote physical distancing between cohorts of campers.

Clean shared spaces between use.

- If applicable, follow [CDC's considerations for Pools, Hot Tubs, and Water Playgrounds During COVID-19](#).
- If your camp has playgrounds and outdoor play spaces, please see recommendations in [CDC's Guidance for Operating Child Care Programs during COVID-19](#).

Food Service

Campers may bring their own meals and snacks to camp. However, many camps provide children with meals and snacks. Some camps may provide meals and snacks through the [United States Department of Agriculture's Summer Food Service Program](#) [↗](#), a critical program for reducing food insecurity.

- As feasible, have children and staff eat meals and snacks outdoors or in well-ventilated spaces while maintaining physical distance as much as possible. Campers should store masks in a space designated for each child that is separate from others when not being worn (for example, in individual, labeled containers, bags, or cubbies) and put their mask back on when not eating or drinking. All campers and staff should remain at least 6 feet apart when eating or drinking.
- For additional recommendations on safely providing campers with meals and snacks, please see [CDC's Guidance for Operating Child Care Programs during COVID-19](#), [Safely Distributing School Meals During COVID-19](#), and [What School Nutrition Professionals and Volunteers at Schools Need to Know about COVID-19](#).

Maintaining Healthy Operations

Camp administrators should implement several strategies to maintain healthy operations.

Protections for Staff and Campers Who Are at Higher Risk for Severe Illness from COVID-19

- Strongly encourage camp staff, including staff who are 16 and older, to get vaccinated as soon as the opportunity is available to reduce the risk of getting seriously ill from COVID-19, and help reduce risk of spreading COVID-19 to other staff and campers.
- Offer modified job responsibilities for your staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions or disabilities) that limit their exposure risk.
- Offer options for campers at higher risk for severe illness that limit exposure risk (e.g., virtual learning opportunities).
- Establish policies that protect the privacy of people at higher risk for severe illness because of underlying medical conditions.

Regulatory Awareness

- Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

Sports and Athletic Activities

When possible, sports and athletic activities should be done outdoors, wearing a mask. Campers should avoid playing close-contact or indoor sports. There is [increased risk](#) of spreading COVID-19 while playing close-contact or indoor sports. To decrease the risk of getting and spreading COVID-19, CDC recommends that campers do not engage in close-contact sports. If you choose to play close-contact or indoor sports, reduce your risk by getting vaccinated when a vaccine is available to you, wearing a mask, playing outside, staying at least 6 feet away from others, and avoiding crowds. Camps may consider using [screening testing for young athletes and adults](#) (e.g., coaches, trainers) who support these activities to facilitate safe participation and reduce risk of transmission and adopt additional [prevention strategies for youth sports](#).

Modify Camp Activities




- Campers and staff should participate in activities outdoors whenever possible, while wearing masks and maintaining physical distance. They should not wear masks when swimming or during other water activities but should stay 6 feet apart.
- Avoid group events, gatherings, or meetings where physical distancing between people cannot be maintained. Limit group size to the extent possible.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible, including for [sporting events](#).
- Campers can take trips outside of camp if there is no mixing or interaction with the general public outside of the camp population (for example, hiking trips, visits to a beach or lake).
- Perform activities that have the potential to produce respiratory droplets including singing, chanting, shouting, or playing an instrument outside. Campers and staff should wear masks and maintain at least 6 feet physical distance during these activities.
- For recommendations on safely doing gardening activities, please see [CDC's Considerations for Outdoor Learning Gardens and Community Gardens](#).

Designated COVID-19 Point of Contact

- Designate a staff person (for example, camp nurse or other healthcare provider) to be responsible for responding to COVID-19 concerns. All camp staff and families should know who this person is and have that person's contact information.

Communication Strategies


Signs and Messages

- Post [signs](#) in highly visible locations (for example, camp entrances, dining areas, restrooms) that [promote everyday protective measures](#)  [289 KB, 2 Pages] and describe how to [stop the spread](#)  [467 KB, 1 Page] of germs such as by [properly washing hands](#) and [properly wearing a mask](#)  .
- Provide regular [announcements](#) to campers and staff that reinforce ways to reduce spread of COVID-19.
- Include messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with staff and families (such as on camp websites, in emails, and through camp [social media accounts](#)).
- Find free CDC print and digital resources on [CDC's communications resources](#) main page.

Physical Guides

- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and campers remain distanced in lines and at other times (e.g., guides for creating “one way routes” in hallways and dining halls).

Communication Systems

- Put communication systems in place for
 - Having staff, campers, and families self-report to the camp administrators and COVID-19 point of contact if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with [health information sharing regulations for COVID-19](#) (See “[Notify Health Officials and Close Contacts](#)” in the [Preparing for When Someone Gets Sick](#) section below)  and other applicable privacy and confidentiality laws and regulations. [Fully vaccinated people](#) can refrain from quarantine and testing following a known exposure if asymptomatic.
 - Notifying staff and families of camp closures and restrictions in place to limit COVID-19 exposure (for example, limited hours of operation).
 - Communicating with school districts if the camp is providing services to children with disabilities pursuant to an Individualized Education Program (IEP).
 - If the child with an IEP or a staff member who provides services pursuant to an IEP will be out for an extended period of time, the school district may need to provide alternative services for the child.

Leave (Time Off) Policies

- Implement flexible, non-punitive sick leave policies and practices that enable employees and volunteers to stay home when they are sick, have been exposed to

someone with COVID-19, or are [caring for someone who is sick](#). Fully vaccinated people can refrain from quarantine and testing following a known exposure if they do not have symptoms.

- Examine and revise policies for leave, telework, and employee compensation.
- Leave policies should be flexible and not punish people for taking time off and should allow sick employees to stay home and away from co-workers and campers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Develop and communicate with staff and families about policies for return-to-camp after COVID-19 illness. CDC's [criteria to discontinue home isolation and quarantine](#) can inform these policies.

Staffing Plans

- Ensure adequate staffing to support implementation of prevention strategies.
- Monitor absenteeism of campers and staff, cross-train staff, and create a roster of trained back-up staff.

Staff Training

- Train staff on all safety protocols and COVID-19 prevention strategies, including cleaning and disinfection.
- Conduct training virtually or ensure that [physical distancing](#) is maintained during training.

Sharing Facilities

- Encourage any organizations that share or use the camp facilities to also follow this guidance and limit shared use, if feasible.

Preparing for When Someone Gets Sick

Camp administrators should implement several strategies to prepare for when someone gets sick.

Isolating and Transporting Children and Staff Who Have Symptoms While at Camp

- Campers or staff might have COVID-19 symptoms while at your camp. You should [take action](#) to [isolate](#) people who begin to have these symptoms from other children and staff. Plan to have an isolation room or an area, preferably with access to a separate restroom, that you can use to isolate a sick camper or staff member. Ensure that isolated children are still under adult supervision. Arrange safe transportation home or to a healthcare facility (if severe symptoms) for the camper or staff

member.

- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#) them; this includes surfaces or shared objects in the area, if applicable.
- Within the first 24 hours after the sick person has been in the space, wait as long as possible (at least several hours) before cleaning and disinfecting. Before cleaning and disinfecting, improve [ventilation](#) by opening doors and windows, using fans, and/or using heating, ventilation, and air conditioning (HVAC) settings to increase air circulation.
- Ensure [safe and proper use of cleaning and disinfection products](#) [↗](#), including wearing adequate personal protective equipment and storing products securely away from children.
- If a person becomes sick and needs to be transported, establish procedures for safely transporting them. If you are calling an ambulance or bringing someone to a healthcare facility, try to call first to alert them that the person may have COVID-19. Take steps to ensure any external community organizations that share the camp facilities follow this guidance.

Advise Sick People of Home Isolation Recommendations

- Sick staff members or campers should not return to camp until they have met CDC's [recommendations to discontinue home isolation](#). If they have met all the CDC criteria for ending isolation, then no additional testing is needed to return to the facility.
- In most instances, those who have had COVID-19 can be around others after
 - 10 days since symptoms first appeared or a positive test, and
 - 24 hours with no fever without the use of fever-reducing medications, and
 - Other symptoms of COVID-19 are improving.
- More information on isolation and quarantine while at overnight camp is in the [Additional Guidance for Overnight Camps](#) section.

Notify Health Officials and Close Contacts

- In accordance with state and local laws and regulations, camp administrators should notify [local health officials](#), staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#) [↗](#).
- Work closely with local health officials to conduct [contact tracing](#) to identify people who might have been exposed to COVID-19.
- Advise those who have had [close contact](#) with a person diagnosed with COVID-19 to [quarantine, self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop. [Fully vaccinated people](#) who are asymptomatic can refrain from quarantine and testing following a known exposure.

Support Coping and Resilience

- Communicate openly about program and policy changes. Ask staff for input in decisions about new processes and procedures to increase staff's sense of control and to reduce their anxiety.
- Train all staff on recognizing signs of emotional distress and trauma and [coping with stress](#).
- Encourage employees and campers to take breaks from watching, reading, or listening to news stories about COVID-19, including social media, if they are feeling overwhelmed or distressed.
- Encourage employees and campers to eat healthfully, exercise, get adequate sleep, and find time to unwind.
- Discuss and share stress reduction strategies such as mindfulness practices, social support, deep breathing, and spending time in nature or outside.
- Encourage employees and campers to talk with people they trust about their concerns and how they are feeling.
- Consider posting signs for the national distress hotline: call or text 1-800-985-5990, or text TalkWithUs to 66746.
- Encourage staff to call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#) [🔗](#) if they are [feeling overwhelmed with emotions](#), such as sadness, depression, anxiety; or call 911 if they feel like they want to harm themselves or others.

Additional Guidance for Overnight Camps

In addition to the actions listed above, overnight camps should also implement the following:

Before camp

- If eligible, staff, volunteers, campers, and family members **should get fully vaccinated for COVID-19**. Ideally, wait 2 weeks after completing vaccination for COVID-19 before traveling to camp.
- Request that campers, their families, and camp staff follow [guidance for travelers](#) in the 14 days before camp arrival to reduce exposure to COVID-19. Ask unvaccinated campers and staff members to engage in a 2-week prearrival quarantine that includes physical distancing, mask-wearing when not at home, avoiding unnecessary travel, and refraining from indoor social gatherings with people outside of their households.
- Ask campers and staff who are not fully vaccinated 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.
 - CDC does not recommend getting tested again in the three months after a

positive viral test if the person does not have symptoms of COVID-19. Campers and staff who have had a positive viral test in the 3 months prior to starting camp and have met the criteria to end isolation should have a letter from their healthcare provider documenting the positive test date and stating the individual is cleared to end isolation.

- Refer camp staff, campers, and their families to [CDC's Travel During COVID-19](#) page for more details about preparing to travel, including recommendations about staying safe during travel such as wearing a mask in public settings.

During camp

- Campers and staff should be screened for COVID-19 symptoms, as well as a known recent close contact with a confirmed COVID case, when entering the camp (or before boarding camp transportation).
- Upon arrival at camp, campers should be assigned to cohorts that will remain together for the entire camp session without mixing with other campers and staff in close contact circumstances.
- Consider campers and staff who are staying together in a cabin, bunkhouse, or similar defined space a "household cohort." Household cohort members do not need to wear masks or physically distance when they are together without non-household cohort members nearby. Campers and staff should always wear masks when together unless staff are part of the household cohort and sleep in the same space as campers. When different household cohorts are using shared indoor or outdoor spaces together during the day or night, continue to monitor and enforce [mask use](#), [physical distancing](#), and [healthy hygiene](#) behaviors for everyone.
- [Screening testing](#) can help to identify cases of COVID-19, prevent secondary transmission, and help with contact tracing. Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission. Screening testing may allow camps to move between different [testing strategies](#) as community prevalence (and therefore risk assessment) changes.
- For camp sessions that last at least one week, screening testing should be done 3–5 days after arrival at camp in accordance with [CDC travel guidance](#). [Fully vaccinated](#) asymptomatic people without an exposure can refrain from routine screening testing.
- Conduct daily [symptom checking](#) to monitor the health and well-being of camp staff and campers during the camp session.
- Staff should [clean and disinfect](#) bathrooms regularly (e.g., in the morning and evening, after times of heavy use) using [EPA-registered disinfectant](#) [↗](#).
- Increase [ventilation](#) in [buildings](#), such as cabins and dining halls to increase air exchange and air filtration. If possible, open windows (if safe to do so), use portable air cleaners, and improve building-wide filtration.
- Make sure that campers have more than one mask on hand so that they can easily replace a dirty mask with a clean one.
- 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 be provided and wear appropriate personal protective equipment, including N95 respirators, and 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](#).

- When camp staff are away from camp (for example, during days off), they should engage in [low-risk activities](#). Camps should consider having all staff do a screening test when returning after time spent away from camp. Camp staff who are [fully vaccinated](#) should follow CDC recommendations for guidance on activities when away from camp.
- Develop an Emergency Operations Plan, in collaboration with local health officials, in the event of an outbreak. This plan should be communicated with staff, families, and campers. Camps should provide spaces for symptomatic and infected campers and staff to quarantine on-site.

Case Identification and Contact Tracing

- Isolate staff or campers with symptoms immediately, and refer them for viral testing. They should remain isolated until the test result is returned. Medical care should be provided as needed.
 - If the test result is negative, the person should remain in isolation until his or her symptoms have improved according to existing camp policies (typically, 24 hours without fever and no use of fever-reducing medication).
 - If the test result is positive, the person should remain in isolation for at least 10 days after symptom onset, **and** 24 hours without fever without use of fever-reducing medication, **and** other symptoms have improved.
- Camps should provide spaces for symptomatic and infected campers and staff to isolate on-site. Camps should also have procedures in place to help sick campers return home safely.
- Camp operators should notify the health department immediately following a positive test result, and work with health officials to identify close contacts.
 - Close contacts include everyone in the infected person's household cohort and anyone else who was within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period. The definition of a close contact applies regardless of whether either person was wearing a mask.
 - If campers or staff receive a positive test result for COVID-19, all unvaccinated members of the household cohort (unit or cabin) should be quarantined as a cohort and referred for testing. [Fully vaccinated](#) asymptomatic people within the household cohort should still be referred for testing, but can refrain from quarantine per CDC's [guidance for fully vaccinated people in congregate settings](#). They should still monitor for [symptoms of COVID-19](#) for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others and be clinically evaluated for COVID-19, including testing, if indicated.

- All other close contacts outside of the household cohort should quarantine for 14 days. Based on local circumstances and resources, [options to shorten quarantine provide](#) acceptable alternatives of a 10-day quarantine or a 7-day quarantine combined with testing. [Fully vaccinated](#) asymptomatic people can refrain from quarantine, but should continue to monitor symptoms for 14 days following exposure.
- Camp operators should work with the health department to identify any other close contacts of either the camper who received a positive test result or any other camper in that household cohort.
- Monitor people in quarantine for symptoms. If symptoms develop, refer for testing and provide medical care as needed. If a positive test result is returned, the individual should be isolated and follow recommendations for discontinuing isolation (10 days since symptom onset, and 24 hours fever-free without medication, and all other symptoms resolved).
- People who are fully vaccinated with no symptoms for COVID-19 and are close contacts, or were previously diagnosed with COVID-19 within the last three months and have no new symptoms, do not need to quarantine.
- If a person becomes sick and needs to be transported, establish procedures for safely transporting them. If you are calling an ambulance or bringing someone to a healthcare facility, try to call first to alert them that the person may have COVID-19. Take steps to ensure any external community organizations that share the camp facilities follow these considerations.

After camp

- Camp staff and campers who are not fully vaccinated should get tested with a viral test 3–5 days after traveling home from camp **AND** stay home and self-quarantine for a full 7 days after travel. Refer to [CDC's Travel During COVID-19](#) website for more information about what to do after traveling home from camp. [Fully vaccinated people](#) should follow current guidance for domestic travel and may not need to be tested or self-quarantine after camp unless they are experiencing symptoms.

Communication Resources



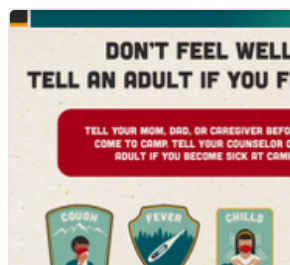
Did You Wash Your Hands? (Poster)

Help campers do their part and stop COVID-19 in its tracks. [Download](#) [PDF – 3 MB]



Camp Rules for COVID-19 (Poster)

Camper badges of honor for stopping the spread of COVID-19. [Download](#) [PDF – 3 MB]



Tell An Adult If You Feel Sick (Poster)

Encourage campers to tell an adult if they feel sick. [Download](#) [PDF – 3 MB]

Additional Resources

[COVID-19 Basics](#)

[COVID-19 Frequently Asked Questions](#)

[Latest COVID-19 Information](#)

[Managing Stress and Coping](#)

[People at Increased Risk](#)

[Children and COVID-19](#)

[Talking with children about Coronavirus Disease 2019](#)

[What to do if a Student Becomes Sick at School or Reports a New COVID-19 Diagnosis](#)

[Flowchart](#)

For Camp Administrators and Parents, Guardians, and Caregivers

[Guidance for Schools and Child Care Centers](#)

[Guidance for Direct Service Providers, Parents, Caregivers, and Guardians, and People with Developmental and Behavioral Disorders](#)

[Considerations for Outdoor Learning Gardens and Community Gardens](#)

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