



Reopening Guidance FAQs

School Aged Summertime Day Camps *(updated 5/22/2020)*

Student Experience

Q1: What is the tipping point for symptoms at intake that would discourage a child from participating? Is it one symptom? In a hierarchical order? A combination of less 'likely' but multiple symptoms verified at one time?

A1: Any child or staff member with **one** of the following symptoms should not participate in a camp: fever (greater than or equal to 100.4F), cough, shortness of breath, or difficulty breathing. In the absence of fever or respiratory symptoms, anyone with **two** of the following should be excluded: chills or shaking, muscle pain, headache, sore throat, or new loss of taste or smell. Lastly, following general recommendations for any camp or school setting, anyone (staff or child) with vomiting or diarrhea should not participate until at least 24 hours after symptoms stop.

Q2: Should parents be given a full-day option (7 a.m.- 6 p.m.) for summer care or should there only be half-day options (7a.m. -12 p.m., 1 p.m.-6 p.m.) available based on exposure data?

A2: [OHA's guidance](#) allows both full-day and half-day options. It is up to the parents' discretion which option they choose.

Timeline

Q1: Summer programming will be opened but Multnomah County did not apply yet for Phase One. How will this affect the SUN schools in the county?

A1: Summer camps and summer school, like SUN schools, received guidance for reopening statewide, beginning May 15, regardless of the phase of the local county.

Q2: Since Phase One is opening May 15, could we be in Phase Two by June 5? Would there be any difference in camp regulation?

A2: Counties in Phase One must wait at least 21 days and not see a spike in COVID-19 cases before being approved to move into Phase Two. At this time, there are no changes planned for camp regulation for Phase 2.

Q3: The final guidelines indicate that overnight camps are not permitted "at this time." Can you provide some clarity as to when or whether overnight camps might be permitted this summer, and what criteria might be required to get there? Should we anticipate not opening overnight this summer?

A3: The Governor's Office and Oregon Health Authority are working together to determine if overnight camps may be allowed in a later phase, but there is no clear date or additional criteria set at this time.

Q4: Do we anticipate any changes coming throughout the summer or updating this guidance as we enter new phases?

A4: At this time, no additional changes to daytime camps are anticipated as we enter new phases. This will continue to be reviewed by the Oregon Health Authority.

Q5: Will these guidelines affect programs running in the fall (after September 1)?

A5: Yes, currently these guidelines will affect programs running in the fall. That could change as we learn more about the virus or as we continue to evaluate how counties are doing through the phases across the state.

Q6: If I am reading guidance correctly, camps are approved to open even in counties that are not currently in phase One. However, if they are in Phase One, does the stable group limitations of 10 campers still applies to camps?

A6: Yes, the stable group of 10 children in summer camps applies regardless of the phase a county is in.

Overnight

Q1: Why were overnight camps excluded in the final draft? And without any input before a final decision?

A1: When it comes to reopening summer camps in Oregon, the safety of Oregon's children (as well as the staff watching over them) is our primary focus. With the reopening of summer camps in Oregon, for the safety of the children and staff involved, it was decided to allow only daytime operations as an initial step. We are having ongoing conversations about how nighttime operations can be started safely.

Q2: How will the decision to operate overnight camps be made? Are there specific requirements that must be met across the state?

A2: The Governor's Office (GO) and the Oregon Health Authority (OHA) will work together to decide if and when it is safe for children and staff to return to overnight camp settings. If new guidelines are developed, OHA and GO will ask those affected for input

Q3: What needs to happen or be in place to allow it? Overnight camping takes so much planning and coordination, we are wondering what the chances are for overnight camping this summer, and how much notice we'll have that it will be allowed.

A3: The Governor's Office and the Oregon Health Authority are having ongoing conversations about how overnight operations can be started safely. If the guidance during Phase One helps stop the spread of the virus, we will revisit whether to issue new guidance around the safe overnight operation of summer camps in the coming weeks.

Q4: Will there be financial support for camps who rely on summer overnight camp programs?

A4: At this time, there are not enough state funds to provide financial support specifically to summer camps. Owners can work with Oregon's [Small Business Navigator](#) to determine what existing supports are available for programs.

Q5: We can't help but wonder the rationale behind trying to maintain a "stable group" while allowing group members (campers and staff) to return home each afternoon/evening to their unstable homes.

A5: The rationale is that if a child is diagnosed with COVID-19, any staff or other camper exposed to that child in the two days before symptoms started will need to be quarantined for 14 days. So, everyone in the stable group plus the teacher will need quarantine, and parents of the exposed children will need to stay home from work to provide childcare for their exposed children in quarantine.

However, if the COVID-19 case participated in several different group activities in the two days before symptoms started, then far more children and staff will need to go into quarantine. By maintaining small stable groups, summer camps can avoid excluding large numbers of campers and staff for 14 days in the event of a case of COVID-19.

Q6: What guidance should church camps follow if they provide overnight camping and food services on site?

A6: No overnight camps are permitted at the current time.

Outdoor

Q1: Can we use community parks as outdoor recess area for campers?

A1: Yes, any local park that is open may be used for campers. A minimum of 75 square feet per camper must be available when using outdoor spaces. Following [OHA guidance for outdoor recreation](#), day-use areas that are prone to attracting crowds (including but not limited to playgrounds, picnic shelters/structures, water parks and pools, and sports courts for contact sports like basketball) will remain closed.

Q2: Will pools possibly be open later in summer? Like pools opening allowed during Phase Two or Three?

A2: There is no clear date or additional criteria for pools at this time.

Q3: Are there exemptions for pools that have constant chlorine sensing and adjustment capabilities?

A3: Currently, there are no exemptions for pools to open. Fitness-related organizations are required to keep saunas, steam rooms and whirlpool spas closed. Additionally, fitness-related organizations are required to keep pools closed to recreational swim activities, swimming lessons, and all other aquatic activities.

Q4: If a camp has its own private pool, can you use it? What is the difference between using your own private pool or a lake? If we can keep distance in the lake couldn't we also have one stable group in the pool at a time and still keep six (6) feet distance, plus there is chlorine which helps sanitize? Is there a way to get an exception on this?

A4: Currently, there are no exemptions for pools to open. Fitness-related organizations are required to keep saunas, steam rooms and whirlpool spas closed. Additionally, fitness-related organizations are required to keep pools closed to recreational swim activities, swimming lessons, and all other aquatic activities.

Q5: What about Boy Scout Troops Camping on their own?

A5: Following [OHA guidance](#), overnight camps are not permitted to open or operate at this time.

Q6: Is overnight wilderness/adventure camping allowed (if students are sleeping in individual tents)?

A6: Following [OHA guidance](#), overnight camps are not permitted to open or operate at this time.

Q7: If a traditional camp can pivot to a family-based, socially distanced campground without a program, is that allowable? Can a traditional resident camp pivot to a family-based, socially distanced day use area only, with low-to-no program?

A7: Camps may use their camp facilities for family-based, socially-distanced camping, without program offerings, including dining. These camps should refer to the [Outdoor Recreation Guidance](#). Overnight camping or lodging by members of different households, particularly without an adult from each household present, would qualify as an overnight camp. Following [OHA guidance](#), overnight camps are not permitted to open or operate at this time.

Staffing

Q1: I understand the guidance for floaters or staff working with multiple cohorts/groups, however I do think the requirement is not that feasible in some situations. If a mask is causing a barrier or a safety issue, having a negative impact on children, should it be worn or required?

A1: OHA recommends that masks or face coverings be worn whenever distancing is not possible unless an accommodation needs to be made because a person has a disability or a medical condition that prevents the use of a mask or face covering.

Q2: Can our teen volunteers (not paid and they are between the age of 11 and 15) count as staff? Could I have 1 teacher, 1 teen volunteer and 10 kids?

A2: Volunteers, regardless of age, do not count towards the stable group of 10 limit.

Q3: How many staff members can be included in one stable group?

A3: There is no ratio requirement for staffing stable groups as long as staff are able to stay with the same stable group of children to the extent possible.

Q4: Historically we have provided childcare from 5 a.m.-8 a.m. (before care) and then 2 p.m.-6 p.m. (after care). I see the guidance addresses students, but what is the guidance for staffing? Obviously, we cannot have the same staff from 5 a.m.-6 p.m.

A4: Stable groups should include the same campers during the before-care period, during the camp day, and during the after-care period. Campers should always be in stable groups, even if there is only one of them in before- or after-care. The same staff should stay with campers to the extent possible. In the case of an extended schedule allowing different staff to support before-and after-care would be a reasonable. Floater staff protocols should be used in these situations.

Q5: Is there additional funding available to offset the increased costs of staffing, the extra cleaning required, and additional costs for transportation to ensure social distancing?

A5: At this time, there is no funding to offset the possible increased costs for summer camps.

Cleaning & Sanitization

Q1: Where do we submit our communicable disease management plans? To our local health authority or someone at OHA?

A1: Summer camps are required to create a communicable disease management plan, but they do not need to submit them to the local health public health authority, OHA, or another entity.

Q2: Is there an emergency plan template? Or Checklist?

A2: The Association of Camp Nursing has multiple resources, including [communicable disease management plan guidance](#).

Q3: Is there someone we can run our alternate day camp plans by to make certain we are complying with guidance to keep kids and leaders safe?

A3: Unfortunately, there is no agency that has capacity to review plans at this time. You can continue to send questions about reopening to covid19.reopening@dhsoha.state.or.us to be included in future FAQs.

Q4: Guidance says individuals who may have been exposed to COVID-19 are to be excluded, but it does not address other communicable diseases. What is the guidance for those? Are we also expected to test for those?

A4: This guidance is specific to operation through the COVID-19 pandemic. Summer camps should continue to follow their existing communicable disease management plans and protocols.

Q5: What should be reported to the Local Public Health Administrator (LPHA)? When should it be reported to the LPHA? Example: A youth becomes sick during programming, and not all symptoms are in line with COVID-19 symptoms. Should this be reported LPHA? When should it be reported to LPHA?

A5: If anyone who has entered the educational setting is diagnosed with COVID-19, report the case to the LPHA within 24 hours and obtain advice regarding cleaning and possible classroom or school closure. Report to the local public health authority any cluster of illness (such as symptoms of cough, fever, vomiting or diarrhea, or rash illness) among the educational setting staff or students.

Q6: A youth that becomes ill during programming should be isolated until they are picked-up by a caretaker. Should youth be kept in original programming space or be moved to a different location?

A6: It is very important to separate the youth with symptoms from the rest of the group, ideally in a separate room such as an office or other room not currently in use by other campers. Another option, if the child is feeling well enough, is to have a staff member wait with the child outdoors away from other campers until the child's ride arrives.

Q7: Should stable grouping be done by age cohorts? Should siblings/households be kept together? Do school-aged children from the same family have to be in the same stable group or can they be divided into age appropriate groups?

A7: You can decide and have your own policies about how you structure the stable groups.

Q8: Will multiple stable groups be able to use the same restroom? Can it be shared with the public?

A8: Yes, multiple groups or the public may use the restroom but only one group at a time may use the restroom. Staff need to make sure that the number of children entering and using the restroom is limited to allow them to maintain adequate physical distance while washing hands.

Q9: Can two stable groups share one bathroom? If so, how often do the bathrooms need to be cleaned?

A9: Yes, but only one stable group of children should utilize bathrooms at one time. Sanitization practices should be observed in between uses for different cohorts of children.

Q10: What is recommended for cleaning floors? Clean and disinfect daily? Should kids take off outside shoes and put on indoor shoes at camp?

A10: Floors should be cleaned as usual for proper hygiene. Taking shoes off before going indoors is a good practice that cuts down on bringing in dust and other agents such as pollen and lead. However, shoes are not a known way that COVID-19 is spread. The camp managers do not have to take any special precautions for this.

Floors can be cleaned at the regular pre-COVID-19 schedule. However, we recommend frequent cleaning of high-touch surfaces based on frequent use. These include desks, tables, chairs, toys, shared equipment, door handles/knobs, kitchen and bathroom faucet handles, etc. Camp managers may choose to clean more than once daily based on need.

A disinfectant from the [list approved by the US Environmental Protection Agency \(EPA\)](#) should be used for cleaning floors and surfaces.

Q11: If we can't find hand sanitizer, it will be difficult to open if we can't provide this to our campers and staff. What are the suggestions for sourcing hand sanitizer?

A11: At this time, there are no procurement sources for hand sanitizer specific to summer camps that the state is aware of. You can review the [Oregon Supply Connector site](#) for additional information.

Q12: What are the specific regulations for 15-passenger vans? Can a "stable group of 10" be a different group of 10 every day of the week (keeping the 3-foot spacing in the vans)?

A12: Neither campers nor staff should travel with others outside their stable group. Stable groups require that the same children remain together each day. If a cohort of 10 children travel together on Monday, they should only travel with each other throughout the remainder of that program week. Camp staff should document

name of stable cohort(s) and staff including the driver, along with the date and time of the trip and the vehicle number/license.

Drivers can transport multiple stable groups if wearing a mask and sanitizing hands before and after each driving each stable group. Vehicles should be cleaned between each group of students and staff following [transportation guidelines](#).

Types of Programs

Q1: How does this relate to Church's Vacation Bible School (VBS), youth group nights/events and mission trips?

A1: Church VBS' should follow the [OHA guidance for School Aged Summertime Day Camps](#). No overnight camps are permitted at the current time.

Q2: It still sounds to be the case that Recorded School Age Programs have to apply as Emergency Childcare and comply with the childcare guidance, but what flexibility do we have to follow the summer camp guidance, given that the summer camp guidance seems clearer and stronger?

A2: Recorded Programs were allowed to apply and be approved to operate Emergency Child Care programs. The summer camp and child care guidelines (and supplemental guidance documents for Emergency Child Care) are aligned and do not represent contradictory standards for school-age care. Programs required to register as an Emergency Child Care provider should be familiar with the guidance provided by Early Learning Division to support program operation.

Day camps are distinct from child care; however, if a group is operating as an Emergency Child Care Facility, they must follow the [child care guidance and requirements](#).

Q3: If we are recorded with the state as an After-school program, must we apply to become Emergency Child Care (ECC) in order to run a summer camp?

A3: If you normally operate as a recorded program then you are required to register as an ECC, per the Temporary Changes to Child Care Rules memo issued April 24, 2020 [linked here](#)

Q5: Our Day Camp is held on a large campus and offers camp for campers ages 3rd to 9th grade. Is there anything that we would do differently since not all campers are going into kindergarten, or do we just proceed with these state guidelines?

A5: Summer camps may only serve school-age children at this time and children under the age of 5 should remain in traditional child-care settings.

Q6. What is a Recorded Program?

A6: There are two types of recorded programs. Preschool Recorded Programs, which serve children 36 months to 5 years of age, are primarily educational and no child is in the facility more than four (4) hours per day. School-age Recorded Programs serve children from 1st grade to 13 years of age, provide youth development activities that are extracurricular in nature and do not take the place of parental care. For more information or to determine whether your program should be Recorded, contact the Office of Child Care at 1-800-556-6616 or email childcare.emp@state.or.us

Sports & Classes

Q1: How can sports teams use “shared” equipment?

A1: A stable group of children (one cohort) can share equipment among that stable group (i.e. 5-on-5 basketball). They cannot share equipment with another stable group of children and equipment must be cleaned daily after use.

Q2: Will youth sports camps, youth programs, swim lessons and gymnastics classes, have the same guidelines as school-aged summertime day camps?

A2: Youth sport camps, youth programs, swim lessons and gymnastics classes should follow the [Guidance for School Aged Summertime Day Camps](#), regardless of camp setting.

Q3: Do outdoor cohorts have to have access to their own bathrooms for the week, i.e. renting portable toilets?

A3: Multiple cohorts can use a shared bathroom, but only one stable group of children should utilize bathrooms at one time. Sanitization practices should be observed in between uses for different cohorts of children.

Q4: At a Portland Parks and Recreation park where handwashing is limited, do campers still need to wash hands over hand sanitizing?

A4: Following [OHA guidance](#), camps must provide handwashing and facilities, tissues, and garbage receptacles that are easily accessible to both children and staff.

Q5: Can play equipment like balls, rackets, ropes, etc. be shared within a stable cohort without being sanitized in between uses? What can we use as a child-safe sanitizing solution for equipment that is shared between cohorts (or between students in the same cohort)?

A5: Following [OHA guidance](#), if at all possible, designate equipment (e.g., art supplies, musical instruments balls, mitts, etc.) solely for the use by a single cohort and sanitize between practices or uses. If equipment must be shared between cohorts, it must be sanitized before and after each use by a stable cohort. A disinfectant from the [list approved by the US Environmental Protection Agency \(EPA\)](#) should be used for cleaning equipment that is shared between cohorts/students.

Defining Terms

Q1: Can you explain the difference between cohorts and stable groups? Are these referring to the same thing?

A1: Yes, a stable group of 10 children is also considered a cohort of 10 children.

Q2: Does the stable group of 10 supersede the cap of 25? In other words, would it ever be okay for a camp to have 26 people doing the same activity in the same space assuming there is sufficient square footage?

A2: Yes. As long as there is sufficient space meeting the square footage minimums and stable groups are not eating, using restrooms, or involved in other activities at the same time as other stable groups, a camp could have multiple stable groups adding up to 26 people or more. However, activities must happen within stable groups and stable groups may not mix with each other. Thus, the distance between groups must be sufficient to prevent mixing.

Q3: How do we group/address the children of essential care providers?

A3: There is no requirement that summer camps prioritize the children of essential workers. These children should not be treated or cohorted differently than any other children in the camp.

Q4: Please explain in detail the "stable groups of 10" and if the group can add a child if the group drops below 10. If so, when and how often. If weekly, what is the definition of a week, start and end and how many days.

A4: A stable group of 10 children means the same 10 children must remain in a group every day of the camp. The same staff should remain with the same group of 10 children to the extent possible. The stable group may change at the start of each new program week (Monday, if assuming a Monday-Friday operation). Children may not be added to a group if a child is out sick or misses camp for a few days.

Q5: If a student misses a day of camp due to non-illness and returns the following day, are they still considered a part of the stable group?

A5: Yes, but that child must return to the stable group he or she was were originally part of. No child should replace that missing child once they are gone (i.e. the stable group may only have nine (9) children one day).

Q6: To clarify, does "a space may hold a maximum of two (2) cohorts per day" (see physical distancing section) apply to just half-day camps, or to all day camp programs?

A6: This provision is for half-day camps. Multiple groups may use shared spaces (i.e. restrooms) if they are cleaned between groups.

Q7: The word “should” is used here a lot. That is really grey. Does should mean “must” or “may” (i.e. “visitors should wear face coverings.”)

A7: Should means may – for things that are recommended, but not required. Must means it is a requirement that has to be followed. Camps are allowed to institute more restrictive policies than this guidance suggests.

Q8: Should youth dance classes follow school-aged summertime day camps?

A8: Yes. Youth dance classes and other youth fitness classes that take place in a fitness-related organization within an approved Phase One county should follow the [guidance for school aged summertime day camps](#).

Other

Q1: Clarifying answers for transportation. How will the 3-feet apart work on standard vehicles? If the driver is the teacher with the stable group, do they have to be six (6) feet away?

A1: No. Camper and staff spacing in vehicles must allow three (3) feet of physical distance between people.

Q2: Are there any restrictions for camps that are going virtual?

A2: Anyone participating in virtual camps must be able to keep six (6) feet of physical distance from others.

Q3: What legal responsibility does the organization (school program being non-profit, for-profit, state) have if my child gets infected from the school? How transparent will that information be accessible since we are talking about children’s personal health record?

A3: This is not a question the state can answer. You should work with your organization to understand their policies regarding information sharing.

Q4: Where can we contribute questions at a later date?

A4: All questions about the reopening can be sent to covid19.reopening@state.or.us. Those questions will be reviewed and considered when developing and updating reopening guidance FAQs.

Q5: Please clarify guidelines/rules to transport youth.

A5: Neither campers nor staff should travel with others outside their stable group. Camp staff should document name of stable group(s) and staff including the driver, along with the date and time of the trip and the vehicle number/license. Drivers can transport multiple stable groups if wearing a mask and sanitizing hands before and after driving each stable group. Vehicles should be cleaned between each group of students and staff following [transportation guidelines](#). Camper and staff spacing in vehicles must allow three (3) feet of physical distance between people.

Q6: What kind of face coverings should be utilized by students and staff for day Camps? Should we have face shields for instructors?

A6: Information on mask and face coverings for students and staff can be found in the [Mask and Face Covering Guidance for Business, Transit, and the Public](#). Per OHA guidance, children over the age of 2 years may wear face masks if under close adult supervision. Children of any age should not wear a face covering:

- If they have a medical condition that makes it difficult for them to breathe with a face covering;
- If they have a disability that prevents them from wearing a face covering;
- If they are unable to remove the face covering independently; or
- While sleeping.

Face coverings cannot be required for use by children and should never prohibit or prevent access to instruction or activities.

For individuals with disabilities or individuals who speak a language other than English, OHA can provide documents in alternate formats such as other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsoha.state.or.us.