



## Quick Brief:

# Tools to Help Plan for Summer Programs

As the days grow longer and the weather warms, we naturally turn our attention to summer and how young people will spend their time. Of course, summer during COVID will not look like the summers of the past, but parents will still need safe, supervised places for their kids to go as they return to work and children will still need enrichment, recreation, and time outdoors. Fortunately, national organizations and states have been thinking about how to operate summer camps safely during the pandemic.

### National Guidance on Summer

As states consider their own policies, two pieces of national guidance were released to help support the planning of safe summer operations. On May 18th, the [American Camp Association \(ACA\) in partnership with the YMCA of the USA](#) and Environmental Health and Engineering Inc, published a field guide for camps. And shortly thereafter, the [Centers for Disease Control \(CDC\) officially released guidance for youth and summer camps](#) as part of a larger document on Camps, Schools and Child Care Centers.

**The CDC guidance** recommends some basic procedures for all camps. Procedures begin with communicating with state and local health officials to establish the risk mitigation level of your specific community. The CDC also [offers a camp decision tool for programs considering opening](#). Other major considerations include:

- Appropriate staff training (on-site or virtual when possible)
- Opening up physical space procedures such as flushing pipes to ensure water is healthy
- Cleaning and disinfectant measures; and ensuring adequate supplies; with a note to keep and apply cleaning products away from children
- Monitoring and preparing procedures such as daily health screenings and identifying those who may be sick while maintaining confidentiality of the individual and communication with local health officials
- Daily operational measures such as keeping youth in small groups with no mixing, staggering parent drop-off; closing or carefully disinfecting any communally used spaces between groups of students; limiting the sharing of items and if not possible, cleaning frequently; having individual cubbies for youth belongings; and using tape and other markings to show 6ft of distancing
- Instructing on proper hygiene measures such as social distancing, how to cough or sneeze, how to use, remove, and clean face masks; and clear signage on how to comply with all the policies and procedures
- Food procedures including campers bringing their own meals, or if provided, meals in pre-packaged boxes and eaten in non-communal areas
- Policies for identifying and responding to staff and youth who may be sick, including flexible leave policies for staff, and return to camp procedures after isolation and quarantine
- Protecting high risk staff and campers

- The importance of a designated staff to coordinate COVID and health related activities and ensure clear communication with stakeholders
- Ways to support coping and resilience among employees and children

**The American Camp Association's Guidance** appears even more thorough at 82 pages of guidance in very specific areas, including a focus on the camp's heating, ventilation, air conditioning, and plumbing systems, as well as aquatic centers and sleeping bunks. Overall, the guidance includes many similar themes and incorporates CDC information. A few areas that stand out are:

- Focus on the emotional state of campers, including helping counselors allow campers to talk about fear, receive accurate information, reduce stigmas and misperceptions, and understand the importance of precautionary measures in an age appropriate way. The document links to [CDC Frequently Asked Questions on COVID](#) as a support.
- Procedures for contact tracing and providing clear information to parents, staff, and local health officials about camp operations, as well as prevention strategies and any suspected or confirmed cases, including providing overall camper absenteeism data to the local health departments
- Medical pre-screenings for campers and staff by primary care providers before attending
- A preference for the outdoors and open air wherever possible
- For programs providing transportation using buses or vans, a recommended best practice suggested screening all drivers at the beginning of their shifts, providing them with the medical clearance and training to wear an N95 mask, having a Plexiglas barrier between the driver and cabin, separating seating between children, having children wear facemasks, and having them sanitize their hands before entry
- Reference to the [CDC "Burn Calculator"](#) for how to think about the purchasing needs of Personal Protective Equipment (PPE) and a list of suggested camp supplies which includes suggestions like purchasing 50% more than the usual hand soap and paper towels, 100% more disinfectants and surface wipes; about 0.5 fl oz of hand sanitizer for each camper, and supplies for the medical staff for the summer such as 50 surgical masks and gowns, 200 disposable gloves and N95 respirators as well as thermometers for each

## State Planning

While many states had begun their planning for summer guidance before these official documents were released, the basic frameworks of many state plans, some complete and some still in draft, often align closely with the recommendations of the national level guidance.

As of May 2020, guidance, in either draft or final form, from about 10 states was reviewed for this brief. In some states this guidance is specific to summer and camp, in others it includes additional youth spaces, such as child care and afterschool programs as well. While much state guidance aligns with the national recommendations above, below you will find some notable differences among states as well as some interesting or unique language within plans.

**What's common among state summer and/or child care plans:** Most states have similar policies for procedures such as parent drop off and student check-in, reducing or eliminating visitors, having campers remain in pod/cohort like groups with little mixing, reducing the amount of shared space and equipment, regular disinfecting and cleaning, utilizing outside space as often as possible, eliminating field trips, ensuring a 72 hour wait period after any symptoms of any illness have disappeared, and maintaining social distancing.

**Where state policies diverge:** While the majority of policies and procedures are shared, there is variability across state policies on topics such as:

- **Mask use:** Some states recommended masks for anyone in the camp over the age of 2 (for those without any conditions that would make mask wearing dangerous). Some states recommended masks at all times for staff only. Others recommended masks when not outside or when physical distancing was expected to be less than 6 feet. Others recommended N95 masks for certain staff and cloth for others, one recommended masks only for individuals who were sick or expected to have COVID 19, and another recommended masks at all times except when engaged in physical activity. Some states got very specific about only introducing masks after campers and staff were trained in the practices of how to use them and care for them safely and effectively.
- **Population geography to serve:** Some states recommended initially only serving families and children from the local areas. Others had policies for a 14-day quarantine for children coming from out of state.
- **Meals:** A surprisingly large divergence was evident in meal policy. Some states explicitly encouraged all meals to be prepared on site as a way to provide the most control and discouraged bringing food from home, while a few others took the opposite approach recommending where possible that all meals come in from home with the camper.
- **Staff ratios and group sizes:** At least one state mentioned the specific CDC ratio of one adult to every 5 students. Another mentioned organizing campers in cohorts of the same 10 campers with 2 adults, ensuring that the adults could take breaks or step away when necessary, and a third focused again on the number 10 but this time recommending 10 people total per group with 8 children and 2 adults. One state set a maximum of 20 people including adults and children; another allowed groups with a ratio of 50 children to 10 staff and would allow a camp to have multiple groups of 50 children as long as groups did not interact with one another. As one state noted, "There is insufficient evidence to suggest a maximum group size that best balances the need to minimize risk of disease transmission with camp operational capacity."
- **Space:** Two states laid out how to think about the number of campers by the amount of available space, with one state suggesting 35 sq ft per camper inside and 75 sq ft per camper outside. Another state with a more general childcare focus suggests considering additional spaces such as schools, churches, universities, convention centers and sporting stadiums to have larger footprints; and some states have checklists, which begin asking about space with an idea of how much control they will have over cleaning and other procedures in these spaces.
- **Testing:** One state suggested testing all staff prior to the start of the program. Another state recommended testing, but makes clear that this cannot be a necessary condition of employment.

- **Health:** One state required all staff have active health insurance before being able to work; another asked that all staff in high-risk groups vulnerable to COVID be consulted to see if they still wanted to provide on-site care and if so to talk with a health care provider first; and a third said employees with risk factors should not work. Some states have made public health nurses available to answer childcare/camp/afterschool related questions weekly from 8 AM-3PM.
- **Mitigation plans:** Some states ensured that mitigation plans are part of a camp's written operating procedures.
- **Transportation:** Some plans discuss designating one non-high risk person for a youth's drop off and pick up each day, while others require every family has at least two additional emergency contacts in case the designated person becomes exposed themselves.
- **Family communication:** At least one state put special emphasis on, "Checking in with families regarding food securities, financial stability, housing, etc and providing resources for assistance where possible". Another state reminds programs to have a communications plan for all audiences that is accessible and linguistically and culturally appropriate.
- **Emotional support:** Some states spoke specifically about resources for how to talk with children about COVID and how to combat stigma. Another state is training staff to recognize and report signs of child abuse, which has been assumed to have been underreported when children and youth were not engaging in public spaces and schools.
- **Days of camp:** Some states prefer youth to attend at least a week with thorough camp cleanings weekly, others envision the possibility of half-day camps with cleanings mid-day, and others suggest that camps can be organized with selective days of the week with separate cohorts attending on alternating days.

In addition to summer programming, the upcoming 2020-2021 school year is also at the top of mind for families, educators, and programs. From what we have reviewed so far, states and national organizations are recognizing that meeting the full suite of needs to educate and support students will take a broad and inclusive range of partners and policies. The American Institutes for Research has begun to [summarize](#) some of the reopening frameworks being set out by national groups and found that each one recognized the importance of whole child support.

State re-opening task forces are inviting Statewide Afterschool Networks to the table as they plan for recovery. These taskforces recognize that helping parents get back to work and students re-engage and re-connect is essential to recovery and [afterschool programs are key in those efforts](#). Keep an eye out for a future brief on state approaches to re-opening and re-thinking schools as the recovery and response process continues.

For more information and resources visit <http://www.afterschoolalliance.org/covid>



The Afterschool Alliance is working to ensure that all children have access to affordable, quality afterschool programs.