Effective Date: April 23, 2021

Statewide Reopening Guidance — Youth Programs

Authority: Executive Order No. 20-66, ORS 433.441, ORS 433.443, ORS 431A.010

Applicability: This guidance applies to youth programs.

This guidance does not apply to:

- School-based programs for school-age children that are not required to be licensed by the Office of Child Care. These programs must follow the Ready Schools, Safe Learners guidance.
- Programs required to follow the Health and Safety Guidelines for Child Care and Early Education Operating During COVID-19 issued by the Office of Child Care and OHA.
- License-exempt child care for children through 12 years of age when parents are onsite. These programs should refer to the Health and Safety Guidance for Family, Friend, and Neighbor license exempt approved ODHS child care providers providing child care during COVID-19.
- Overnight camps programs that serve adults and families. Those programs must follow the Outdoor Recreation and Fitness Establishments Guidance.

Enforcement: To the extent this guidance requires compliance with certain provisions, it is enforceable as specified in Executive Order No. 20-66, paragraph 10.

Definitions: For purposes of this guidance, the following definitions apply:

- “Clean” or “Cleaning” means the use of soap or detergents and water on surfaces to reduce or remove germs from surfaces.
- “Child care” means a licensed or Emergency Child Care program caring for children 6 weeks of age or older but under 13 years of age, including those operated by political subdivisions or governmental agencies.
- “Close contact” means those persons with exposure within 6 feet or less of a confirmed case of COVID-19 for a cumulative 15 minutes over the course of a 24-hour period.
- “Cohort” means a stable group of students that stays together consistently, with minimal interaction with other groups.
- “COVID-19 symptoms” means any or all of the following:
- Primary symptoms: cough, fever (temperature of 100.4°F or higher) or chills, shortness of breath, difficulty breathing and new loss of taste or smell
- Other common symptoms: muscle pain, headache, sore throat, diarrhea, nausea, vomiting, new nasal congestion, and runny nose.

- “Day camp” means a defined setting or facility that youths (K-12) attend for an established period of time, leaving at the end of the program day, which may or may not be licensed under ORS Chapter 446.
- “Disinfect” or “Disinfecting” means the use of disinfectants following cleaning, to kill germs that may remain on surfaces after cleaning.
- “Enrichment programs” mean programs that provide care for school-age children (K-12), primarily for a single enrichment activity for eight hours or less a week.
- “Net Area” means the actual occupied area of the room used for a specific purpose. Net area does not include unoccupied accessory areas such as corridors, stairways, ramps, toilet rooms, mechanical rooms and closets.
- Outside learning space means an open-air space or a structure with at least 75% of the area of its sides open for airflow, with sufficient space to maintain required distance between all children and staff; multiple outdoor learning spaces require natural or artificial barrier(s) separating the spaces, separate drop-off and exit sites, separate bathroom and handwashing facilities, and separate food distribution centers.
- “Overnight camp” means a youth program with youths staying overnight at accommodations on site, which may or may not be licensed under ORS Chapter 446.
- “Sanitize” or “Sanitizing” means the cleaning required by applicable local and state food sanitation requirements.
- “Youth programs” means:
  - Day camps;
  - Overnight camps;
  - Enrichment programs serving children birth to 18 years old.
  - Programs operated by political subdivisions or governmental entities that offer programming only for middle school-age children ages 11 and older;
  - Any enrolled gathering of children from primarily ages 13 to 18 for a defined period of daytime hours with teen or adult supervision. These gatherings can include children as young as age 11, provided they are part of a mixed-age cohort.

**Operational guidance**

**All youth programs are required to:**
- Have a written communicable disease management plan. This plan must include:
  - Protocols to notify the Local Public Health Authority (LPHA) of any confirmed COVID-19 cases among youth or staff;
• A process for keeping daily logs and record-keeping to assist an LPHA, as needed, with contact tracing;
• A protocol for screening youth and staff for symptoms (See Ready Schools, Safe Learners Guidance, Section 1f);
• A protocol that requires any ill or exposed person to be excluded from the program for a defined period; and possible cessation of program activities if cases or risk levels warrant or the LPHA recommends it.

- Keep accurate daily logs for each cohort. These logs must be maintained for a minimum of four weeks after the end of the program and must include the following information to support contact tracing, if necessary:
  - Youth name
  - Drop-off and pickup time for each youth
  - Name of adult completing both drop off and pick up (adult signature not required)
  - Adult emergency contact information for each youth
  - Names of all staff that interact with a cohort of children (including floater staff) during the day
  - Daily health checks of each child, noting if check was a pass or fail (do not note specific information)
  - If transportation is provided by the program, document names of all other riders and their contact information (if not recorded elsewhere).

• Comply with the Ready Schools, Safe Learners Guidance, Section 2i, Transportation if providing transportation services.

• Restrict from the program any youth or staff known to be a confirmed close contact of an individual with COVID-19 or who has been exposed (e.g., by a household member, friend or relative) to COVID-19 within the preceding 14 days.

  - Any youth or staff with a confirmed COVID-19 exposure within this timeframe should be quarantined and restricted from participation for up to 14 days from their last exposure. Although a 14-day quarantine is the safest option to prevent the spread of COVID-19 to others, the local public health authority (LPHA) may allow close contacts who have not developed any symptoms to end quarantine after 10 days without any testing, or after 7 days with a negative result on a COVID-19 viral test collected within 48 hours before ending quarantine, with the following exceptions:
    - Fully vaccinated people who had an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet the following criteria:
      - They have received both doses of a two-dose COVID-19 vaccine (or one dose of a single-dose vaccine), AND
- It has been at least 14 days since their final dose of COVID-19 vaccine
  
  **AND**
  
- They have no COVID-19 symptoms
  
  - Fully vaccinated people who do not quarantine should still watch for symptoms of COVID-19 for 14 days following an exposure. If they experience COVID-19 symptoms, they should follow the guidance for people with symptoms (see immediately below).
  
  - Close contacts who themselves had a previous confirmed or presumptive COVID-19 case (verified by a positive viral COVID-19 test and/or LPHA) and have completed their isolation are not required to quarantine if the new exposure happened within 90 days of symptom onset or first positive test, whichever is earlier, for their original case

- Communicate to staff not to report to work in person and communicate to parents not to bring their child to the program if they currently have or recently had an illness with COVID-19 symptoms.

  - A staff person or child with COVID-19 symptoms should stay home for at least 10 days after illness starts and until 24 hours after fever is gone, without use of fever-reducing medicine, and COVID-19 symptoms have resolved.
  
  - Staff or youth who have a cough that is not a new-onset cough (e.g. asthma, allergies, etc.), do not need to be excluded from the program. Programs may choose to collect information about existing conditions that cause coughing and runny nose on intake forms.

- Report to and consult with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered the program is diagnosed with COVID-19.

- Report to LPHA any illness consistent with COVID-19 among youth program staff or students who attended youth programs within the previous 14 days.

- If licensed by OHA or the LPHA under ORS Chapter 446, comply with requirements for Organizational Camps in *Oregon Administrative Rules 333-030*.

**General**

**All programs are required to:**

- Review and implement General Guidance for Employers and Organizations.

- Comply with additional OHA sector guidance, as applicable. For example, if hosting an outdoor sports camp, programs are required to follow the Outdoor Recreation and Fitness Establishments Guidance.

- Prohibit engagement in activities that are not allowed to operate (e.g. indoor sports like youth basketball or youth karate classes) based on the designated level of risk for the specific county the program is in.

- Provide hand sanitizer, handwashing facilities, tissues and garbage receptacles that are easily accessible to both youth and staff.
• Require all persons in the program to frequently wash their hands with soap and water for at least 20 seconds (e.g., after using the restroom, before and after meals, after coming inside, after sneezing, blowing the nose or coughing).
  ▪ Alcohol-based hand-sanitizer (60 to 95%) may be used as an alternative to handwashing, except when eating, preparing or serving food and after using the restroom. If soap and water is not available (e.g. back country camp), alcohol-based hand sanitizer may be used; however, every effort should be made to facilitate soap and water handwashing.

• Remind staff and youth often to do the following:
  ▪ Cover coughs and sneezes, even when wearing a mask, with a tissue or elbow;
  ▪ Throw any used tissue away immediately into a garbage receptacle; and
  ▪ Clean hands after covering coughs and sneezes, and after throwing away used tissues.

• Minimize contact during drop-off and pick-up by:
  ▪ Requiring parents to remain outside of the building for sign-in and sign-out of their children.
  ▪ Requiring parents or caregivers to maintain physical distancing.
  ▪ Staggering drop-off and pick-up times, if possible.
  ▪ Limiting use of commonly touched objects (writing implements, clipboards, etc.) and clean regularly.
  ▪ Providing hand hygiene stations at the entrance of the facility — outside or immediately inside — so that children and staff can clean their hands as they enter.

• Ensure that ventilation systems (e.g., HVAC) operate properly. Increase circulation of outdoor air as much as possible by opening windows and doors, using fans and employing other methods. See the [CDC page on ventilation recommendations](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html).
  ▪ Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollen in or exacerbating asthma symptoms) to campers using the facility.

• In the event that there is a single case or a cluster of cases of COVID-19 in a program, the program must partner with the LPHA, who will advise on any need for isolation or quarantine of person(s) or cohort(s) and provide support with ongoing COVID-19 mitigation efforts. In some situations, full program closure could be required; careful observance of all guidance is necessary to avoid this scenario.

**Face masks and face coverings:**

• Staff members/counselors must wear a mask, face covering or face shield in accordance with the [Statewide Mask, Face Covering, Face Shield Guidance](https://www.oregon.gov/oha/COVID/Pages/face-masks-coverings-face-shields.aspx).
• All program youth are required to wear a mask, face covering or face shield when participating in activities indoors. Program youth are required to wear a mask, face covering or face shield when outdoors and may come within six (6) feet of distance with someone from outside their household.
  ▪ Youth are not required to wear a mask, face covering or face shield when participating in an activity that makes wearing a mask, face covering or face shield not feasible, such as when swimming or playing a brass or woodwind instrument. However, additional steps should be taken, like increasing physical distancing (to greater than six (6) feet), more frequent cleaning, reducing the size of the cohort, or doing the activity outdoors, per the Ready Schools, Safe Learners Guidance, Section 5f.
  ▪ Programs should make an effort to provide a face covering to youth who do not have access to a face covering or forget to bring one.
  ▪ Face coverings are preferred over face shields because they provide better containment of small droplets and aerosols that can be produced while talking.
    ▪ Face shields without any other face covering are an acceptable alternative only when a person has a medical condition that prevents them from wearing a mask or face covering, when people need to see mouth and tongue motions in order to communicate, or when an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible.
• Youths of any age should not wear a mask, face covering or face shield if:
  ▪ They have a medical condition that makes it hard for them to breathe;
  ▪ They have a disability that prevents them from wearing a mask, face covering or face shield;
  ▪ They are unable to remove the mask, face covering or face shield by themselves; or
  ▪ They are sleeping.
• Programs cannot restrict access to activities and instruction for children who cannot wear a mask, face covering or face shield. Staff and youth who have a medical condition that makes it hard to breathe or a disability that prevents the individual from wearing a mask, face covering or face shield can request an accommodation from the program to enable full and equal access to services, transportation and facilities open to the public. A reasonable modification does not include simply allowing a staff or youth access to activities or instruction without a mask, face covering or face shield.
• Outdoor face covering breaks
  ▪ Allow for individual “outdoor face covering breaks,” if needed, during the day, on a very limited basis. An individual “outdoor face covering break” is intended for any single youth for no more than five minutes to support youth learning or participation and is not formally tied to an accommodation. Any space created for a break must be outdoor and distanced at more than six
(6) feet away from others. Providing face covering breaks is not required but is available at the discretion of the program’s judgment and implementation.

**Screening for symptoms. What if someone is sick?**

**All programs are required to:**

- Ensure all youth and staff verify that they are symptom free and have not had any known exposure to individuals diagnosed with COVID-19 during the 14-day period prior to arrival on camp.

- Check for new COVID-19 symptoms for anyone entering the program facility/area or working with youth and staff. This can be done visually as well as by asking children and staff about any new symptoms or close contact with someone with COVID-19. For children, confirmation from a parent/caregiver or guardian can also be appropriate. Staff members can self-screen and attest to their own health, but regular reminders of the importance of daily screening must be provided to staff.

- Direct children and staff to stay home if they have COVID-19 symptoms. COVID-19 symptoms are as follows:
  - Primary symptoms of concern: cough, fever (temperature of 100.4°F or higher) or chills, shortness of breath, difficulty breathing, or new loss of taste or smell.
  - Note that muscle pain, headache, sore throat, diarrhea, nausea, vomiting, new nasal congestion, and runny nose are also symptoms often associated with COVID-19. [More information about COVID-19 symptoms is available from the CDC.](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

- If a youth or staff member exhibits or develops a new cough (e.g., unrelated to pre-existing condition such as asthma), fever, shortness of breath or other primary symptoms of COVID-19 during the day/class session, separate from others and send them home as soon as possible.
  - While waiting for a sick child to be picked up, a staff member must stay with the youth in an area away from others. The caregiver must wear a face covering and should remain as far away as safely possible from the youth (preferably at least six (6) feet), while remaining in the same room or outdoor area.
  - The sick youth or staff are strongly encouraged to get tested. If they test positive, or do not have testing performed, they must stay home for at least 10 days after illness started and until 24 hours after fever and COVID-19 symptoms (fever, cough, shortness of breath, and diarrhea) have resolved without the use of medication.

- Ensure that the program has flexible sick-leave and absentee policies that allow staff to stay home while sick or required to quarantine.

- Report to and work with the LPHA about cleaning and possible need for closure if anyone who has entered the program facility is diagnosed with COVID-19.

- Report to the LPHA any cluster of illness among the program staff or youth.
Physical distancing and cohorting

All programs are required to:

- Limit stable groups (cohorts) to 30 or fewer youth (“stable” means the same 30 or fewer youth in the group each day). Although 30 is the limit, programs should use the smallest cohort size(s) feasible for several reasons: (1) risk of exposure to someone with COVID-19 increases significantly with increasing group size; (2) smaller groups are generally easier to supervise and ensure that public health requirements are being followed consistently; and (3) smaller groups reduce the number of people who may be exposed and the number who would have to quarantine, reducing disruptions to the program as a whole.

  - The cohort may change no more frequently than once per week (e.g., for programs operating on a weekly schedule).
  - Programs hosting different morning and afternoon groups may be offered. Sanitation steps must be taken between these sessions.
  - Before and after care must be carefully managed to keep youth in the same cohort in which they will spend their day.
  - A program can have multiple cohorts if the facility or site can accommodate physical distancing for the number of youth hosted. Each cohort must have at least one staff member who is continuously supervising the group.
  - Youth meals and activities occur within the same cohort.
  - Program operators are not required to provide separate restrooms for each cohort. However, restroom use must be limited to one cohort at a time.
    - Open restroom windows and operate built-in fans, as feasible, to improve ventilation.
    - OHA recommends allowing at least 15 minutes between restroom use by different cohorts. Youth will not be wearing face coverings when using the restrooms for activities like showering and brushing teeth. Opening doors and windows between use by different cohorts can reduce aerosols in the restrooms and minimize the spread of COVID-19.
  - Cohorts consist of youth and staff; the number of staff needed for a cohort does not count toward the cohort total (i.e., staff do not count as one of the 30 youth in a cohort). Staff should remain with a single group as much as possible. Staff who interact with multiple cohorts must wash their hands between interactions with different cohorts.
  - **Before and after care:** Cohorts must be limited to no more than 30 youth at a given time. Youth cannot be part of more than two cohorts (including transportation) in any given week.
  - No staff member is permitted to interact with more than three cohorts in a given day and five in a given week.
• If multiple cohorts are checking in to a youth program at the same time, designate separate spaces during check-in for each cohort to maintain physical distancing requirements.

• Ensure that each cohort does not mix with any other group when indoors. When feasible, cohorts that are indoors should remain in one space for the duration of the day, or only use indoor spaces that have not been used by other cohorts that day.

• If multiple cohorts join for outdoor programs or activities, ensure that all people are wearing face coverings and maintaining six (6) feet physical distancing to the maximum extent possible.

• Minimize the number of staff interacting with each group of youth. If possible, staff should be dedicated to a single group and not move between groups. If “floater staff” or different staff rotate with the cohort, they must wash their hands prior to entering the space with the cohort of youth.

• No outside visitors may enter the program, except for critical service providers such as medical staff or emergency personnel and visitors, vendors, and others essential for safe and effective operations of the program. Parents and guardians should not be allowed to enter the program except for emergencies.

• Support physical distancing during daily activities and classes and maintain at least six (6) feet of distance between individuals. For example, structure programming in the following ways:
  ▪ Eliminate large group activities (larger than cohort of 30).
  ▪ Increase the distance between youth during table work.
  ▪ Plan activities that do not require close physical contact among multiple youth.
  ▪ Minimize time standing in lines and take steps to ensure that six (6) feet of distance between youth is maintained.
  ▪ Ensure more physical distance between participants for activities that include brass or woodwind instruments because these instruments may spread respiratory droplets farther than six (6) feet.
  ▪ Use the largest spaces practical for group activities and hold activities outside if feasible.

**Cleaning and disinfection**

**All programs are required to:**

• Frequently clean high-touch surfaces (for example, indoor playground equipment, stationary climbing frames, door handles, drinking fountains and transport vehicles).

• Clean restrooms daily, prioritizing high-touch surfaces like stall handles, doorknobs, sink handles, and faucets.

• Disinfecting surfaces after cleaning is recommended if certain conditions apply, such as the space having been occupied by an individual with COVID-19. Use
disinfectants that are included on the Environmental Protection Agency (EPA) approved list for the SARS-CoV-2 virus that causes COVID-19.

- Establishment operators may consider following the disinfection practices recommended by the Pediatric Environmental Health Safety Units.
- Disinfect safely and correctly. Keep disinfectant products away from children following directions on the label, as specified by the manufacturer.

- Outdoor playground structures require normal routine cleaning and do not require disinfection. Shared equipment should be cleaned and/or disinfected frequently in accordance with CDC guidance.
- Avoid use of items (for example, soft or plush toys or pillows) that are not easily cleaned.

Field trips/transportation

- Field trips, socials and intercamp games that take place at public outdoor areas and recreational places should be avoided. Small groups may take day trips to nearby destinations or recreational areas where interacting with external groups or the general public is not expected. For example, campers traveling off site to go canoeing, biking, etc.

All programs are required to:

- Avoid mixing cohorts in one vehicle.
- Document the names of youth in each cohort(s) and names of associated staff, including driver, date and time of trip, and vehicle number/license.
- Comply with the Ready Schools, Safe Learners Guidance, Section 2i if providing transportation services.
- Maximize fresh air flow in vehicles to the extent possible by opening windows and using fresh (non-recirculated) air settings on ventilation systems.
- Review and follow the OHA Travel Recommendations.

Program operators should, but are not required to:

- Review and implement the Ready Schools Safe Learners Supplemental Guidance for Field Trips.

Food service

All programs are required to:

- If licensed as an Organizational Camp by OHA or the local public health authority (LPHA) under ORS Chapter 446, comply with requirements for food service in Oregon Administrative Rule 333-030-0095.
  - Camps that are not licensed under ORS Chapter 446 must not prepare food but may order food from a restaurant.
- Ensure all youth and staff wash hands with soap and water prior to eating. In limited circumstances (e.g., backcountry camps) where use of soap and
water is not possible because of lack of running water, using alcohol-based hand sanitizer (60-95%) is acceptable.

- Maintain six (6) feet of physical distancing during meals when face coverings are removed to eat.
- Keep cohorts separate during meals to the maximum extent feasible, using designated seating areas and natural or artificial barrier(s) between cohorts.
- Encourage youth to bring their own food if possible. Youth must be told not to share food with other campers.
- Comply with Ready Schools, Safe Learners Guidance, Section 2h.
- Comply with the Sector Guidance for Self-Service Operations.

Additional requirements

- Drop-in participation in youth programs is prohibited. Child care provided by a gym, retail store or similar entity for children of clients or customers remains prohibited. Programs held in public settings (e.g., parks) must follow the general guidelines as above and any other guidelines related to the location of the program. For example, programs in state parks must follow state park use guidance as well as Youth Program guidance.
- If programs use indoor or outdoor pools or bodies of water, they must also follow the related guidance for indoor or outdoor recreation and fitness establishments.
- Youth and staff swimming or boating outdoors, including lakes and other bodies of water, should keep six (6) feet apart and follow all hand-washing and other hygiene recommendations. Facilities for changing in and out of swim gear must follow guidance for closest facility type (e.g., locker rooms, etc.).
- Programs must train staff on all requirements in this guidance prior to the formal start of the program. If staff training is in person, physical distancing must be maintained. This includes training on COVID-19 facts, cleaning, sanitizing, disinfection and safety.
- Per ORS 419B.005, an “employee of a public or private organization providing child-related services or activities” is considered a mandatory reporter. During the COVID-19 crisis, child abuse reporting has gone down by more than 60%. Programs must include training to recognize and report suspected child abuse and neglect. Staff can report any suspected child abuse by calling 1-855-503-SAFE (7233). Additional resources can be found through the Early Learning Division and Oregon Department of Education.
- The nature of group gatherings raises risk for individuals with certain health conditions. These groups are at higher risk of poor outcomes with COVID-19. Youth and employees in higher risk groups are strongly recommended not to attend youth programs. Refer to the CDC’s information on people at increased risk for severe illness.
Overnight camps

Additional requirements for programs that operate overnight camps

Operators of overnight camps are required to:

- Limit use of cabins and tents to one cohort of no more than 30.
- Ensure there is at least 30 inches between beds and that campers sleep head-to-toe (top bunk has the person’s head at one end, the bottom bunk has the person’s head at the other end; and adjacent top bunks and bottom bunks similarly are arranged so that the head of a person in one bed is at the other end as the head of the person in the next bed). This applies to cabins, tents, and other sleeping arrangements where campers are in proximity to each other.¹
- Portions of facilities hosting overnight camps may be rented to outside groups during camp sessions if there is no mingling between the renters and the campers. Two or more programs may run simultaneously at the camp if the groups do not interact and physical distancing guidelines are met.
- Ensure that potable and process water plumbing systems are appropriately readied prior to camp in accordance with CDC, OHA and LPHA guidance to minimize the risk of diseases associated with waterborne pathogens. If the camp is served by a seasonal public water system, follow OHA guidance for start-up of seasonal water systems.
  - If licensed by OHA or the LPHA under ORS Chapter 446, comply with requirements for Organizational Camps in Oregon Administrative Rules 333-030.
- If tents are used, minimize the number of campers in each tent and maximize ventilation through vents or screens. Configure sleeping layouts to provide six (6) feet or more between campers’ heads. Campers must be from the same cohort. Tents should not be used indoors.

Operators of overnight camps should, but are not required to:

- Restrict campers and staff from leaving and returning to camp to the greatest extent possible.
- Consider having campers and staff who have direct camper contact (for example, bunk counselors, activity and program leaders) remain on site for the duration of the camp session with exceptions to attend outside medical or other essential visits.
  - Remind those who leave camp to follow all state and local COVID-19 mitigation guidelines to minimize their risk of exposure.

¹ This guidance is based on the specific and unique conditions of short-term, tourist and youth overnight camps and does not necessarily apply in other contexts.
Additional resources:

- Signs you can post
- Statewide Mask, Face Covering, Face Shield Guidance
- OHA General Guidance for Employers and Organizations
- ODE’s Ready Schools, Safe Learners Guidance for Schools
- ELD’s Child Care and Early Education Guidelines
- Association of Camp Nurses – Communicable Disease Management Template
- American Camp Association’s Field Guide for Implementation of CDC Guidelines
- CDC Guidance: Cleaning and Disinfecting Your Facility

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us