CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Considerations for Youth and Summer Camps

Updated May 19, 2020

As some communities in the United States begin to convene youth camps, CDC offers the following considerations for ways in which camp administrators can help protect campers, staff, and communities, and slow the spread of COVID-19. Camp administrators can determine, in collaboration with state and local health officials, whether and how to implement these considerations, making adjustments to meet the unique needs and circumstances of the local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which camps must comply.

Guiding Principles to Keep in Mind

The more people a camper or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in youth camp settings as follows:

- **Lowest Risk:** Small groups of campers stay together all day, each day. Campers remain at least 6 feet apart and do not share objects. Outdoor activities are prioritized. All campers are from the local geographic area (e.g., city, town, county, community).
- **More Risk:** Campers mix between groups but remain at least 6 feet apart and do not share objects. Outdoor activities are prioritized. All campers are from the local geographic area (e.g., community, town, city, or county).
- **Even More Risk:** Campers mix between groups and do not remain spaced apart. All campers are from the local geographic area (e.g., community, town, city, or county).
- **Highest Risk:** Campers mix between groups and do not remain spaced apart. All campers are **not** from the local geographic area (e.g., community, town, city, or county).

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principles that are covered in this document. Fortunately, there are a number of actions youth camp administrators can take to help lower the risk of COVID-19 exposure and spread during camp sessions and activities.

Promoting Behaviors that Reduce Spread

Camp administrators may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home when Appropriate**
  - Educate staff, campers, and their families about when they should stay home and when they can return to camp.

- Actively encourage employees and campers who are sick or have recently had a close contact with a person with COVID-19 to stay home. Develop policies that encourage sick employees to stay at home without fear of reprisal, and ensure employees are aware of these policies.
- Employees and campers should stay home if they have tested positive for or are showing COVID-19 symptoms.
- Employees who have recently had a close contact with a person with COVID-19 should also stay home and monitor their health.
- CDC's criteria can help inform when employees 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

- **Hand Hygiene and Respiratory Etiquette**
  - Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among campers and staff.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
  - Encourage staff and campers to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older campers who can safely use hand sanitizer).

- **Cloth Face Coverings**
  - Teach and reinforce the use of cloth face coverings. Face coverings may be challenging for campers (especially younger campers) to wear in all-day settings such as camp. Face coverings should be worn by staff and campers (particularly older campers) as feasible, and are **most** essential in times when physical distancing is difficult. Information should be provided to staff and campers on proper use, removal, and washing of cloth face coverings.
    - Note: Cloth face coverings should **not** be placed on:
      - Babies or children 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

Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

- **Adequate Supplies**
  - Support healthy hygiene 📄 by providing supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older campers who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.

- **Signs and Messages**
  - Post signs in highly visible locations (e.g., camp entrances, dining areas, restrooms) that promote everyday protective measures 📄 and describe how to stop the spread 📄 of germs such as by properly washing hands and properly wearing a cloth face covering 🖼 .
  - Broadcast regular announcements on reducing the spread of COVID-19 on PA system
  - 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.

Maintaining Healthy Environments

Camp administrators may consider implementing several strategies to maintain healthy environments.

- **Cleaning and Disinfection**
  - Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the camp facility and in any shared transportation vehicles at least daily or between use as much as possible. Use of shared objects (e.g., art supplies, nap mats, toys, games) should be limited when possible, or cleaned between use.
  - Develop a schedule for increased, routine cleaning and disinfection.
  - If transport vehicles (e.g., buses) are used by the camp, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for bus transit.
  - Ensure safe and correct use and storage of cleaners and disinfectants ☑ , including storing products securely away from children. Use products that meet EPA disinfection criteria ☑ .
  - 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.
  - Use gloves when removing garbage bags or handling and disposing of trash. Wash hands after removing gloves.

- **Shared Objects**
  - Discourage sharing of items that are difficult to clean, sanitize, or disinfect.
  - Keep each camper's belongings separated from others' and in individually labeled containers, cubbies, or areas.
  - Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., 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 and disinfect between use.
  - Avoid sharing electronic devices, toys, books, and other games or learning aids.

- **Ventilation**
  - Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling or triggering asthma symptoms) to campers using the facility.

- **Water Systems**
  - To minimize the risk of Legionnaires' disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, showers, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and campers to bring their own water to minimize use and touching of water fountains.

- **Modified Layouts**
  - Space seating at least 6 feet apart.
  - If nap times are scheduled, ensure that campers' naptime mats are assigned to individual children, are sanitized ☑ before and after use, and spaced out as much as possible, ideally at least 6 feet apart. Place campers head-to-toe to ensure distance between their faces.
  - Prioritize outdoor activities where social distancing can be maintained as much as possible.
  - Create social distance between campers on school buses (e.g., seat children one child per row, skip rows) when possible.

- **Physical Barriers and Guides**

◦ Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (g., reception desks).

◦ Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and campers remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one way routes" in hallways).

• **Communal Spaces**
  ◦ Close shared spaces such as dining halls and playgrounds with shared playground equipment, if possible; otherwise stagger use and clean and disinfect between use.

  ◦ Follow CDC's considerations for Pools, Hot Tubs, and Water Playgrounds During COVID-19.

• **Food Service**
  ◦ Have campers bring their own meals as feasible, and eat in separate areas or with their smaller group, instead of in a communal dining hall or cafeteria. Ensure the safety of children with food allergies 🔴 .

  ◦ Use disposable food service items (utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.

  ◦ If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils and ensure the safety of children with food allergies. 🔴

Maintaining Healthy Operations

Camp administrators may consider implementing several strategies to maintain healthy operations.

• **Protections for Staff and Campers who are at Higher Risk of Severe Illness from COVID-19**
  ◦ Offer options for staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions) that limit exposure risk (e.g., telework and modified job responsibilities).

  ◦ Offer options for campers at higher risk for severe illness that limit exposure risk (e.g., virtual learning opportunities).

  ◦ For staff and campers: Limit camp attendance to staff and campers who live in the local geographic area (e.g., community, city, town, or county) to reduce risk of spread from areas with higher levels of COVID-19.

  ◦ Put in place policies that protect the privacy of people at higher risk for severe illness regarding 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.

• **Identifying Small Groups and Keeping Them Together (Cohorting)**
  ◦ Keep campers together in small groups with dedicated staff and make sure they remain with the same group throughout the day, every day.

  ◦ Limit mixing between groups if possible.

• **Staggered Scheduling**
  ◦ Stagger arrival and drop-off times or locations by cohort (group) or put in place other protocols to limit contact between cohorts and with other campers' guardians as much as possible.
    ▪ When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

• **Gatherings, Visitors, and Field Trips**

- Avoid group events, gatherings, or meetings where social distancing of at least 6 feet 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 – especially with individuals not from the local geographic area (e.g., community, town, city, or county).
- Avoid activities and events such as field trips and special performances.
- Pursue options to convene sporting events and participation in sports activities in ways that minimize transmission of COVID-19 to players, families, coaches, and communities.

- **Designated COVID-19 Point of Contact**
  - Designate a staff person (e.g., camp nurse or healthcare provider) to be responsible for responding to COVID-19 concerns. All camp staff and families should know who this person is and how to contact them.

- **Communication Systems**
  - Put systems in place for:
    - Consistent with applicable law and privacy policies, having staff and families self-report to the camp administrators 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 (e.g., 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.
    - Notifying staff and families of camp closures and restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

- **Leave (Time Off) Policies**
  - Implement flexible sick leave policies and practices that enable employees to stay home when they are sick, have been exposed, or caring for someone who is sick.
    - 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. 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 policies for return-to-camp after COVID-19 illness. CDC's criteria to discontinue home isolation and quarantine can inform these policies.

- **Back-Up Staffing Plan**
  - 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.
  - Conduct training virtually or ensure that social distancing is maintained during training.

- **Recognize Signs and Symptoms**
  - If feasible, conduct daily health checks (e.g., temperature screening and/or symptom checking) of staff and campers (if feasible) safely and respectfully, and in accordance with any applicable privacy laws and regulations.
    - Camp administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening campers and CDC's General Business FAQs for screening staff.

- **Sharing Facilities**

- Encourage any organizations that share or use the camp facilities to also follow these considerations. and limit shared use, if feasible.
  - ◦ Support Coping and Resilience
  - ◦ 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.
  - ◦ Promote employees and campers eating healthy, exercising, getting sleep, and finding time to unwind.
  - ◦ 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: 1-800-985-5990, or text TalkWithUs to 66746

Preparing for When Someone Gets Sick

Camp administrators may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**
  - ◦ Sick staff members or campers should not return to camp until they have met CDC's criteria to discontinue home isolation.

- **Isolate and Transport Those Who are Sick**
  - ◦ Make sure that staff and families know that they (staff) or their children (families) should not come to camp, and that they should notify camp officials (e.g., the designated COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with symptoms or a confirmed or suspected case.
  - ◦ Immediately separate staff and campers with COVID-19 symptoms (such as fever, cough, or shortness of breath) at camp. Individuals who are sick should go home and or to a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for yourself or others who are sick.
  - ◦ Work with camp administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who has COVID-19 symptoms or who has tested positive but does not have symptoms. If the camp has a nurse or other healthcare provider, they should 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.
  - ◦ Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

- **Clean and Disinfect**
  - ◦ Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).
  - ◦ Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning ⧉ and disinfection products, including storing them securely away from children.

- **Notify Health Officials and Close Contacts**
  - ◦ In accordance with state and local laws and regulations, camp administrators should notifying 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) ⧉ .
  - ◦ Advise those who have had close contact with a person diagnosed with COVID-19 to stay home, self-monitor for symptoms, and follow CDC guidance if symptoms develop.

Special Considerations for Overnight Camps

In addition to the considerations listed above, sleep away camps may also consider:

- Limit camp attendance to staff and campers who live in the local geographic area (e.g., community, city, town, or county).

- Align mats or beds so that campers and staff sleep head-to-toe at least 6 feet apart.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks and between beds, especially when they cannot be at least 6 feet apart.

- Monitor and enforce social distancing and healthy hygiene behaviors throughout the day and night.
- Clean and disinfect bathrooms regularly (e.g., in the morning and evening, after times of heavy use) using EPA-registered disinfectants [↗] .
- Encourage staff and campers to avoid placing toothbrushes or toiletries directly on counter surfaces.

- 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 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.
- Staff and campers with symptoms (fever, cough, or runny nose) at camp should immediately be separated and sent home and referred to their healthcare provider. Families of sick campers may follow CDC Guidance for caring for oneself and others who are sick.
- Staff and campers who have had close contact with a person who has symptoms should be separated and sent home as well, and follow CDC guidance for community-related exposure. If symptoms develop, families should follow CDC guidance for caring for oneself and others who are sick.

- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility in an emergency.

- Take steps to ensure any external community organizations that share the camp facilities follow these considerations.

Other Resources

Latest COVID-19 Information	Face Coverings
Cleaning and Disinfection	Social Distancing
Guidance for Businesses and Employers	COVID-19 Frequently Asked Questions
Guidance for Schools and Childcare Centers	Persons at Higher Risk
Guidance for Park Administrators	Managing Stress and Coping
Shared and Congregate Housing	HIPAA and COVID-19 [↗]
COVID-19 Prevention	CDC Communication Resources
Handwashing Information	Community Mitigation

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Considerations for Youth Sports

As some communities in the United States begin to start youth sports activities again, the Centers for Disease Control and Prevention (CDC) offers the following considerations for ways in which youth sports organizations can protect players, families, and communities and slow the spread of the Coronavirus Disease 2019 (COVID-19). Administrators of youth sports organizations can consult with state and local health officials to determine if and how to put into place these considerations. Each community may need to make adjustments to meet its unique needs and circumstances. Implementation should be guided by what is practical, acceptable, and tailored to the needs of each community. These considerations are meant to supplement – **not replace** – any state, local, territorial, or tribal health and safety laws, rules, and regulations with which youth sports organizations must comply.

Guiding Principles to Keep in Mind

There are a number of actions youth sports organizations can take to help lower the risk of COVID-19 exposure and reduce the spread during competition and practice. The more people a child or coach interacts with, the closer the physical interaction, the more sharing of equipment there is by multiple players, and the longer that interaction, the higher the risk of COVID-19 spread. Therefore, risk of COVID-19 spread can be different, depending on the type of activity. The risk of COVID-19 spread increases in youth sports settings as follows:

- **Lowest Risk**: Performing skill-building drills or conditioning at home, alone or with family members.
- **Increasing Risk**: Team-based practice.
- **More Risk**: Within-team competition.
- **Even More Risk**: Full competition between teams from the same local geographic area.
- **Highest Risk**: Full competition between teams from different geographic areas.

If organizations are not able to keep in place safety measures during competition (for example, maintaining social distancing by keeping children six feet apart at all times), they may consider dropping down a level and limiting participation to within-team competition only (for example, scrimmages between members of the same team) or team-based practices only. Similarly, if organizations are unable to put in place safety measures during team-based activities, they may choose individual or at-home activities, especially if any members of the team are at high-risk for severe illness.

Assessing Risk

The way sports are played, and the way equipment is shared can influence the spread of COVID-19 among players. When you are assessing the risk of spread in your sport, consider:

- **Physical closeness of players, and the length of time that players are close to each other or to staff.** Sports that require frequent closeness between players may make it more difficult to maintain social distancing, compared to sports where players are not close to each other. For close-contact sports (e.g., wrestling, basketball), play may be modified to safely increase distance between players.
  - For example, players and coaches can:
    - focus on individual skill building versus competition;

- limit the time players spend close to others by playing full contact only in game-time situations;
- decrease the number of competitions during a season.

Coaches can also modify practices so players work on individual skills, rather than on competition. Coaches may also put players into small groups (cohorts) that remain together and work through stations, rather than switching groups or mixing groups.

- **Amount of necessary touching of shared equipment and gear (e.g., protective gear, balls, bats, racquets, mats, or water bottles).** It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it, and then touching their own mouth, nose, or eyes. Minimize equipment sharing, and clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.
- **Ability to engage in social distancing while not actively engaged in play (e.g., during practice, on the sideline, or in the dugout).** During times when players are not actively participating in practice or competition, attention should be given to maintaining social distancing by increasing space between players on the sideline, dugout, or bench. Additionally, coaches can encourage athletes to use downtime for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.
- **Age of the player.** Older youth might be better able to follow directions for social distancing and take other protective actions like not sharing water bottles. If feasible, a coach, parent, or other caregiver can assist with making sure that athletes maintain proper social distancing. For younger athletes, youth sports programs may ask parents or other household members to monitor their children and make sure that they follow social distancing and take other protective actions (e.g., younger children could sit with parents or caregivers, instead of in a dugout or group area).
- **Players at higher risk of developing serious disease.** Parents and coaches should assess level of risk based on individual players on the team who may be at higher risk for severe illness, such as children who may have asthma, diabetes, or other health problems.
- **Size of the team.** Sports with a large number of players on a team may increase the likelihood of spread, compared to sports with fewer team members. Consider decreasing team sizes, as feasible.
- **Nonessential visitors, spectators, volunteers.** Limit any nonessential visitors, spectators, volunteers, and activities involving external groups or organizations.
- **Travel outside of the local community.** Traveling outside of the local community may increase the chances of exposing players, coaches, and fans to COVID-19, or unknowingly spreading it to others. This is the case particularly if a team from an area with high levels of COVID-19 competes with a team from an area with low levels of the virus. Youth sports teams should consider competing only against teams in their local area (e.g., neighborhood, town, or community).

Promoting Behaviors that Reduce Spread

Youth sports organizations may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home when Appropriate**
  - Educate staff and player families about when they should stay home and when they can return to activity
    - Actively encourage sick staff, families, and players to stay home. Develop policies that encourage sick employees to stay at home without fear of reprisal, and ensure employees aware of these policies.

      - Individuals, including coaches, players, and families, should stay home if they have tested positive for or are showing COVID-19 symptoms.

      - Individuals, including coaches, players, and families, who have recently had a close contact with a person with COVID-19 should also stay home and monitor their health.

      - CDC's criteria can help inform return to work/school policies:
        - If they have been sick with COVID-19

- If they have recently had a close contact with a person with COVID-19
- Hand Hygiene and Respiratory Etiquette
  - Teach and reinforce handwashing with soap and water for at least 20 seconds
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
  - Do not allow spitting and encourage everyone to cover their coughs and sneezes with a tissue or use the inside of their elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Cloth Face Coverings
  - Teach and reinforce the use of cloth face coverings. Face coverings are not intended to protect the wearer, but rather to reduce the risk of spreading COVID-19 from the person wearing the mask (who may not have any symptoms of disease). Face coverings may be challenging for players (especially younger players) to wear while playing sports. Face coverings should be worn by coaches, youth sports staff, officials, parents, and spectators as much as possible.
  - Wearing cloth face coverings is most important when physical distancing is difficult.
  - People wearing face coverings should be reminded to not touch the face covering and to wash their hands frequently. Information should be provided to all participants on the proper use, removal, and washing of cloth face coverings.
    - Note: Cloth face coverings should **not** be placed on:
      - Babies and children younger than 2 years old;
      - Anyone who has trouble breathing or is unconscious;
      - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.
- Adequate Supplies
  - If hand washing facilities are available, support healthy hygiene by providing supplies including soap, paper towels, tissues, and no-touch/foot pedal trash cans. If hand washing facilities are not available, provide hand sanitizer with at least 60% alcohol (for coaches, staff and older players who can safely use hand sanitizer).
- Signs and Messages
  - Post signs in highly visible locations (e.g., at entrances and exits, and in restrooms) that promote everyday protective measures 🅟 and describe how to stop the spread 🅟 of germs such as by properly washing hands and properly wearing a cloth face covering 🖼 .
  - Broadcast regular announcements on public announcement (PA) system
  - Include COVID-19 prevention messages (for example, videos) about behaviors that prevent spread of COVID-19 when communicating with staff, volunteers, officials, and families. This could include links, videos, and prevention messages in emails, on organization websites, and through the team and league's social media accounts.
  - Find freely available CDC print and digital resources on CDC's communication resources main page.

Maintaining Healthy Environments

Youth sports organizations may consider implementing several strategies to maintain healthy environments.

- Cleaning and Disinfection
  - Clean and disinfect frequently touched surfaces on the field, court, or play surface (e.g., drinking fountains) at least daily, or between uses as much as possible. Use of shared objects and equipment (e.g., balls, bats, gymnastics equipment) should be limited, or cleaned between use by each individual if possible.
  - Develop a schedule for increased, routine cleaning and disinfection.

- Ensure safe and correct use and storage of disinfectants, including storing products securely away from children. Use products that meet EPA disinfection criteria ↗ .
- Identify an adult staff member or volunteer to ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.
- 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.
- Use gloves when removing garbage bags or handling and disposing of trash. Wash hands after removing gloves.

- **Shared Objects**
  - Discourage sharing of items that are difficult to clean, sanitize, or disinfect. Do not let players share towels, clothing, or other items they use to wipe their faces or hands.
  - Make sure there are adequate supplies of shared items to minimize sharing of equipment to the extent possible (e.g., protective gear, balls, bats, water bottles); otherwise, limit use of supplies and equipment to one group of players at a time and clean and disinfect between use.
    - Keep each player's belongings separated from others' and in individually labeled containers, bags, or areas.
    - If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils. Offer hand sanitizer or encourage hand washing.

- **Ventilation**
  - If playing inside, ensure ventilation systems or fans operate properly. Increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors doing so poses a safety or health risk (e.g., risk of falling or triggering asthma symptoms) to players or others using the facility.

- **Water Systems**
  - To minimize the risk of Legionnaires' disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and disinfected but encourage staff and players to bring their own water to minimize touching water fountains.

- **Modified Layouts and Social (Physical) Distancing**
  - Identify adult staff members or volunteers to help maintain social distancing among youth, coaches, umpires/referees, and spectators (if state and local directives allow for spectators).
  - Space players at least 6 feet apart on the field while participating in the sport (e.g., during warmup, skill building activities, simulation drills)
  - Discourage unnecessary physical contact, such as high fives, handshakes, fist bumps, or hugs.
  - Prioritize outdoor, as opposed to indoor, practice and play as much as possible.
  - Create distance between players when explaining drills or the rules of the game.
  - If keeping physical distance is difficult with players in competition or group practice, consider relying on individual skill work and drills.
  - Encourage players to wait in their cars with guardians until just before the beginning of a practice, warm-up, or game, instead of forming a group.
  - Limit the use of carpools or van pools. When riding in an automobile to a sports event, encourage players to ride to the sports event with persons living in their same household.
  - If practices or competition facilities must be shared, consider increasing the amount of time between practices and competitions to allow for one group to leave before another group enters the facility. If possible, allow time for cleaning and/or disinfecting.

- **Physical Barriers and Guides**
  - Provide physical guides, such as signs and tape on floors or playing fields, to make sure that coaches and players remain at least 6 feet apart.

- **Communal Spaces**

- Close shared spaces such as locker rooms, if possible; otherwise, stagger use and clean and disinfect between use.
- Limit the number of players sitting in confined player seating areas (e.g., dugouts) by allowing players to spread out into spectator areas if more space is available (e.g., if spectators are not allowed).

Maintaining Healthy Operations

Youth sports organizations may consider implementing several strategies to maintain healthy operations.

- **Protections for Staff and Players at Higher Risk for Severe Illness from COVID-19**
  - Offer options for individuals at higher risk of severe illness from COVID-19 (risk increases with age, and people of any age with certain medical conditions are at higher risk), such as virtual coaching and in-home drills that limits their exposure risk.
  - Limit youth sports participation to staff and youth who live in the local geographic area (e.g., community, city, town, or county) to reduce risk of spread from areas with higher levels of COVID-19.
- **Regulatory Awareness**
  - Be aware of state or local regulatory agency policies related to group gatherings to determine if events can be held.
- **Identifying Small Groups and Keeping them Together (Cohorting)**
  - Keep players together in small groups with dedicated coaches or staff, and make sure that each group of players and coach avoid mixing with other groups as much as possible. Teams might consider having the same group of players stay with the same coach or having the same group of players rotate among coaches.
  - Consider staging within-team scrimmages instead of playing games with other teams to minimize exposure among players and teams.
- **Staggered Scheduling**
  - Stagger arrival and drop-off times or locations by cohort (group) or put in place other protocols to limit contact between groups and with guardians as much as possible. One example is increasing the amount of time between practices and competitions to allow for one group to depart before another group enters the facility. This also allows for more time to clean the facility between uses.
  - When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining a distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.
- **Gatherings, Spectators, and Travel**
  - Avoid group events, such as games, competitions, or social gatherings, where spacing of at least 6 feet between people cannot be maintained.
  - Limit any nonessential visitors, spectators, volunteers, and activities involving external groups or organizations as much as possible – especially with individuals not from the local geographic area (e.g., community, town, city, or county).
  - Avoid activities and events such as off-site competitions or excursions (e.g., watching a professional team compete).
- **Designated COVID-19 Point of Contact**
  - Designate a youth sports program staff person to be responsible for responding to COVID-19 concerns. All coaches, staff, officials, and families should know who this person is and how to contact them.
- **Communication Systems**
  - Put systems in place for:
    - Consistent with applicable law and privacy policies, having coaches, staff, umpires/officials, and families of players (as feasible) self-report to the youth sports organization 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 ⧉ (e.g. see "Notify Health Officials and Close Contacts" in the **Preparing for When Someone Gets Sick section below**), and other applicable laws and regulations.

- Notifying staff, officials, families, and the public of youth sports facility closures and restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

- **Leave (Time Off) Policies**
  - Implement flexible sick leave policies and practices for coaches, officials, and staff that enable employees to stay home when they are sick, have been exposed, or caring for someone who is sick.
    - Examine and revise policies for leave, telework, and employee compensation.
    - Leave policies should be flexible and not be punitive to people for taking time off and should allow sick employees to stay home and away from co-workers. 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 policies for return-to-play after COVID-19 illness. CDC's criteria to discontinue home isolation and quarantine can inform these policies.
- **Back-up Staffing Plan**
  - Monitor absenteeism of coaches and officials, cross-train staff, and create a roster of trained back-up personnel.
- **Coach and Staff Training**
  - Train coaches, officials, and staff on all safety protocols.
  - Conduct training virtually, or ensure that social distancing is maintained during training.
- **Recognize Signs and Symptoms**
  - If feasible, conduct daily health checks (e.g., symptom checking) of coaches, officials, staff, and players safely and respectfully, and in accordance with any applicable privacy and confidentiality laws and regulations.
  - Youth sports program administrators may use examples of screening methods found in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children, and CDC's General Business FAQs for screening staff.
- **Sharing Facilities**
  - Encourage any organizations that share or use the youth sports facilities to also follow these considerations.
- **Support Coping and Resilience**
  - Encourage employees to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
  - Promote healthy eating, exercising, getting sleep, and finding time to unwind.
  - Encourage employees to talk with people they trust about their concerns and how they are feeling.
  - Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746

Preparing for When Someone Gets Sick

Youth sports organizations may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**
  - Sick coaches, staff members, umpires/officials, or players should not return until they have met CDC's criteria to discontinue home isolation.
- **Isolate and Transport Those Who are Sick**
  - Make sure that coaches, staff, officials, players, and families know that sick individuals should not attend the youth sports activity, and that they should notify youth sports officials (e.g., the COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.

◦ Immediately separate coaches, staff, officials, and players with COVID-19 symptoms (i.e., fever, cough, shortness of breath) at any youth sports activity. Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick. Individuals who have had close contact with a person who has symptoms should be separated and sent home as well, and follow CDC guidance for community-related exposure (see "Notify Health Officials and Close Contacts" below). If symptoms develop, individuals and families should follow CDC guidance for caring for oneself and others who are sick.

◦ Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

• **Clean and Disinfect**

◦ Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).

◦ Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning ⬈ and disinfection products, including storing them securely away from children.

• **Notify Health Officials and Close Contacts**

◦ In accordance with state and local privacy and confidentiality laws and regulations, youth sports organizations should notify local health officials, youth sports program staff, umpires/officials, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) ⬈ and other applicable laws and regulations.

◦ Work with local health officials to develop a reporting system (e.g., letter) youth sports organizations can use to notify health officials and close contacts of cases of COVID-19.

◦ Advise those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop.

Other Resources

Latest COVID-19 Information

Cleaning and Disinfection

Guidance for Businesses and Employers

Guidance for Park Administrators and Visitors (including for aquatic venues)

Guidance for Schools and Childcare Centers

Guidance for Park Administrators

COVID-19 Prevention

Handwashing Information

Face Coverings

Social Distancing

COVID-19 Frequently Asked Questions

Persons at Higher Risk

Managing Stress and Coping

HIPAA and COVID-19 [↗]

CDC communication resources

Community Mitigation

CDC offers this interim guidance to assist establishments as they open. CDC will update this guidance as it learns more about COVID-19 and best practices to prevent its spread.

This guidance is meant to supplement the decision tools CDC released on May 14, 2020. It lists specific practices that employers may find helpful at particular stages of the COVID-19 outbreak. This guidance sets forth a menu of safety measures, from which establishments may choose those that make sense for them in the context of their operations and local community, as well as State and local regulations and directives.

INTERIM GUIDANCE FOR CHILD CARE PROGRAMS

The gradual scale up of activities towards pre-COVID-19 operating practices at child care programs is crucial to helping parents and guardians return to work. Many states have closed schools for the academic year and, with summer quickly approaching, an increasing number of working parents may need to rely on these programs. CDC's Interim Guidance for Administrators of US K-12 Schools and Child Care Programs and supplemental Guidance for Child Care Programs that Remain Open provide recommendations for operating child care programs in low, moderate, and significant mitigation communities. In communities that are deemed significant mitigation areas by state and local authorities, child care programs should be closed. However, child care programs can choose to remain open to serve children of essential workers, such as healthcare workers. All decisions about following these recommendations should be made locally, in collaboration with local health officials who can help determine levels of COVID-19 community transmission and the capacities of the local public health system and healthcare systems.

CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

Scaling Up Operations

- **In all Steps:**
    - Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
    - Protect and support staff, children, and their family members who are at higher risk for severe illness.
    - Provide staff from higher transmission areas (earlier Step areas) telework and other options as feasible to eliminate travel to childcare programs in lower transmission (later Step) areas and vice versa.
    - Follow CDC's supplemental Guidance for Child Care Programs that Remain Open.
    - Encourage any other community groups or organizations that use the child care facilities also follow this guidance.
- **Step 1**: Restrict to children of essential workers.
- **Step 2**: Expand to all children with **enhanced** social distancing measures.
- **Step 3**: Remain open for all children with social distancing measures.

Safety Actions

Promote healthy hygiene practices (Steps 1-3)

- Teach and reinforce washing hands and covering coughs and sneezes among children and staff.
- Teach and reinforce use of cloth face coverings among all staff. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, and tissues.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

Intensify cleaning, disinfection, and ventilation (Steps 1-3)

- Clean, sanitize, and disinfect frequently touched surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day and shared objects between use.
- Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants and keep products away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains or decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Promote social distancing

- **Steps 1 and 2**
  - Ensure that classes include the same group of children each day and that the same child care providers remain with the same group each day, if possible.
  - Restrict mixing between groups.
  - Cancel all field trips, inter-group events, and extracurricular activities (Step 1).
  - Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).
  - Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
  - Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.
  - Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.

- o If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate, to limit the use of shared serving utensils and ensure the safety of children with food allergies.
  - o Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.
- **Step 3**
  - o Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
  - o Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
  - o Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
  - o Consider keeping communal use spaces closed, such as game rooms, playgrounds, or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
  - o Consider continuing to plate each child's meal, to limit the use of shared serving utensils and ensure the safety of children with food allergies.
  - o Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
  - o Consider staggering arrival and drop-off times or putting in place other protocols to limit close contact with parents or caregivers as much as possible.
- **Limit sharing (Steps 1-3)**
  - o Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas and taken home each day and cleaned, if possible.
  - o Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
  - o If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
  - o Avoid sharing of foods and utensils.
  - o Avoid sharing electronic devices, toys, books, other games, and learning aids.
  - o Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).
- **Train all staff (Steps 1-3)**
  - o Train all staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure social distancing is maintained.

Monitoring and Preparing
Check for signs and symptoms (Steps 1-3)

- Screen children upon arrival, if possible. Establish routine, daily health checks on arrival, such as temperature screening of both staff and children. Options for daily health check screenings for children are provided in CDC's supplemental Guidance for Child Care Programs that Remain Open and in CDC's General Business FAQs for screening staff.

- Implement health checks (e.g. [temperature checks and symptom screening](#)) safely and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- Employers and child care directors may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

Plan for when a staff member, child, or visitor becomes sick (Steps 1-3)

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you clean or disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible. Ensure [safe and correct application](#) of disinfectants, and keep disinfectant products away from children
- Advise sick staff members or children not to return until they have met CDC [criteria to discontinue home isolation](#).
- Inform those who have had [close contact](#) to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow [CDC guidance](#) if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for [home isolation](#).

Maintain healthy operations (Steps 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).
- [Support coping and resilience](#) among employees and children.

Steps 1-3

- It is very important to check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- Where a community is deemed a significant mitigation community, child care programs should close, except for those caring for the children of essential workers, such as the children of health care workers.

- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.

INTERIM GUIDANCE FOR EMPLOYERS WITH WORKERS AT HIGH RISK

As workplaces consider a gradual scale up of activities towards pre-COVID-19 operating practices, it is particularly important to keep in mind that some workers are at higher risk for severe illness from COVID-19. These workers include individuals over age 65 and those with underlying medical conditions. Such underlying conditions include, but are not limited to, chronic lung disease, moderate to severe asthma, hypertension, severe heart conditions, weakened immunity, severe obesity, diabetes, liver disease, and chronic kidney disease that requires dialysis. Workers at higher risk for severe illness should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce workers' risk of exposure to COVID-19, while making sure to be compliant with relevant Americans with Disabilities Act (ADA) and Age Discrimination in Employment Act (ADEA) regulations. First and foremost, this means following CDC and the Occupational Safety and Health Administration (OSHA) guidance for reducing workplace exposure for all employees. All decisions about following these recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. In addition, the guidance offered below applies to workplaces generally; specific industries may require more stringent safety precautions. Finally, there may be essential workplaces in which the recommended mitigation strategies are not feasible. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

Scaling Up Operations

- **In all Steps:**
    - Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
    - Protect employees at higher risk for severe illness by supporting and encouraging options to telework.
    - Consider offering workers at higher risk duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if agreed to by the worker.
    - Encourage any other entities sharing the same work space also follow this guidance.
    - Provide employees from higher transmission areas (earlier Step areas) telework and other options as feasible to eliminate travel to workplaces in lower transmission (later Step) areas and vice versa.
- **Step 1**: Scale up only if business can ensure strict social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers; workers at higher risk for severe illness are recommended to shelter in place.
- **Step 2**: Scale up only if business can ensure moderate social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers; workers at higher risk for severe illness are recommended to shelter in place.
- **Step 3**: Scale up only if business can ensure limited social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers.

Safety Action

Promote healthy hygiene practices (Steps 1-3)

- Enforce hand washing, covering coughs and sneezes, and using cloth face coverings when around others where feasible;
- however, certain industries may require face shields.
- Ensure that adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol, tissues, paper towels, and no-touch trash cans.
- Post signs on how to stop the spread of COVID-19 properly wash hands, promote everyday protective measures, and properly wear a face covering.

Intensify cleaning, disinfection, and ventilation (Steps 1-3)

- Clean and disinfect frequently touched surfaces at least daily and shared objects between use.
- Avoid use or sharing of items that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if doing so poses a safety risk to individuals and employees using the workspace.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Promote social distancing (Steps 1-3)

- Limit service to drive-throughs, curbside take out, or delivery options, if possible (Step 1).
- Consider installing physical barriers, such as sneeze guards and partitions, and changing workspace layouts to ensure all individuals remain at least six feet apart.
- Close communal spaces, such as break rooms, if possible (Step 1) or stagger use and clean and disinfect in between uses (Steps 2 & 3).
- Encourage telework for as many employees as possible.
- Consider rotating or staggering shifts to limit the number of employees in the workplace at the same time.
- Replace in-person meetings with video- or tele-conference calls whenever possible.
- Cancel all group events, gatherings, or meetings of more than 10 people (Step 1), of more than 50 people (Step 2), and any events where social distancing of at least 6 feet cannot be maintained between participants (all Steps).
- Restrict (Step 1) or consider limiting (Step 2) any nonessential visitors, volunteers, and activities involving external groups or organizations.
- Limit any sharing of foods, tools, equipment, or supplies.

Limit travel and modify commuting practices (Steps 1-3)

- Cancel all non-essential travel (Step 1) and consider resuming non-essential travel in accordance with state and local regulations and guidance (Steps 2 & 3).

- Ask employees who use public transportation to consider using teleworking to promote social distancing.
- Train all managers and staff in the above safety actions. Consider conducting the training virtually, or if in-person, ensure that social distancing is maintained.

Monitoring and Preparing

Checking for signs and symptoms (Steps 1-3)

- Consider conducting routine, daily health checks (e.g., temperature and symptom screening) of all employees.
- If implementing health checks, conduct them safely and respectfully, and in accordance with any applicable privacy laws and regulations. Confidentiality should be respected. Employers may use examples of screening methods in CDC's General Business FAQs as a guide.
- Encourage employees who are sick to stay at home.

Plan for when an employee becomes sick (Steps 1-3)

- Employees with symptoms (fever, cough, or shortness of breath) at work should immediately be separated and sent home.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility.
- Notify local health officials, staff, and customers (if possible) immediately of a possible case while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Close off areas used by the sick person until after cleaning and disinfection Wait 24 hours to clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible before cleaning and disinfecting. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.
- Sick employees should not return to work until they have met CDC's criteria to discontinue home isolation.

Maintain healthy operations (Steps 1-3)

- Implement flexible sick leave and other flexible policies and practices, such as telework, if feasible.
- Monitor absenteeism of employees and create a roster of trained back-up staff.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create and test communication systems for employees for self-reporting and notification of exposures and closures.
- Support coping and resilience among employees.

Closing

Steps 1-3

- Check State and local health department notices daily about transmission in the area and adjust operations accordingly.
- Be prepared to consider closing for a few days if there is a case of COVID-19 in the workplace or for longer if cases increase in the local area.

INTERIM GUIDANCE FOR SCHOOLS AND DAY CAMPS

As communities consider a gradual scale up of activities towards pre-COVID-19 operating practices in centers for learning, such as K-12 schools and summer day camps, CDC offers the following recommendations to keep communities safe while resuming peer-to-peer learning and providing crucial support for parents and guardians returning to work. These recommendations depend on community monitoring to prevent COVID-19 from spreading. Communities with low levels of COVID-19 spread and those with confidence that the incidence of infection is genuinely low (e.g., communities that remain in low transmission or that have entered Step 2 or 3) may put in place the practices described below as part of a gradual scale up of operations. All decisions about following these recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

Scaling Up Operations

- **In all Steps:**
  - Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
  - Protect and support staff and students who are at higher risk for severe illness, such as providing options for telework and virtual learning.
  - Follow CDC's Guidance for Schools and Childcare Programs.
  - Provide teachers and staff from higher transmission areas (earlier Step areas) telework and other options as feasible to eliminate travel to schools and camps in lower transmission (later Step) areas and vice versa.
  - Encourage any other external community organizations that use the facilities also follow this guidance.
- **Step** 1: Schools that are currently closed, remain closed. E-learning or distance learning opportunities should be provided for all students. Support provision of student services such as school meal programs, as feasible. Camps should be restricted to children of essential workers and for children who live in the local geographic area only.
- **Step 2**: Remain open with **enhanced** social distancing measures and for children who live in the local geographic area only.
- **Step 3**: Remain open with distancing measures. Restrict attendance to those from limited transmission areas (other Step 3 areas) only.

Safety Actions

Promote healthy hygiene practices (Steps 1-3)

- Teach and reinforce washing hands and covering coughs and sneezes among children and staff.
- Teach and reinforce use of face coverings among all staff. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and encouraged in students (particularly older students) if feasible and are most

essential in times when physical distancing is difficult. Information should be provided to staff and students on proper use, removal, and washing of cloth face coverings. Face coverings are not recommended for babies or children under the age of 2, or for anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the covering without assistance. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected (many people carry COVID-19 but do not have symptoms). Cloth face coverings are not surgical masks, respirators, or personal protective equipment.

- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

Intensify cleaning, disinfection, and ventilation (Steps 1-3)

- Clean and disinfect frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) as well as shared objects (for example, toys, games, art supplies) between uses.
- To clean and disinfect school buses, see guidance for bus transit operators.
- Ensure safe and correct application of disinfectants and keep products away from children.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) risk to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Promote social distancing

- **Step 1 and 2**
  - Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
  - Restrict mixing between groups.
  - Cancel all field trips, inter-group events, and extracurricular activities (Step 1).
  - Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).
  - Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
  - Space seating/desks to at least six feet apart.
  - Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
  - Close communal use spaces such as dining halls and playgrounds if possible; otherwise stagger use and disinfect in between use.

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms and ensure the safety of children with food allergies.
- Stagger arrival and drop-off times or locations, or put in place other protocols to limit close contact with parents or caregivers as much as possible.
- Create social distance between children on school buses (for example, seating children one child per seat, every other row) where possible.

- **Step 3**
  - Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
  - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
  - Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
  - Consider keeping communal use spaces closed, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
  - Consider continuing to plate each child's meal, to limit the use of shared serving utensils and ensure the safety of children with food allergies.
  - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
  - Consider staggering arrival and drop-off times or locations, or put in place other protocols to limit close contact with parents or caregivers as much as possible.

Limit sharing (Steps 1-3)

- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas and taken home each day and cleaned, if possible.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single student/camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.

Train all staff (Steps 1-3)

- Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

Check for signs and symptoms (Steps 1-3)

- If feasible, conduct daily health checks (e.g. temperature screening and/or symptoms checking) of staff and students safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.

- School and camp administrators may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide for screening children and [CDC's General Business FAQs](#) for screening staff.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

Plan for when a staff member, child, or visitor becomes sick (Steps 1-3)

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should 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](#).
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality consistent with the [Americans with Disabilities Act (ADA)](#) and other applicable federal and state privacy laws.
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours is, wait as long as possible. [Ensure safe and correct application](#) of disinfectants and keep disinfectant products away from children.
- Advise sick staff members and children not to return until they have met CDC [criteria to discontinue home isolation](#).
- Inform those who have had [close contact](#) to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and to follow [CDC guidance](#) if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for [home isolation](#).

Maintain healthy operations (Steps 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor staff absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).
- [Support coping and resilience](#) among employees and children.

Closing

Steps 1-3

- Check [State](#) and [local](#) health department notices daily about transmission in the area and adjust operations accordingly.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (1-2 days) for cleaning and disinfection.