

# CAMPCOUNTS 2020

## COVID-19 Responses and Practices

CampCounts 2020 is one of three annual surveys conducted by the ACA Research Team. The purpose of the CampCounts series is to support camp professionals in their operational decision-making and to support ACA's advocacy efforts. Responses are anonymous and reported in aggregate by the following segments: primary program type (day and overnight), business model, budget size, and region. This report describes CampCounts 2020, which was unique in its efforts to capture the effects of the COVID-19 pandemic on camps in the US. Results are compared to the 2017 ACA Business Operations Survey (now called CampCounts) where possible. The report also incorporates recent information from the ACA Field Guide and provides recommendations for camp operations during the current pandemic.

### CAMP AND COVID-19 APPROACH



# ABOUT THIS REPORT

At its core, the pandemic required all youth-serving organizations to evaluate and as needed innovate and make changes to their programming, facility, and core services. This work was supported in great part by [ACA's Field Guide for Camps](#) for operating in summer 2020. In the day and overnight camps that did operate on-site during Summer 2020, results from CampCounts 2020 suggest that camps that consistently used non-pharmaceutical interventions (NPIs), like masks/face coverings, cohort programming, and physical distancing measures, experienced low COVID cases.

Overall, our numbers align with data collected on COVID-19 cases from similar organizations, suggesting that in summer 2020, COVID-19 cases were generally low in child congregate settings, and the interventions many camps employed appear to have made a difference. What we learned about these interventions are described below.

**1,489**

survey responses,  
of which

**486**

camps operated  
on-site during  
summer 2020

Of those 486,

**59**

were overnight  
camps,

**206**

were day camps,  
and

**220**

were combination  
of day, overnight,  
and rental camps,

which served

**90,000**

campers

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- Vaccines
- Camp Now More Than Ever

# WHAT DID CAMPS DO?

# HEALTH SCREENING

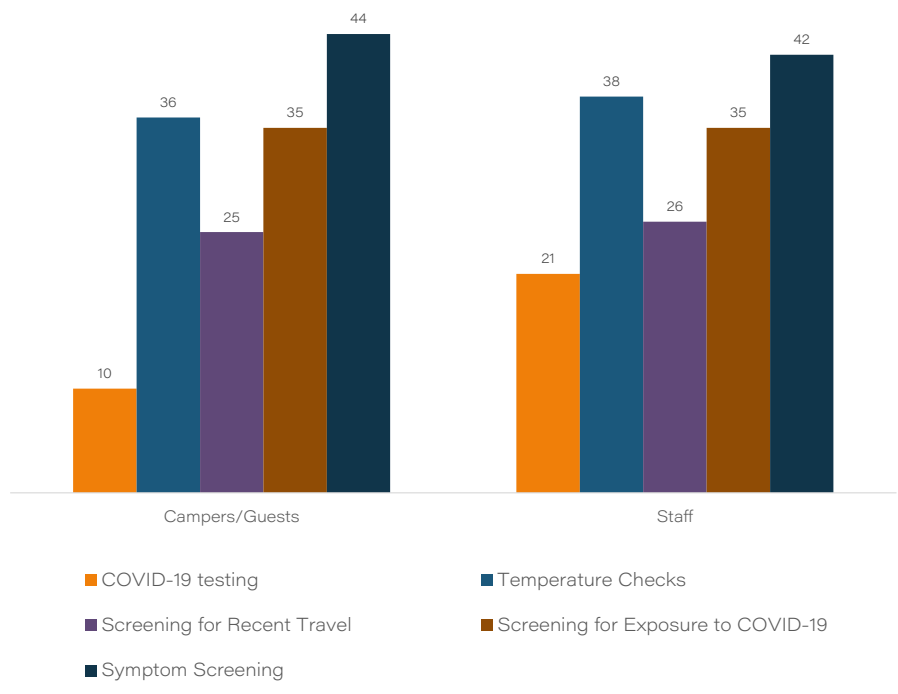


# AT HOME

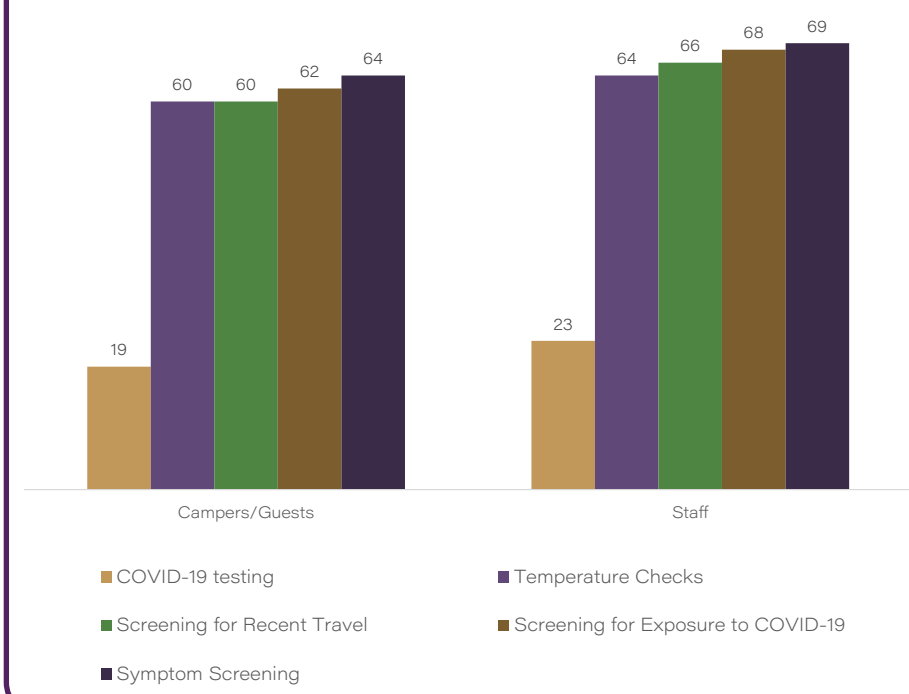
It is difficult to know exactly how many cases happened at camp. It seems from our analysis that potential cases were often identified during pre-camp or start-of-camp health screening procedures, and, in these cases, most were sent home. These cases were most likely contracted prior to camp, but may be included in what respondents reported as "confirmed cases." Overall, our numbers align with data collected on COVID-19 cases from similar organizations, suggesting that in summer 2020, COVID-19 was low in children overall, and the interventions many camps employed appear to have made a difference. What we learned about these interventions are described below.



AT HOME SCREENING PROCEDURES — DAY CAMPS



AT HOME SCREENING PROCEDURES — OVERNIGHT CAMPS



N = 486 individual responses, respondents to this question were allowed to select all that apply.

# HEALTH SCREENING

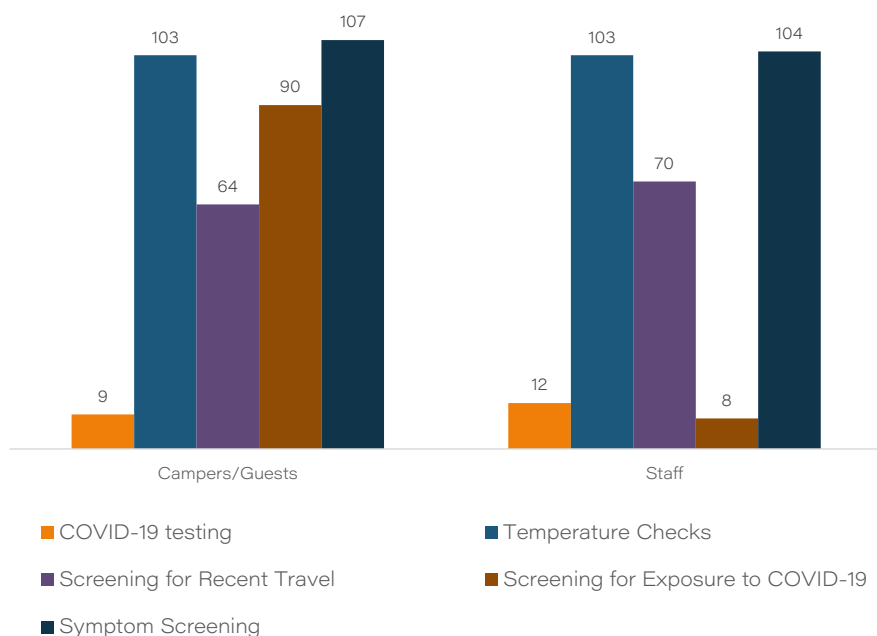


# ARRIVAL

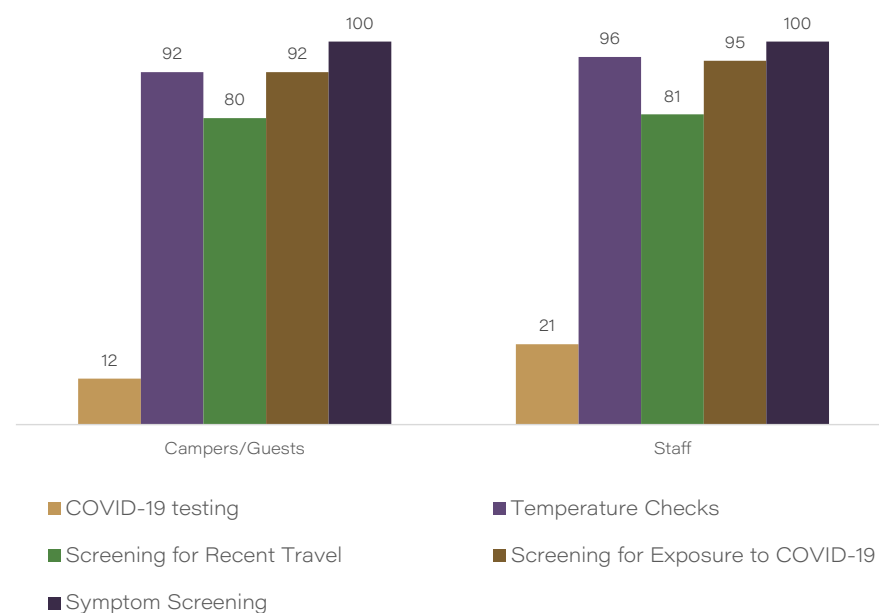
The initial health screening should be incorporated into the existing screenings suggested by [ACA Health Standard HW.6](#) upon the arrival of campers and staff at camp. The questions asked will be similar to those considered during the pre-camp screening process. The Association of Camp Nursing (ACN) provides an example of a [health screening form](#). As medical information evolves on COVID-19 in children, the content of the screening form may be updated with additional information and questions. The results of this initial health screening will determine if an individual is permitted to enter camp or if they require additional screening and evaluation.



## ARRIVAL SCREENING PROCEDURES — DAY CAMPS



## ARRIVAL SCREENING PROCEDURES — OVERNIGHT CAMPS



*N = 486 individual responses, respondents to this question were allowed to select all that apply.*

# HEALTH SCREENING



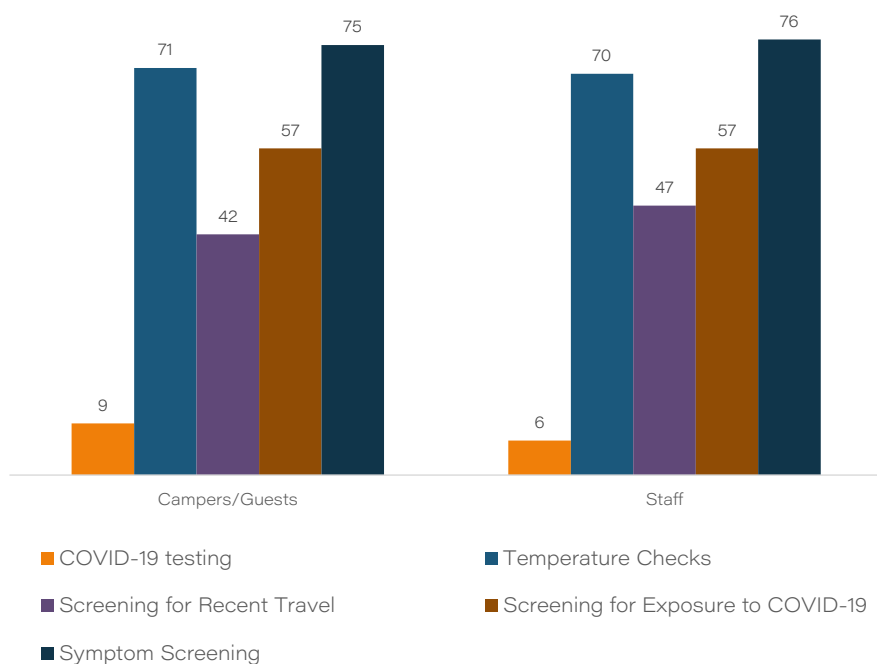
# ROUTINE

Ongoing screening should be conducted by camps on an as-determined basis (e.g., daily, weekly, or more frequently). Camps should consider increased screening frequency during initial days of camp, when there is turnover of camp sessions/staff, when monitoring for potential exposures, or daily for day camps or overnight camps with sessions under two weeks.

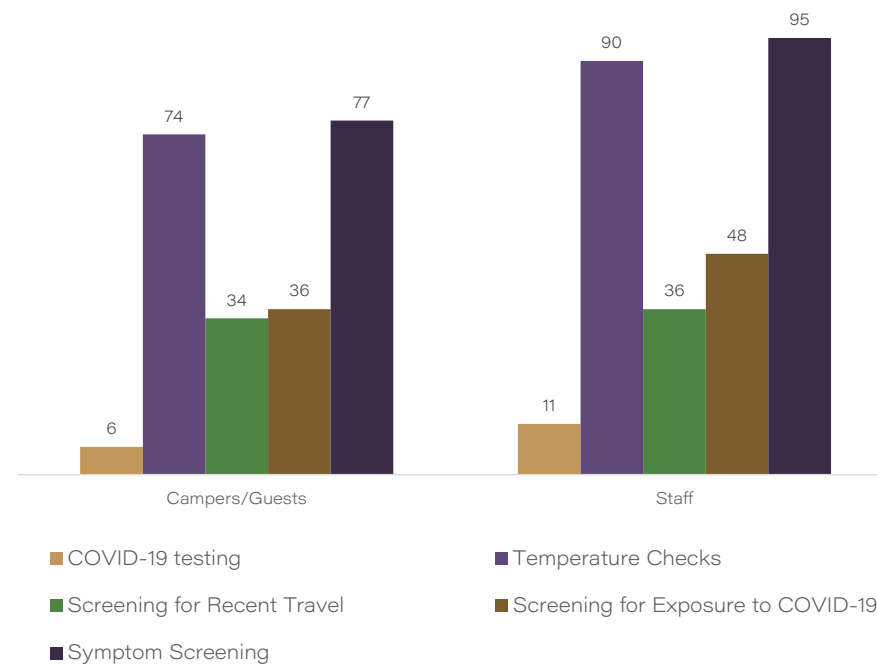
Each camp may decide which activities they will perform for ongoing assessments, keeping compliant with state and local regulations. These activities may be the same as the initial assessment or camps may develop their own set of standardized questions and procedures that seem appropriate for their population and conditions within their area.



## ROUTINE SCREENING PROCEDURES — DAY CAMPS



## ROUTINE SCREENING PROCEDURES — OVERNIGHT CAMPS



*N = 486 individual responses, respondents to this question were allowed to select all that apply.*

# MEDICAL TESTING FOR COVID-19

## ACA FIELD GUIDE FOR CAMPS, SECTION 13.0

Availability of tests, testing programs, and technologies have been and continue to be, changing rapidly throughout the course of the pandemic.

Camps should determine the process by which they will screen campers and staff and the protocols for management of campers and staff who screen positive. It is important to screen everyone in camp, including kitchen staff, grounds crews, and office staff.

Diagnostic testing (molecular and rapid antigen) is most valuable to camp as this type of testing indicates current infection. Four testing scenarios are relevant to camp programs. They include:

- Pre-camp testing carried out within seven days (or preferably 72 hours or less) prior to arrival at camp.
- On-site screening conducted upon arrival to overnight camps or prior to day camp sessions.
- Diagnostic testing carried out in response to potential cases and close contacts.
- Surveillance testing carried out at regular intervals during the camp season.

Many advances in testing are expected over the coming months (Winter 2021). Several technologies are in development to increase the availability, reduce cost, and/or shorten turnaround times for testing results.

Testing and surveillance for COVID-19 is a complex and changing landscape with a myriad of protocols currently in use and under evaluation. We recommend camps seek counsel from knowledgeable health care and public health providers as they consider and develop their Summer 2021 testing plans.

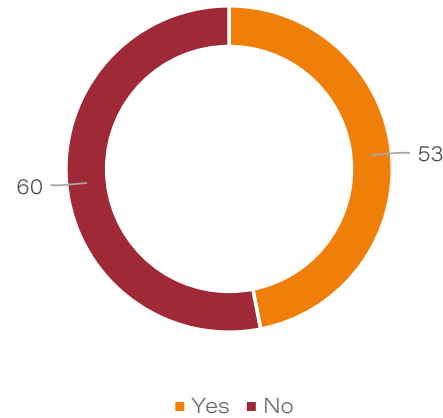
# QUARANTINE



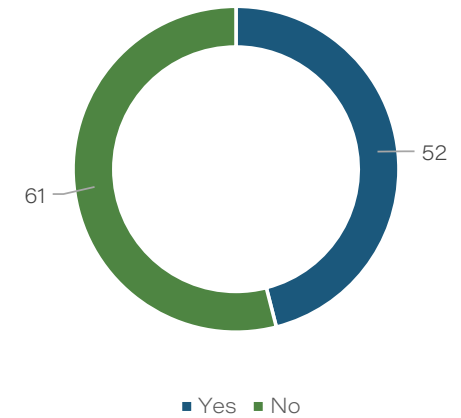
Almost half of overnight camps reported requiring campers and staff to quarantine at home prior to arrival at camp. While we are working to understand the efficacy of quarantining to prevent COVID-19 at camp, it is still recommended by CDC and in the Field Guide for Camps. Thus, we recommend campers and staff quarantine for 7-14 days (depending on state and local recommendations) as part of the layered approach to COVID-19 prevention.



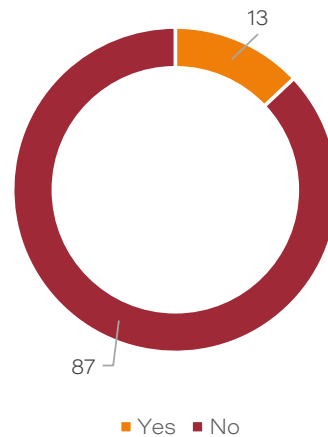
### Campers Quarantined at Home



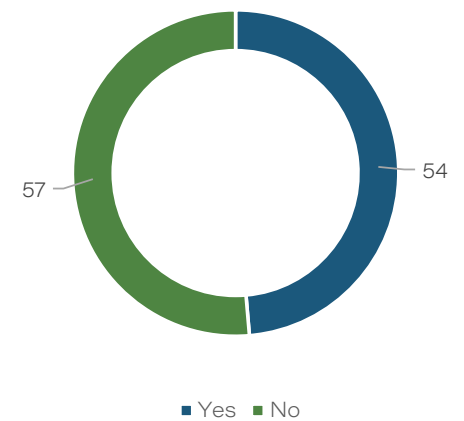
### Staff Quarantined at Home



### Campers Quarantined at Camp



### Staff Quarantined at Camp

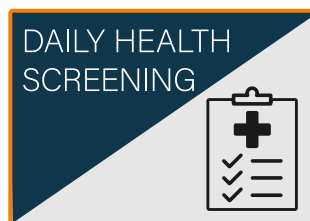
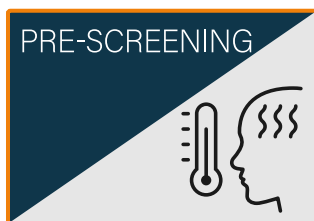


N=279

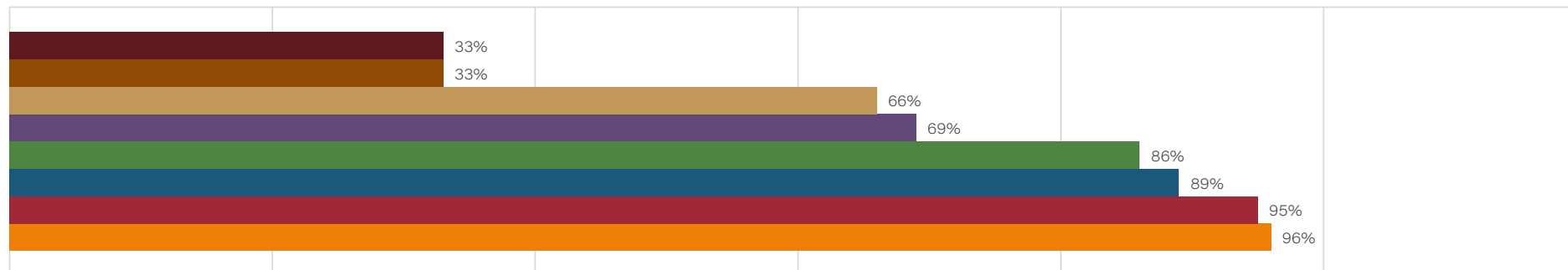


# NONPHARMACEUTICAL INTERVENTIONS (NPIs)

The survey provides valuable information on the summer 2020 experience of day and overnight camp with regards to COVID-19 cases and the use of the NPI strategy as promoted by federal agencies and best practices noted in the Field Guide for Camps. The layered approach of the NPI strategy proves effective and provides resiliency with respect to COVID-19 risks as evidenced in the data analysis presented in the research study. The data identified the persistent use of face coverings and targeted physical distancing measures, including cohorts/pods, physical distancing, and modified programming as the most significant measures to reduce risk. While the data analysis may not have confirmed the effectiveness of other NPIs, [camps should still employ these strategies for further risk reduction.](#)



## NPI USAGE



- Campers and staff to pre-camp quarantine at home
- Staff facial coverings
- Increased cleaning and disinfection

- Face coverings among campers
- Smaller cohort sizes
- Frequent handwashing

- Constant physical distancing
- Reduced capacity

# NONPHARMACEUTICAL INTERVENTIONS (NPIs) MASKING

When examining the impact for multiple combinations of NPIs, the most significant reduction of COVID-19 risks was the consistent use of face coverings for campers and staff and the implementation of targeted physical distancing measures. The [data](#) confirms that the risk of COVID-19 cases was significantly reduced when campers or staff always wore face coverings.

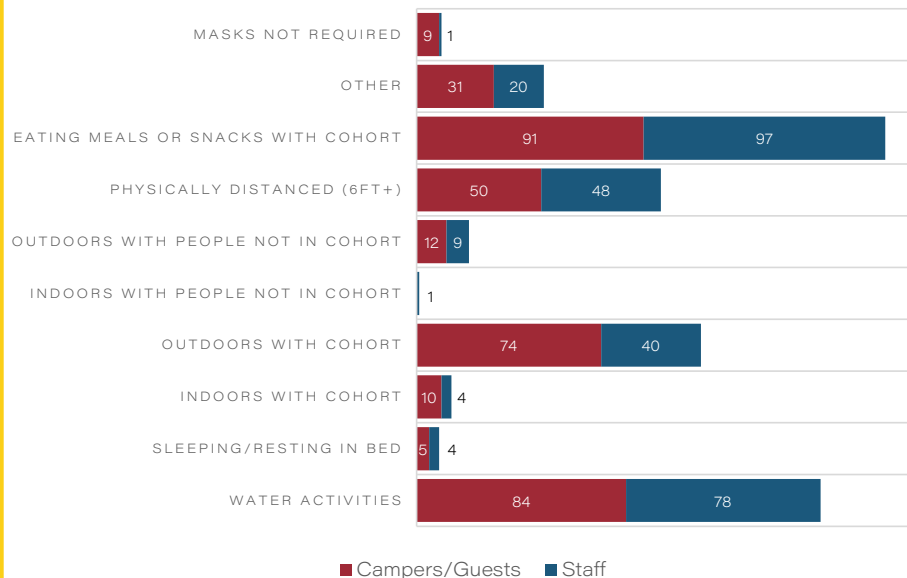


Campers attending camps where face coverings were consistently worn had an **approximately two-thirds reduction in risk of COVID-19.**

Staff working in camps where campers or staff consistently wore face coverings had **greater COVID-19 risk reductions.**



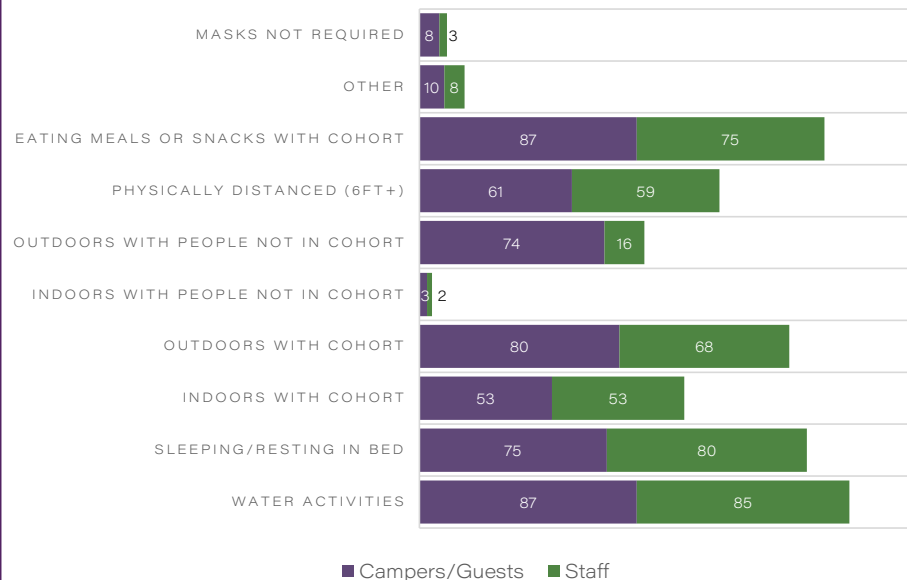
## Mask/Face Covering Protocols — MASKS NOT REQUIRED — Day Camps



N=102 respondents, respondents were asked to select all that apply



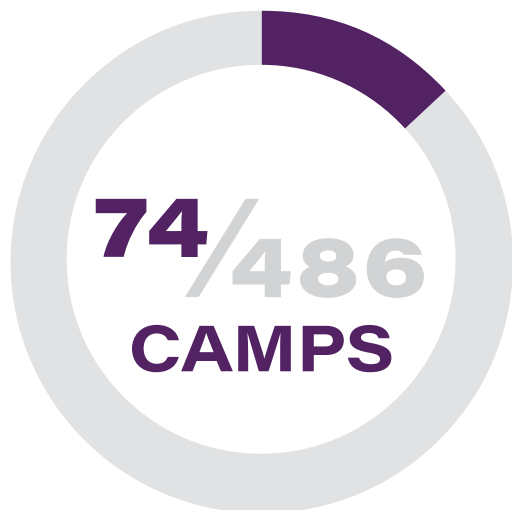
## Mask/Face Covering Protocols — MASKS NOT REQUIRED — Overnight Camps



N=124 camper respondents and 125 staff respondents, respondents were asked to select all that apply

# WHAT DID SUCCESS LOOK LIKE?

# COVID CASES



**74 camps** out of 486 camps experienced a COVID-19 case

Of the 74 camps with a confirmed case,

**10**  
were overnight,

**52**  
were day and

**12**  
were combination  
overnight/day/rental  
camps

A [report](#) was published in the September 2020 CDC MMWR that shared insight into four Maine overnight camps that ran during summer 2020. With 1,022 attendees from 41 states and international locations, these camps implemented a multilayered prevention and mitigation strategy that was successful in identifying and isolating three asymptomatic COVID-19 cases and preventing secondary transmission.

To prevent, identify, and mitigate spread of COVID-19, the four Maine overnight summer camps with similar size, session duration, and camper and staff member characteristics opened with uniform NPIs, including pre-camp quarantine, pre- and post arrival testing and symptom screening, cohorting, and physical distancing between cohorts. In addition, camps required use of face coverings, enhanced hygiene measures, enhanced cleaning and disinfecting, maximal outdoor programming, and early and rapid identification of infection and isolation.

These findings have important implications for the successful implementation of COVID-19 mitigation strategies in camps and other child congregate settings, such as schools, and day care settings, community and recreational centers, and after-school programs.

**102/90,000**  
**CAMPERS AND STAFF**

Out of 486 camps serving almost 90,000 campers, 15% of camps reported at least 1 COVID case, with a total across all camps of **30 campers and 72 staff** confirmed COVID-19 cases.

# LOOKING AHEAD TO SUMMER 21

# VACCINES

**At this time, it is not recommended to exclude campers or staff who have not received the vaccination as there are limitations related to access the vaccine and age restrictions for vaccination.**



## ACA FIELD GUIDE FOR CAMPS, SECTION 14.0

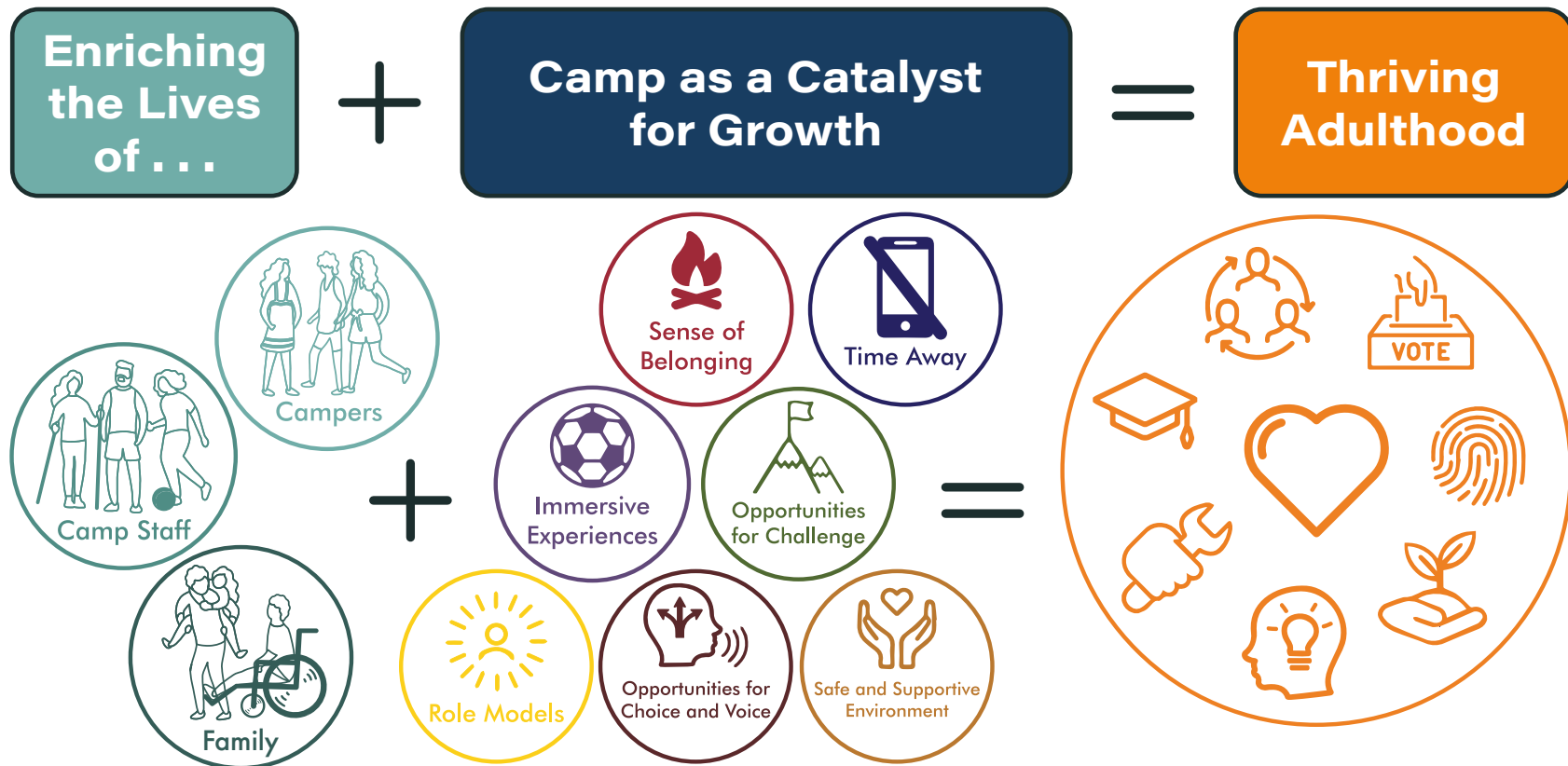
As of January 12, 2021, there are currently two vaccines for COVID-19 available through emergency use authorization (EUA) in the US, produced by Pfizer and Moderna. The vaccines are being distributed and allocated with prioritization for health care providers, emergency responders, and those at greater risk of severe illness from COVID-19. The general population (ages 16+) is expected to start receiving vaccines in April 2021, based upon the current projections of vaccine manufacturing and distribution conditions, and is subject to change.

Camps should review their immunization policies and consider the [policy statement and recommendations](#) of the American Academy of Pediatrics (AAP) as published in the journal *Pediatrics* in July 2019. This policy statement has been reviewed and is supported by the American Camp Association and Association of Camp Nursing. Camps should provide space to indicate vaccine status on camp intake and personnel forms, according to the camp's existing process for other vaccinations. This information will help health center staff to determine if symptoms identified during health screenings could be related to vaccination (if symptoms appear shortly after vaccination) or other illnesses (if symptoms appear after the individual has been vaccinated for about two weeks). At this time, it is not recommended to exclude campers or staff who have not received the vaccination as there are limitations related to access the vaccine and age restrictions for vaccination.

Camps should continue to implement NPIs for all campers and staff (including those vaccinated), such as maintaining six feet of physical distance, wearing face coverings, and washing hands frequently. Camps should communicate this expectation of behaviors for those vaccinated in pre-camp materials (including expected behaviors in the days leading up to camp).

If the camp has implemented a testing program, those who are vaccinated should still be included in their testing group subject to consult with trusted medical and public health professionals. Evidence suggests vaccination protects the individual from the disease; however, we currently do not know if those vaccinated can still spread the illness to others. Therefore, testing for active illness can continue to be a helpful practice to support health of the community.

# Youth living through the pandemic need camp experiences, now more than ever.



*"Camp has been providing life-changing experiences for campers and counselors for over 150 years. We know that on the other side of this pandemic, the lessons we've learned and the hardships we've overcome will make us a stronger, even more resilient community with the tools to reach and positively impact even more children."*

— Tom Rosenberg, President/CEO