

SUMMER CAMP EXPERIENCE 2020

HEALTH AND SAFETY PRECAUTIONS AND TRAINING

- All staff to partake in training, no exceptions. All counselors will have had Lake Forest Recreation Department experience as to avoid excess training.
- North Suburban Special Recreation Association (NSSRA) staff to partake in training to assist campers with special needs. NSSRA and the City of Lake Forest are aligned to follow restrictions and guidelines.
- Human Resources to educate on COVID-19 daily health and safety checklist.
- Redesigned sports/games/activities will be learned and implemented as to avoid unnecessary contact.
- Camp groups will not exceed a 10 people limit. Each group will have health and safety kits including hand sanitizer, cleaning wipes and other necessary first aid supplies.
- Individual supply kits, including scissors, markers, supplies for arts and crafts activities, will be provided to each camper in effort to prevent the spread of COVID-19.
- Campers and employees are required to wear masks each day while inside, maintaining appropriate social distance. Mask break-areas have been implemented. While outside, campers and staff may remove mask, maintaining appropriate social distance.
- Campers and employees will be required to wash hands at least for 20 seconds, once per hour, before/after washroom use, and before/after eating.
- Detailed and thorough cleaning check list to be performed by all staff throughout the day.
- Masks and gloves for staff and campers provided if forgotten at home. All are invited to wear additional PPE if needed to feel more protected.
- Employees and campers to complete daily checklist of personal health screening (parents to complete for campers). Example of camper checklist below (employee checklist same.)

DROP OFF/PICK UP PROCEDURE IMPLEMENTING CAMP, ROTATIONS AND LOGISTICAL OVERVIEW

- Drop off and pick up procedures designated for each location will be implemented providing curbside assistance to the campers exiting and entering vehicles. Parents not in vehicles may not approach closer than 30ft during drop-off/pick-up. Each location set up is as follows:
 - » Parents are instructed to remain in cars, hand the health and safety checklist to receiving counselor and drive off.
 - » Camp group ratios will be 1:8 for all ages, including an additional floater for each two camp groups. Groups of ten will be obvious and separate, maintaining a 30 ft distance.

Camps to be outdoors as much as possible, using specialized, newly designed activities/games/sports to provide health and safety measures while retaining very similar concepts as prior to year 2020. **For more information regarding Day Camp Health & Safety Guidelines:**
<https://dceocovid19resources.com/assets/Restore-Illinois/businessguidelines3/summerprograms.pdf>

CAMPER PERSONAL HEALTH SCREENING (TO BE COMPLETED DAILY)

Camper Name: _____

Date: _____

Name of Person Completing Questionnaire: _____

1. Has your child experienced one of the following symptoms over the past seven days:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| Persistent cough? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fever (temperature of above 100.4 F) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repeated shaking/chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle Pain/Aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore Throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of Taste/Smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Abdominal pain, Vomiting, Diarrhea | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Has your child recently (in the past 14 days) been in close contact with anyone who has exhibited any of the above symptoms? (Close contact means within less than six feet for a prolonged period of time).

- Yes No

3. Has your child recently (in the past 14 days) been in contact with someone who has tested positive for COVID-19 or been advised to self-isolate by a medical professional due to COVID-19 reasons?

- Yes No

4. Has your child recently (in the past 14 days) traveled internationally?

- Yes No