Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

# DIRECTOR'S ORDER

**Re: Director's Order that Reopens Youth Day Camps and Residential Camps, with Exceptions**

I, Amy Acton, MD, MPH, Director of the Ohio Department of Health (ODH), pursuant to the authority granted to me in R.C. 3701.13 to "make special orders…for preventing the spread of contagious or infectious diseases" **Order** the following to prevent the spread of COVID-19 into the State of Ohio:

1. **Preamble:** The sacrifices and incredible efforts that Ohioans have undertaken, make it possible to begin to lift the mandatory requirements and restrictions that were needed during the initial phase of the COVID-19 Pandemic. The adjustment of these orders is able to proceed based upon the facts and the science existing at this time in Ohio, however if the situation continues to improve, then more restrictions will be lifted, and if the situation deteriorates additional targeted restrictions will need to be made. While government can set the baseline, it should be understood that these orders set forth the minimum acts that must be taken and if people do more than the minimum to act safely, it will benefit everyone.

2. **Youth Day Camps and Residential Camps to reopen**. All youth day camps and residential camps are permitted to reopen within the State so long as all safety standards are met. These businesses and operations are encouraged to either reopen or remain open if they have not ceased operation during the prior Stay at Home or other ODH Orders. Businesses and operations shall continue to comply with Social Distancing Requirements as defined in this Order, including by maintaining six-foot social distancing for both employees and members of the public at all times, including, but not limited to, when any customers are standing in line.

3. **Elderly people and those who are vulnerable as a result of illness should take additional precautions.** People at high risk of severe illness from COVID-19, including elderly people and those who are sick, are urged to stay in their residence to the extent possible except as necessary to seek medical care. According to CDC, those at high-risk for severe illness from COVID-19 include people who are sixty-five years or older and people of all ages with underlying medical conditions, particularly if not well controlled, including:

    a. People with chronic lung disease or moderate to severe asthma;
    b. People who have serious heart conditions;
    c. People who are immune compromised;
    d. People with severe obesity (body mass index [BMI] of 40 or higher);
    e. People with diabetes;
    f. People with chronic kidney disease undergoing dialysis; and
    g. People with liver disease.

4. **Facial Coverings (Masks).** Businesses must allow all customers, patrons, visitors, contractors, vendors and similar individuals to use facial coverings, except for specifically documented legal,

life, health or safety considerations and limited documented security considerations. Businesses must require all employees to wear facial coverings, except for one of the following reasons:

a. Facial coverings in the work setting are prohibited by law or regulation;
b. Facial coverings are in violation of documented industry standards;
c. Facial coverings are not advisable for health reasons;
d. Facial coverings are in violation of the business's documented safety policies;
e. Facial coverings are not required when the employee works alone in an assigned work area; or
f. There is a functional (practical) reason for an employee not to wear a facial covering in the workplace.

Businesses must provide written justification, upon request, explaining why an employee is not required to wear a facial covering in the workplace. At a minimum, facial coverings (masks) should be cloth/fabric and cover an individual's nose, mouth, and chin.

5. **Social Distancing Requirements.** For purposes of this Order, Social Distancing Requirements includes maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.

   a. **Required measures.** Businesses and Operations and businesses must take proactive measures to ensure compliance with Social Distancing Requirements, including where possible:

      i. **Designate six-foot distances.** Designating with signage, tape, or by other means six-foot spacing for employees and customers in line to maintain appropriate distance;

      ii. **Hand sanitizer and sanitizing products.** Having hand sanitizer and sanitizing products readily available for employees and customers; and

      iii. **Online and remote access.** Posting online whether a facility is open and how best to reach the facility and continue services by phone or remotely.

6. **Questions.** This Order may be enforced by State and local law enforcement to the extent set forth in Ohio law. Specifically, pursuant to R.C 3701.352 "[n]o person shall violate any rule the director of health or department of health adopts or any order the director or department of health issues under this chapter to prevent a threat to the public caused by a pandemic, epidemic, or bioterrorism event." R.C. 3701.56 provides that "[b]oards of health of a general or city health district, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and other officers and employees of the state or any county, city, or township, shall enforce quarantine and isolation orders, and the rules the department of health adopts." To the extent any public official enforcing this Order has questions regarding what services are prohibited under this Order, the Director of Health hereby delegates to local health departments the authority to answer questions in writing and consistent with this Order, but does not require local health departments to provide advisory opinions to nongovernmental entities.

7. **Penalty.** A violation of R.C. 3701.352 is guilty of a misdemeanor of the second degree, which can include a fine of not more than $750 or not more than 90 days in jail, or both.

8. **General COVID-19 Information and Checklist for Businesses/Employers.** Business and employers are to take the following actions:

   a. Strongly encourage as many employees as possible to work from home by implementing policies in areas such as teleworking and video conferencing, subject to the discretion of the employer;

   b. Actively encourage sick employees to stay home until they are free of fever (without the use of medication) for at least 72 hours (three full days) AND symptoms have improved for at least 72 hours AND at least seven days have passed since symptoms first began. Do not require a healthcare provider's note to validate the illness or return to work of employees sick with acute respiratory illness; healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way;

   c. Ensure that your sick leave policies are up to date, flexible, and non-punitive to allow sick employees to stay home to care for themselves, children, or other family members. Consider encouraging employees to do a self-assessment each day to check if they have any COVID-19 symptoms (fever, cough, or shortness of breath);

   d. Separate employees who appear to have acute respiratory illness symptoms from other employees and send them home immediately. Restrict their access to the business until they have recovered;

   e. Reinforce key messages — stay home when sick, use cough and sneeze etiquette, and practice hand hygiene — to all employees, and place posters in areas where they are most likely to be seen. Provide protection supplies such as soap and water, hand sanitizer, tissues, and no-touch disposal receptacles for use by employees;

   f. Frequently perform enhanced environmental cleaning of commonly touched surfaces, such as workstations, countertops, railings, door handles, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. Provide disposable wipes so that commonly used surfaces can be wiped down by employees before each use;

   g. Be prepared to change business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations); and

   h. Comply with all applicable guidance from the U.S. Centers for Disease Control and Prevention and the Ohio Department of Health regarding social distancing.

9. **Sector Specific COVID-19 Information and Checklist for Youth Day Camps.** Businesses and employers, whether currently open or reopening, are to take the following actions:

   a. General

      i. Day camp providers must operate under reduced staff to child ratios and maximum group size limitations at all times.
         1. One day camp staff member per nine school-age children with no more than nine children in the room.

ii. Employees must perform daily symptom assessment. Symptoms include cough, shortness of breath, difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell
iii. Require employees to stay home if symptomatic.
iv. It is recommended that, if possible, day camp workers should wear a cloth face covering, unless it is unsafe for them to do so.
    1. Cloth face coverings should not be worn if the person has trouble breathing, is unconscious, is incapacitated, or they are unable to remove the mask without assistance; if they pose a choking hazard; if they result in increased face touching; or during nap time.

b. Registration

i. It is recommended that, if possible, registration documents should notify parents about new policies and procedures to prevent the spread of COVID-19.
ii. It is recommended that, if possible, day camp programs should ensure that all staff are up-to-date in CPR and AED trainings, as required, and that staff follow CDC guidelines when administering.

c. At Drop-Off

i. Day camp providers must ensure that children wash their hands upon entering their classroom. This may require providers to assist children with handwashing.
ii. Day camp providers must check the temperatures of all staff, children, and adults upon arrival. If any individual has a fever of 100 degrees or higher, they may not enter the facility.
iii. It is recommended that, where possible, providers should modify pick-up and drop-off to ensure social distancing.
    1. Providers may stagger drop-off and pick-up times to reduce contact between families.
    2. Parent or caretaker should, when safe to do so, wear a mask for pick-up and drop-off.
    3. The same parent or caretaker should conduct pick-up and drop-off each day.
    4. Providers should conduct "curbside" pick up and drop-off where possible.
        a. A single employee should operate child pick-up and drop-off, escorting all children to and from their classroom.
iv. It is recommended that, if possible, day camp providers should limit parent and visitor entry into the facility.
v. It is recommended, if possible, until a day camp provider can acquire a thermometer, providers may require parents and/or campers to self-attest to their temperature and symptoms.
vi. It is recommended that, if possible, campers should limit the use of personal items from home during the camp day. If personal items are necessary, they should remain stored in a backpack or other storage bin, be used solely by the camper, and return home daily.

vii. It is recommended that, if possible, parents may submit a signed waiver to the day camp provider allowing their child to walk to camp.

d. During the Day

i. Day camp workers must follow rigorous handwashing procedures as detailed in Appendix B to Ohio Administrative Code 5101:2-12-13.
   1. Upon arrival for the day, after breaks and upon returning from outside.
   2. After toileting or assisting a child with toileting.
   3. After each diaper change or pull-up change.
   4. After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
   5. After cleaning or sanitizing or using any chemical products.
   6. After handling pets, pet cages or other pet objects that have come in contact with the pet.
   7. Before eating, serving or preparing food or bottles or feeding a child.
   8. Before and after completing a medical procedure or administering medication.
   9. When visibly soiled (must use soap and water).
   10. Prior to departure.

ii. Day camp attendees must follow rigorous handwashing procedures as detailed in Appendix B to Ohio Administrative Code 5101:2-12-13.
   1. Upon arrival for the day.
   2. After toileting/diaper change.
   3. After contact with bodily fluids.
   4. After returning inside after outdoor play.
   5. After handling pets, pet cages or other pet objects that have come in contact with the pet before moving onto another activity.
   6. Before eating or assisting with food preparation.
   7. After water activities.
   8. When visibly soiled (must use soap and water).
   9. Prior to departure.

iii. Day camp providers may use non-permanent sinks to meet handwashing requirements.

iv. Day camp providers must immediately send home any child or employee who has a temperature of 100 degrees or higher. This individual may not return until they are fever free for 24 hours, without the use of fever-reducing medication. If the individual has had contact with someone confirmed or probable to have COVID-19, he or she must complete isolation or quarantine procedures in coordination with the local health department prior to returning to the program.

v. It is recommended that, if possible, day camp providers should cancel all field trips, excursions, and large-group events such as parties.

vi. It is recommended that, if possible, day camp providers should, to the extent possible, prevent groups from mixing.
   1. Children of the same employer, to the extent possible, should be in the same group.
   2. Teachers should remain with their group throughout the day.

3. Support staff should only serve one group of children and should not "float" from room to room.

vii. It is recommended that, if possible, day camp providers should stagger the use of any communal space, such as playgrounds, lunchrooms, and bathrooms. Providers should sanitize communal spaces between each group of children.

viii. It is recommended that, if possible, when temporary dividers are used, day camp providers should ensure that groups do not mix.
   1. Providers should use different entrance/exits for each group of students.
   2. Providers should use separate sinks for each group of kids.
   3. To the extent possible, providers should use different bathrooms for each group.

ix. It is recommended that, if possible, day camp providers should sanitize toys after each use and remove toys that cannot be sanitized.

x. It is recommended that, if possible, day camp providers should wear gloves while serving food.

xi. It is recommended that, if possible, day camps that operate exclusively outdoors should consider total camp capacity based upon best social distancing practices between groups and upon inclement weather circumstance.

xii. It is recommended that, if possible, day camp providers should follow additional Responsible RestartOhio guidance for outdoor activities and sports. This guidance is available at coronavirus.ohio.gov.

xiii. It is recommended that, if possible, in case of weather emergencies, move campers and staff to a secure area maintaining safe social distancing when possible. If safe social distancing practices are not possible during such period, masks or cloth facial coverings should be used.

xiv. It is recommended that, if possible, day camps should stagger employee break times to prevent employees from congregating in break areas or common areas and to accommodate cleaning procedures.

e. At Pick-Up

i. Day camp providers must ensure that children wash their hands prior to departure. This may require providers to assist children with handwashing.

ii. It is recommended that, if possible, providers should modify pick-up and drop-off to ensure social distancing.
   1. Providers may stagger drop-off and pick-up times to reduce contact between families.
   2. Caregiver should, when safe to do so, wear a mask for pick-up and drop-off.
   3. Providers should conduct "curbside" pick up and drop-off.

iii. It is recommended that, if possible, a single employee should operate child pick-up and drop-off, escorting all children to and from their classroom.
   1. Parents may submit a signed waiver to the day camp permitting their child to walk home from day camp.

f. Physical Environment

i. Day camp providers may use temporary walls to divide a room into smaller spaces to serve multiple groups, under limited circumstances.
   1. The smaller space must contain at least 35 square feet of space per child.
   2. The divider must be at least six feet in height.
   3. The divider must be made from nonporous material or other material that can be sanitized.
   4. The divider must meet any requirements set by the Department of Commerce, local building department, state fire marshal, or local fire safety inspector.

g. Confirmed Cases

i. Day camp providers must immediately notify the Department of Job and Family Services in writing if a child or employee test positive for COVID-19.
ii. Immediately isolate and seek medical care for any individual who develops symptoms while at the day care facility.
iii. Shutdown area for deep sanitation, if possible.
iv. It is recommended that, if possible, work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.
v. It is recommended that, if possible, once testing is readily available, test all suspected infections or exposures.
vi. It is recommended that, if possible, following testing, contact local health department to initiate appropriate care and tracing.

**10. Sector Specific COVID-19 Information and Checklist for Residential Camps.** Businesses and employers, whether currently open or reopening, are to take the following actions:

a. General

i. Camp providers must operate under reduced staff to camper ratios and maximum group size limitations at all times.
   1. One staff member per nine camper children with no more than nine children in the group.
ii. Require employees perform daily symptom assessment. Symptoms include cough, shortness of breath, difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell
iii. Require employees to stay home if symptomatic.
iv. It is recommended that, if possible, all employees should wear facial coverings, except for one of the following reasons:
   1. Facial coverings in the work setting are prohibited by law or regulation;
   2. Facial coverings are in violation of documented industry standards;
   3. Facial coverings are not advisable for health reasons;
   4. Facial coverings are in violation of the business' documented safety policies;
   5. Facial coverings are not required when the employee works alone in an assigned work area; or
   6. There is a functional (practical) reason for an employee not to wear a facial covering in the workplace.

(Businesses must provide written justification to local health officials, upon request, explaining why an employee is not required to wear a facial covering in the work place. At minimum, facial coverings (masks) should be cloth/fabric and cover an individual's nose, mouth, and chin.)

v. It is recommended that, if possible, camps should operate at a reduced capacity based on cohort group and social distancing requirements.
vi. It is recommended that, if possible, camps should limit the daily number of staff/volunteers to meet essential needs only.

b. Registration

i. Camp providers must ensure that campers wash/sanitize hands before coming into registration area.
ii. Camp providers must check the temperatures of all staff and campers upon arrival. If any individual has a fever of 100 degrees or higher, they may not enter the facility.
iii. It is recommended that, if possible, for registration purposes, registration documents shall include new language and guidelines related to preventing the spread of COVID-19. The latest information is available at coronavirus.ohio.gov.

c. Prior to Arriving

i. Hygiene stations should be set up at the entrance of the facility so that both campers and staff can clean their hands before entering the facility and prior to leaving. Providers may use temporary sinks to meet handwashing requirements. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Supervise campers to ensure safety and compliance upon arrival and departure.
ii. Teach the importance of good hygiene: hand washing, sanitizing, and social distancing by sharing up-to-date information about COVID-19 and related business procedures and policies.
iii. It is recommended that, where possible, identify campers at higher risk for complications related to COVID-19 and encourage them to take additional precautions during the camp.
iv. It is recommended that, if possible, ensure CPR and AED trainings are up to date that include guidance with COVID-19 precautions.
v. It is recommended, if possible, staff and campers should record their temperature for 14 days before camp. If a staff member or camper has a fever of 100 degrees or higher or any other COVID-19 symptoms, such as cough or shortness of breath, they should not attend camp.
vi. It is recommended that, if possible, Any staff or campers who have been in close contact with someone who has tested positive for COVID-19 or is suspected of having COVID-19 should not attend camp.

d. At Drop Off

i. It is recommended that, if possible, a modified drop-off and pick-up should be arranged to ensure social distancing and should involve only one parent or guardian.
   1. Create curbside check-in and check-out if possible.
   2. If curbside is not possible, stagger drop-off and pick-up times to reduce contact between families.
   3. Registration or camp check-in areas should be spread out to ensure safe social distancing.
   4. Camp staff, campers, and parents should wear masks during camp check-in.
   5. Designated staff members should walk each camper separately to designated room location.

e. Guidance for Sleeping Arrangements

i. Occupancy should be based on the following criteria:
   1. Not more than 10 people per sleeping area
   2. Physical barriers may be created to break up larger buildings.
ii. Head-to-toe sleeping should be considered, especially on bunk beds.
iii. It is recommended that, if possible, there should be 6 feet between beds.
iv. It is recommended that, if possible, the camper should provide all bedding, needed clothing, personal hygiene items, and any other items specified by camp coordinator. These items should be stored with the camper's personal belongings and should not be shared amongst campers.
v. It is recommended that, if possible, sleeping quarters should be cleaned and sanitized once per day. Beds and mattresses should be cleaned once per week, or immediately upon a change in occupancy.
vi. It is recommended that, if possible, staff and campers should not rotate among sleeping quarters. Staff and campers should limit interactions to those from the same sleeping quarters.

f. Operating Guidance

i. Handwashing should be incorporated throughout the day in the following manner:
   1. Upon arrival for the day, after breaks, and upon returning from outside.
   2. After using the restroom.
   3. After contact with any bodily fluids or cleaning up spills/objects contaminated with body fluids.
   4. After cleaning, sanitizing, or using any chemical products.
   5. After handling pets, pet cages, pet objects, animals, fishing, or other related activities involving animals.
   6. Before eating, serving, or preparing food.
   7. Before and after administering medication.
   8. When visibly soiled.
   9. Prior to departure.
ii. Camp providers must immediately send home any camp staff or camper with a temperature of 100 degrees or higher. This individual may not return until they are fever-free for 24 hours without the use of fever - reducing medication. If the

individual has had contact with someone confirmed or likely to have COVID-19, he or she must remain in quarantine in coordination with local health department prior to returning to the program.

iii. Communal spaces and equipment should be cleaned and disinfected thoroughly between uses. Eliminate any activities that include equipment that is difficult to clean.

iv. Follow all appropriate guidance for use of equipment at facility and consult with manufacturer's guidelines for cleaning specialized equipment.

v. Conduct rigorous cleaning throughout the day of all facilities used by campers and staff including bathrooms, common program spaces, offices, etc.

vi. It is recommended that, if possible, camp operators should organize the camp into the smallest group sizes possible, made up of staff and campers from a single sleeping quarter. Small groups should remain together, including at meal time and during activities.

vii. It is recommended that, if possible, program activities should be limited to each group separately. Large group activities should not occur.

viii. It is recommended that, if possible, incorporate as much outdoor air into the space as possible using open windows and fans. Mark off or tape a 6-foot barrier around the fan to keep the campers away.

ix. It is recommended that, if possible, meals should be staggered and/or in isolated areas such as cabins, and/or the dining area should have physical barriers between groups.

x. It is recommended that, if possible, camp providers may provide non-permanent sinks to meet handwashing requirements.

xi. It is recommended that, if possible, camp providers should use gloves and cloth face coverings to serve meals.

xii. It is recommended that, if possible, camp staff should serve all food and drinks and provide utensils to each camper. No buffets or family style meals should be served. In addition, the use of common and self-serve items should be discontinued.

xiii. It is recommended that, if possible, the sharing of equipment and supplies should be limited between groups.

xiv. It is recommended that, if possible, consider using designated entrances and exits to buildings/large meeting rooms.

xv. It is recommended that, if possible, camp providers should stagger the use of any communal space, such as playgrounds, lunchrooms, bathrooms, and shower facilities.

xvi. It is recommended that, if possible, plan activities that do not require close physical contact among multiple campers. If using tables, increase the distance between campers.

xvii. It is recommended that, if possible, for sports, swimming, or other outside activities, follow guidance protocols provided in Responsible Restart Ohio guidance documents found at www.coronavirus.ohio.gov.

xviii. It is recommended that, if possible, any field trips off camp property should be cancelled.

xix. It is recommended that, if possible, in case of weather emergencies, move campers and staff to a secure area maintaining safe social distances. If safe social distancing

practices are not possible during such period, masks or cloth facial coverings should be used by both staff and campers.

xx. It is recommended that, if possible, stagger employee break times throughout the day to limit the number of employees congregating in break areas or common areas and to accommodate cleaning procedures.

xxi. It is recommended that, if possible, minimize time standing in lines and take steps to ensure that 6 feet of distance between the campers is maintained.

g. At Pick-Up

i. Camp providers must ensure that campers wash their hands prior to departure.

ii. It is recommended that, if possible, providers should modify pick-up to ensure social distancing.

1. No parents should be in the dorm. Curbside pick-up is suggested with designated camp staff assisting each camper to the staggered pick-up location.
2. Camp providers may stagger pick-up times to reduce contact between families.
3. Masks or cloth face coverings should be worn, if possible.

h. Physical Environment

i. Temporary wall dividers may be used to divide a room into smaller spaces to serve multiple groups under limited circumstances.

1. The smaller space must contain at least 35 square feet of space per camper.
2. The divider must be at least six feet in height.
3. The divider must be made from nonporous material or other material that can be sanitized.
4. The divider must meet any requirements set by the Ohio Department of Commerce, local building department, state fire marshal, or local fire safety inspector.

ii. Camp providers must maintain public restrooms and shower facilities as appropriate:

1. Ensure there are functional toilets.
2. Clean and sanitize public areas and restrooms in the morning and evening, with increased instances of cleaning and sanitation during peak usage times. Cleaning should be conducted using EPA-registered disinfectants, particularly on high- touch surfaces such as faucets, toilets, doorknobs, and light switches.
3. Make sure supplies for handwashing, including soap and materials for drying hands, are fully stocked every time the bathroom is cleaned.
4. Provide hand sanitizer when water is not available.
5. Restrooms and showerhouses should limit the number of users at any one time based on the facility size and current social distancing guidelines.

i. Confirmed Cases

i. Camp providers must immediately notify the local department of health of any camp staff or camper who tested positive for COVID-19.

ii. Immediately isolate and seek medical care for any individual who develops symptoms while at the day care facility.
iii. Shutdown area used by confirmed individual for deep sanitation, if possible.
iv. It is recommended that, if possible, work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.
v. It is recommended that, if possible, once testing is readily available, test all suspected infections or exposures.
vi. It is recommended that, if possible, following testing, contact local health department to initiate appropriate care and tracing.

11. **Duration.** This Order shall be effective immediately and remains in full force and effect until 11:59 p.m. on July 1, 2020, unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date.

COVID-19 is a respiratory disease that can result in serious illness or death, is caused by the SARS-CoV-2 virus, which is a new strain of coronavirus that had not been previously identified in humans and can easily spread from person to person. The virus is spread between individuals who are in close contact with each other (within about six feet) through respiratory droplets produced when an infected person coughs or sneezes. It may be possible that individuals 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.

On January 23, 2020, the Ohio Department of Health issued a Director's Journal Entry making COVID-19 a Class A reportable disease in Ohio.

On January 28, 2020, the Ohio Department of Health hosted the first statewide call with local health departments and healthcare providers regarding COVID-19.

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak of COVID-19 a public health emergency of international concern.

On January 31, 2020, Health and Human Services Secretary, Alex M. Azar II, declared a public health emergency for the United States to aid the nation's healthcare community in responding to COVID-19.

On February 1, 2020, the Ohio Department of Health issued a statewide Health Alert Network to provide local health departments and healthcare providers with updated guidance for COVID-19 and revised Person Under Investigation (PUI) criteria.

On February 3, 2020, the Ohio Department of Health trained over 140 personnel to staff a call center for COVID-19, in the event it was needed.

On February 5, 2020, the Ohio Department of Health began updating and notifying the media of the number of PUIs in Ohio every Tuesday and Thursday.

On February 6, 2020, the Ohio Department of Health updated all agency assistant directors and chiefs of staff on COVID-19 preparedness and status during the Governor's cabinet meeting.

On February 7, 2020, the Ohio Department of Health and the Ohio Emergency Management Agency met to conduct advance planning for COVID-19.

On February 13, 2020, the Ohio Department of Health conducted a Pandemic Tabletop Exercise with State agencies to review responsive actions should there be a pandemic in Ohio.

On February 14, 2020, the Ohio Department of Health held a conference call with health professionals across the state. The purpose of the call was to inform and engage the healthcare community in Ohio. Presentations were provided by the Department of Health, Hamilton County Public Health, and the Ohio State University.

On February 27, 2020, the Ohio Department of Health and the Ohio Emergency Management Agency briefed the directors of State agencies during the Governor's cabinet meeting regarding preparedness and the potential activation of the Emergency Operations Center.

On February 28, 2020, the "Governor DeWine, Health Director Update COVID-19 Prevention and Preparedness Plan" was sent to a broad range of associations representing healthcare, dental, long-term care, K-12 schools, colleges and universities, business, public transit, faith-based organizations, non-profit organizations, and local governments.

On March 2, 2020, the Ohio Department of Health activated a Joint Information Center to coordinate COVID-19 communications.

On March 5, 2020, the Ohio Department of Health hosted the Governor's Summit on COVID-19 Preparedness, a meeting with the Governor, cabinet agency directors, local health department commissioners, and their staff.

On March 6, 2020, the Ohio Department of Health opened a call center to answer questions from the public regarding COVID-19.

On March 9, 2020, testing by the Department of Health confirmed that three (3) patients were positive for COVID-19 in the State of Ohio. This confirms the presence of a potentially dangerous condition which may affect the health, safety and welfare of citizens of Ohio.

On March 9, 2020, the Ohio Emergency Management Agency activated the Emergency Operations Center.

On March 9, 2020, the Governor Declared a State of Emergency in Executive Order 2020-01D.

On March 11, 2020, the head of the World Health Organization declared COVID-19 a pandemic.

On March 11, 2020, testing by the Ohio Department of Health confirmed that one (1) more patient was positive for COVID-19 in the State of Ohio.

On March 11, 2020, the Ohio Departments of Health and Veterans Services issued a Joint Directors' Order to limit access to Ohio nursing homes and similar facilities.

On March 15, 2020, the Ohio Department of Health issued a Director's Order to limit access to Ohio's jails and detention facilities.

On March 15, 2020, the Ohio Department of Health issued a Director's Order to limit the sale of food and beverages, liquor, beer and wine to carry-out and delivery only.

On March 15, 2020, the CDC issued Interim Guidance for mass gatherings or large community events, stating that such events that consist of 50 or more people should be cancelled or postponed.

On March 16, 2020 the Ohio Department of Health issued a Director's Order closing polling locations for the March 17, 2020 primary election.

On March 17, 2020 the Ohio Department of Health issued a Director's Order for the management of non-essential surgeries and procedures throughout Ohio.

On March 17, 2020 the Ohio Department of Health issued an Amended Director's Order to limit and/or prohibit mass gatherings and the closure of venues in the State of Ohio.

On March 19, 2020, the Ohio Department of Health issued a Director's Order closing hair salons, nail salons, barber shops, tattoo parlors, body piercing locations, and massage therapy locations.

On March 21, 2020, the Ohio Department of Health issued a Director's Order closing older adult day care services and senior centers.

On March 21, 2020, the Ohio Department of Health issued a Director's Order closing family entertainment centers and internet cafes.

On March 22, 2020, the Ohio Department of Health issued a Director's Order that all persons are to stay at home unless engaged in essential work or activity.

On March 24, 2020, the Ohio Department of Health issued a Director's Order that closed facilities providing child care services.

On March 30, 2020, the Ohio Department of Health issued an Amended Director's Order that closed all K-12 schools in the State of Ohio.

On April 2, 2020, the Ohio Department of Health issued an Amended Director's Order that all persons are to stay at home unless engaged in essential work or activity.

On April 30, 2020, the Ohio Department of Health issued the Stay Safe Ohio Order that reopened businesses, with exceptions, and continued a stay healthy and safe at home order.

Multiple areas of the United States are experiencing "community spread" of the virus that causes COVID-19. Community spread, defined as the transmission of an illness for which the source is unknown, means that isolation of known areas of infection is no longer enough to control spread.

The CDC reports that people are most contagious when they are most symptomatic (the sickest) however some spread might be possible before people show symptoms although that is not the main way the virus spreads.

Mass gatherings (10 or more persons) increase the risk of community transmission of the virus COVID-19.

Accordingly, I hereby **ORDER** that youth day camps may reopen or continue to operate as set forth in this Order. This Order shall remain in full force and effect until and Residential Camps, unless the Director of the Ohio Department of Health rescinds or modifies this Order at a sooner time and date. To the extent any public official enforcing this Order has questions regarding what services are prohibited under this Order, the Director of Health hereby delegates to local health departments the authority to answer questions in writing and consistent with this Order.

Amy Acton MD MPH

June 1, 2020

Amy Acton, MD, MPH
Director of Health