



**Operational Plan ♦ Summer 2021**  
**Camp John H. Ware, Horseshoe Scout Reservation**  
**Chester County Council, BSA**

**June 9, 2021**

Thank you for registering to attend Camp John H. Ware 3<sup>rd</sup> this summer. We are looking forward to your arrival.

We are aware that things regarding COVID-19 are still fluid, and we are making updates to policies as they are announced by the Commonwealth of PA. The Health and Safety of all our guests and staff are at the forefront of these decisions. This document was put together to help answer your questions about Cub Scout Overnight camp at Camp John H Ware 3<sup>rd</sup> for the summer of 2021. This plan is what will be used moving forward and will be updated as the situation dictates.

It is important to note that even with this plan in place, we cannot guarantee that COVID-19 will not impact our summer program or participants. We ask that families evaluate their decision to attend based on their own, personal situations. The goal of the camp administration is to have a program that resembles the traditional Camp Ware program we all know and love, but please understand that changes had to be made for this year in order to comply with the CDC and Commonwealth of PA guidelines.

Changes have a ~~strikethrough~~  
 Additions are in **yellow**

Arrival Schedule	Departure Schedule
Wednesday or Thursday morning, at your assigned time <b>between 9am-12pm</b>	Sunday, after lunch

**Pre-Arrival:**

- The pre-leader meeting, done each Wednesday evening prior to your arrival, ~~will be done virtually~~ **will be an in-person meeting. Virtual options will still exist.**
- Any attendee that is experiencing flu like symptoms or has a fever is not permitted to attend. Packs should ask all attendees to monitor their health 5-days prior to arrival. See attached **Pre-Camp Health Screening** form that must be completed by each attendee.
- ~~Per the PA Department of Health, all non-PA residents must receive a negative COVID-19 test within 72 hours of arrival, including those that have been vaccinated. Rapid tests will be made available upon arrival. These will be provided via pre-order at cost to the participant. (Removed 3/1/2021)~~
- Distribute attached **CCCBSA COVID Waiver** and release for all attendees to complete.

**Day of Arrival:**

- A temperature check of all attendees must be completed prior to departing for camp. Those with a fever or flu-like symptoms should not proceed to Camp Ware.

- No early arrivals will be permitted. ~~Each pack will receive a window of time for their arrival. The entire pack must arrive together and will be checked in at the main parking lot.~~
- Drivers and non-session attendees will not be permitted to leave their vehicles.
- Only the pack trailer will be permitted to leave the parking lot and travel to the site.
- All pack and personal gear can be transported to the site via that truck/trailer or it will be transported down by the camp staff.

### **Food Service:**

- No meals will take place in the Gutherman Dining Hall.
- Food will be served in ~~individually packaged~~, disposable containers.
- All food, except for Saturday outpost day, will be served ready to eat.
- Outpost day cooking will continue unchanged, however there will be an option for ready-to-eat food.
- If weather permits, a few all-camp meals will take place. You are encouraged to bring chairs and/or blankets to sit on during this time.

### **Camp Sites:**

- Based on the size of the adirondack structures, it has been deemed acceptable that they sleep their full capacity so long as those in there are sleeping head to toe.
- Camp provided canvas tents can also sleep two people, alternating head to toe.
- We will do our best to have extra tents to provide to your troop. However, it may be necessary for your pack to provide additional tents should your sleeping requirements differ.
- Beds, cots, and mattresses will be cleaned after each session. If your unit prefers not to use the camp supplied items, there will be an area in the campsite they can be secured for the week.
- Once we receive the number of attendees for your pack, we can let you know the set-up of your site including number of tents and platforms.
- Attendees are welcome to bring their own tent and set up in the campsite.

### **Program:**

- Refer to above "Day of Arrival" section for more information.
- Departure will be after lunch on Sunday.
- Cub Program will be offered in the same way as before.
- Webelos elective program pre-registration will be required.
- Retreat: Overall this will remain unchanged, just more spread out.
- The traditional closing ceremony will take place on Sunday after lunch, but due to limited capacity, visitors will not be permitted.

**Health and Safety:**

- Please refer to Mask Policy for current state guidance.
- Packs are responsible for ensuring their attendees have appropriate face coverings for the entire session, **as required by the Mask Policy.**
- Anyone exhibiting COVID symptoms will be sent home immediately.
- Common areas, including shower and restrooms facilities will be cleaned at least once per day with an FDA approved cleaner.
- No visitors will be permitted to come to Camp John H. Ware.
- In the rare circumstance that a pack needs partial week leadership, you will be asked to provide a list of those leaders and their arrival dates/times in advance so that they can be contacted directly.
- Contact tracing will be conducted by the Camp Staff and/or the PA Department of Health. Pack leadership should expect a follow up call after leaving their session inquiring about the status of all attendees.

**Payment Schedule:**

It is important that we receive your registrations in a timely manner. As with any year, we have a large number of staff to hire, program supplies to purchase, and facility needs to address. Please refer to the payment schedule that remains unchanged from last year.

- Early-bird fee: Paid on/before April 15, 2021
- Regular fee: Paid after April 15, 2021

Sincerely,

<b>Bill Hohl</b>	<b>Matt Cecchini</b>	<b>Evan Ellwanger</b>	<b>Jake Segal</b>
Camp Director	Program Director	Property Manager	Director of Support Services

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**Appendix:**

Mask Policy

COVID Waiver

Pre-Camp Health Screening

Refund Policy



## **Mask Policy Memo ♦ Summer 2021**

### **Horseshoe Scout Reservation**

In accordance with CDC and Chester County Health Department guidance, the following masking guidelines will be in place while participating in programs and activities at the Horseshoe Scout Reservation.

All persons on the camp property are required to wear a facemask when inside any public use facility. This PA mandate is expected to expire June 28<sup>th</sup>. If this mandate is removed, masks will not need to be worn indoors by those that are vaccinated. Masks will continue to need to be worn indoors by those who are not vaccinated.

Per CDC guidance, masks are not required outdoors for those fully vaccinated.

If you are not vaccinated, masks will be required outdoors when physical distancing of 6-feet cannot be maintained.

In addition, masks are not required while swimming or in the enclosed area of the pool deck. Masks are not required while sleeping.

Finally, various individuals have different expectations and concerns regarding COVID. No matter what our policy is at the time camp opens this summer, we all must be sensitive to each other and respect another person's comfort level with COVID precautions. We will have a policy that sets our minimum standards for behavior, but if someone wishes to take additional measures to protect themselves, we will be respectful of their decision.

In summary, we are excited to offer a summer camping experience at Horseshoe. We will conduct this summer season in the safest way we can for all of our scouts, scouters, and staff. We are required to follow all public health measures in order to open our camp and we will follow the guidance of the CDC and state agencies, whichever is stricter.

Sincerely,

Dr. David Mellinger, Camp Horseshoe Director

Dr. Peter Motel, President of the Board

Jeffrey Spencer, Scout Executive

**CHESTER COUNTY COUNCIL, BOY SCOUTS OF AMERICA  
FACILITY AND PROPERTY USER  
CONSENT, WAIVER & RELEASE**

Unit: \_\_\_\_\_

Scout: \_\_\_\_\_ Adult Participant: \_\_\_\_\_

I acknowledge, agree, and represent that I, on behalf of myself and my child, understand the nature of the activities to take place, (the "Activities") and that we/he/she is/are qualified, in good health, and in proper physical condition to participate in them. I authorize Chester County Council, Boy Scouts of America, its managers, agents, volunteers, employees, and the applicable Adult Leaders of Troop/Pack/Crew \_\_\_\_\_ (collectively, "Releasees") and any applicable medical care provider(s) to carry out emergency medical transport and care for my child, as may be necessary in their sole discretion. I understand that it is my/my child's responsibility to comply with all instructions and posted and published procedures, including safety and hygiene procedures and protocols intended to lessen the likelihood of the spread of disease among participants and staff. I further understand that it is our responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities. WE UNDERSTAND THAT THE ACTIVITIES INVOLVE INHERENT RISKS AND DANGERS, including but not limited to falling or loss of balance; being injured by the actions or inactions of other participants and bystanders; falls due to slick or uneven surfaces; equipment failures; equipment misuse by myself or others; potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors); physical injury or illness as a result of physical activity or being on the premises where the Activities take place; which risks may result in SERIOUS INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH (collectively, "Risks"). We understand that the Risks may be caused or contributed to by my own/my child's actions or inactions, the actions or inactions of other participants, bystanders or staff, the conditions and settings in which the Activities take place, or the alleged or actual negligence of the Releasees. We understand that the description and list of Risks in this Agreement is not complete, and that it is possible to encounter Risks not described herein, known and unknown, inherent and otherwise, in connection with the Activities. With a full understanding of the foregoing, WE VOLUNTARILY AGREE TO ASSUME ALL INHERENT AND OTHER RISKS OF INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH AND ALL

RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of, or in connection with, the Activities, and I, on my behalf and behalf of my child do hereby RELEASE, DISCHARGE, HOLD HARMLESS, AND AGREE NEVER TO SUE RELEASEES FOR LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ARISING FROM OR RELATED TO THE ACTIVITIES, INCLUDING INJURY, ILLNESS, EMOTIONAL DISTRESS, OR DEATH CAUSED IN WHOLE OR IN PART BY THE ALLEGED OR ACTUAL NEGLIGENCE OF THE RELEASEES. I further agree that if, despite this Agreement, I or anyone acting on my behalf makes a claim against any of the Releasees, I will DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the Releasees from any attorneys' fees, losses, liability, damage, or expenses which Releasees may incur as the result of such claim. I understand that this Agreement will apply every time I am on the premises or participate in the Activities. I understand that this Agreement is a contract which will be enforced to the fullest extent allowed by law and will be binding on me, my assignees, subrogors, heirs, assigns, executors, and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be enforceable. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT I MAY HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**The goal of the pre-health screening is to identify symptoms that may indicate the presence of a contagious condition.  
 This includes but is not limited to COVID-19.**

**PROCEDURE**

Beginning FIVE DAYS prior to your expected arrival at the Horseshoe Scout Reservation, participants and leaders should answer the following questions DAILY and document the answers. The troop leaders should keep a summary record of the responses. It is necessary to turn in this document.

On departure day (DAY 5), prior to leaving, the troop leader should do a final pre-screen of participants and leaders.

<ol style="list-style-type: none"> <li>1. Have you been diagnosed with or exposed to someone is known to have COVID-19?</li> <li>2. Take and record temperature. (TEMP)</li> <li>3. Are you experiencing any of the following today? (S)                         <ol style="list-style-type: none"> <li>i. Fever or chills</li> <li>ii. Cough</li> <li>iii. Shortness of breath or difficulty breathing</li> <li>iv. Fatigue</li> <li>v. Muscle or body aches</li> <li>vi. Headache</li> <li>vii. New loss of taste or smell</li> <li>viii. Sore throat</li> <li>ix. Congestion or runny nose</li> <li>x. Nausea or vomiting</li> <li>xi. Diarrhea</li> </ol> </li> <li>4.. Overall general feeling of health (GF)</li> </ol>	<p style="text-align: center;"><b>Do NOT depart for camp with a symptomatic person.</b></p> <p><b>Directions: In the "Temp" column, record your temperate each day. In the "S" column, put a Y for yes, if you are experiencing one or more sytmptoms to the left. Put a N if you are not experiecning any of the symptoms. In the "GF" column, put an S if you feel sick or a W if you feel well. If you put S for sick, please list any sytmptoms in the space below.</b></p>
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NAME	DAY 1			DAY 2			DAY 3			DAY 4			DAY 5			NOTES
	TEMP	S	GF	TEMP	S	GF	TEMP	S	GF	TEMP	S	GF	TEMP	S	GF	
JOHN Q. PUBLIC	99.5	Y	S	98.6	N	W	98.5	N	W	97.8	N	W	98.6	N	W	Diagnosed with Food Poisoning on Day 1.
	Vomiting															

Your Local Scout Council:  
 Your Local Health Dept:

ENTER TEMP(ERATURE) IN DEGREES F.  
 ENTER Y or N for S(ympptoms). If Y, note symptoms in the area provided.  
 GF is general feeling. W(ell), S(ick)





## Horseshoe Scout Reservation Summer Camps Refund Policy

The Chester County Council Horseshoe Scout Reservation makes financial commitments for the hiring of staff and purchasing of supplies and other materials many months prior to camp; therefore, participants should make a financial commitment of at least \$50 by the deposit deadline .

Please note that if an entire unit cancels after deposits are paid, then all deposits are non-refundable. If a unit should cancel after all payments have been made in full, any refund will be made at the discretion of the Council Camping Committee. The Chester County Council does reserve the right to cancel any reservation if payments are not received in full by each of the payment due dates.

Below you will find the conditions required to be met in order for a refund to be processed. To ensure consistency in this process, no refund will be issued if any of the conditions are not met (no exceptions).

- All refund requests must be submitted in writing either by mail to the Chester County Council Service Center, Camping Administration or by email to [camping@cccbsa.org](mailto:camping@cccbsa.org).
- Refund requests should include the following information:
  - Unit type and unit number (i.e. Pack/Troop 555)
  - Name of Scout
  - Date of attendance
  - Reason for request
  - Supportive documentation for a reason entitling a full refund
- Refund of the amount paid will be issued for the following reasons (if canceling prior to attending):
  - Medical illness or injury of Scout
  - Medical illness, injury or death of immediate family member
  - Approved family emergency (at the discretion of the Council)
  - Required attendance to summer school during the time the Scout is scheduled to attend camp
  - Camp closure due to disease or national emergency.

Any of the above reasons will **require** supportive, written documentation to be submitted along with the written refund request. For medically related reasons, a letter from the Scout's physician; for attendance to summer school, a letter from the Scout's teacher or school administration; for family emergency, a letter from the family as well as (where applicable) a letter from the unit's Scoutmaster or Cubmaster or other BSA registered unit leader verifying he was contacted prior to camp about the emergency.

Any Scout or leader/adult released and sent home by the camp director or health officer due to medical reasons will be issued a pro-rated partial refund. Refunds issued to campers choosing to leave early will be at the discretion of the Chester County Council. **The due date to submit a refund request is within two weeks of the end of your session.**

Refunds will not be considered for change of mind, vacation plans, extended sports schedules, weather or no shows. The Camping Committee will review all requests and their decisions will be final. **Refund requests will not be reviewed and/or accept if turned in after the two-week deadline.**