



Rhode Island Department of Human Services

COVID-19 Summer Camp Plan

Revised 6/8/2020

Dear Summer Camp Provider,

The Department of Human Services (DHS) recognizes the need to reopen safe, developmentally appropriate summer camp for families in RI. Given the implications and potential risks of COVID-19, the state is exercising additional precautions to protect the health and safety of children and ensure summer camp programs adhere to public health protections to prevent the spread of COVID-19.

Rhode Island has authorized summer camp programs to reopen as of June 29, 2020 under new, emergency Summer Camp regulations https://www.reopeningri.com/resource_pdfs/RIDOH-summer-camp-regulations.pdf.

Summer camp programs who intend to serve more than 50 children/youth cumulatively throughout the summer (June 29, 2020-August 31, 2020) **must complete this COVID-19 Plan form in advance of reopening** to demonstrate compliance to these new regulations. Forms must be received by DHS on June 26, 2020 through our online portal <https://appengine.egov.com/apps/ri/campplan> if you intend to deliver in-person summer programming.

As part of your registration, you will be asked to:

- Submit via online portal your program's COVID-19 Plan at <https://appengine.egov.com/apps/ri/campplan>
 - For your reference, the attached document outlines the information collected in the online submission.
- Under 8.7.B.3, approved-providers are required to post a physical copy of their COVID-19 Plan in a visible place during all business hours for families to review.
- Attest to the completion of the Summer Camp Health and Safety Webinar by all key camp leadership staff (available at: <https://www.reopeningri.com/>)

Your completed, COVID-19 Summer Camp Plan should be submitted to DHS using our online registry at [ONLINE LINK FORTHCOMING].

If you need assistance in completing or submitting the online form or any additional questions, please contact: DHS.Summercamps@dhs.ri.gov

Thank you for your commitment to providing safe and healthy programming to the youth in Rhode Island!



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Program Information			
Program Name: _____			
Primary Contact Name: _____			
Primary Email Address: _____			
Is this program part of an umbrella agency? (Example: multi-site programs managed by a central agency)		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of the umbrella agency? _____
21st Century Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accepts CCAP? Programs must be licensed to accept subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address			
<i>Physical address should be the location where the camp activities occur. This should NOT be a P.O. Box</i>			
Number & Street: _____		City/Town: _____	
State: RI	Zip Code: _____	Phone Number: _____	
Mailing Address			
<i>For multi-site programs: This may be the address of the umbrella agency.</i>			
Number & Street: _____		City/Town: _____	
State: _____	Zip Code: _____	Phone Number: _____	

Typical Schedule of Operation							
<i>While daily schedules may vary by week or session, indicate the typical schedule with the longest operating hours.</i>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	__ : __ M	__ : __ M	__ : __ M	__ : __ M	__ : __ M	__ : __ M	__ : __ M
To:	__ : __ M	__ : __ M	__ : __ M	__ : __ M	__ : __ M	__ : __ M	__ : __ M
Over-night?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Camp Start Date: (MM/DD/YYYY)				Camp End Date: (MM/DD/YYYY)			
Please list any black-out days where camp may be closed: (Example: 07/04/2020)							

Total Number Children Served (Capacity)		
<i>Indicate by age group the total number of children the program will serve throughout the summer operations.</i>		
Elementary: (K-5 th grade)	Middle: (6 th -8 th grade)	High: (9 th -12 th grade)
Stable Groups by Session		
Total Number of Sessions during camp season: _____		



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Total Number Children Served (Capacity)

Indicate by age group the total number of children the program will serve throughout the summer operations.

Total Number of Stable Groups per Session:

COVID-19 Plan Attestation

Please attest to having the following documents completed, on file, and available for state review upon request:

- Child illness policy in adherence to CDC guidelines
- Drop-off and pick-up procedures that adhere to social distancing guidelines and include screening staff, families and children upon arrival each day
- Cleaning and sanitization protocols in adherence to CDC guidelines
- Handwashing guidelines for staff & children and your plan to adhere to these guidelines
- Staffing plan with a protocol for monitoring staff absenteeism
- Plan for gross motor play for stable groups utilizing outdoor space in adherence to social distancing guidelines
- Plan for stable groups utilizing outdoor/indoor space in adherence to social distancing
- A camper file (per 8.7.A), including at a minimum the camper's name, home address, and name, phone number and address of each parent and caregiver
- On-site screening documentation/self-attestation forms (Per 8.7.B.2), including documentation of children's temperature and other observable health signs
- Visitor forms (per 8.7.C), documenting their arrival and departure time, self-attestation of health screening, and commitment to maintaining social distance while onsite
- Cleaning records (per 8.7.F.1), to document the performance of environmental cleaning of their summer camp facilities

PLEASE READ CAREFULLY BEFORE SIGNING:

I/We Hereby Certify:

- That my COVID-19 plan will be posted in a visible place at all times, and I am responsible for ensuring that all staff members understand the contents of the plan and will adhere to the plan at all times the summer camp program in operation.
- That any changes to this plan, once approved, need to be submitted to the Department and approved. At this point, the new plan will need to be posted and visible.
- That I have read and agree to comply with the guidelines and regulations set forth by the Department of Human Services due to the COVID-19 pandemic. I understand that if I do not adhere to the regulations, the Department will be able to move forward with summary suspension of my license.
- That I and key camp leadership staff have completed the online "Health and Safety" webinar, and we commit to using the webinar content to train camp staff on the regulations and requirements
- That the information contained herein is true and correct to the best of my knowledge.

Printed Name of Applicant

Title of Applicant



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Signature of Applicant

Date