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## Health and Safety Webinar Script

<table>
<thead>
<tr>
<th>Slide #1: Title Slide – Welcome (1 m)</th>
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<tbody>
<tr>
<td>Welcome to the Health and Safety webinar for summer camp programs.</td>
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<tr>
<td>The RI Department of Human Services (DHS) and the RI Department of Health (RIDOH) recognize the need to open safe, summer camp programs for the children and families in RI. Given the potential risks of COVID-19, summer camps must comply with precautions to protect the health and safety of children and prevent the spread of COVID-19.</td>
</tr>
<tr>
<td>In this session, we will review the health and safety regulations for summer camps, as well as provide best practice recommendations and guidance to support programs in implementing the regulations.</td>
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<tr>
<td>These regulations have been established to support providers in providing a healthy and safe program for children and youth, specifically during the COVID-19 pandemic. Please know, summer camp providers are not required to seek licensure as a result of these new regulations. However, programs are required to adhere to these regulations while operating their program.</td>
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<thead>
<tr>
<th>Slide #2: Agenda (30 s)</th>
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<tbody>
<tr>
<td>Today’s agenda includes:</td>
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<tr>
<td>• An overview of the health and safety regulations for summer camps including administrative and health and safety requirements,</td>
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<tr>
<td>• Best practices for teaching and learning, including developmentally appropriate practice for children and youth, and</td>
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<tr>
<td>• Next steps for prospective summer camp programs.</td>
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<thead>
<tr>
<th>Slide #3: Health &amp; Safety Regulations for Summer Camp (15s)</th>
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<tbody>
<tr>
<td>The first topic we will cover is a review of the health and safety regulations for summer camps.</td>
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| Slide #4: Regulatory Changes (1m) |
Effective May 22, 2020, RI released a set of health and safety regulations for all summer camp programs to adhere to. These regulations are available online at [https://www.reopeningri.com/resource_pdfs/RIDOH-summer-camp-regulations.pdf](https://www.reopeningri.com/resource_pdfs/RIDOH-summer-camp-regulations.pdf).

These regulations were promulgated for the purpose of, and in the interest of, the public health, establishing certain criteria for summer camps to be operated in Rhode Island during the COVID-19 state of emergency. These regulations supplement 216-RICR-50-15-7 entitled “Safe Activities by Covered Entities during the COVID-19 Emergency” which are available at [https://www.reopeningri.com/resource_pdfs/General-department-of-health-regulations-draft-submitted-05.07.20.pdf](https://www.reopeningri.com/resource_pdfs/General-department-of-health-regulations-draft-submitted-05.07.20.pdf).

Many departments and agencies have released regulations and guidance to support the public in navigating the State’s reopening during the COVID-19 crisis. It is important for programs and providers to understand these regulations are intended to supplement and not replace regulations released by other agencies and departments. The State is working hard to ensure RI will reopen in the safest manner possible and will need the support of all summer camp programs and their adherence to these regulations to do so.

**Slide #5: Definitions (2m 30s)**

Here we’ve highlighted the following definitions, part of a larger list of definitions, found in section 8.3, which will be key as we review the additional regulations.

“Child” or “Children” means any individual or individuals who is or are at least 5 years old; and participating in educational programs corresponding to kindergarten through 12th grade.

Where children under the age of 5 are being cared for, please contact the RI DHS Child Care Licensing Unit for additional guidance.

“COVID-19” means the disease caused by the novel coronavirus SARS-CoV-2.

“COVID-19 symptoms” means the occurrence of any of the symptoms of COVID-19, as set forth in CDC guidance, when they develop over a period of hours to days and cannot be explained by allergies or other non-infectious disease. Such symptoms include, among others, chill, repeated shaking with chills, muscle pain, body aches or other symptoms consistent with fever, temperature measured above 100.4°F,
cough, congestion, sore throat, shortness of breath, headache, or new loss of taste and smell.

“Provider” means an individual, a corporation, a government agency, a partnership, a trust, an association, or an organized group of persons, whether incorporated or not, or any receiver, trustee, or other liquidating agent of any of the foregoing while acting in such capacity that offers a summer camp or summer camps.

“Social distancing”, as defined by RIDOH, is “the practice of keeping space between oneself and others when outside of the home in order to restrict the spread of infectious disease” (216-RICR-50-15-7(A)(14)).

“Stable group” means the same individuals, including children, staff, and counselors, being in the same group each day.
   a. Children shall not change from one group to another.
   b. Stable groups must occupy the same space each day.

**Slide #6: Group and Size Limits (2:30m)**

Stable groups are essential to reducing COVID-19. To support a safe and healthy environment for camp attendees and employees, summer camp programs are to be carried out in stable groups of 14 children or fewer, with no more than a maximum group of 15, including camp counselors and other staff members.

Educating children in stable groups is often viewed as a marker of quality in education. However, stable groups are needed now more than ever. Establishing and maintaining stable groups will help prevent exposure and spread of unwanted germs. Siblings are recommended to be in the same stable group and stable groups are to remain the same for the entirety of the summer camp program.

Stable groups, as defined in section 8.3(A)(11), are the same individuals, including children, staff, and counselors, in the same group each day and are not to mix with other stable groups. This means groups may not be combined during drop-off or pick-up or for large group recreation activities, such as time on a playground. This also means children should not change from one group to another; for example, a program may previously have had a policy of promoting children to a different age grouping upon their birthday. Under the summer camp regulations, children must remain in the same group for the duration of their summer session attendance.
To promote stable grouping, your program may choose to implement mixed age groups. This allows for grouping of siblings, or for campers who have signed up for a similar number of sessions of camp.

Mixed age groups are beneficial to children in many ways. Mixed age grouping can allow for:

- Older youth to take on leadership or teaching roles as they work with younger campers in their group
- Younger campers to be exposed to tasks or activities intended for older campers that may provide a beneficial challenge or scaffold their learning
- Increased opportunities for younger children to learn through modeling as they watch older campers
- Increased language development for younger children

When implementing mixed age groups, providers must be mindful:

- To plan scaffolded activities that allow for everyone in the mixed age group to participate,
- To plan activities that engage the interest of the mixed age group, and
- Of the dynamics if the mixed ages in a group are too extreme or unbalanced

### Slide #7: Social Distancing Requirements (1 m)

Stable groups should be maintained in all areas of the facility including classroom or communal spaces. When outdoors or in large group play areas, stable groups are required to practice social distancing with other groups. They must maintain 14 feet between other groups at all sides.

For programs with more than one group of campers in one facility, stable groups shall occupy separate rooms or spaces separated by half walls, dividers, or other physical partitions.

To ensure a safe environment for children, walls, dividers, or partitions should be securely anchored to reduce potential accidents or injuries due to tipping or failing of the barriers. These barriers should be installed according to manufacturer’s instructions or industry best practice.

These regulations will help mitigate the spread of COVID-19 while supporting a healthy and safe environment.

### Slide #8: Identifying Capacity (2m)
Because the regulations provide parameters around group size and physical distancing, providers must ensure their camp space can accommodate their stable groups and the required social distance spacing. Program capacity will be dependent on square footage as well as staffing.

Some things to consider as you are determining your program capacity include:

1. Ensure you have enough space to accommodate your stable groups.
2. Where stable groups are occupying the same space, appropriate barriers are required.
3. Where stable groups are occupying the same space and barriers are not available, a minimum of 14 feet of social distance is able to maintain separation.
4. A room or space should be maintained to isolate sick children from other groups while waiting for a parent or guardian to pick up the child.
5. Adequate staffing to maintain stable groups (that is at least one staff per stable group) and substitutes when there are staff members absent.
6. Programs must consider inclement weather when they are planning their capacity. You cannot count outside space to increase your capacity due to the possibility of weather preventing the use of outside space. You will only use indoor space to determine your capacity.

Programs should also be mindful of how they will handle shared bathrooms between stable groups and avoid this, if possible. Best practice is for each stable group to be assigned their own bathroom. If shared bathrooms are required, programs should only allow children from the same stable group to occupy simultaneously and, to the extent possible, maintain shifts of usage. Between stable group use, follow CDC guidelines for cleaning and disinfecting as well as rigorous hand hygiene, per CDC guidelines.

**Slide #9: Written Plans for Safe Operations (4m)**

As part of the new regulations, providers are required to create a written COVID-19 plan. Full detailed regulations for the COVID-19 plan are available in 216-RICR-50-15-7(4)(A).

In accordance with §8.6(A), "Any provider operating summer camps serving more than fifty (50) children shall submit the written plan required by § 7.4(A)(1) of this Subchapter to DHS for review and approval."

Summer camps required to submit an application may be non-profit, for-profit, public and private schools, 21st century programs, faith-based organizations, and any day camp.
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<table>
<thead>
<tr>
<th>_primitive or outpost camp, or residential camp which conducts a program for children. Licensed child care providers do not need to apply if they are operating under their existing DHS child care license.</th>
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<tbody>
<tr>
<td>The process for submitting a plan will be reviewed at the end of this webinar. As part of the plan, providers must attest to creating and implementing specific policy plans. Programs do not have to submit these policies to the State but must develop, maintain, and make available for DHS and/or RIDOH to review by request. All COVID-19 plans, for programs of any size, are required to be posted in a visible manner in program space.</td>
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The plan components include, at minimum:

- Program information such as name, address, contact information, capacity, and hours of operation
- 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 to minimize cross-contamination and comingling of stable groups
- Cleaning and sanitization protocols in adherence to CDC guidelines and protocols
- Handwashing guidelines for staff & children in adherence to CDC guidelines and protocols
- 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 and 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
- RIDOH/DHS Screening Form (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

Having this COVID-19 plan demonstrates to the State, to the community, and facility staff that your program is committed
to adhering to the regulations and to taking extra precaution to limiting risk, exposure, and spread of COVID-19.

Plans must be attested to and registration of programs serving over 50 children during the duration of the summer must be approved prior to camp opening on June 29, 2020. When submitting an application, programs should provide their anticipated enrollment. There is no expectation for programs to have firm enrollment numbers upon plan submission. Therefore, programs able to or who anticipate serving 50 or more children must register their camp.

**Slide #10: Written Plans for Safe Operations: Screening Campers and Staff (2m)**

Part of the COVID-19 plan requires programs to have a written and operationalized plan for screening staff, children, visitors, and parents or guardians prior to their entry into the program. Screening procedures reduce the likelihood of those exhibiting symptoms or who have been exposed to COVID-19 accessing your program.

At the time of drop-off, camps shall conduct with parents or guardians a verbal screening for symptoms of COVID-19 for each camper, using the self-attestation form developed and approved by RIDOH and DHS. A visual assessment will also be conducted for common symptoms or “red flags” associated with illness such as flushed cheeks, rapid breathing, fatigue, and/or fussiness.

Camp staff and employees must also complete the self-attestation form at their time of arrival attesting to their health.

Programs may exclude anyone (campers or staff) exhibiting COVID-19 symptoms if they can’t be explained by allergies or another non-infectious cause, as listed by the CDC.

Camps may also choose to supplement screening questions with temperature checks. CDC guidance on temperature checks is available online.

Any employees or children sent home may not return to the summer camp until he or she (or his or her parent) provides competent evidence to the camp demonstrating that:

- After being sent home, he or she was tested negative for COVID-19; or
- After being sent home, he or she was tested positive for COVID-19 but he or she has since met RIDOH guidelines for ending isolation; or
- They can provide a doctor’s note stating he or she is not contagious.
The self-attestation screening form is available in English and Spanish on [https://www.reopeningri.com/](https://www.reopeningri.com/).

Providers may choose to laminate the form and post it for staff, families, and visitors to view. This will allow for the attestation form to be disinfected as needed. Verbally screening individuals also limits the use of shared pens and paper.

**Slide #11: Written Plans for Safe Operations: Screening Visitors (1m 30s)**

While visitors are allowed to enter programs, they are discouraged to do so to limit the spread of germs. Programs must screen any visitor prior to their entry to the program by conducting the same verbal and visual screenings that is used with staff, campers, and parents.

Best practice excludes any visitors exhibiting COVID-19 symptoms if they can't be explained by allergies or another non-infectious cause, as listed by the CDC[iv].

Programs must post a notice at all entrances to the program informing all individuals entering that they must be screened or self-screened prior to entry. The notice should also inform individuals to not enter if they are COVID-19 positive, have COVID-19 symptoms, or have had close contact in the last fourteen (14) days with an individual who at the time had COVID-19.

If a visitor, parent, or employee asks about how to be tested for COVID-19, you may refer them to RIDOH’s website[v].

**Slide #12: Written Plans for Safe Operations: Personal Protective Equipment (PPE) (2m)**

The COVID-19 plan requires programs to create and implement protocols regarding the use of personal protective equipment, or PPE.

CDC guidance[vi] advises all adults and staff caring for or working with children, youth, and teens to wear a cloth face covering to prevent the spread of germs. It is recommended for all employees entering a program to wear cloth face coverings except when social distancing from others is easily, continuously, and measurably maintained. Visitors are also required to wear a face covering when entering a program.

Individuals must wear a cloth face covering when at an entrance, exit and common areas of any establishment. For employees that are younger than age 18 (such as camp counselors), it is expected they follow the same guidance as employees and wear a cloth mask while working.
Children are encouraged but not required to wear face coverings. This is ultimately a decision the parent or caregiver should make. Face coverings may be considered for children older than age two, especially in common areas of the program and at drop-off and pick-up times when there may be some unavoidable close interaction between the stable groups.

CDC guidance\textsuperscript{vii} states cloth face coverings should not be placed on children younger than age two; anyone who has trouble breathing; or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Face coverings should not be worn during swimming or water activities.

<table>
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<tr>
<th>Slide #13: Written Plans for Safe Operations: Staffing Plan (2m)</th>
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<tr>
<td>Providers must develop a staffing plan consistent with their staffing needs. The plan should address staff absenteeism, so the camp is prepared in the event of a staff member becoming ill.</td>
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When creating your staffing plan, ask yourself:

- What does my substitute pool look like?
- Will I have enough staff to ensure all children are adequately supervised?
- Will I have enough staff to support necessary staff breaks and lunches?
- How will I handle staff breaks if I am maintaining stable groups?
- Can I adhere to best practice staff to camper ratios?

For example, when looking at the staffing plan on the screen, the schedule is clearly detailing which staff member belongs where and at what time. This staffing plan also overlaps morning and afternoon shifts to maintain stable groups and minimize staff floating between groups. By developing a staffing plan, it is easier to manage staff absenteeism. For example, if Hallie is out, the administrator knows right away of the need to fill Hallie’s shift.

Programs should strive to have a substitute pool of individuals trained and oriented to the program who can step in in the event of planned and unplanned staff absenteeism. Programs should consider substitute staff who can assist with food and meal services, breaks, and filling in for full time staff as needed.

Though the regulations do not require a certain staff to child ratio, low ratios are best practice for the safety and well-being of the campers. The American Camp Association\textsuperscript{viii}
(ACA) recommends ratios based on the youngest member of the group for day camps:

- one staff member for every six campers ages 4 and 5;
- one staff member for eight campers ages 6 to 8;
- one staff member for every 10 campers ages 9 to 14; and
- one staff member for every 12 campers ages 15 to 17.

When developing the staffing plan, floaters or shared staff should be minimized. Cleaning staff, specialized instructors, and administrators or supervisors are not included in the group size of 15.

When staffing a program, consider having employees who are first aid and CPR certified onsite during all operating hours. For information on obtaining first aid and CPR certification virtually, please visit redcross.org/take-a-class and search “online only”.

Where providers must secure fingerprints for staff, providers should also coordinate with the RI Attorney General’s office by visiting http://riag.ri.gov/

**Slide #14: Written Plans for Safe Operations: Social Distancing Plan (2m)**

Providers should also prepare a plan to demonstrate and implement proper social distancing. Social distancing is not required within stable groups.

Research released by the CDC regarding the transmission potential of the virus shows a minimum of 14 feet should be maintained between stable groups. This means if groups are gathering in a gymnasium as part of the daily activity, the groups must be arranged in the gymnasium so there is at least 14 feet separating each stable group on all sides from the other groups.

Programs may choose to measure and tape off spaces where each group can gather. Programs can also utilize furniture to create multiple spaces and centers to minimize crowding of the children.

Take a look at these graphics depicting social distancing in shared spaces. Notice how each shared space can fit multiple groups by properly spacing between groups. Your program may choose to develop a similar visual plan of the space available and the group spacing that be implemented to meet the regulations.

Programs should also develop a plan for social distancing during evacuation drills. Each stable group should have a
designated gathering place, 14 feet away from other stable groups if possible.

For more guidance on social distancing plans, see the Phase II Summer Camp Guidance and the Phase II Summer Camp Guidance Illustration. These resources are available reopeningri.com.

Guidance relating to use of pools is available at reopeningri.com and on the RIDOH website. For programs who plan to use pools, please check the RIDOH website frequently for updates on regulations regarding pool use at: https://health.ri.gov/programs/detail.php?pgm_id=160

**Slide #15: Summer Camp Administration: Child Information (1 m 15 s)**

The regulations require programs to maintain information for each child camper.

The information must include, at minimum, the name and home address(es) of the child and the name, phone number, and home address(es) of each parent and caregiver.

It is strongly recommended programs use a registration or enrollment form for each camper to obtain required child-level information as well as the child’s date of birth, at least two emergency contacts, allergies or underlying health conditions, and the child’s primary care physician.

DHS has sample child information/registration form available at reopeningri.com.

Programs may choose to use enrollment or registration forms created by their specific program. While this is acceptable, programs will be expected to demonstrate how they are gathering and maintaining the required child information when requested by DHS.

Programs should also maintain a database for child information and should document attendance of the campers daily. Child information and attendance data may be captured in a simple excel sheet. A sample registration form and attendance tracker are available at reopeningri.com.

Best practice recommends child information be accessible onsite at all times. In the event of an emergency or any event requiring immediate communication with a child’s parent or guardian, having this information readily available is important for child safety.

**Slide #16: Summer Camp Administration: Drop-Offs and Pick-Ups (1 m 30 s)**
In an effort to reduce any unnecessary exposure and limit the risks associated with COVID-19, providers are required to create a drop-off and pick-up protocol that adheres to CDC guidelines and RI public health recommendations. The drop-off and pick-up protocols are intended to encourage social distancing and limit gatherings of large groups in confined spaces.

CDC guidelines and recommended strategies include:

- Dropping-off or picking-up children from specific locations rather than large group spaces like gymnasiums or multipurpose rooms.
- Staggering arrival and drop off times to limit direct contact with parents.
- Having a staff member outside greeting children as they arrive and designating someone to escort children to parents’ cars at pick up.

The CDC recommends when parents are entering a program facility, they clean their hands through the use of hand sanitizer or a hand washing station. Hand sanitizer must have at least 60% alcohol. It is also recommended the same adult pick-up or drop-off the child each day to minimize the exposure to and spread of pathogens.

Additionally, as reviewed on an earlier slide, all programs must require a self-attestation form be completed at the time of drop-off for the purpose of screening for symptoms of COVID-19. The self-attestation form is a document requiring staff and visitors to attest to their health as an added level of assurance that program personnel are mindful and aware of their health. This form is available reopeningri.com.

Detailed guidelines are available at https://www.reopeningri.com/

Slide #17: Summer Camp Administration: Visitors (1m)

To limit the possible exposure to children campers and summer camp staff to outside pathogens, visitors should be discouraged from visiting summer camp facilities during the COVID-19 crisis.

Should a situation arise that requires a visitor, the following steps must be taken in an effort to maintain a safe and healthy program:

- Visitors must document their arrival and departure time on a separate individual form that must be maintained onsite. This documentation must be made available to DHS and RIDOH upon request.
- High touch equipment such as pens and clipboards shall be disinfected between uses.
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- Visitors must complete a self-attestation form for the purpose of screening for symptoms of COVID-19, and
- Visitors are required to wear face coverings unless an employee and/or visitor can easily, continuously, and measurably maintain at least six feet of distance from other employees and/or visitors for the duration of his or her work and/or time in a building.

Sample visitor log forms are available at reopeningri.com.

### Slide #18: Summer Camp Administration: Child/Staff Illness and Reporting COVID-19 (2m)

Because there is no way to completely remove the risk of COVID-19 at this time, summer camp programs must know what is required if a staff member or a child camper is exposed and/or diagnosed with COVID-19.

In an effort to reduce spread from a child who is ill and could potentially carry the COVID-19 virus, programs must have an isolation room or an area that can be used to isolate a sick child. The isolation room or area must adhere to CDC guidelines and RI public health recommendations, which includes a separate, well-ventilated private room with a closed door and a private bathroom, if possible.\(^\text{xi}\)

The child or staff must be sent home immediately upon the need for isolation. The room and areas occupied by the child or staff who demonstrate COVID-19 symptoms must be cleaned and disinfected. Programs should follow the CDC guidelines and RI public health recommendations when cleaning and disinfecting which require programs to “Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting. Wait at least 24 hours before cleaning and disinfecting.”\(^\text{xii}\)

For staff interacting directly with an ill individual, such as a camp nurse, the CDC recommends the use of personal protective equipment, such as a gown, protective eye wear, and gloves.

If a child or employee is diagnosed with COVID-19, programs must report a COVID-19 positive case using the form available at reopeningri.com. This form must be completed and sent to DHS within 24 hours of the provider being made aware of the diagnosis. In addition to submitting the forms to DHS, programs must call RIDOH within 24 hours of being made aware to report a confirmed case.

### Slide #19: Program Administration: Hygiene (1m 30s)
In order to maintain a healthy and safe program for staff and children, providers must stock and have accessible a sufficient supply of items required to maintain personal hygiene for children and staff. These items include, but are not limited to:

- Liquid soap
- Disposable, single-use towels for drying hands and/or surfaces
- Toilet paper
- Hand sanitizer with a minimum of 60% alcohol content
- Disposable, single-use tissues

A “sufficient” supply should, at minimum, adhere to the personal hygiene needs of all of the children in the program for all operating hours. That is, a program should not “run out” of a product like soap or toilet paper during the time children or staff are present in the program.

DHS recognizes many camps with outdoor activities may not have immediate access to sinks. When a sink is not available, hand sanitizer with at least 60% alcohol content should be used and appropriately supplied.

Programs should be mindful of their inventory and ordering schedules to be sure all children and staff have the supplies they need to meet their hygienic needs. Programs should also plan for delivery delays, as this has been a common occurrence throughout the COVID-19 crisis.

A sample inventory form is available at reopeningri.com.

Slide #20: Program Administration: Hand Washing (1m)

A critical component to stopping the spread and mitigating the risks associated with COVID-19 is proper hand hygiene for staff and children.

Proper hand washing, per CDC guidelines, includes:

- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing.
- After assisting children with handwashing, staff should also wash their hands.

Best practice recommends placing posters describing handwashing steps near each sink. Developmentally appropriate handwashing posters are available in multiple.
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languages at:
https://www.cdc.gov/handwashing/posters.html

Slide #21: Program Administration: Hand Washing (1m 40s)

In addition to knowing how to properly wash your hands, it is important for program staff to know when to wash their hands and when to encourage children to wash their hands.

Summer camp staff shall wash their hands with liquid soap and warm running water, or hand sanitizer if liquid soap and warm running water are not feasible, as needed and:

- after each diaper change;
- after personal toileting;
- after assisting a child with toileting;
- after wiping a runny nose;
- after touching any bodily fluid;
- before and after using water, sand, or other sensory tables;
- after messy play; and/or
- before any food preparation or service.

Summer camp staff shall ensure that children wash their hands with liquid soap and warm running water, or hand sanitizer if liquid soap and warm running water are not feasible, as needed and:

- after each toileting;
- before each meal or snack;
- after wiping or blowing their nose;
- after touching any bodily fluid;
- before and after using water, sand, or other sensory tables;
- after messy play; and/or
- upon entry from the outdoors.

There may be additional times to wash hands as a best practice, including:

- Before and after handling medication
- When entering the program
- Before leaving the program, and
- When entering/leaving a new room or area

Through proper and frequent hand hygiene, camp staff and children can help stop the spread of COVID-19, as well as other germs and unwanted illnesses.

Slide #22: Program Administration: Cleaning of Facilities (2m 30s)
Consistent cleaning, disinfection, and ventilation practices are required to reduce the potential transmission of germs. Summer camps are required to adhere to the CDC guidance for cleaning and sanitizing. Professional cleaning services are not required to meet this regulation.

Surfaces that are frequently touched throughout the day should be cleaned, sanitized, and disinfected multiple times a day, or for shared objects, between use. High-touch surfaces may include door knobs, countertops, clip boards, keyboards, faucets, and telephones or walkie-talkies.

The CDC guidelines for cleaning and disinfecting include:

- Wear disposable gloves to clean and disinfect
- Clean surfaces using soap and water, then use a disinfectant.
- Recommended disinfectants are EPA-registered
- To properly disinfect, follow the instructions on the label of the disinfectant.
- Household disinfectant solutions can be made by adding 1/3 c bleach per 1 gal of water or 4 teaspoons bleach per quart of water.
  - Homemade bleach solutions are good for use up to 24 hours

A list of EPA-registered disinfectants that meet EPA's criteria for use against COVID-19 is available at https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.

Disinfectants contain toxins that can cause significant harm to a child’s health. It is essential when using disinfectants, programs follow the manufacturer’s directions, and keep the products away from children. This may include locking products in a storage space when not in use, or disinfecting program space while children are out of the room. When disinfecting with children in the room, ensure proper ventilation through fans and open windows.

Because it is more difficult to clean, sanitize, and disinfect porous surfaces (such as soft or plush materials), programs are advised to avoid using these items. Examples may include bean bag chairs or stuffed animals. If these materials must be used, they must be laundered daily and when soiled.

Programs must keep cleaning logs and records to demonstrate to the State that they are adhering to the facility cleaning requirements.

A sample cleaning log and cleaning schedule are available at reopeningri.com.
**Slide #23: Training Staff (1m)**

Providers must train all staff and volunteers on the required health and safety regulations, as well as the protocols and procedures for your program’s adherence to the regulations.

All staff should be trained on regulations and protocols prior to their employment. It is recommended for programs to implement a formal orientation, which may be virtual, with staff that includes a review of the regulations and all program protocols. Programs should also document a staff’s review of the regulations and protocols to demonstrate the staff’s competency to the State.

A staff orientation checklist is available at reopeningri.com. This form lists all of the required plans and protocols relevant to the summer camp health and safety regulations and operation during the COVID-19 crisis. Completion of this form demonstrates the orientation efforts and is an attestation of the staff’s understanding and ability to implement the regulations and program protocols.

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**Slide #24: Educating Families (1m 30s)**

Similarly, families should be aware of the health and safety regulations and be informed on how they can best adhere to the requirements. Families should be provided access to the program’s handbook of policies and procedures. The policies and procedures should detail the changes regarding the health and safety regulations and the many protocols put in place to support a safe and healthy program, specifically during the COVID-19 crisis.

Families should be clearly informed about:

- Drop-off and pick-up protocols
- Masks and PPE requirements
- Requirements and protocols related to a symptomatic child such as the isolation room, requirements for picking up an ill child, requirements for returning to camp, and what to do in the event of a COVID-19 positive case
- Social distancing requirements
- Attestation and screening of the child’s health prior to drop off and the right to refuse care on the basis of symptoms related to COVID-19, and
- Any other policies and procedures in place at the program.

This information should be readily available to all families and, where possible, should be made available digitally to avoid transferring germs through paper.

Parents and families should also be made aware of the resources and information available to them online.
Recommended resources to share with parents and families are available in a PDF on reopeningri.com. These resources include videos and articles for parents of children, youth, and teens regarding COVID-19 topics.

**Slide #25: Mandated Reporting (1m 50s)**

Unfortunately, child abuse and neglect exists in every community. In Rhode Island, every citizen is a “mandated reporter”. This means any person who has reasonable cause to know or suspect any child has been abused or neglected (as defined by the law) or is a victim of sexual abuse by another child, must report this information within twenty-four (24) hours. The purpose of mandated reporting is to keep children safe. As staff working with children you are part of their first line of defense in reporting suspected abuse or neglect.

An abused or neglected child is defined by Rhode Island law as a child whose physical or mental health or well-being is harmed when their parent or another person responsible for them. A staff or nurse may become aware of suspected abuse through observation, a direct report such as a child disclosing the information, or through a second hand report.

The RI Department of Children, Youth, and Families (DCYF) has a single, statewide toll-free Hotline that operates twenty-four (24) hours per day, seven (7) days per week. This telephone line is dedicated to the receipt of reports concerning abuse and neglect. The number is 1-800-RI-CHILD (1-800-742-4453). All calls are recorded, though you may remain anonymous and all reports are confidential.

It is recommended you save and post the toll-free phone number for reporting suspected child abuse and neglect: 1-800-RI-CHILD (1-800-742-4453) and remember, when in doubt, it is better to make a report.

**Slide #26: Best Practices for Teaching and Learning (15 s)**

In this next part of the webinar, we are going to review best practices for teaching and learning for children, youth, and teens.
This script is meant to support your viewing experience of the Health and Safety Webinar. Review of this script is not a substitute for participating in the required recorded webinar.

### Slide #27: Best Practice for Teaching and Learning (1m 45s)

Summer camp programs offer opportunities for children to continue to learn and engage with their peers while school is out. The COVID-19 crisis puts a strain on typical summer camp activities but does not have to remove all of the fun from the summer.

Though social distancing is not required in stable groups, it is still recommended to maintain distance between others as much as possible. Programs should begin by preparing their space in a way that promotes active engagement and learning. Interest areas or centers can be created with strategic furniture placement and materials should be available in the children’s reach. Furniture should be used to create spaces for certain materials or interests such as writing or art areas. These spaces will limit crowding and make it easier to clean and sanitize materials between use.

Stations can be set up within areas to encourage distance during play. For example, if a table is set up with Legos, stations can be set up at the table at every other seat.

Materials should be nonporous and easily cleaned and disinfected. Porous materials should be avoided and, if used, laundered daily at minimum. Shared sensory materials, such as sand and water tables, are not recommended. However, a program looking to do sand or water play may choose to provide plastic tubs to each child for individual sensory play. Programs can use plastic baggies to secure and label individual sets of playdough, clay, and other reusable sensory materials where cross-contamination may be a concern.

### Slide #28: Best Practice for Teaching and Learning: Young Children (2m)

Materials and activities should be developmentally appropriate for the children being served. Consider the children in the program, their ages, their abilities, and their interests and adapt the activities based on these factors. Programs should also be mindful of the DEM guidelines released for youth activities during COVID-19. Key highlights include no contact sports, minimizing the use of shared equipment and materials, and avoiding the use of materials that cannot be properly cleaned and disinfected, per CDC guidelines, as well as the need to clean and disinfect materials and spaces in between use of stable groups.

Young children, especially K-5th grade, benefit from sensory experiences and hands-on activities. Consider supplying materials such as playdough or clay that can be done in individual stations and stored in labeled containers or individual baggies marked with a child’s name for future use. Young children should be provided with plenty of
opportunities for physical play, dramatic play, reading, writing, art, and manipulatives.

Physical activities may include yoga and games like Simon Says, which both allow for social distancing. Consider sport practice drills instead of actual games to encourage physical activity that requires no contact or shared materials between stable groups.

Provide an area for pretend play, as well. Instead of providing costumes, provide materials such as play food, dishes, pots, and pans. Think about how you can create an area for young children that entices their imagination, such as this NASA space station made with cardboard and paper, rather than a shared space helmet.

Provide paints, paper, markers, and crayons to encourage art and creativity. Individual stations can be created at tables, on easels, or on clip boards to allow for social distancing.

Set aside a space for quiet reading and fill it with books and reading materials.

### Slide #29: Best Practice for Teaching and Learning: Youth and Teens (3m)

For youth and teens, it is important to allow for staff-led and camper-led activities. Youth and teens enjoy a sense of independence and would prefer options. Consider providing a variety of physical activities, journals, board games, and tasks that challenge them such as 3-D puzzles, painting, and creative arts.

Consider developing themed plans for the program's activities, and allow for campers to choose or vote on a future theme.

Work with the campers to create the plan. Talk to the campers about their interests and determine how you can bring it into their activities. For example, campers may want to experiment and learn how things work. Consider browsing online for fun experiments with physics and chemistry.

A simple physical science activity is one that tests fluid dynamics by making the best paper airplane. Challenge your teens to make paper airplanes and fly them. Which plane flew the furthest and why? This activity, and many more, can be done with proper social distancing and will still engage the campers' interest.

Where possible, tying engaging activities back to science, math, history, the arts, geography, or language arts is a best practice way to support the youth's distance learning and
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prevent "summer slump" while they are out of school. For example, campers may be given math clues to solve as part of a scavenger hunt or a compass and map to navigate through a park or a wilderness walk. While these are fun and engaging activities, they also supports the children’s academics.

Ultimately, the relationships formed among campers and staff should be positive and built on respect. A few tips to developing these relationships include:

- Engaging children and youth’s interests. This will encourage their desire to learn and explore.
- Be honest and have open communication. Children and youth know there is something different this year. Talk to them about what is going on and why the program has made changes.
- And have fun! Though a critical part of your job is to ensure the safety and wellbeing of the campers, you also have a job that requires fun. Don’t forget to play and engage with the campers. Your involvement is great for their learning.

A great place to find resources for science activities is https://www.education.com/activity/physical-science/

Slide #30: Next Steps (15s)
In this final section of the webinar, we are going to talk through the next steps for prospective summer camp programs.

Slide #31: Next Steps: Review Supplementary Guidance (1m)
In addition to the regulations, the State is releasing supplementary guidance to support programs in their implementation of these regulations and the operationalizing of their programs during the COVID-19 crisis. A next step for prospective summer camp providers is to review these supplementary materials and all of the summer camp health and safety regulations, which are available on www.reopeningri.com.

Supplementary guidance from DHS and/or RIDOH may be updated as the CDC continues to update and release new information and guidelines regarding COVID-19. Please check back to this website frequently for updated guidance and resources.
The State is aware that providers may have questions regarding the changes and the operation of their camps and programs. If you have questions, please reach out at DHS.Summercamps@dhs.ri.gov and we will make every effort to answer all questions and address all concerns.

**Slide #32: Next Steps (2m)**

Next steps for prospective summer camp providers include:

1. **Attestation of completion**
   All summer camp providers must participate in this webinar prior to submitting their COVID-19 plan online.

2. **Create your plans and register your camp**
   Access plan templates and resources at reopeningri.com. Begin creating your plans. To register your camp, please visit [https://appengine.egov.com/apps/ri/campplan](https://appengine.egov.com/apps/ri/campplan). Please register on the website and complete the camp registration application. This application will be reviewed and any follow up regarding your camp’s registration will be done so by DHS.

3. **Train your staff**
   Once you are a registered camp, it is important to train your staff on the new health and safety regulations and recommendations discussed in this presentation. Feel free to use this webinar to provide an introductory overview to your staff. Please note: Your staff do not need to attest to their completion of this webinar, only providers are required to do so.

   Use the orientation checklist provided by DHS to streamline your training and orientation process with all full and part time staff members, as well as visitors or volunteers that must enter the program.

4. **Educate your families**
   It is important to clearly communicate the changes and expectations associated with COVID-19. You should communicate with your families about the changes and updated policies and procedures that your program is implementing to keep their children safe and healthy. Make these policies and protocols available digitally, if possible, to mitigate the spread of germs through paper.

**Slide #33: Thank you (30s)**
Thank you for participating in this webinar. If you have questions or feedback regarding the webinar and any of its contents, please reach out at DHS.Summercamps@dhs.ri.gov.