

# Response Viewer

## COVID-19 Summer Camp Plan

### Submission Info

Confirmation Number	S3012022943
Completed Date	6/9/2020 4:28:06 PM

### Response Data

**Program Information**

**Program Name:**  
Jamestown Sea Adventure Camp

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**Primary Contact Name:**  
Meg Myles

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**Primary Email Address:**  
[CISFSailing@gmail.com](mailto:CISFSailing@gmail.com)

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**Is this program part of an umbrella agency?:**  
No

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**If yes, what is the name of the umbrella agency?:**

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**21st Century Program?:**  
false

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**Accepts CCAP?:**  
false

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**Program Address**

Section Title: Physical Address

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**Number & Street:**  
Fort Getty Road, Fort Getty park

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**City/Town:**  
Jamestown

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**State:**

RI

**Zip Code:**

02835

**Phone Number:**

401-855-6643

**Is your camp's Mailing Address the same as the Physical Address?:**

false

Section Title: Mailing Address

**Number & Street:**

7 Felucca Avenue

**City/Town:**

Jamestown

**State:**

RI

**Zip Code:**

02835

**Phone Number:**

401-855-6643

Typical Schedule of Operation

**Camp Start Date:**

06/29/2020

**Camp End Date:**

08/28/2020

**Please list any black-out days where camp may be closed:**

Not open on the weekends

**Does your camp offer overnight stays?:**

No

Section Title: Sunday

**Closed on Sunday?:**

true

**Sunday - From:**

**Sunday - To:**

Section Title: Monday

**Closed on Monday?:**

false

**Monday - From:**

8:30 am

**Monday - To:**

4:30 pm

Section Title: Tuesday

**Closed on Tuesday?:**

false

**Tuesday - From:**

8:30 am

**Tuesday - To:**

4:30 pm

Section Title: Wednesday

**Closed on Wednesday?:**

false

**Wednesday - From:**

8:30 am

**Wednesday - To:**

4:30 pm

Section Title: Thursday

**Closed on Thursday?:**

false

**Thursday - From:**

8:30 am

**Thursday - To:**

4:30 pm

Section Title: Friday

**Closed on Friday?:**

false

**Friday - From:**

8:30 am

**Friday - To:**

4:30 pm

Section Title: Saturday

**Closed on Saturday?:**

true

**Saturday - From:**

**Saturday - To:**

### Camp Attendance Details

Section Title: Total Number Children Served (Capacity)

**Elementary (K-5th grade):**

190

**Middle (6th-8th grade):**

85

**High (9th-12th grade):**

30

Section Title: Stable Groups by Session

**Total Number of Sessions during camp season:**

10

**Total Number of Stable Groups per Session:**

6

### COVID-19 Plan Attestation

**Child illness policy in adherence to CDC guidelines:**

true

**Drop-off and pick-up procedures that adhere to social distancing guidelines and include screening staff, families and children upon arrival each day:**

true

**Cleaning and sanitization protocols in adherence to CDC guidelines:**

true

**Handwashing guidelines for staff & children and your plan to adhere to these guidelines:**

true

**Staffing plan with a protocol for monitoring staff absenteeism:**

true

**Plan for gross motor play for stable groups utilizing outdoor space in adherence to social distancing guidelines:**

true

**Plan for stable groups utilizing outdoor/indoor space in adherence to social distancing:**

true

**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:**

true

**On-site screening documentation/self-attestation forms (Per 8.7.B.2), including documentation of children's temperature and other observable health signs:**

true

**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:**

true

**Cleaning records (per 8.7.F.1), to document the performance of environmental cleaning of their summer camp facilities:**

true

### Review and Certify

Section Title: Certification

**I/We certify to the statements above.:**

true

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