

## Phase III guidelines for Child Care

As of June 19, 2020, more than 70% of licensed child care programs have reopened under new, emergency child care regulations. In advance of reopening, these child care providers submitted a COVID-19 Plan to the Department of Human Services (DHS) for state approval demonstrating their understanding and implementation of the COVID-19 Child Care Licensing Regulations.

As of June 29, 2020, licensed child care programs will be allowed to increase their COVID-19 capacity to serve stable groups of 20 children, in adherence to the required staff/child ratios and pre-COVID licensed capacity, while still maintaining compliance to all other COVID-19 Child Care Licensing Regulations.

If you have questions or would like to update your COVID-19 capacity, please contact your DHS Child Care Licensor via email or the DHS Child Care Licensing Team at [DHS.Childcarelicensing@dhs.ri.gov](mailto:DHS.Childcarelicensing@dhs.ri.gov).

### I. Summary of Phase III operations

The Rhode Island Department of Human Services (DHS) recognizes the need to reopen safe, developmentally appropriate child care for working families in Rhode Island. 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 child care programs adhere to public health protections to prevent the spread of COVID-19.

Effective June 29, 2020, licensed child care center-based programs will be able to seek DHS approval to increase their COVID-19 capacity to serve stable groups of 20 children in preschool and school age classrooms and resume pre-COVID capacity for infant/toddler classrooms.

Group family child care providers will notify DHS Licensing if/when they opt to resume pre-COVID capacity numbers, serving (max) 12 children.

Family child care providers will maintain their existing COVID-19 child care capacity numbers, as this is already aligned to their pre-COVID capacity numbers and does not require an adjustment, unless the number of household members during Phase I impacted their ability to serve their max licensed capacity.

### II. Physical space and occupancy limits

#### Specific guidance for Family Child Care Homes

The Family Child Care Home capacity shall be temporarily amended due to the COVID-19 crisis. Child Care Family Homes must still operate under the following mandatory conditions:

1. Child care must be carried out in stable groups of eight (8) children or fewer, with no more than a maximum group of twenty (20) individuals in the home at the same time, including children, providers, assistants, and household members. This mirrors pre-COVID licensed capacity for children served in a family child care home.
  - a. "Stable groups" are defined as the same children in the same care group each day.

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2. The current capacity of Family Child Care Homes is one (1) provider and six (6) children at any time, if the provider does not have an assistant. This is not changing. If there is an assistant, the number of children in care may increase to eight (8). Due to the COVID-19 crisis, the following capacity limits are imposed:
  - a. The capacity for a provider that has no other individuals in the home will not change: provider and six (6) children.
    - i. The age group limitations do not change; providers can have two (2) children under the age of eighteen (18) months, and an additional two (2) children under the age of six (6) years.
  - b. The capacity for a provider that has no other individual in the home that does have an assistant will not change: provider, assistant, and eight (8) children.
    - i. The age group limitations do not change; providers may not have more than four (4) children under the age of eighteen (18) months.
  - c. If the provider has children or other individuals living in the home, the capacity of children in care must be adjusted to limit the number in home to a maximum of twenty (20) individuals. All capacity numbers must be adjusted to limit the total number in the home to twenty (20) or fewer while children are being cared for.
3. If more than one child care shift is provided during the day, each shift must adhere to the definition of "stable group" as addressed above. Care must be taken based on additional guidelines set forth by regulations and Centers for Disease Control and Prevention (CDC) guidelines, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>.

## Specific Guidance for Group Family Child Care Homes

Group Family Child Care Homes will resume pre-COVID capacity. Group Family Child Care Homes must operate under the following mandatory conditions:

1. Child care must be carried out in stable groups of twelve children. The total number of children for whom care is provided, may need to be decreased to accommodate for the number of individuals in the home, not to exceed 20.
2. The current capacity of Group Family Child Care Homes is twelve children (12).
3. "Stable groups" are defined as the same children in the same care group each day. The caregivers and household members are not counted in the total number of twelve (12) or fewer but should be stable and consistent in-line with their COVID-19 Control Plan.
4. If more than one child care shift is provided during the day, each shift must adhere to the definition of "stable group" of twelve (12) or fewer as addressed above. Care must be taken based on additional guidelines set forth by regulations and CDC guidelines <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>.

## Specific Guidance for Child Care Centers

Child care must be carried out in stable groups of twenty (20) children or fewer, while still in adherence to staff/child ratios and pre-COVID licensed capacity. The maximum number of people per classroom is twenty (20) or fewer, this number does not include the stable teachers and staff in the classroom.

The Department has reduced the number of staff and children ratios due to the COVID-19 crisis. All center-based programs must adhere to the following maximum staff/child ratios and maximum group size:

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Age Group	Age	Maximum Staff/Child Ratios	Maximum Staff/Child Group Size
Younger Infants	6 weeks – 12 months	1:4	2:8
Older Infants	12 – 18 months	1:4	2:8
Toddlers	18 – 36 months	1:6	2:12
Preschool 3	3 years old	1:9	2:18
Preschool 4	4 years old	1:10	2:20
Preschool 5-6	5-6 years old AND not in kindergarten	1:10	2:20
School Age K	At least 5 years old AND in kindergarten	1:10	2:20
School Age G1-G3	Grades 1 – 3	1:11	2:20
School Age G4-G6	Grades 4 – 6	1:11	2:20
School Age G7+	Grades 7 and above, under age 16	1:11	2:20

1. “Stable groups” means that the same individuals, children and teachers are 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.
2. If more than one (1) group of children is cared for at one (1) facility, each group shall be in a separate room. Groups shall not mix with one another
  - a. Providers may not create or add new half walls, dividers, or partitions to increase capacity in a classroom, unless they receive specific DHS approval to do so.
3. Program leadership that are not in the group of children, will not count in the staff/child ratios.
4. There are no exceptions to staff/child ratio during the COVID-19 crisis
5. Groups of children must not mix with one another during the COVID-19 crisis. All program assemblies, special activities, field trips, and program-wide group times must not be scheduled during the COVID-19 crisis.



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Where not specified above, all organizations should follow the general guidance from the Rhode Island Department of Health (RIDOH) and the Centers for Disease Control and Prevention (CDC) regarding gathering sizes and social distancing:

## Adhere to Gathering Size Restrictions

- RIDOH has published the following requirements on gathering sizes: <https://health.ri.gov/covid/>.
- This should be followed when holding meetings, conferences, or other social gatherings.

## Apply Social Distancing Measures

- The CDC has published the following social distancing guidance: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>
- The ability to understand and comply with the principle of social and physical distancing is highly age dependent. It is unreasonable to expect young children to understand this concept. However, school-age children may have a better understanding and be able to comply with some components of distancing. Child care providers should use their judgment in establishing age-appropriate classroom routines that incorporate distancing and reducing the number of shared play items and educational materials.

## III. Business processes, procedures and activities

All child care providers should have established cleaning, screening, face mask, quarantining, communications, and other procedures planned. Guidance for your organization follows.

### Enhanced cleaning and/or disinfecting procedures

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Although not designed to kill germs but instead remove them from a surface, most cleaning products can "kill" coronaviruses by removing the fatty outer layer they use to infect cells.

Disinfecting refers to using a chemical designed to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing any remaining germs on a surface after cleaning, it can further lower the risk of spreading infection. The CDC recommends cleaning surfaces with soap and then applying disinfectant.

#### *Recommended Disinfection Solutions*

- A full list of EPA's approved disinfectants for use against SARS-CoV-2 (the virus that causes COVID-19) can be found at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
- Additionally, diluted household bleach solutions can be used if appropriate for the surface. Unexpired household bleach will be effective against coronaviruses when properly diluted.
  - Never mix household bleach with ammonia or any other cleanser.
  - Prepare a bleach solution by mixing:



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- 5 tablespoons (1/3 cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.

During this crisis, providers shall adhere to the existing and emergency child care licensing regulations and the Centers for Disease Control and Prevention (CDC) guidelines for cleaning and sanitizing, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

- We are recommending providers discontinue use of any indoor shared spaces at this time. Outdoor shared places, such as playgrounds, can be used with a cleaning and sanitization plan. All outdoor toys and playground equipment must be cleaned and sanitized between uses of different groups. Regulatory guidelines regarding group size during COVID-19 still apply to outdoor play time.
- If child care providers intend to offer split sessions, they will need to provide information on the cleaning protocol they will be following between the two sessions.
- For shared bathrooms for different classrooms: if possible, identify two stalls for one group and two for another. If there is no way to establish separate use, ensure frequent cleaning of the entire bathroom throughout the day.
- RIDOH requires that employers ensure that employees, customers, and visitors have access to soap and water and/or hand sanitizer (containing at least 60% alcohol at all times.)
- Cleaning and sanitizing plans and schedules must be posted and monitored.

## Screening procedures

Providers shall post a self-attestation form, developed and approved by the DHS and RIDOH, in a visible area. At the time of drop off, providers shall conduct a verbal screening for symptoms of COVID-19 using the self-attestation form. [https://www.reopeningri.com/resource\\_pdfs/COVID19\\_Screening\\_Tool\\_English-NEW.pdf](https://www.reopeningri.com/resource_pdfs/COVID19_Screening_Tool_English-NEW.pdf)

- Exclude people with COVID-19 symptoms if they can't be explained by allergies or another non-infectious cause, as listed by the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- In the event that an employee or child is identified, pursuant to screening or otherwise, as having acute respiratory illness symptoms or is positive for any other COVID-19 risk factors, or is currently directed to be in quarantine or isolation, the provider shall send the employee or child home and take any additional necessary and appropriate action, in accordance with applicable laws and current RIDOH guidance.
- Providers may also choose to supplement screening questions with temperature checks. CDC guidance on temperature checks can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html>
- Employers should also screen visitors in the same manner as employees.

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

- After being sent home he or she tested negative for COVID-19; or
- After being sent home he or she tested positive for COVID-19 but he or she has since met RIDOH guidelines for ending isolation; or

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- They can provide a doctor's note stating he or she is not contagious.

Please see RIDOH's website for how to get a COVID-19 test: <https://health.ri.gov/covid/testing/>. Please respect individual privacy. Employers should not disclose the name of any employee who tested positive for COVID-19 except as otherwise required by law.

## Procedures to Respond to Cases of Illness in the Workplace

In the event an employee or child becomes ill during the workday, he or she should be sent home immediately. Once a sick employee and those with possible exposure have left the impacted area(s), the area(s) will be closed off for heightened cleaning and disinfection in accordance with CDC protocols and guidelines. This would include a deep cleaning of all touch points throughout the impacted area and wiping down all surfaces, including glass.

## Specific Guidance for Child Care Settings – Visitors to Facilities

Visitors and/or observers should be discouraged from visiting the child care facility during the COVID-19 crisis to limit possible exposure to the children in care and to the child care staff.

1. Any individual who must visit shall document their arrival and departure time on a visitor log that must be kept onsite and available.
2. Any individual who must visit shall verbally complete a self-attestation form developed and approved by the DHS and RIDOH for the purpose of screening for symptoms of COVID-19.

## Face masks and other personal protective equipment

- Employees and visitors are required to wear face coverings unless an employee and/or visitor can easily, continuously, and measurably maintain at least six (6) feet of distance from other employees and/or visitors for the duration of his or her work and/or time in a building.
- During this crisis, all adults shall wear cloth face coverings while in the program.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - Cloth face coverings may be used if tolerated by children older than 2. However, wearing cloth face coverings for long periods of time is uncomfortable and could hamper speech and social development.
  - As face coverings are not recommended when children are at home with family members, it is reasonable to not require them, even of older children, in child care when interactions are limited to only children and adults in the stable group.
  - Face coverings could be considered for children older than 2 as tolerated in common areas of the center and at drop off and pick up times when there may be some unavoidable close interaction between the stable groups.

## Procedures to safely quarantine and isolate symptomatic or confirmed COVID-19 individuals

- During this crisis, the provider must immediately contact DHS Child Care Licensing and RIDOH if the provider, the assistant, or any member of the family child care household has been instructed to



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isolate or quarantine due to having contracted or been exposed to COVID-19, in order to assess the need for creating an alternate care plan.

- DHS may revoke a child care license for failure to report an instruction to isolate or quarantine due to contracted illness or exposure to COVID-19 of the aforementioned staff and household members.
- During this crisis, providers shall have an isolation room or area that can be used to temporarily isolate a sick child pending pickup by a caregiver, in accordance with their child illness policy.

## Clear communications plan

- Providers must contact the DHS Child Care Licensing Unit if they intend to increase their licensed capacity in-line with Phase III guidelines for June 29, 2020. Providers will receive a revised DHS-Approval letter with their COVID-19 Phase III licensed capacity to post in their facility for families to view. The letter, and a copy of the approved COVID-19 Plan must be posted in a visible area during all business hours while the current emergency regulations are in effect.
- Effective June 29, family child care and group family child care providers will only need to post their approved COVID-19 Plan and not a DHS approval letter since their pre-COVID capacity will resume in full in Phase III.
- Translate information in the languages most prevalent in your community.
- Continue to message the importance of employees staying home if they are sick.

## Other Processes and Activities

- During this crisis, the Child Care Center will maintain their DHS-approved protocol for the following items that adheres to CDC guidelines:
  - Child illness policy
  - Drop-off and pick-up procedures that adhere to social distancing guidelines and include screening staff, families, and children upon arrival each day
  - Hand washing guidelines for staff and children and a 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

## IV. Human resources

### Guidance to minimize spread of COVID-19 among employees

All staff must wear cloth masks at all times while operating in the child care program.

### Guidelines to assist individuals who are symptomatic and/or test positive for COVID-19, or are required to quarantine based on potential exposure

Each organization should have a plan to ensure that employees who are required to isolate based on a positive test for COVID-19, or are required to quarantine as a result of exposure, can safely stay out of the workplace until cleared to return.

The provider must immediately contact DHS Child Care Licensing if the provider, the assistant, or any member of the family child care household has been instructed to isolate or quarantine due to having contracted or been exposed to COVID-19, in order to assess the need for creating an alternate care plan. DHS may revoke a child care license for failure to report a staff-related instruction to isolate or quarantine due to contracted illness or exposure to COVID-19.

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Training plan in order to meet the safety guidelines proposed in the previous sections

Providers should continue to require their staff complete the online health and safety trainings for delivering care during COVID-19. These modules were developed in partnership between the Center for Early Learning Professionals and DHS and can be accessed at <https://center-elp.org/center-pd/dhs-mandatory-trainings-to-re-open-child-care-entrenamientos-mandatorios-de-dhs-para-la-reapertura-de-cuidado-infantil/>.

All new staff training and orientation by the Department of Human Services will be conducted virtually, whenever possible, during the COVID-19 crisis.

## Supplies

Each organization should develop a plan for sourcing and maintaining any additional supplies needed to continue safe operations during Phase III.

Supplies required for all organizations:

- Face masks (cloth or surgical face masks are acceptable.)
- EPA-approved disinfectant solutions or other general cleaning supplies (spray bottles, bleach, surface cleaners, etc.)
- Materials for hand washing stations (soap and water) and/or hand sanitizer bottles at workstations.
- Suggested, not required, supplies include:
  - Hand sanitizer and hand sanitizer stations that are accessible to the public.
  - Disinfectant wipe stations near communal objects.
  - Forehead thermometers are not a requirement, but the State still has a limited supply available for child care providers who have either not yet received them or have not yet reopened and intend to do so during Phase III.

Additionally, other supplies may be needed as documented by the CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#CleanDisinfect>

## V. Financing

Financing that may be available to support your organization

- RI is administering temporary rate enhancements for Child Care Assistance Program (CCAP) providers upon reopening. The new rates are available on the DHS website and will be in effect from June 1 to August 31, 2020.
- CCAP Providers will be temporarily reimbursed for services based on pre-COVID enrollment, not attendance.
- DHS is only able to reimburse CCAP providers for CCAP subsidies. For information regarding Small Business Administration (SBA) loans and other opportunities for small business owners, please contact the Department of Labor & Training at [www.dlt.state.ri.us](http://www.dlt.state.ri.us).





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## VI. Certification and enforcement

### Certification guidelines for reopening

- All Child Care Center/Group Family Child Care/Family Child Care providers must complete a COVID-19 Child Care Plan in advance of reopening to demonstrate compliance to these new regulations. [https://www.reopeningri.com/resource\\_pdfs/COVID-19-child-care-application-plan.pdf](https://www.reopeningri.com/resource_pdfs/COVID-19-child-care-application-plan.pdf)
- Providers must complete the form and submit it to the DHS Office Of Child Care Licensing via email [DHS.ChildCareLicensing@dhs.ri.gov](mailto:DHS.ChildCareLicensing@dhs.ri.gov). Once the plan has been approved, they will receive written approval from DHS to reopen.
- For providers who have already received approval to reopen under the emergency COVID-19 child care licensing regulations but would like to increase their capacity in Phase III, they should contact their Child Care Licensor. Once the request for an increase in capacity is reviewed and approved by DHS, a revised DHS Approval Letter will be sent to the program to post.
- All center-based providers are expected to post their COVID-19 Child Care Plan, and their approval letter, with their license to show the capacities. Family child care and group family child care providers are only required to post their approved COVID-19 plan since licensed capacity in Phase III will mirror capacity pre-COVID.
- License renewals will be sent as normal with regular license capacities. Providers who are due for renewal or whose license is scheduled to expire during these regulations are still expected to submit renewal applications in a timely fashion.

