

Guidelines for Child Care

In anticipation of the summer months and the Department of Human Service's (DHS) goal to support child care providers in safely meeting the evolving needs of families during the COVID-19 pandemic, we have implemented these updated guidelines for DHS-licensed child care centers.

Important to note: **Family Child Care and Group 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.**

I. Executive Summary of Operations for DHS-Licensed Child Care Centers

As of May 1, 2021, licensed child care programs will be allowed to increase their COVID-19 school-age capacity to serve a stable groups of 26 children, in adherence to the required staff/child ratios and pre-COVID licensed capacity, while still maintaining compliance with all other COVID-19 Child Care Licensing Regulations.

Please note, **as of May 1, 2021**, there are no longer COVID-19 group size modifications for classrooms. You are, as always, required to still adhere to the group size and staff/child ratio as outlined in the DHS Child Care Regulations and your DHS Child Care License. If you intend to expand group sizes in your school-age classroom, you do not need to submit a revised COVID-19 Control Plan. **As a reminder, all school-age children and staff should be masked while present in DHS-licensed child care centers.**

Also, as of May 1, **center-based child care providers who serve children between the hours of 7 a.m.-9 a.m. and 4 p.m.-6 p.m. can create unique stable groups to serve those early arrivals/late departures in one classroom.** All classrooms in a licensed center during the traditional school/work day should still adhere to the stable pod regulation with a stable staffing pattern; however, given the operational challenges in serving children during the early/late hours of the work day, DHS is offering flexibility to allow for combining stable groups during those hours to reduce personnel costs for programs.

If you are a licensed center that would like to combine stable groups during the hours listed above, you can **submit a revised COVID-19 Control Plan to the Office of Child Care requesting permission from the Licensing Team to do so.**

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.

II. Physical Space and Occupancy Limits

Specific Guidance for Child Care Centers

Child care must be carried out in stable groups of 26 children or fewer, while still in adherence to staff/child ratios and pre-COVID licensed capacity. The maximum number of children per classroom is 26 or fewer, this number does not include the stable teachers and staff in the classroom.

REOPENING RI

DHS has resumed pre-COVID capacity levels, honoring staff/child ratio and group size requirements stated in the DHS Child Care Regulations. For reference below, all center-based programs must adhere to the following maximum staff/child ratios and maximum group size:

| 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 | 1:9 | 2:18 |
| Preschool 4 | 4 years | 1:10 | 2:20 |
| Preschool 5-6 | 5-6 years AND not in kindergarten | 1:10 | 2:20 |
| School Age K | At least 5 years AND in kindergarten | 1:13 | 2:26 |
| School Age G1-G3 | Grades 1 – 3 | 1:13 | 2:26 |
| School Age G4-G6 | Grades 4 – 6 | 1:13 | 2:26 |
| School Age G7+ | Grades 7 and above, younger than 16 | 1:11 | 2:26 |

1. Stable groups mean 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 group of children is cared for at one 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 who 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. **Effective May 1, 2021: Stable groups in DHS-licensed centers may be combined for the hours of 7 a.m.-9 a.m. and 4 p.m.-6 p.m., creating a unique stable group for that service period.**



REOPENING RI

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.
- **All school-age children and staff should be masked while present in DHS-licensed child care centers.**

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 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 COVID-19 when properly diluted.
- Prepare a bleach solution by mixing:
 - Five tablespoons (1/3 cup) of bleach per gallon of water or four teaspoons of bleach per quart of water.
 - Never mix household bleach with ammonia or any other cleaner.



REOPENING RI

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 recommend providers discontinue use of any indoor shared spaces at this time. Outdoor shared places, such as playgrounds, can be used as long as there is a cleaning and sanitizing plan. All outdoor toys and playground equipment must be cleaned and sanitized between uses by 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 screening for symptoms of COVID-19 using the self-attestation form. https://health.ri.gov/forms/screening/COVID19_Employee_Screening_Tool.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
- 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.

REOPENING RI

Procedures to Respond to Cases of Illness in the Workplace

In the event an employee or child becomes ill during the workday, they 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 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 when they are near people they don't live with. The mask should fit snugly but comfortably over your nose, mouth, and chin without any gaps.
 - Great protection: N-95, KN-95, or KF-94 mask
 - Good protection: Medical procedure (paper) mask that fits
 - OK protection: Cloth mask made of a tightly woven, breathable fabric that's at least two layers thick and fits
- During this crisis, all adults and school-age children shall wear a mask or cloth face coverings while in the program.
- Masks or cloth face coverings should not be placed on children younger than two years; anyone who has trouble breathing; or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - Masks or cloth face coverings may be used, if tolerated, by children older than two years at the discretion of the provider.
 - Face coverings could be considered for children older than two years, 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 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.

REOPENING RI

Clear Communications Plan

- Providers must contact the DHS Child Care Licensing Unit if they intend to utilize beginning and end-of-the-day stable groupings inline with these updated guidelines. Providers will receive a DHS-Approval to operate those additional stable pods. A copy of the approved COVID-19 Control Plan must be posted in a visible area during all business hours while the current emergency regulations are in effect.
- As a reminder, family child care and group family child care providers only need to post their approved COVID-19 Control Plan and not a DHS approval letter since their pre-COVID capacity resumed in full in Phase III.
- Translate information in the languages most commonly spoken in your community.
- Continue to message about 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; and
 - 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 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.

REOPENING RI

Training Plan in Order to Meet the Safety Guidelines Proposed in the Previous Sections

Providers should continue to require their staff to 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 DHS 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. 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 (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.)

Additionally, other supplies may be needed as documented in CDC guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#CleanDisinfect>

V. Finances

Financing That May be Available to Support Your Organization

- Rhode Island 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, 2021 to June 30, 2021 (Please note, COVID-19 enhanced CCAP rates are dependent upon the Governor's Executive Order that is reviewed every 30 days.)
- CCAP Providers will be temporarily reimbursed for services based on pre-COVID-19 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 and Training at www.dlt.state.ri.us.

VI. Certification and Enforcement



REOPENING RI

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.
- Providers can complete the form only at the following website: <https://earlylearningprograms.dhs.ri.gov/providerlogin> and/or submit it to the DHS Office Of Child Care Licensing via email DHS.ChildCareLicensing@dhs.ri.gov. Once the Plan has been approved, they will receive written approval from DHS to reopen.
- 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 Control Plan since licensed capacity mirrors pre-COVID-19 capacity.
- License renewals will be sent as normal with regular license capacities. Providers who are due for renewal or whose license is scheduled to expire while these regulations are in effect are still expected to submit renewal applications in a timely fashion.

