

What do I Need to Complete?

- View 2 webinars and complete surveys:
  - DHS Webinar for Re-opening Child Care (Administrators)
  - Health and Safety Guidance for Re-Opening Child Care Webinar (staff)
- Complete the COVID-19 Child Care Plan (2 pages include):
  - Program information
  - Schedule of operation
  - Checklist of all the new/revised sections

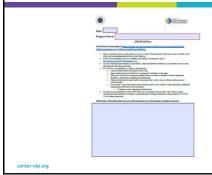
# **COVID-19 Re-Opening Plan**

Your plan must include written documentation of updated policies and procedures on the following:

- Child illness
- Drop-off and pick-up
- Cleaning and sanitization protocols
- Handwashing guidelines for staff & children
- Staffing plan
- Plan for gross motor play for stable groups utilizing outdoor space

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## **COVID-19 Planning Template**



### **Child Illness Policy**

- Regulation: 1.4.3 Health, Safety, and Nutrition (see 218-RICR-70-00-1 § 1.8)
  - D. During this crisis, providers shall have an isolation room or area that can be used to isolate a sick child, in accordance with their child illness policy

**Child Illness Guidance** 

Child Illness Policy Guidance https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/guidance-for-childcare.html#ScreenChildren

- Have an isolation room or area (such as a cot in a comer of the classroom) that can be used to isolate a sick child until a parent grandian arrives to pick them up.
  Follow CDC guidance on how to disinfect your facility if someone is sick or https://mckids.org/CPC/Database 3.3.0.1
  If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
  If COVID-19 is confirmed in one.
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  Open contaide doors and windows to increase air circulation in the area.
  Open contaide doors and windows to increase air circulation in the area.
  Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory dropets to settle before cleaning and disinfecting.
  Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.

- common areas.

  of more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.

  \* Continue routine cleaning and disinfection.

  Provider must immediately contact DIS Child Care Licensing if the provider, staff, child or family member has been instructed to inclute or quarantine due to having contracted or been exposed to COVID-19 for further instruction.

#### **Reflection and Brainstorm**

- What are your current policies and procedures?
- What do the DHS regulations state?
- What do the CDC guidelines state?
- What do you have to change or implement?
- What more do you need to know?

### **Drop-Off & Pick-Up Procedures**

Regulation: 1.4.4 Child Care Center Administration (see 218-RICR-70-00-1 §1.2)

- A. During this crisis, the Child Care Center shall create a drop-off and pick-up protocol that adheres to CDC guidelines and is approved by the Department.
  - 1. Providers shall require a self-attestation form, developed and approved by the DHS and RIDOH, be completed at the time of drop off for the purpose of screening for symptoms of COVID-19.

### **Drop-off and Pick-up Guidance**

Drop-off and pick-up procedures Guidance https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare html#pickup

- Hand hypene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If no sink, previde hand sanitase with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitase out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary usups for cleaning pens between each time.

  Comilee stagesting arrival and free off times and plan to limit direct contact with parents as much as possible.

  See Adult Adult and the contact with parents and plan to limit direct contact with parents as much as possible.

- possible.

  Hive child-case providers greet children outside as they arrive.

  Distipants a specific stiff person to bring children to classrooms to limit corridor use.

  Distinct could be transported in their car seast. Store are said out of children's reach.

  Heality, the same parent or designated person should drop off and pick up the children's reach.

  Heality, the same parent or designated person should drop off and pick up the children's reach or pick up the children's produced to the problem of the property of the children's with avience underlying medical conditions; should not pick up the children's care problem of the child for care of the children's care problem.

  The child's casegorer must sign off sech day, on an attestation form, that no one in the home, including the child, has five or cold yrungtoms.

  Make a visual impaction of the child for signs of illness, which could include flushed cheeks, rapid beauting of difficulty broating, frighter or extreme formular.

  Examples of CDC screening methods htm: //www.cdc.nov/corons/visus/2019-noov/community/chools/galiblears/carefactorechilders.

What are your current policies and procedures?

**Reflection and Brainstorm** 

- What do the DHS regulations state?
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### **Cleaning & Sanitizing Protocols**

- Regulation: 1.4.3 Health, Safety, and Nutrition (see 218-RICR-70-00-1 § 1.8)
  - B. During this crisis, providers shall adhere to the CDC guidelines for cleaning and sanitizing (see §1.1.1 of this part).

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**Cleaning & Sanitizing Guidance** 

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### **Handwashing Guidelines for Staff** and Children

#### Current DHS regulations are to be followed:

- Wash hands following the protocol, at least 20 seconds, especially:
  - When entering the classroom and coming in from outside
  - After coughing, sneezing, blowing nose
  - · Before and after prepping food, eating, or feeding
  - Before and after diapering
  - · After coming in contact with any bodily fluid
  - After using the toilet or assisting a child in the bathroom
  - Handling garbage

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# **Handwashing Guidance**

ashing guidelines for staff & children in adherence to CDC/DHS Guideli childcare.html#HandHygiene

- All children, staff, and volunteers should engage in hand hygiene at the following times: urrival to the facility and after breaks

  \* Before and after preparing food
- \*Amval to the faculty and after treasks or druks!

  \*Before and after acting or handling food or feeling children

  \*Before and after acting or handling food or feeling children

  \*After coming an contact with bookly fluid

  \*After using the total or helping a child to us the bothscom

  \*After taking manifest or leasning us mains waste

  \*Wath hands with copy and writer for a hear 20 seconds. If hands are after handling garbage

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  \*Supervise children when they us hand assistant to prevent ingestion.

  \*Assist children with handwarking, including infants who cannot wash hands alone.

  O After saturing children with handwarking, including infants who cannot wash hands alone.

  Place posters describing handwarking step, near unks. Developmentally appropriate posters in multiple lands.

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  \*CFOC Guidances https://markini.org/CFOC Deabhoos/2.2.2.2 https://markini.org/CFOC Ostabase/2.2.2.2

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# **Staffing Plan**

- Regulation: 1.1.4 Definitions
  - A. "Capacity" means the maximum number of children permitted to be in care with a provider. The capacity has been temporarily amended due to the COVID-19 crisis.
  - B. "Stable Groups" are defined as the same twelve (12) individuals, children and teachers, or fewer are in the same group each day.
  - 1. Children shall not change from one group to another.
  - 2. Stable Groups must occupy the same space each day.

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# **Staffing Plan**

Your staffing plan must also include steps to monitor and respond to absenteeism

# **Staffing Plan Guidance**

- Staffing plan with a protocol for monitoring staff absences 

  Determine how to cover classrooms in the event of increased staff absences 
  Coordinate with offer local cladicare programs for substitute teachers 
  Rasch out to substitutes to determine anticipated availability 
  Lacrases scend distacting plans by institute the number of places where staff go in your building-preferably just to their classroom, ability butteroom is needed, and break room. Redeen survenums 
  conservative busiling. That about beat queses, katchen, or other places where util typically 
  conservative.
- throughout the outsime, name seven were compressed. Incorporate measures you can put in place to change your typical systems to make them safer. For example, laccoporate measures you can put in place to change your typical systems to make them safer. For example, where the first of the change of

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### **Outdoor Gross Motor Play**

Regulation: 1.4.3 Health, Safety, and Nutrition (see 218-RICR-70-00-1 § 1.8)

- With the exception of outdoors, providers shall limit shared play space.
  - All outdoor toys and playground equipment must be cleaned and sanitized in adherence to CDC guidelines, between use of groups (see §1.1.1 of this part)

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### **Outdoor Gross Motor Play** Guidance

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

- idelines

  Common spaces in childcare programs should not be used and children should be going to the same classroom day after day with the same children, not congregating in common or shared spaces or moving between classrooms.

  Groups of children may share the outdoor play space rotating time spent there. Staggered times should be implemented to routd coverding in corridors.

  Equipment and toys in the outdoor play space must be classed and disinfacted between groups of children. Groups of children are the coverding time to cover the coverding time spent the coverding time spent the coverding time of the cove

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### **Final Steps**

- Submit Plan to DHS
- Once approved, the plan must be posted in your program
- Communicate plan with families
- DHS licensing will make site-visits