



Completing Your COVID-19 Plan for Re-opening Child Care

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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

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 **Rhode Island Department of Human Services**
COVID-19 Child Care Plan

The Department of Human Services (DHS) recognizes the need to reopen safe, developmentally appropriate child care for working families in RI. 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.

Rhode Island has authorized child care programs to reopen as of June 1, 2020 under new, emergency child care licensing regulations (<http://dhsr.ri.gov/ri-state/child-care>). All Child Care Center/Family Child Care providers must complete the following form in advance of reopening to demonstrate compliance to these new regulations.

Please submit your completed form to DHSCovid19@dhsh.ri.gov or call (401) 222-2333. Once the plan has been approved, you will receive written approval from DHS to reopen. A copy of your approved plan must be posted and available during all business hours while the current emergency regulations are in effect. Please contact your assigned licensor with any questions.

Provider Information		Provider ID:				
Provider Name:						
Physical Address						
Number & Street:		City/Town:				
State:	Zip Code:	Phone Number:				
Schedule of Operation						
From:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
To:						
<p>Child Care Center Only: Provide an outline (either documenting the number of classrooms you intend to open, or list of the open and number of children in each of these rooms). Please attach a floor plan that demonstrates the layout of these rooms.</p> <p><i>Example: 1 classroom with 8 children and 2 teachers, 1 toddler room with 10 children and 2 teachers.</i></p>						
<p>I am looking to open and/or license new space as a result of the group site change. I am including my floor plan and permitting dimensions of the space. I would like to be contacted regarding a variance to use this space. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						

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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

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Child Illness Guidance

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

- Have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child until a parent/guardian arrives to pick them up.
- Follow CDC guidance on how to disinfect your facility if someone is sick or <https://nrckids.org/CFOC/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 a child or staff member:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets 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.
 - If 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 DHS Child Care Licensing if the provider, staff, child or family member has been instructed to isolate or quarantine due to having contracted or been exposed to COVID-19 for further instruction.

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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?***

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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.

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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 hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If no sink, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets.
- Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
 - Have child-care providers greet children outside as they arrive.
 - Designate a specific staff person to bring children to classrooms to limit corridor use
 - Infants could be transported in their car seats. Store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for illness from COVID-19.
- The child's caregiver must sign off each day, on an attestation form, that no one in the home, including the child, has fever or cold symptoms.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing, fatigue or extreme fussiness.
- Examples of CDC screening methods: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren>

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COVID-19 Screening Tool

Date: _____ Name: _____

Reason for entering facility: _____

Please let us know if you have had any of the following:

	Yes	No
Fever (temperature of 100°F or more)		
Cough		
Shortness of breath or difficulty breathing		
Chills		
Excess noise or stuffy nose		
Sore throat		
Diarrhea		

If the answer to any question is "Yes", the person should be excluded from the facility until:

- They are completely free of symptoms for 72 hours, AND
- 72 hrs have passed since their first symptoms appear.

In the last 14 days:

	Yes	No
Has anyone in your household been diagnosed with COVID-19?		
Have you been told to quarantine yourself by any public health authority? If so, when did you end your 14-day quarantine period?		
Have you been in close contact (less than 6 feet for a prolonged period) with someone who has tested positive for COVID-19?		
Have you traveled anywhere outside of the 50 United States or its a cruise?		
Have you traveled anywhere in the United States in commercial air travel?		

If the answer to any question is "Yes", the person should be excluded from the facility and should self-quarantine until 14 days have passed since the time of potential exposure/travel.

Do not write below this line. Official Use Only.

Temperature: _____ Staff signature: _____

Cleared to enter facility? yes no

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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 children
 - 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

Handwashing guidelines for staff & children in adherence to CDC/DHS Guidelines
<https://www.cdc.gov/nczod/dzdx/2019-ncov/community/schools-childcare/guidance-for-childcare.html#HandHygiene>

- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - * Arrival to the facility and after breaks
 - * Before and after preparing food or drinks
 - * Before and after eating or handling food or feeding children
 - * Before and after administering medication or medical treatment
 - * Before and after diapering
 - * After coming in contact with bodily fluid
 - * After playing outdoors or in sand
 - * After handling garbage
- After using the toilet or helping a child use the bathroom
- After handling animals or cleaning up animal waste
- After handling garbage
- 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, including infants who cannot wash hands alone
 - o After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC. <https://www.cdc.gov/handwashing/posters.html>
- CFCO Guidance: <https://nckids.org/CFOC/Database/3.2.2.2> <https://nckids.org/CFOC/Database/3.2.2.3>

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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

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Staffing Plan Guidance

Staffing plan with a protocol for monitoring staff absenteeism

- Determine how to cover classrooms in the event of increased staff absences.
- Coordinate with other local childcare programs for substitute teachers
- Reach out to substitutes to determine anticipated availability
- Increase social distancing plans by limiting the number of places where staff go in your building—preferably just to their classroom, adult bathroom as needed, and break room. Reduce movement throughout the building. Think about break spaces, kitchens, or other places where staff typically congregate.
- Incorporate measures you can put in place to change your typical systems to make them safer. For example, where staff store their food/ lunches, how staff “punch in and out” every day, how staff communicate with others throughout the building about their needs.
- Everyone should be keeping a log of their own contacts each day—where they’ve been and who they’ve been in contact with. This is an important part of slowing the spread of the virus. Please make sure all staff are aware of this practice and are doing this in the event of becoming sick or exposed.
- Sick staff members should not return to work until they have met criteria to discontinue home isolation <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/stop-when-sick.html>

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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 guidelines

- 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 avoid crowding in corridors.
- Equipment and toys in the outdoor play space must be cleaned and disinfected between groups of children.
- 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.
- Facial tissues and hand sanitizer should be available outdoors.

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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

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