Child Care Reopening During COVID-19

Webinar 2.0

Rev. 10.9.2020

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Agenda

I. COVID Response and RIDOH Engagement (Outbreak Response Protocols: Child Care)
II. Screening Protocols (best-practice tips & importance)
III. Case Investigation & Contact Tracing
    I. Importance of child files and time & attendance of children & staff
    II. Communication to families and staff if/when there's a COVID + case within the child care facility
IV. Stable Groups (best-practice tips and importance)
V. School-age child care (supporting full-time distance learners)
VI. CCAP Payment Practices
VII. Unannounced monitoring during COVID
    I. COVID Regulations
    II. RIAEYC Monitoring

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I. COVID Response in Child Care & RIDOH Engagement

Outbreak Response Protocols: Child Care

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Symptoms of COVID-19

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Probable Case of COVID-19

CDC defines a probable case as an individual who meets the following criteria.

One of the following symptoms:
- ❑ Cough
- ❑ Shortness of breath
- ❑ Difficulty breathing
- ❑ New loss of taste
- ❑ New loss of smell

or

Two of the following symptoms:
- ❑ Fever
- ❑ Chills (rigors)
- ❑ Muscle aches (myalgias)
- ❑ Headache
- ❑ Sore throat
- ❑ Nausea or vomiting
- ❑ Diarrhea
- ❑ Fatigue
- ❑ Congestion or runny nose

Call the COVID-19 Health Information Line at RIDOH (401-222-8022) if child or staff meet the criteria above.
Source: https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/

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When to call for emergency care

A person with the following symptoms needs emergency medical attention.
Call 911 and notify the operator that you are seeking care for someone who may have COVID-19

- ❑ Difficulty breathing
- ❑ Persistent pain or pressure in chest
- ❑ New confusion
- ❑ Inability to wake or stay awake
- ❑ Bluish lips or face

*This list does not reflect all possible symptoms requiring emergency care.

Source: https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/

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When Can a Child or Staff Member Return to Child Care After Travel?

- If a child or staff member is returning from states with more than 5% positivity listed here.
- Preferred method is to quarantine for 14 days after returning to Rhode Island.
  - COVID-19 can develop any time between 2-14 days after exposure.
  - A single negative test only indicates that you are negative at that point in time, but you could become infectious any time through day 14.
  - Quarantining for 14 days before returning to child care is the safest way to ensure that an individual possibly exposed while traveling does not infect others in the child care with COVID-19.

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When is a COVID-19 Test Required for a Symptomatic Child/Staff Member to Return to Child Care?

Symptom	Is a Test Required to Return?
Cough (new)	Yes
Shortness of breath or difficulty breathing	Yes
New loss of taste or smell	Yes
Fever (temperature higher than 100.4° or feels feverish to the touch)	Yes, if two or more of these symptoms No, if only one of these symptoms
Chills	
Muscle or body aches	
Headache	
Sore throat	
Fatigue	
Congestion or runny nose (new)	
Nausea or vomiting	
Diarrhea	

*If the test is positive, the person must isolate and use the CDC symptom-based strategy to be released from isolation, which is a minimum of 10 days. Once the symptom-based criteria are met, the person who tested positive does not need a negative test to return. If the test is negative, the person can return when fever free for 24 hours *and* symptoms improved (back to usual health), which can be less than 10 days

Protocol- Symptomatic individual but not a probable case

Situation	Isolation and quarantine protocol	Recommended testing protocol	Return to Child Care Criteria
Staff or child has **symptom(s) of COVID-19** but does not meet the CDC definition of a probable case	Symptomatic individual is isolated and sent home. No closure recommended for exposed classroom(s). No quarantine recommended for close contacts.	Advise symptomatic individual to seek medical advice and test if recommended by healthcare provider* **RIDOH may recommend testing for others in certain situations*	Attestation from a parent or guardian that documents one of the following: 1. Tested negative for COVID-19, has been fever free for 24 hours and symptoms improved (back to usual health). 2. Tested positive for COVID-19 and has since met RIDOH guidelines for ending isolation. 3. Not tested, has been fever free for 24 hours and symptoms improved (back to usual health).

Protocol- Probable case

Situation	Isolation and quarantine protocol	Recommended testing protocol	Return to Child Care Criteria
Staff or child is a **probable case**	Symptomatic individual is isolated and sent home Household contacts must quarantine pending the probable case COVID-19 test result Quarantine of additional close contacts pending probable case test results may be advised by RIDOH when: • One or more confirmed cases have occurred in the child care in the last 14 days or • The probable case reports loss of taste or smell or • The probable case had a known exposure to a positive case in the last 14 days	Advise symptomatic individual to seek medical advice and obtain a COVID test *If symptomatic individual does not wish to test, they can opt to isolate 10 days instead.* *RIDOH may recommend testing for others in certain situations*	Attestation from a parent or guardian that documents one of the following: • Tested negative for COVID-19, has been fever free for 24 hours and symptoms improved (back to usual health). • Tested positive for COVID-19 and has since met CDC/RIDOH guidelines for ending isolation.

Protocol- Confirmed case tested positive

Situation	Isolation and quarantine protocol	Recommended testing protocol	Return to Child Care Criteria
Staff or student tests **positive**	Person testing positive is isolated per CDC/RIDOH guidelines. Close contacts are quarantined for 14 days since last COVID-19 exposure.	Close contacts in quarantine* should self-monitor for symptoms; seek medical advice and test** if recommended by RIDOH or healthcare provider. Close contacts who have tested positive in the past 90 days do not have to quarantine. ***RIDOH may recommend testing of close contacts in certain situations*	**Positive** individuals must meet the CDC/RIDOH guidelines for ending isolation: **RIDOH recommends the symptom-based strategy for ending isolation. Isolate until:** • Fever free for 24 hours *and* • Symptoms have improved *and* • 10 days since symptoms first appeared (20 days if severely immunocompromised) **OR** **Time-based approach if asymptomatic when tested positive. Isolate until:** • 10 days since date of specimen collection (20 days if severely immunocompromised) **A negative test is not required to return; use the symptom-based strategy above**

Protocol- Close contact of a case

Situation	Isolation and quarantine protocol	Recommended testing protocol	Requirement to return
Staff or student is a close contact of a confirmed case Close contacts who have tested positive in the past 90 days do not have to quarantine.	A close contact is quarantined for 14 days after last exposure to the confirmed case. If possible, it is ideal for each close contact to quarantine in a location separate from the symptomatic person and separate from other close contacts. If the close contact lives in the same household, the contact quarantines through the case's isolation period (10 days) and for an additional 14 days. A household contact who has ongoing exposure to the confirmed case is usually quarantined for at least 24 days.	Close contacts in quarantine should self-monitor for symptoms and seek medical advice and test if recommended by RIDOH or healthcare provider RIDOH may recommend testing of close contact in certain situation to identify asymptomatic cases Testing negative is not an alternative to completing the quarantine	Children or staff member must meet the CDC/RIDOH guidelines for ending quarantine before returning to school. RIDOH can provide a note. Quarantine for 14 days after the **last date of exposure** to the confirmed case. RIDOH can provide a note for absence.

II. Screening Protocols

Entry Screening Protocols for Daily Drop Off

- **Daily screening protocols in adherence with DHS regulations**
  - Self-attestation form must be posted in a visible area.
  - At drop off time, child care facility must conduct a verbal screening for symptoms using the self-attestation form in English or Spanish.
  - If child or staff member fails screening, send the individual home and refer to response protocols.
  - If child care chooses to temperature screen, review CDC guidelines for safe options. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html
  - Screening must be conducted for **all children, staff, and visitors.**

Note: all child care providers should have established cleaning, health screening, and physical distancing procedures in line with DHS COVID-19 Child Care Regulations (https://rules.sos.ri.gov/organizations/subchapter/218-70-00).

Best-practice "tips" for screening

- Stagger drop-off/pick-up times for families and staff entering the facility
  - Ensure families adhere to their personal schedules everyday to maximize your ability to physically distance individuals and resource staffing patterns at these key times throughout the day.
- Coordinate drop-off/pick-up outdoors or from cars to minimize vestibule congestion and/or hallway traffic
  - If car drop-off is a challenge, providers can use a canopy or designated area outdoors with visual markers for families to stand 6 feet apart.
- Maximize entrances/exits to offer multiple screening stations for families and staff (if staffing permits)
  - Classrooms with direct access to the outdoors offer a streamlined way to ease potential congestion and maximize stable groups at drop off and pick up.

Best-practice "tips" for screening, continued

- Encourage families to complete screenings prior to arrival (via google docs and/or app)
  - If completing prior to arrival, ensure the form is completed immediately before arrival versus hours before drop off, to eliminate symptom onset prior to drop off.
- Post the screening questions at the entrance, and document when there are abnormal responses for your records versus using a piece of paper for every family.
  - Use spreadsheets, sign-in and out logs, or any organizational process that works for your program to ensure you are screening everyone who comes into your building every time.
- If screener is not the teacher of the stable group they are screening, minimize direct contact with the child for prolonged time periods and ensure handwashing and/or sanitizing between screenings.

Use the following link for additional screening tips from the Center for Disease Control: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren

III. Case Investigation & Contact Tracing

Case Investigation & Contact Tracing

Upon notifying the RI Department of Health (RIDOH,) the DHS-licensed child care provider will need to provide RIDOH with contact information for each child and staff that was in close contact of the positive case. RIDOH will work with you to determine who is a close contact.

The following data points will need to be provided to the RIDOH in the event of a COVID positive case:

- Individual's name (first and last,) DOB, classroom assignment and primary language
- Emergency contact information (parent/caregiver name and phone number) if COVID + individual is a child
- Contact information for close contacts: name, DOB, parent/guardian phone (if child,) and primary language
- Dates of attendance for the COVID + individual
  - Note: A person is infectious starting 2 days before symptoms start and 10 days from the day symptoms start. RIDOH will take these dates into account to determine if the case was present at child care while infectious.

RIDOH will notify the provider and its impacted staff & families of the COVID + case and recommendations for isolation, quarantine and testing. RIDOH will provide a letter to all impacted individuals.

IV. Stable Groups

Stable Groups: Best-Practice & Importance

"Stable groups" are defined as the same individuals, children and teachers, in the same group each day.

- Children shall not change from one group to another. *
- Stable groups must occupy the same space each day.
- In family child care, household members count as part of a stable group.

**Note: Children should not change from one group to another. Children must be part of one stable group in your program. There are inevitable exceptions to this that might include:*

- Children who need to transition to the next age group.
- Part time children who are in classrooms with full time children – these children should count in the total stable group for a full-time child.
- A drastic influx or decline in enrollment might cause a change in stable group decisions.

Stable Groups: Best Practice & Importance, continued

Important things to remember when implementing stable groups:

- By increasing the number of contacts or individuals (children and/or teachers) within a stable group, you are increasing the risk of transmission if/when a positive COVID-19 incident occurs within your program. Adherence to the stable group methodology will prevent child care providers from having to close multiple stable groups in the event of a positive COVID-19 case.
- Minimize the "floater" or "support staff" role – if the floater were to experience symptoms, or test positive for COVID-19, you have increased your program's risk of transmission. This could increase business disruption and jeopardize continuity of services to the children and families who depend on you for child care.
- Administrators should take the same stable group precautions – work as an administrative team to establish who will go where in tight staffing situations. (Example: Director will cover infants and/or toddlers when necessary, Assistant Director/Education Coordinator will cover preschool/school-age when necessary.)
- Stable groups will look different in different centers. It's important to sit down and figure out the best way to create stable groups in your program to minimize risk.
- Stable groups need to stay in stable classrooms. There should be no shared spaces indoors for multiple stable groups to use (example: Gross Motor Room, Cafeteria, Gym)

Stable Groups: Best Practice & Importance, continued

Example of a potential provider challenge: Inability to combine groups at the beginning and the end of the day to allow for staff to leave on time and potentially impacting payroll expenditures.

Recommendations: Stable groups can consist of up to 20 children. What can this look like?

Option 1: If you have more than one infant group, you can combine at the beginning and/or the end of the day. (Max group size is 8 children, so regardless of children's schedule, the total number of individual children in that stable group will be less than 20 = 16 total)

Option 2: If you have numerous infant and toddler groups, you can choose to combine an infant and toddler classroom at the end of the day. For example: ABC Child care has an Infant 1 and an Infant 2 classroom, as well as a Toddler 1 and a Toddler 2 classroom. You can consistently choose to combine Infant and Toddler 1 and/or Infant and Toddler 2 at the beginning and/or end of the day, because your infant max group size is 8 and your toddler max group size is 12. While you need to stay at max group size, you will never be mixing more than 20 individual children.

It is all about documenting and keeping your combinations consistent in order to mitigate risk.

V. School-Age Child Care During COVID-19

School-Age Child Care

- For DHS-licensed child care providers to serve school-age children full time providers must meet the following criteria:
  - Currently have a school-age program and intend to offer full time care for children who are unable to attend in-person instruction because it **is not being offered by their district**.
  - Currently have a school-age program and intend to offer care for children in a district where in-person instruction is not occurring daily (hybrid model). Full day care would **only be offered to children on the days they were not scheduled for in-person instruction.**
  - Not currently licensed for school-age care but would like to seek temporary full day licensure for this age group due to one of the reasons listed above.
- Providers can apply for a temporary 60-day license at https://appengine.egov.com/apps/ri/tempcare [appengine.egov.com]
- Providers will not be approved to serve school-age children full time who have the option of attending public school in-person or are under quarantine/isolation due to possible exposure to COVID-19

School-Age Child Care

As part of the application for school-age care, DHS-licensed child care providers will need to **submit proof of the district's hybrid or online learning plan** for the districts they intend to serve.

- District plans are available on their respective websites and can be accessed via https://www.back2schoolri.com/plans-for-a-safe-reopening/

Providers will also need to address:

- How will you plan on supporting DL while children are in your care?
- How will you will communicate with families about DL?
- How will you will maintain stable groups and social distancing particularly for students from multiple districts?

Example of a school schedule from Providence Public Schools Department (PPSD)

	September 14	September 17	September 21	September 28	October 13
PK - 1	In Person	In Person	In Person	In Person	In Person
2 - 3	Distance Learning	In Person	In Person	In Person	In Person
4 - 5	Distance Learning	Distance Learning	In Person	In Person	In Person
6	Alternating Days	Alternating Days	Alternating Days	Alternating Days	Alternating Days
7	Distance Learning	Distance Learning	Distance Learning	Alternating Days	Alternating Days
8	Distance Learning	Distance Learning	Distance Learning	Distance Learning	Alternating Days
9	Alternating Days	Alternating Days	Alternating Days	Alternating Days	Alternating Days
10	Distance Learning	Distance Learning	Distance Learning	Alternating Days	Alternating Days
11 - 12	Distance Learning	Distance Learning	Distance Learning	Distance Learning	Alternating Days

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School-Age Child Care

Best practices to support distance learning

- Understand the tech requirements to support DL plans (ex. 1:1 requirement)
  - Ensure students are comfortable with the online platform (ex. Zoom, google classrooms, Microsoft teams)
- Know the difference between synchronous and asynchronous instruction
  - Synchronous: two-way communication (live instruction happening remotely)
  - Asynchronous: one-way communication (prerecorded materials or lessons)
- Familiarize yourself with the district's attendance policy to ensure students in your care are not marked absent
- Develop daily schedule/routines around the distance learning plan for students in your care
- Have a clear communication plan with families and schools regarding the distance learning plan
- Understand the learning needs of students in your care (IEPs, 504, ELLs)

School-Age Child Care

Starting 9/14/20, DHS requires face covering for all school-age children and staff

- This applies even when children are in stable groups and physically distanced (6+ feet apart.).
- As school-age children reenter K-12 buildings face coverings will be critical in mitigating the risks associated with school-age children participating in multiple stable pods.
- This guidance mirrors the expectations RIDE has established for all K-12 schools.

School-Age Child Care

Current CCAP payment practices for school-age children

- DHS will continue to reimburse CCAP school-age children based on their hours needed (full time, if a parent/guardian is working a minimum of 30 hours/week) through Batch 12 (week ending 10/30/20) with the **DHS COVID-19 Temporary CCAP Rate Enhancements.**
- It is important to note that DHS will revisit the decision to subsidize full time school-age CCAP child care beyond October 30, 2020 at a later date once information on future federal stimulus funding is made available.

DHS Child Care Assistance Program (CCAP)
Effective June 1, 2020 - October 1, 2020

Temporary Rate Enhancements during COVID-19 Reopening
Licensed Center Child Care Weekly Rates

Time Authorized & Enrolled	Full Time				
Star Rating →	1	2	3	4	5
Infant/Toddler	$ 257.54	$ 260.56	$ 257.54	$ 257.54	$ 273.00
Preschool	$ 195.67	$ 195.67	$ 195.67	$ 195.67	$ 260.00
School Age	$ 160.00	$ 160.00	$ 160.00	$ 160.00	$ 164.00

Time Authorized & Enrolled	Three Quarter Time				
Star Rating →	1	2	3	4	5
Infant/Toddler	$ 193.16	$ 193.16	$ 193.16	$ 193.16	$ 204.75
Preschool	$ 146.75	$ 146.75	$ 146.75	$ 146.75	$ 195.00
School Age	$ 132.00	$ 132.00	$ 132.00	$ 132.00	$ 133.75

Time Authorized & Enrolled	Half Time				
Star Rating →	1	2	3	4	5
Infant/Toddler	$ 128.77	$ 128.77	$ 128.77	$ 128.77	$ 136.50
Preschool	$ 97.84	$ 97.84	$ 97.84	$ 97.84	$ 130.00
School Age	$ 100.00	$ 100.00	$ 100.00	$ 100.00	$ 102.50

Time Authorized & Enrolled	Quarter Time				
Star Rating →	1	2	3	4	5
Infant/Toddler	$ 64.39	$ 64.39	$ 64.39	$ 64.39	$ 68.25
Preschool	$ 48.92	$ 48.92	$ 48.92	$ 48.92	$ 65.00
School Age	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.25

VI. CCAP Payment Practices During the COVID-19 Pandemic

CCAP Payments During the COVID-19 Pandemic
Timeline: 6/1-10/30 (will be revisited on a 30-day interval with the Gov's EO)

In response to COVID-19, the RI Department of Human Services has adopted three CCAP payment practices* to ensure continued support to CCAP providers and families during the pandemic:

1. **Reimburse CCAP subsidies based on enrollment, not attendance**
2. **Waive the allowable absence policy for CCAP families**
3. **Reimburse CCAP subsidies using a temporary, enhanced rate (see next slide)**

*RI submitted three CCDF Plan Amendments and one waiver to adopt these CCAP payment practices during COVID-19

Temporary CCAP Rates during COVID-19 Reopening

DHS evaluated a variety of options to appropriately resource child care providers upon reopening. These decisions are dependent upon the federal aid made available and the state's ability to reopen child care (based upon public health guidance.)

Please note: These rates will be in effect *6/1/20-10/30/20* (with a commitment to revisiting on a 30-day interval with the Governor's Executive Order.)

Licensed Center Child Care Weekly Rates

Time Authorized & Enrolled	Full Time	
Star Rating / Percentile →	5	90th Percentile
Child's Age Category ↓		
Infant/Toddler	$ 257.54	$ 273.00
Preschool	$ 195.67	$ 260.00
School Age	$ 200.00	$ 245.00

Licensed Family Child Care Weekly Rates

Time Authorized & Enrolled	Full Time	
Rating →	Step →	4
Child's Age Category ↓	Star ↓	
Infant/Toddler	5	$ 224.43
Preschool	N/A	$ 171.45
School Age	N/A	$ 162.30

For a complete listing of all CCAP rates during COVID-19 reopening by authorized time categories, please visit the RI DHS website, http://www.dhs.ri.gov/Programs/CCAPProviderResourceNewPageLAC.php.

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CCAP Rules and Regulations

Eligibility for CCAP Families:

CCAP families who have received recertification packets during this time, should have received a supplemental notice providing detailed information on the eligibility policies, with clear guidance for recertifying regardless of whether they experienced a non-temporary change in their status.

- 12 Months of Continuous Eligibility:

4.4.4.A. The eligibility period for CCAP shall be no less than twelve (12) months. CCAP benefits shall be re-determined through the recertification process prior to the end of the twelve (12) month period.

- 3 Months of Job Search:

4.6.4.3.a. A parent(s) who experience a non-temporary change in employment, education or training status due to loss of work or cessation of attendance at an approved education or training program shall continue to receive CCAP services for three (3) months for each loss or cessation in order for the parent(s) to resume work or attendance in an approved education or training program.

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VI. Unannounced Monitoring During COVID

DHS Child Care Licensors are monitoring programs using a new, revised COVID-19 Monitoring Form.

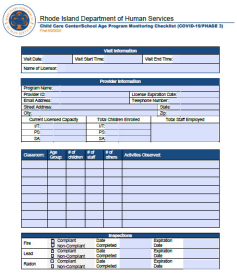
Unannounced monitoring visits from the DHS Child Care Licensing Unit are still occurring on a regular, ongoing basis with a dedicated focus on high-risk regulations and COVID-19 related requirements such as screening, mask-wearing and adherence to stable group methodology.

While DHS Licensing will be focusing on COVID-19 related regulations and other high risk regulations, it is important to remember that the original non-COVID regulations should still be adhered to at all times.

Visits will be conducted often during this time, so providers will likely receive a visit more than their mandated one or two times per year.

It's important to remember that this is solely to ensure we are operating as safely as possible during this pandemic and not as a way to "catch" providers operating incorrectly.

We encourage providers to ask questions and use licensors as support while they are at your program.


Rhode Island Department of Human Services

Visit Information

Visit Date:	Visit Start Time:	Visit End Time:
Name of Licensor:		

Provider Information

Program Name:		
Director:		License Expiration Date:
Email Address:		Telephone Number:
Street Address:		Date:
City:		Zip:

Current Licensed Capacity	Total Children Enrolled	Total Staff Employed
FT:	FT:	
PS:	PS:	
SA:	SA:	

Classroom:	Age Group:	# of children:	# of staff:	# of others:	Activities Observed:

Inspections

		Date Completed:	Expiration Date:
Fire	☐ Compliant ☐ Non-Compliant		
Lead	☐ Compliant ☐ Non-Compliant	Date Completed:	Expiration Date:
Radon	☐ Compliant ☐ Non-Compliant	Date Completed:	Expiration Date:

Unannounced Monitoring Visits; 2019-2020 (Pre-COVID)

The DHS Child Care Licensing Unit conducted ***160 unannounced monitoring visits*** *during this time frame, visiting* ***70 centers*** *and* ***90 family child care providers.***

Provider Type	Corrective Action Findings; Risk Levels			
	High-Risk	**Moderate-Risk**	**Low-Risk**	**Total**
Family Child Care	286	172	3	461
Center-Based Child Care	132	79	59	270

Unannounced Monitoring Visits; June 1-August 31, 2020 (COVID Reopening)

The DHS Child Care Licensing Unit conducted ***219 unannounced monitoring visits*** *during this time frame, visiting* ***90 centers*** *and* ***129 family child care providers.***

Provider Type	Corrective Action Findings; Risk Levels					
	High-Risk			**Moderate-Risk**	**Low-Risk**	**Total**
	Non-COVID	**COVID**	**Total**			
Family Child Care	149	23	172	71	0	243
Center-Based Child Care	63	4	67	46	8	121

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Corrective Action Trends; 2019-2020 (Pre-COVID)

Five Most Common Corrective Action Findings		
Family Child Care		
Regulation	**Description**	**Risk Level**
2.3.1.F.	Written Work Schedules Not Posted	High-Risk
2.3.3.N.1.	Electrical Outlets Not Covered	High-Risk
2.3.3.S.2.	Emergency Phone Numbers Not Posted (911, Fire, etc.)	High-Risk
2.3.4.A.1.	Annual Physical Form Missing Child Files	Moderate-Risk
2.3.4.B.1	Notarized Emergency Treatment Forms Not on File	High-Risk
Center-Based Child Care		
1.8.L.6.	Unable to Provide Documentation of Regular Safety Drills Being Conducted	High-Risk
1.8.C.3.	Daily Medication Log is Not Completed for Children Requiring Medication	High-Risk
1.8.G.7.	Cleaning & Sanitation Schedule is Not Posted	High-Risk
1.8.K.3.	Programs Serving Infants & Toddlers Did Not Have a Choke Prevention Gauge	High-Risk
1.12.F.7.C.	Annual Health Exam Record Missing from Child Files	Moderate-Risk

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Corrective Action Trends; June 1-August 31 2020 (COVID Reopening)

Five Most Common Corrective Action Findings		
Family Child Care		
Regulation	**Description**	**Risk Level**
2.3.3.V.2.	Cleaning Materials are Within a Child's Reach & Not Locked In a Cabinet	High-Risk
2.3.3.S.3.	Names & Phone Numbers of Parents & Emergency Contacts are Not Kept Near the Phone	High-Risk
2.3.3.F.1.	Outdoor Play Area Has Hazards or is Missing a Fence	High-Risk
2.3.4.A.1.	Annual Physical Form Missing Child Files	Moderate-Risk
2.3.4.A.2.	Child's File Missing Immunization Records	Moderate-Risk
Center-Based Child Care		
1.7.H.1.	Overall Health & Safety of the Facility & Grounds (Ceiling tiles being cracked, holes in wall or door, items blocking an egress)	High-Risk
1.12.F.7.C	Child Files Missing Annual Health Examination	Moderate-Risk
1.8.G.3	Toxic Substances Being Left Out and Accessible to Children	High-Risk
1.12.F.7.D.	Immunization Record Not Found in Child's File	Moderate-Risk
1.12.F.10.G.	Written Authorization from Parent or Guardian for Emergency Medical Treatment Not Found in Child File	Moderate-Risk

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COVID Reviews

RIAEYC/BrightStars Scope of Work; September 1-December 31, 2020

Effective September 1, 2020, RIAEYC BrightStars' staff will be conducting COVID Reviews of DHS-licensed child care facilities. RIAEYC will be conducting these reviews in close partnership with DHS Child Care Licensors and will offer these as a hybrid approach to delivering quality improvement strategies/tips and processing a provider's BrightStars' Renewal with reviewing a provider's compliance to the COVID-19 health and safety regulations.

Example of a RIAEYC COVID Review

Child Care Center and School Age Program Regulations Child Care Center, Family Child Care Home and Group Family Child Care Home Licensing Changes Due to COVID-19 218-RICR-70-00-8			
Section	Requirement Description	Compliant Status	
10.4.4.B *(High Risk)*	During COVID-19, the provider must post their COVID-19 planning a visible area directly next to the license at all times.	☐ Compliant ☐ Non-Compliant	☐ Corrected Onsite
10.1.3.A *(High Risk)*	Visitors and/or observers should be discouraged from visiting the child care facility during the COVID-19 crisis to limit the 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.	☐ Compliant ☐ Non-Compliant Non-Compliance Detail	☐ Corrected Onsite

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Thank you

If you have a CCAP question, please contact DHS.ChildCare@dhs.ri.gov

If you have a Child Care Licensing question, please contact DHS.ChildCareLicensing@dhs.ri.gov

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Appendix

FAQs (Page 1 of 3)

1. What will happen if a child becomes ill at child care?

- Staff accompanies the child to a separate area to reduce likelihood of spread, and waits with them until the child is picked up from child care.
- Any items or toys used/touched by the ill child will be removed and disinfected per CDC protocol.
- As soon as possible, common surfaces or items which can't be moved should be disinfected, and if feasible, ventilation of space should be increased.
- Once children leave, the area should be thoroughly cleaned per CDC protocol.
- Children within same consistent group should be administered two temperature checks daily and increased vigilance for symptoms.

2. When should children within a consistent group be sent home?

- Each scenario is unique. Determination of whether a consistent group will be sent home will be determined in consultation with RIDOH.

3. When can a symptomatic child or staff member return to their child care?

Symptomatic: Parent/guardian may attest (staff may self-attest) that return to child care criteria have been met.
Symptomatic individual who is not a probable case or probable case and test negative may return to child care when:
24 hours fever free (without use of fever medication) and
Symptoms improved (back to usual health)
Test-positive
Must meet the CDC guidelines for ending isolation before returning to child care https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

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4. What if a probable case refuses testing?

- A probable case should be tested. If they test negative, they can return to child care. If they test positive, they will follow the CDC symptom-based strategy for release from isolation: 24 hours fever-free and symptoms have resolved and it has been 10 days since symptoms first appeared. If they refuse to test, they will be required to follow the same symptom-based strategy; they cannot return sooner.

5. When can an asymptomatic (without symptoms) child or staff member who is a close contact of an individual with COVID-19 return to child care?

- Children or staff who are in close contact with an individual with COVID-19 should quarantine for 14 days from last exposure to the infected individual before returning to child care. They cannot be released early from quarantine with a negative test; they must complete the full 14 days.

6. If you screen someone at the door and they are symptomatic (with symptoms), does the screener need to quarantine?

- No, a brief screening at the door does not qualify as close contact. See glossary (page 42) for definition of 'close contact'.

7. Under what circumstances should a child care classroom or facility be closed?

- The decision to close a classroom or a facility will be made on a case-by-case basis in consultation with RIDOH and DHS.

8. Who informs child care provider of a positive test result?

- If a child, parent/guardian, or staff, tests positive, RIDOH will inform the child care provider as soon as possible.

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9. Where can parents/guardians obtain relevant resources on where to seek medical advice?

- A child's medical provider can assess the need for testing and schedule testing when needed.
- If a child does not have a regular medical provider, a child care staff member may provide a list of medical providers in their community.
- The parent/guardian can call a local health care center or a respiratory clinical listed on the RIDOH website. https://health.ri.gov/covid/testing/

10. If a child care class or facility is closed due to an outbreak, how long will it be closed?

- The decision to reopen a classroom or a facility will be made on a case-by-case basis in consultation with RIDOH and DHS.

11. Can a parent/guardian send a child to another child care if current child care is closed due to an outbreak?

- After completing RIDOH-recommended quarantine or isolation, a child may attend another child care facility.

12. Does a staff or child who tested positive need a negative test to return to child care?

- No, a test is neither required nor recommended. A person who tested positive can return to child care when they have been 24 hours fever-free AND symptoms have resolved AND it has been 10 days since symptoms first appeared (10 days since the person if asymptomatic). A person is no longer infectious if they have met this isolation criteria. RIDOH/CDC does not recommend a positive person obtain another test within 90 days since testing positive.

Glossary

Term	Definition
Close contact	Contact between two people of <6ft for more than 15 minutes. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.
Consistent/stable group	Each staff/child will be placed into "consistent/stable groups" of no more than 20 people and each group must physically distance themselves from other consistent groups. Child care centers may have multiple consistent/stable groups, while family child care homes only have one consistent/stable group.
Contact tracing	Process of identifying individuals who may have had close contact (see definition above) with someone who tested positive for COVID-19
COVID-19	Abbreviation for the disease caused by the novel coronavirus SARS CoV-2
DHS	Rhode Island Department of Human Services
Isolation	Process of separating individuals who are infected with COVID-19 from others
Protocol	Recommended actions to follow in the event that an outbreak of COVID-19 occurs
Probable case	Individual who has at least two of the following symptoms: fever, chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s), OR at least one of the following symptoms: cough, shortness of breath, or difficulty breathing
Quarantine	Process of separating and restricting the movement of individuals who were in close contact with someone who tested positive or had symptoms of COVID-19. Separation/restriction of movement 14 days from the last exposure to the person who tested positive for COVID-19.
RIDOH	Rhode Island Department of Health
Screening	Checking individuals for symptoms of COVID-19 verbally and by using temperature checks
Symptomatic individual	Individual who is showing the symptoms or signs of COVID-19 according to CDC guidelines
Testing	Two types of tests are available for COVID-19: viral tests and antibody tests. Viral tests indicate if you have a current infection (most common) while antibody tests indicate a previous infection. Throughout this document, 'testing' refers to the viral test to diagnose a person with COVID-19.