

218-RICR-70-00-10

TITLE 218 - DEPARTMENT OF HUMAN SERVICES

CHAPTER 70 - OFFICE OF CHILD CARE LICENSING

SUBCHAPTER 00 - N/A

PART 10 - CHILD CARE CENTER, FAMILY CHILD CARE HOME AND GROUP FAMILY CHILD CARE HOME LICENSING CHANGES DUE TO COVID-19

10.1 COVID-19 Virus and the Rhode Island State of Emergency

10.1.1 Scope and Authority for the State of Rhode Island

- A. Prior to the implementation of any new procedures under these regulations, the Director of the Department of Human Services (DHS) shall seek federal waivers or approval, when required, from the Federal agencies that provide funding and oversight for the programs the Department of Human Services administers. The Director shall also consider any guidance by these Federal agencies, when available, when implementing new procedures.
- B. Upon withdrawal of the R.I. State of Emergency, as it relates to COVID-19, these new procedures shall lapse after three business days from the withdrawal of the State of Emergency for Rhode Island.
- C. The Department's goal is to continue to provide access to benefits while continuing to maintain the health and safety of our applicants, recipients, Child Care Centers, Family Child Care Homes, Group Family Child Care Homes and DHS employees during the R.I. State of Emergency as it relates to COVID-19.

10.1.2 Incorporated Materials

- A. These regulations hereby adopt and incorporate the Center for Disease Control, Covid-19, Guidance for Child Care Programs That Remain Open, updated April 21, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

10.1.3 Visitors to Facilities

- A. 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.
2. Any individual who must visit shall complete a self-attestation form developed and approved by DHS and Rhode Island Department of Health (RIDOH), for the purpose of screening for symptoms of COVID-19.

10.1.4 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.

10.2 Temporary Adjustments to the Family Child Care Home

10.2.1 Family Child Care Home Capacity (see 218-RICR-70-00-2 § 2.3)

- A. The Family Child Care Home capacity shall be temporarily amended due to the COVID-19 crisis. Child Care Family Homes must operate under the following mandatory conditions:
 1. Child care must be carried out in stable groups ~~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.~~ ~~of ten (10) children or fewer, with no more than a maximum group of twelve (12), including providers, assistants and household members.~~ ~~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.~~ ~~of ten (10) children or fewer, with no more than a maximum group of twelve (12), including providers, assistants and household members.~~ 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.
 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. 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 individual in the home is provider and six (6) children.
 - (1.) These 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 is provider, assistant, and eight (8) children

(1.) These 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 ~~twelve (12)~~twenty (20) individuals. All capacity numbers must be adjusted to limit the total number in the home to ~~twelve (12)~~twenty (20) or less 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" of ~~twelve (12) or fewer~~ as addressed above. Care must be taken based on additional guidelines set forth by regulations and Centers for Disease Control and Prevention (CDC) guidelines (see §1.1.1 of this part).

10.2.2 Family Child Care License (218-RICR-70-00-2 § 2.2.2)

A. All new staff training and orientation by the DHS will be conducted virtually, whenever possible, during the COVID-19 crisis.

10.2.3 Family Child Care License Variance (see 218-RICR-70-00-2 § 2.2.3)

A. During the R.I. State of Emergency due to COVID-19, the Licensing Administrator will be approving variances solely for COVID-19 related needs.

10.2.4 Family Child Care Health and Nutrition (see 218-RICR-70-00-2 § 2.3.4)

A. During this crisis, the provider must immediately contact DHS Child Care Licensing and RIDOH if the provider, the assistant, or any member of the 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.

B. During this crisis, providers shall adhere to the CDC guidelines for cleaning and sanitizing (see §1.1.1 of this part).

C. During this crisis, all adults shall wear cloth face coverings while in the home, during operating hours.

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.

10.2.5 FAMILY CHILD CARE ADMINISTRATION (SEE 218-RICR-70-00-2 § 2.3.7)

- A. During this crisis, the Family Child Care Home shall create a drop-off and pick-up protocol that adheres to CDC guidelines (see §1.1.1 of this part) and is approved by the DHS.
1. Providers shall post a self-attestation form, developed and approved by 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 approved self-attestation form.
- B. During the COVID-19 crisis, the provider must post their COVID-19 ~~approval form and~~ plan in a visible area directly next to the license at all times.
- C. During this crisis, if a provider is subject to a corrective action plan due to noncompliance with a COVID emergency regulation they may have their staff/child ratio and group size temporarily reduced to Phase I of COVID regulatory standards.

10.3 Temporary Adjustments to the Group Family Child Care Home

10.3.1 Group Family Child Care Home Capacity (see 218-RICR-70-00-7 § 7.1.2)

- A. Group Family Child Care Homes capacity shall be temporarily amended due to the COVID-19 crisis. Group Family Child Care Homes must operate under the following mandatory conditions:
1. Child care must be carried out in stable groups of twelve (12) or fewer. 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 twenty (20).~~All individuals in the home must be counted toward the total of (1) or fewer in the home. The total number of children who care is provided for, must be decreased to accommodate for the number of individuals in the home.~~
 2. The current capacity of Group Family Child Care Homes is twelve (12).~~At this time, this number is inclusive of everyone who lives in the house, as well as all adults providing care for children.~~ The caregivers and household members are not counted in the total number of twelve (12) or fewer but should not to exceed twenty (20) individuals in the home while care is being provided, and should be stable and consistent in-line with their COVID-19 Control Plan.
 3. 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 (see §1.1.1 of this part).

10.3.2 Group Family Child Care Home Variance (see 218-RICR-70-00-7 § 7.2.4)

A. During the R.I. State of Emergency due to COVID-19, the Licensing Administrator will be approving variances solely for COVID-19 related needs.

10.3.3 Group Family Child Care Health and Nutrition (see 218-RICR-70-00-7 § 7.3.4)

A. During this crisis, the provider must immediately contact DHS Child Care Licensing and RIDOH if the provider, the assistant, or any member of the 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 contracted illness or exposure to COVID-19 of the aforementioned staff and household members.

B. During this crisis, providers shall adhere to the CDC guidelines for cleaning and sanitizing (see §1.1.1 of this part).

C. During this crisis, all adults shall wear cloth face coverings while in the home, during operating hours.

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.

10.3.4 Group Family Child Care Administration (see 218-RICR-70-00-7 § 7.3.7)

A. During this crisis, the Group Family Child Care Home shall create a drop-off and pick-up protocol that adheres to CDC guidelines (see §1.1.1 of this part) and approved by DHS.

1. Providers shall post a self-attestation form, developed and approved by 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 approved self-attestation form.

B. During the COVID-19 crisis, the provider must post their COVID-19 ~~approval form and~~ plan in a visible area directly next to the license at all times.

C. During this crisis, if a provider is subject to a corrective action plan due to noncompliance with a COVID emergency regulation they may have their staff/child ratio and group size temporarily reduced to Phase I of COVID regulatory standards.

10.4 Temporary Adjustments to Child Care Centers

10.4.1 Staff/Child Ratio, Group Size, and Age Integration (see 218-RICR-70-00-1 § 1.10)

A. Child care must be carried out in stable groups of ~~tentwenty (2010)~~ children or fewer while still in adherence to staff/child ratios and pre-COVID licensed capacity. The maximum number of people is ~~twelve (12)~~ twenty (20) or fewer, this number does not include the stable teachers and staff in the classroom.

B. ~~DHS 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 rations and maximum group size:

<u>Age Group</u>	<u>Age</u>	<u>Maximum Staff/Child Ratios</u>	<u>Maximum Staff/Child Group Size</u>
<u>Younger Infants</u>	<u>6 weeks – 12 months</u>	<u>1 : 4</u>	<u>2:8</u>
<u>Older Infants</u>	<u>12 – 18 months</u>	<u>1 : 4</u>	<u>2:8</u>
<u>Toddlers</u>	<u>18 – 36 months</u>	<u>1 : 6</u>	<u>2:1022</u>
<u>Preschool 3</u>	<u>3 years old</u>	<u>1 : 9</u>	<u>2:180</u>
<u>Preschool 4</u>	<u>4 years old</u>	<u>1 : 10</u>	<u>2:1220</u>
<u>Preschool 5-6</u>	<u>5-6 years old AND not in kindergarten</u>	<u>1: 120</u>	<u>2:1220</u>

<u>School Age K</u>	<u>At least 5 years old AND in kindergarten</u>	<u>1 : 130</u>	<u>2:12020</u>
<u>School Age G1-G3</u>	<u>Grades 1 – 3</u>	<u>1 : 1311</u>	<u>2:12020</u>
<u>School Age G4-G6</u>	<u>Grades 4 – 6</u>	<u>1 : 131</u>	<u>2:12020</u>
<u>School Age G7+</u>	<u>Grades 7 and above, under age 16</u>	<u>1 : 1311</u>	<u>2:210</u>

1. 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 DHS approval to do so.
2. Program Leadership that are not in the group of children, will not count in the staff/child ratios.
3. There are no exceptions to staff/child ratio during the COVID-19 crisis.
4. 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.

10.4.2 Child Care Center Staff Training (see 218-RICR-70-00-1 § 1.11)

- A. All new staff training and orientation by the DHS will be conducted virtually, whenever possible, during the COVID-19 crisis.

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

- A. During this crisis, the provider must immediately contact DHS Child Care Licensing and RIDOH if the provider, the assistant, and/or any child who receives care or their family member 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 and alternate care plan. DHS may revoke a child care license for failure to report an instruction to isolate or quarantine due contracted illness or exposure to COVID-19 of the aforementioned staff and household members.

- B. During this crisis, providers shall adhere to the CDC guidelines for cleaning and sanitizing (see §1.1.1 of this part).
- C. During this crisis, all adults shall wear cloth face coverings while in the program.
- 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.
- E. With the exception of outdoors, providers shall limit shared play space.
 - 1. 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).

10.4.4 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 post a self-attestation form, developed and approved by 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 approved self-attestation form.
- B. During the COVID-19 crisis, the provider must post their COVID-19 ~~approval form and~~ plan in a visible area directly next to the license at all times.
- C. During this crisis, if a provider is subject to a corrective action plan due to noncompliance with a COVID emergency regulation they may have their staff/child ratio and group size temporarily reduced to Phase I of COVID regulatory standards.