

CHILD CARE

State Capacity Building Center

Perspectives from Research and Practice: Limiting COVID-19 Transmission in Child Care Programs

November 5, 2020

Welcome



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Introductions



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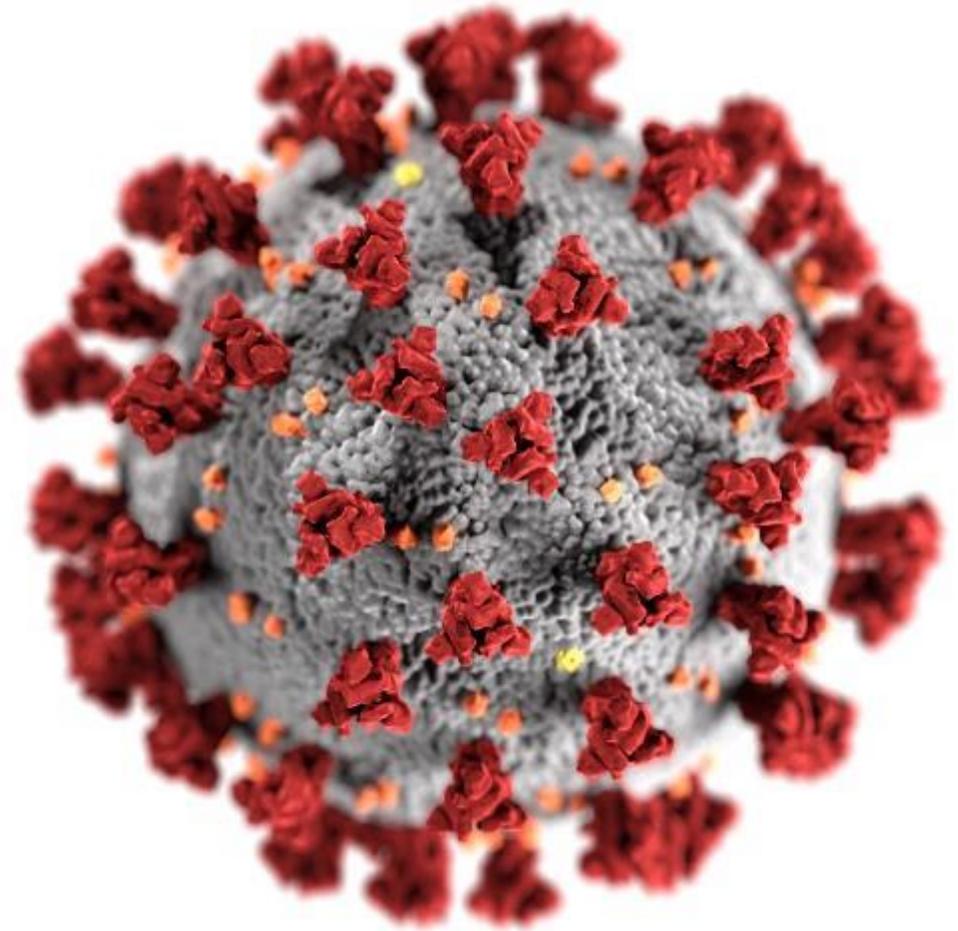
Introductions

- ◆ **Amanda DellaGrotta, MPH**, Epidemiologist, Rhode Island Department of Health
- ◆ **Andrea Engle**, Child Care Director, Pawtucket YMCA
- ◆ **Caitlin Molina**, Deputy Director, Rhode Island Department of Human Services
- ◆ **Ruth Link-Gelles, PhD**, Doctoral Epidemiologist, Centers for Disease Control and Prevention (CDC)

Limited Secondary Transmission of SARS-CoV-2 in Child Care Programs — Rhode Island, June 1–July 31, 2020

Ruth Link-Gelles, PhD, MPH
LCDR, US Public Health Service
Epidemiologist, CDC COVID-19 Response

Webinar: Limited Secondary Transmission of
SARS-CoV-2 in Child Care Programs —
Rhode Island, June 1–July 31, 2020
November 5, 2020



cdc.gov/coronavirus

Knowns and Unknowns about COVID-19 in Child Care during Spring/Summer 2020

Known

- Young children are less likely than adults to get severely ill

Unknown

- Do young children transmit to adults?
- What strategies can reduce risk to children and teachers in child care?

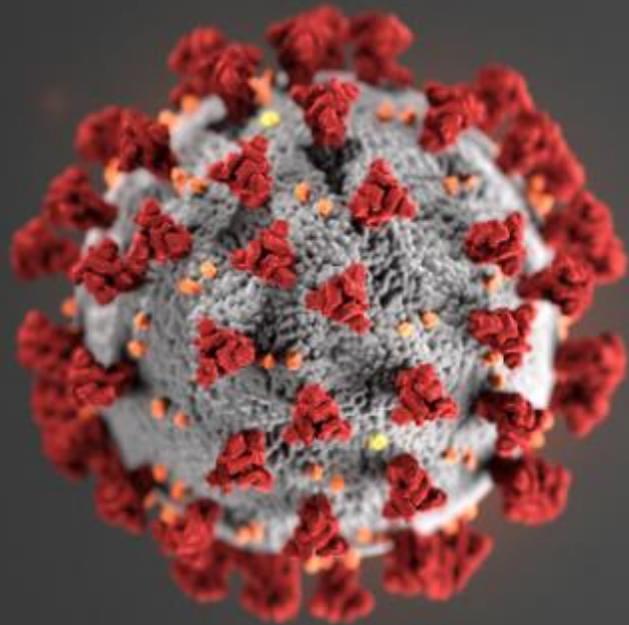


The Rhode Island Experience

- Defined reopening date for child care, set by state government
- Required reopening plans; provided funding to offset costs
- Disseminated clear guidelines for providers in the RI Child Care Response Playbook
- Consistently followed-up and investigated probable and confirmed cases associated with child care

What Worked?

- Relatively low community spread
 - Most clusters in child care occurred during simultaneous increases in COVID-19 in the community
- Reducing introduction of COVID-19 into child care
 - Daily symptom screening & monitoring of children and staff
- Stopping transmission within child care
 - Handwashing, disinfection of high-touch surfaces
 - Rapid quarantine of exposed individuals
 - Stable group structure
 - Masks required for staff
- Close collaboration between state public health and regulatory agencies



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





COVID-19 Child Care Reopening

October 2020 RI Department of Human Services Update

Caitlin Molina, Deputy Director
Rhode Island Department of Human Services

Amanda DellaGrotta, Epidemiologist
Rhode Island Department of Health

RHODE
ISLAND

Child Care Reopening Update

“I’m inspired by how we’ve come together during this crisis. We’ve come so far and worked so hard. In fact, I’ve never been more proud to be a Rhode Islander.” - Governor Gina M. Raimondo

01

Actions Taken

For Families & Child Care Providers

02

By the Numbers

Reopening, Closures & New Sites

03

Enforcement

Unannounced Monitoring, Corrective Action Trends & COVID-19 Reviews

04

COVID-19 Impact

CDC Study & DHS Survey

Actions: Child Care



Child Care is one of the basic needs. DHS' Office of Child Care is committed to helping families and providers before, during and after the COVID-19 pandemic.

For families during COVID-19, RI:

01

Waived all family copays for Child Care Assistance Program (CCAP) families

02

Is waiving allowable absence policy for CCAP families (currently defined as 5 days/month)

03

Is navigating a federal policy adjustment to reinstate families.

04

Regulated summer camps to ensure safe environments. More than 150 summer camp programs were approved to serve 19,000 youth.

DHS recognized the need to thoughtfully reopen safe and developmentally appropriate child care to both support working families and ensure the economic viability of our valued providers, and did so on June 1st with help for providers, including:

- **New regulations** and plan submission process
- A **temporary rate enhancement** to support reopening costs
- Payments to **reimburse** providers who care for CCAP children **based on enrollment rather than by attendance**
- **Free PPE** resources and a one-stop shopping website for additional PPE, cleaning supplies and other needs
- The **Child Care Provider Relief Fund, \$5M CARES Act** funding, to provide **critical resources necessary to help sustain the State's essential child care infrastructure**



By the Numbers: Reopening

Pre-COVID DHS-Licensed Child Care Provider Capacity as of March 1st 2020: 100%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	465	3,084
Center-Based Child Care	446	32,435
Total	911	35,519

COVID DHS-Licensed Child Care Provider Capacity as of June 30th 2020: 70%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	374	2,433
Center-Based Child Care	257	15,752
Total	631	18,185

COVID DHS-Licensed Child Care Provider Capacity as of September 9th 2020: 87%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	402	2,531
Center-Based Child Care	371	18,685
Total	773	22,963

By the Numbers: Reopening (Cont.)

Anticipated COVID DHS-Licensed Child Care Provider Capacity as of October 1, 2020: 97% *(due to programs in LEA's with unclear opening plans)*

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	430	2,755 <i>(approximately)</i>
Center-Based Child Care	411	22,085 <i>(approximately)</i>
Total	841	24,840

Providers Who have Not Submitted Reopening Plans Yet:

Provider Type	Number of DHS-Licensed Providers	Reported Reason for Not Submitting a COVID-19 Reopening Plan
Family Child Care	32	All have not yet communicated plans for reopening.
Center-Based Child Care	78	45 reside in LEAs. Those LEAs have not yet authorized their reopening. 33 have not yet communicated plans for reopening.
Total	110	

By the Numbers: Closures/New Sites During COVID-19

Closures

Provider Type	Number of Closures
Family Child Care	22
Center-Based Child Care	6*
Total	28

Family child care providers who have permanently closed permanently since March 1st 2020 report doing so for the following reasons:

- 1) Retirement
- 2) Pre-existing, underlying health conditions potentially impacted by a COVID-19 diagnosis

*50% of the child care center closures are slated to reopen under new leadership and will remain DHS-licensed child care facilities. Centers who have permanently closed reporting doing so due to financial concerns which predate COVID-19.

New Sites

Provider Type	Number of New Sites	Number of Pending Applications
Family Child Care	3	5
Center-Based Child Care	6	6
Total	9	11

Enforcement: Unannounced Visits

Pre-COVID 2019-2020: DHS Child Care Licensing team 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

Reopening 6.1.20-8.31.20: The DHS Child Care Licensing team 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

Enforcement: Corrective Action Trends (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

Enforcement: Corrective Action Trends (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

Enforcement: COVID-19 Reviews

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

Effective September 1, 2020, RIAEYC BrightStars' staff will be conducting COVID-19 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 <i>(High Risk)</i>	During COVID-19, the provider must post their COVID-19 planning a visible area directly next to the license at all times.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
10.1.3.A <i>(High Risk)</i>	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. <ol style="list-style-type: none"> Any individual who must visit shall document their arrival and departure time on a visitor log that must be kept onsite and available. 	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Non-Compliance Detail <input type="text"/>	<input type="checkbox"/> Corrected Onsite

Limited Secondary Transmission of SARS-CoV-2 in Child Care Programs – Rhode Island – June 1 – July 31, 2020

Ruth Link-Gelles, PhD, Amanda DellaGrotta, MPH, Caitlin Molina, Ailis Clyne, MD, Kristine Campagna, MED, Tatiana M. Lanzeri, MD, Marisa A. Hast, PhD, Krishna Palipudi, PhD, Emilio Dirlikov, PhD, Utpala Bandy, MD

COVID-19 Child Care Regulations and Protocols

On June 1, child care programs were allowed to reopen with key guidelines to deliver safe care and early education

1 Stable group structure

- Maintain consistent groups of 20, including children and staff

2 Physical Distancing

- Physical distancing is required between stable groups but not required within stable groups

3 Adherence to CDC disinfection guidelines

- Frequent hand-washing and disinfection of high-touch surfaces
- Disinfection of toys and equipment at least 1x/day and between uses from different stable groups

4 Enhanced pick-up/drop-off processes

- Prevent crowding and co-mingling
- Hand-off with parent/guardian lasts 3-5 minutes, 6-foot distancing maintained
- Use of mobile apps

5 Daily symptom screening and monitoring

6 Masking of adults

Child Care Response Playbook

Provides guidance on how to respond to various scenarios related to COVID-19 and provides visibility to child care providers into the process of how RIDOH will engage providers and families in each scenario

- Quick tips and FAQs
- Glossary of common terms
 - Close contact
 - Quarantine v. isolation
- Protocol for when a child or staff
 - Tests positive
 - Has symptoms of COVID-19
 - Is a close contact of a COVID-19 case



RIDOH Response to Cases of COVID-19

In addition to laboratory-confirmed positive cases, RIDOH investigates and responds to **probable cases of COVID-19**. The CDC defines as any individual who meets the following criteria:

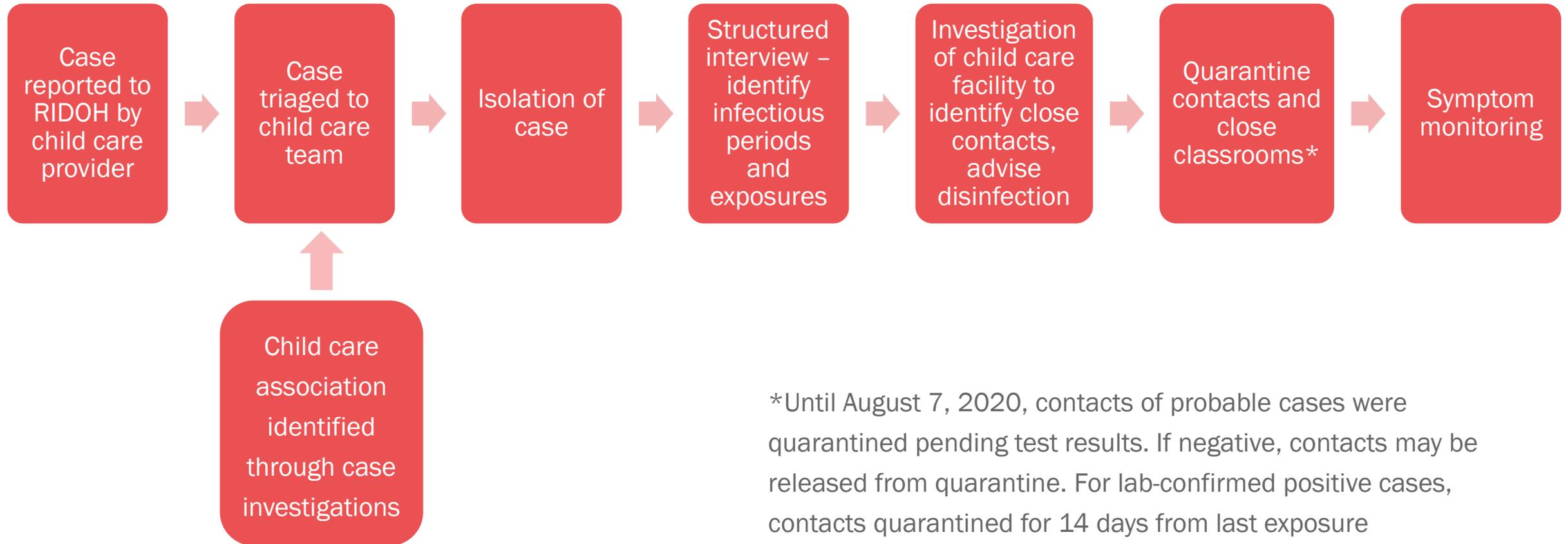
Any one of the following symptoms

- Cough
- Shortness of breath
- Difficulty breathing
- Loss of taste or smell

Any two of the following symptoms

- Fever
- Chills
- Muscle aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose

RIDOH Response Process

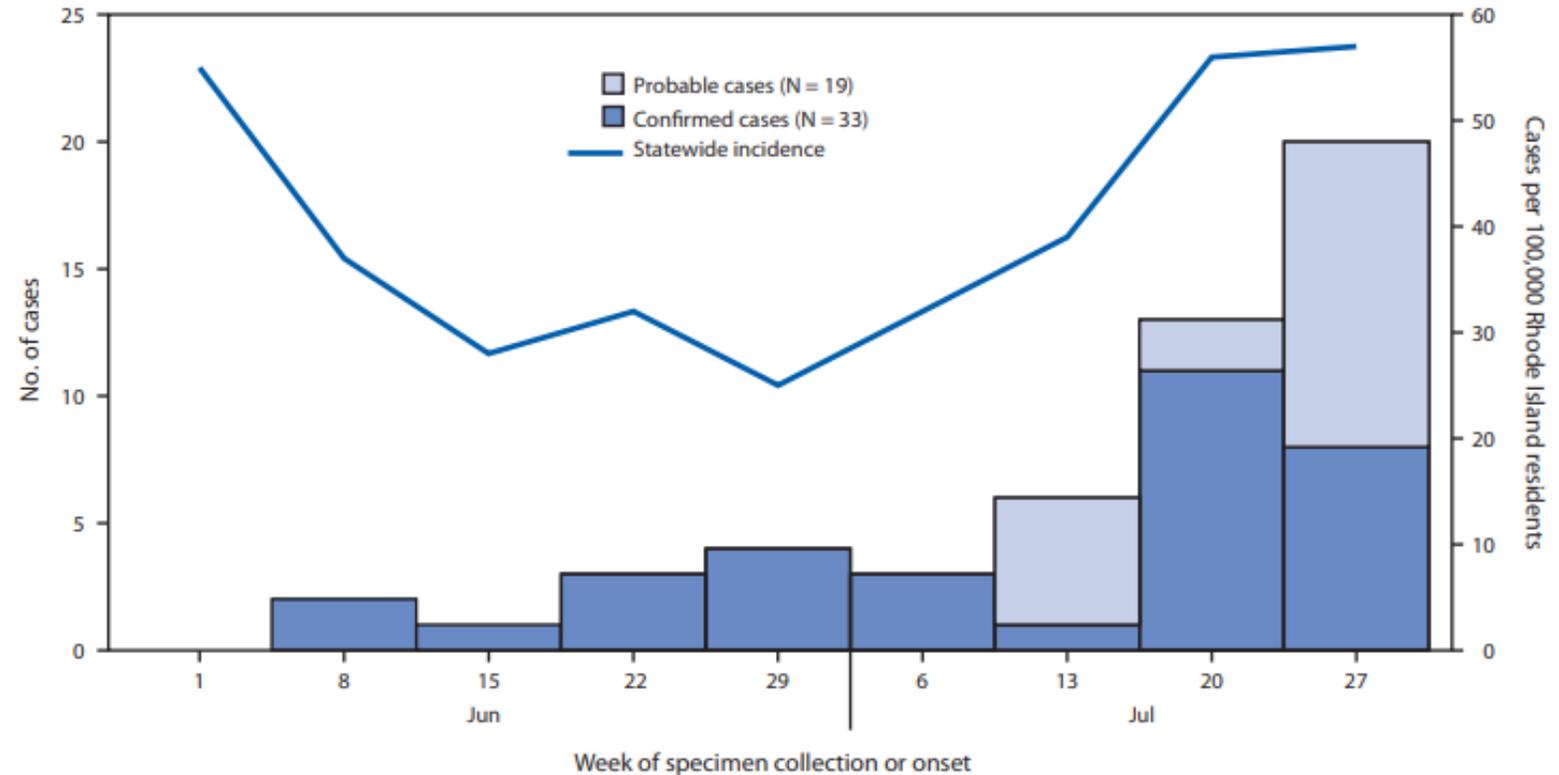


*Until August 7, 2020, contacts of probable cases were quarantined pending test results. If negative, contacts may be released from quarantine. For lab-confirmed positive cases, contacts quarantined for 14 days from last exposure

Findings: June 1 – July 31, 2020

RIDOH investigated 101 possible child care associated cases. Of these cases, one-third were confirmed positive cases. The remaining two-thirds had symptoms of COVID-19 (probable)

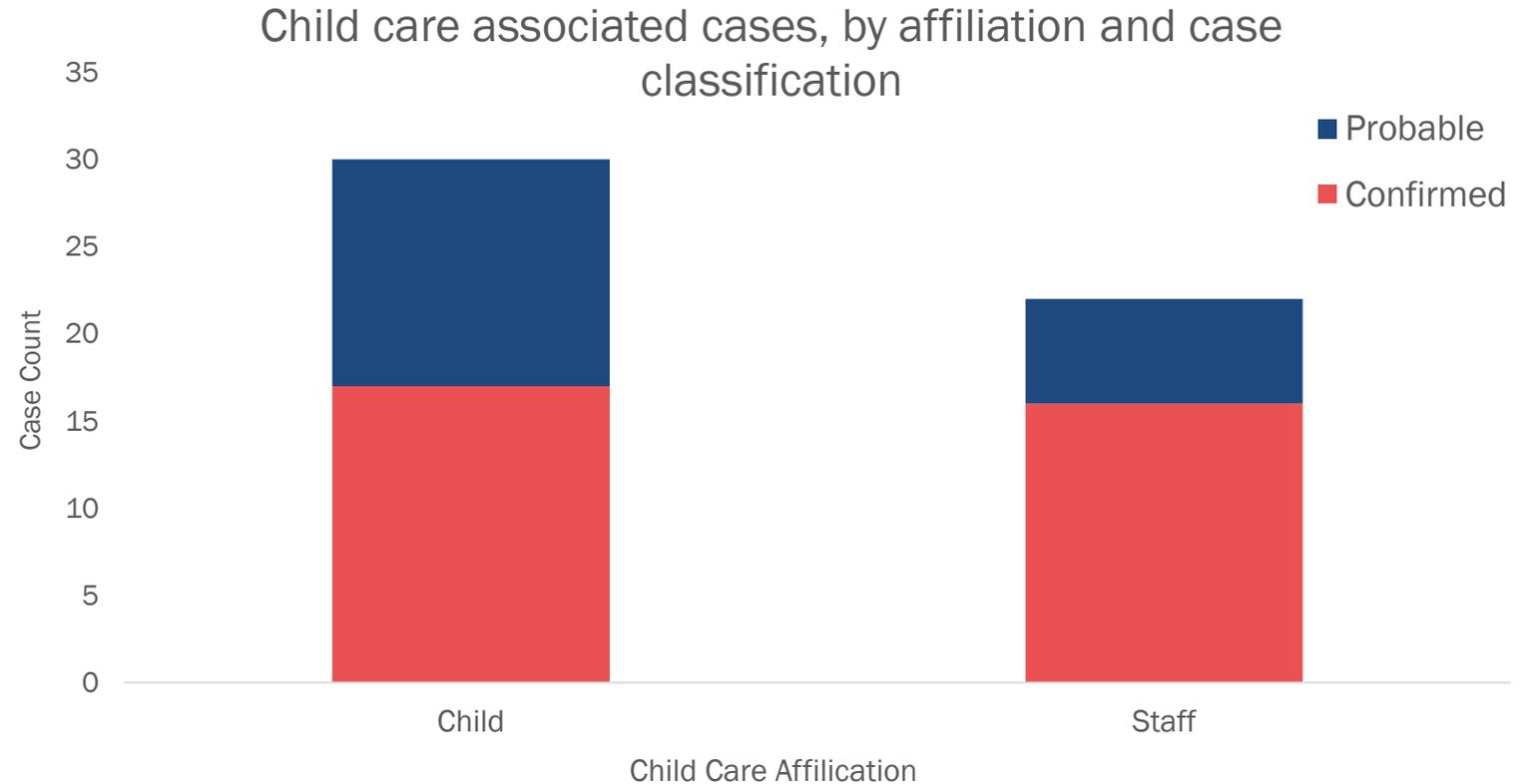
- 49 (49%) symptomatic persons excluded as probable after negative test
- Cases resulted in
 - 89 classroom closures
 - 687 children quarantined
 - 166 staff quarantined



Findings: June 1 – July 31, 2020 (cont.)

Children accounted for nearly 60% of child care investigations and subsequent classroom closures and quarantines

- 30 (58%) cases among children
 - 57% confirmed
 - 43% probable
 - Median age 5 (0.5-12) years
- 22 (42%) cases among adults
 - 73% confirmed
 - 27% probable
 - Median age 20 (20-63) years



Tracking Secondary Transmission

Cases occurred in 29 different child care programs. Only four (4) programs had 2 or more cases where secondary transmission could not be ruled out

	Number of Cases	Epi Linkage/Lessons Learned
Program 1	10	Non-adherence to stable group methodology.
Program 2	3	All cases reported from the same stable group.*
Program 3	2	Unclear epi linkage. Each case reported from a different stable group, did not identify each other as close contacts. Cases reported other community sources of exposure.
Program 4	2	Non-adherence to stable group methodology

*Secondary transmission is possible within a stable group, as individuals within a stable group are not required to physically distance from each other.

Intra-Agency Collaboration and Policy Review

Since the reopening of child care programs, **RIDOH** and **RI DHS** meet on a daily basis to review child care investigations and a bi-weekly basis to review data and make informed policy decisions. Examples:

- **Effective August 7, 2020, RIDOH will not quarantine close contacts of probable cases unless the person receives a positive test result.**
 - New protocol: Isolate probable case and test. If negative, probable may return once fever-free for 24 hours and symptoms have improved. If positive, case completes CDC guidelines for isolation and close contacts are instructed to complete CDC guidelines for quarantine.
- **Effective September 14, 2020, RI DHS requires face coverings for all school-age children**
 - School-age children are defined as any child at least five (5) years of age and in Kindergarten. A child who is between the ages of five (5) and six (6) years old and not yet in Kindergarten is not considered school age.

Updates: June 1 – October 30, 2020

144
confirmed
cases

69 children
(48%)

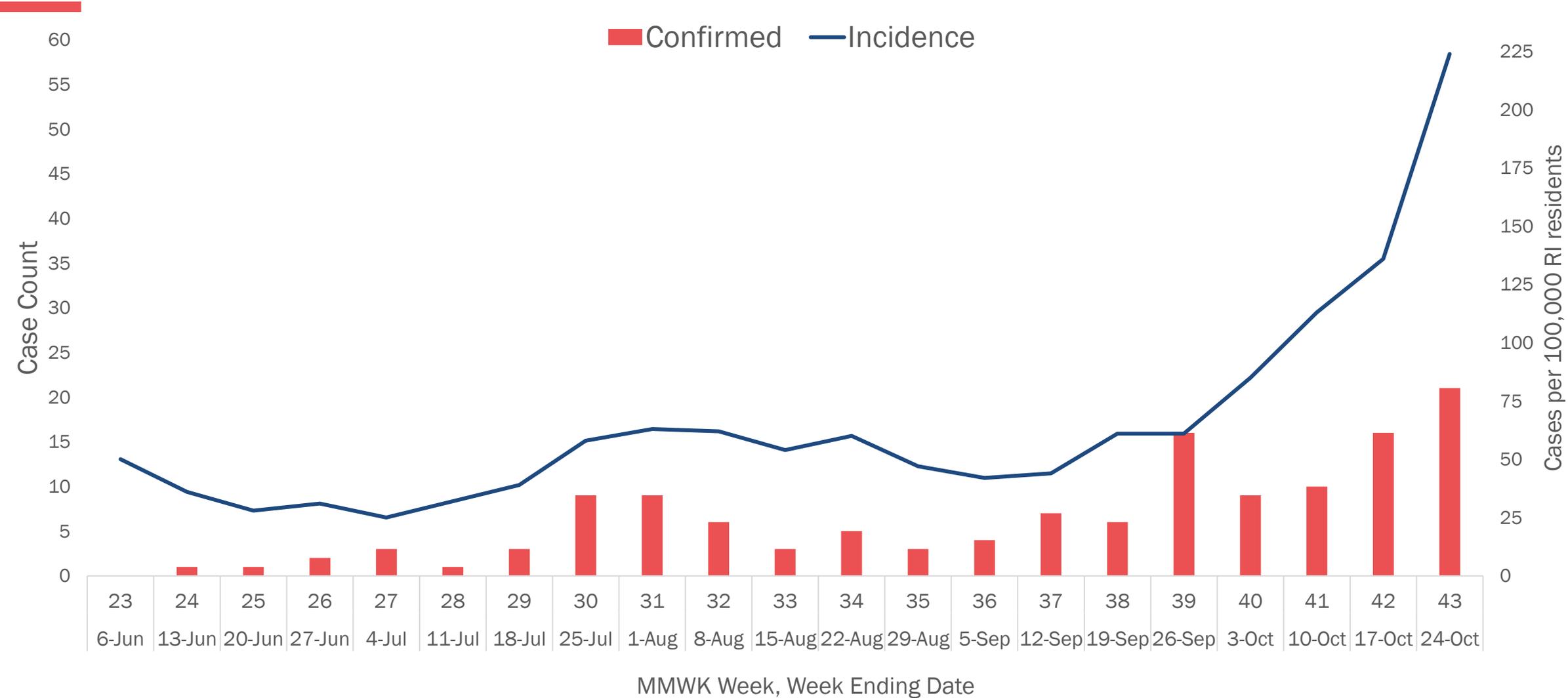
75 staff
(52%)

114
classrooms
closed

1042
children
quarantined

265 staff
quarantined

Child care confirmed cases and incidence of confirmed cases by week



Trends in Secondary Transmission

Rhode Island has seen **16 clusters** of confirmed COVID-19 cases to date. A cluster is defined as a setting with 2 or more cases within a 14-day period. The following table highlights potential sources of transmission for child care programs with reported clusters.

Possible Source of Transmission	% Child Care Programs (N=16)*
Inconsistent stable groups	44%
Non-adherence to physical distancing	31%
Poor disinfection practices	19%
Concerns with screening	31%
Transmission within stable group	63%
Cases related outside of program (friends, relatives, household)	31%

*Percentages do not add up to zero as some clusters had more than one source of transmission, or unknown source of transmission

Questions/Concerns

Please Contact the DHS Child Care Licensing team

DHS.ChildCareLicensing@dhs.ri.gov



Andrea Engle; Executive Director Of Child Care Pawtucket YMCA
3 Early Learning Centers (Infants- PK) 16 SA Child Care Sites (K- 6th grade)

Pre-Covid served 1908 children per week
Today– serving 629 children per week

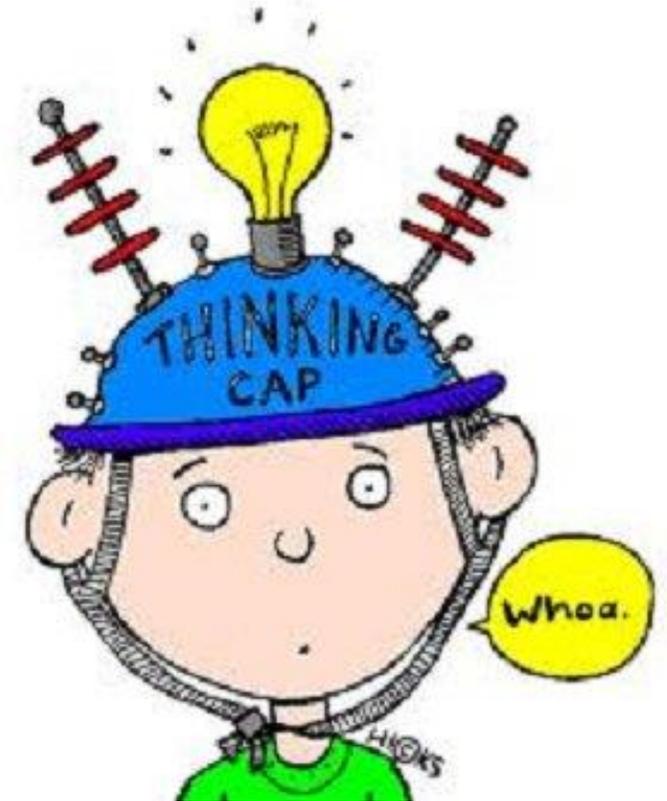
Achievements

- Allowing us to serve our families again!!!! We missed our kids and families!
- When schools decided to close or go to virtual learning, child care centers stepped in to support their families and the economy
- Become more creative on how to engage our families- Facebook, daily take home sheets, ClassTag App
- Response Playbook
- Direct Email and phone line to DOH dedicated to child care
- Child Care Assistance Programs (CCAP) - Temporary Rate Enhancements for all children enrolled in the program
- CCAP- paying providers based on enrollment not attendance
- Free and rapid testing for all teachers and students
- Buildings are very clean 😊



Challenges

- Low Enrollment
- Staffing
- Cost of paying staff while quarantined (FFCRA)
- Stable pods = reduce hours of care since we can no longer combine groups
- Cost of extra staff to “run” students during pick up and drop off
- Playground times are reduced
- Cost and time for cleaning
- Public schools not allowing us in the building for aftercare
- Transportation cost higher due to lower capacity on bus
- Virtual learning



Questions?



Resources

- ◆ Limited Secondary Transmission of SARS-CoV-2 in Child Care Programs — Rhode Island, June 1–July 31, 2020: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e2.htm>
- ◆ Rhode Island Outbreak Response Protocols: Child Care: <https://reopeningri.com/wp-content/uploads/2020/10/Child-Care-Playbook-10.06.20-final.pdf>
- ◆ Office of Child Care COVID-19 Resources: <https://www.acf.hhs.gov/occ/resource/occ-covid-19-resources>
- ◆ CDC Guidance for Child Care Programs that Remain Open: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>
- ◆ Childcare.gov COVID-19 Resources and Information: <https://childcare.gov/covid-19>

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