



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://www.dhs.ri.gov/Regulations/index.php>) 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 DHS Office Of Child Care Licensing via email:

DHS.ChildCareLicensing@dhs.ri.gov. 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 Name:				Provider ID:			
Physical Address							
Number & Street:				City/Town:			
State:		Zip Code:		Phone Number:			
Schedule of Operation							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							
Child Care Center Only: Provide an outline below documenting the number of classrooms you intend to open, as well as the ages and number of children in each of those rooms. Please attach a floor plan that demonstrates the layout of these rooms.							
Example: "1 infant room with 8 children and 2 teachers, 1 toddler room with 10 children, and 2 teachers..."							
I am looking to open and/or license new space as a result of the group size change. I am including my floor plan and providing dimensions of the space. I would like to be contacted regarding a variance to use this space.						☐ Yes ☐ No	



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Family Child Care Only: Please list the number of children you will care for, the number of assistants you will have working with children, your assistants' names and the names of any people living in the home.

***Note: Any Assistants or household members listed must have been previously approved by DHS.**

All providers: Please include a copy of your COVID-19 plan for the following items:

- ☐ Child illness policy in adherence to CDC guidelines
- ☐ Drop-off and pick-up procedures that adhere to social distancing guidelines and include screening staff, families and children upon arrival each day
- ☐ Cleaning and sanitization protocols in adherence to CDC guidelines
- ☐ Handwashing guidelines for staff & children and your plan to adhere to these guidelines
- ☐ Staffing plan with a protocol for monitoring staff absenteeism
- ☐ Plan for gross motor play for stable groups utilizing outdoor space in adherence to social distancing guidelines

In addition to the information above, please include proof of participation in the following mandatory trainings:

- ☐ Webinar by DHS Child Care Licensing re: opening with COVID-19 plans in place
- ☐ Health & Safety Overview during COVID-19 re-openings – online training by the Center for Early Learning Professionals

PLEASE READ CAREFULLY BEFORE SIGNING:

I/We Hereby Certify:

- ☐ That my COVID-19 plan will be posted in a visible place at all times, and I am responsible for ensuring that all staff members understand the contents of the plan and will adhere to the plan at all times the center or family child home is in operation.
- ☐ That any changes to this plan, once approved, need to be submitted to the Department and approved. At this point, the new plan will need to be posted and visible.
- ☐ That I have read and agree to comply with the guidelines and regulations set forth by the Department of Human Services due to the COVID-19 pandemic. I understand that if I do not adhere to the regulations, the Department will be able to move forward with summary suspension of my license.
- ☐ That the information contained herein is true and correct to the best of my knowledge.

Printed Name of Applicant

Title of Applicant

Signature of Applicant

Date