



## Outbreak Response Protocols: Child Care

—  
Guidance for COVID-19 outbreak response in child care settings

RHODE  
ISLAND

# Table of contents

- 1 Letter to Child Care Providers – page 3
- 2 Purpose of the Playbook – page 4
- 3 Quick Tips – page 6
  - Glossary
  - Symptoms of COVID-19
  - Probable Case of COVID-19
  - When to Call for Emergency Care
- 4 Protocols to Respond to Scenarios in Child Care During the COVID-19 Pandemic – page 11
  - Screening
  - Symptomatic individual but not a probable case
  - Probable case
  - Confirmed case tested positive
  - Close contact of a case
- 5 Response protocols for child care administrators – page 19
- 6 Staff Coverage – page 23
- 7 Additional Resources – page 27
- 8 FAQs – page 33

# Letter to Child Care Providers

We know reopening in the era of COVID-19 has not been easy and we hope this Child Care COVID-19 Outbreak Response Playbook will help you navigate the new normal when a child or staff member gets sick. While reviewing this Playbook, please keep in mind the following:

- The Playbook begins with quick tips followed by more detailed protocols for specific scenarios. It ends with FAQs and additional resources.
- As the COVID-19 pandemic continues, new science will emerge, and guidance may change. The Department of Human Services (DHS) and the Rhode Island Department of Health (RIDOH) will convene on an ongoing basis to review the Playbook, its protocols, and the implementation challenges and successes. Updates to the Playbook will be communicated by email to all licensed child care providers with clear notation on edits/additions/redactions.
- Because each case is unique, once a child or staff member becomes symptomatic or tests positive, reach out to RIDOH for guidance. RIDOH will assess each situation and provide recommendations on a case-by-case basis.
- Recommendations from RIDOH will clearly indicate whether the follow-up is required or recommended. Child care providers are also business owners and can institute more stringent requirements in an effort to prevent COVID-19 transmission, as long as it's reflected in the program's Parent/Family Agreement and adheres with CCAP Rules and Regulations (if serving families in the CCAP.)
- RIDOH and DHS are here to answer questions and provide guidance to help you through this historic pandemic.

**RIDOH COVID-19 Health Information Line: 401-222-8022**

**DHS: 401- 462-3009 (8:30a-4p, M-F) [DHS.ChildCareLicensing@dhs.ri.gov](mailto:DHS.ChildCareLicensing@dhs.ri.gov)**

# Purpose of Playbook

- This Playbook provides guidance on how to respond if a child or staff member is exhibiting symptoms of COVID-19 or tests positive for COVID-19.
- The goal of this Playbook is to provide visibility into the process child care providers will engage in with RIDOH in different scenarios. The protocols included in this playbook are in line with RIDOH's overarching approach with child care providers to date.
- The Playbook does not replace direct engagement with RIDOH, but rather gives an overview of what will occur throughout that engagement process.
- The information shared in this document assumes that child care providers and parents/guardians are **complying** with current [RIDOH guidelines](#), [DHS COVID-19 Child Care Regulations](#) and [CDC guidance](#).

Please note that the material in this document may evolve as new guidance is released.

# Use of Playbook

- Please keep this Playbook in an area which is **easily accessible** for reference.
- This Playbook is intended **to share general best practices** which can be used by **all providers**; it does not address unique, situation-specific questions that you may have.
- This Playbook is a reference guide, to complement but not replace conversations with RIDOH.
- In the event of an outbreak, in addition to this resource, **RIDOH and DHS Child Care Licensing Unit will support you throughout the process.**

Please note that the material in this document may evolve as new guidance is released.

# Quick Tips



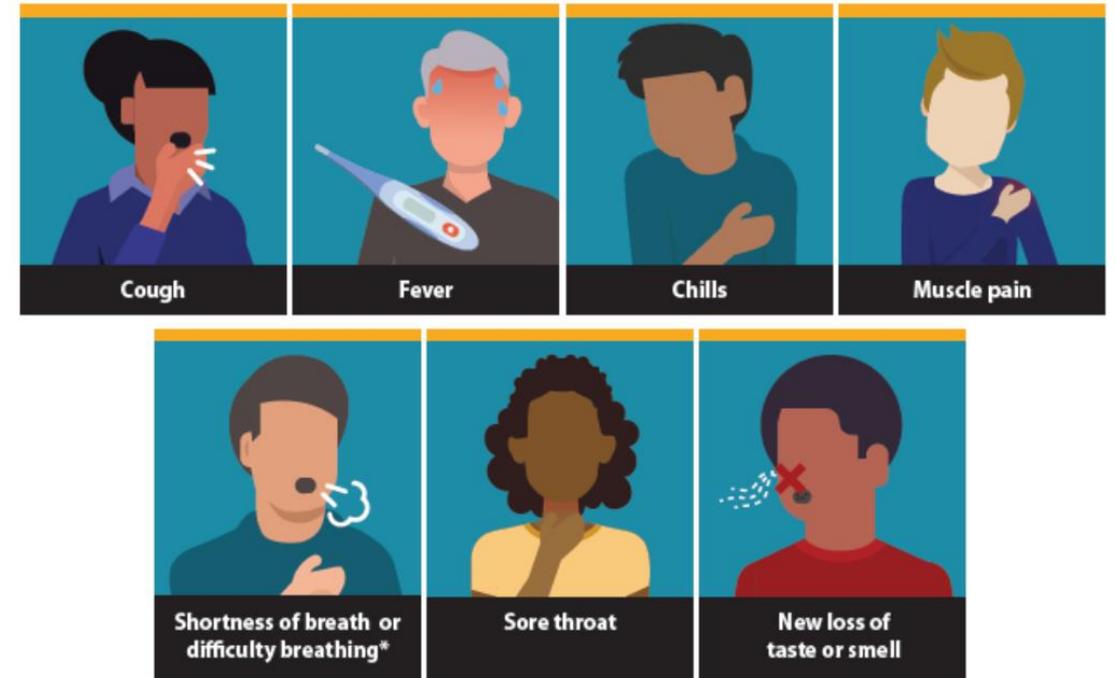
## Child Care Settings

# Glossary

Term	Definition
<b>Close contact</b>	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.
<b>Consistent/stable group</b>	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.
<b>Contact tracing</b>	Process of identifying individuals who may have had close contact (see definition above) with someone who tested positive for COVID-19
<b>COVID-19</b>	Abbreviation for the disease caused by the novel coronavirus SARS CoV-2
<b>DHS</b>	Rhode Island Department of Human Services
<b>Isolation</b>	Process of separating individuals who are infected with COVID-19 from others
<b>Protocol</b>	Recommended actions to follow in the event that an outbreak of COVID-19 occurs
<b>Probable case</b>	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
<b>Quarantine</b>	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.
<b>RIDOH</b>	Rhode Island Department of Health
<b>Screening</b>	Checking individuals for symptoms of COVID-19 verbally and by using temperature checks
<b>Symptomatic individual</b>	Individual who is showing the symptoms or signs of COVID-19 according to <a href="#">CDC guidelines</a>
<b>Testing</b>	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.

# 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://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

# 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.

# Protocols to Respond to Scenarios in Child Care During the COVID-19 Pandemic

---

# 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)	<p>Yes, if two or more of these symptoms</p> <p>No, if only one of these symptoms</p>
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 (see Slide 18) 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

Situation	Isolation and quarantine protocol	Recommended testing protocol	Return to Child Care Criteria
<p><b>Staff or child has symptom(s) of COVID-19 but <u>does not meet the CDC definition of a probable case</u></b></p>	<p>Symptomatic individual is isolated and sent home.</p> <p>No closure recommended for exposed classroom(s).</p> <p>No quarantine recommended for close contacts</p>	<p>Advise symptomatic individual to seek medical advice and test if recommended by healthcare provider*</p> <p>Some patients with COVID-19 have presented with only one mild symptom or atypical symptoms and patients or providers may prefer to test even when probable case definition is not met.</p> <p><i>RIDOH may recommend testing for others in certain situations</i></p>	<p>Attestation that documents one of the following (parent/guardian attests for a minor):</p> <ol style="list-style-type: none"> <li>1. Not tested, has been fever free for 24 hours and symptoms improved (back to usual health).</li> <li>2. Tested negative for COVID-19, has been fever free for 24 hours and symptoms improved (back to usual health).</li> <li>3. Tested positive for COVID-19 and has since met RIDOH guidelines for ending isolation.</li> </ol>

# Protocol - Probable Case

Situation	Isolation and quarantine protocol	Recommended testing protocol	Return to Child Care Criteria
<p><b>Staff or child is a probable case</b></p>	<p>Symptomatic individual is isolated and sent home</p> <p>Household contacts must quarantine pending the probable case COVID-19 test result.</p> <p><i>Quarantine of additional close contacts pending probable case test results may be advised by RIDOH when</i></p> <ul style="list-style-type: none"> <li>• <i>One or more confirmed cases have occurred in the child care in the last 14 days or</i></li> <li>• <i>The probable case reports loss of taste or smell or</i></li> <li>• <i>The probable case had a known exposure to a positive case in the last 14 days</i></li> </ul>	<p>Advise symptomatic individual to seek medical advice and obtain a COVID test</p> <p><i>RIDOH may recommend testing for others in certain situations</i></p>	<p>Attestation from a parent or guardian that documents one of the following:</p> <ul style="list-style-type: none"> <li>• Tested <b>negative</b> for COVID-19, has been fever free for 24 hours and symptoms improved (back to usual health).</li> <li>• Tested <b>positive</b> for COVID-19 and has since met CDC/RIDOH guidelines for ending isolation.</li> </ul>

# Protocol – Positive Case

Situation	Isolation and quarantine protocol	Recommended testing protocol	Return to Child Care Criteria
<p><b>Staff or student tests positive</b></p>	<p>Person testing positive is isolated per CDC/RIDOH guidelines.</p> <p>Close contacts are quarantined for 14 days since last COVID-19 exposure.</p>	<p>Close contacts in quarantine should self-monitor for symptoms; seek medical advice and test if recommended by RIDOH or healthcare provider.</p> <p>Close contacts who have tested positive in the past 90 days do not have to quarantine.</p> <p><i>RIDOH may recommend testing of close contacts in certain situations</i></p>	<p><b>Positive</b> individuals <u>must</u> meet the CDC/RIDOH guidelines for ending isolation: <b>RIDOH recommends the symptom-based strategy for ending isolation. Isolate until:</b></p> <ul style="list-style-type: none"> <li>• Fever free for 24 hours and</li> <li>• Symptoms have improved and</li> <li>• 10 days since symptoms first appeared (20 days if severely immunocompromised)</li> </ul> <p><b>OR Time-based approach if asymptomatic when tested positive. Isolate until:</b></p> <ul style="list-style-type: none"> <li>• 10 days since date of specimen collection (20 days if severely immunocompromised)</li> </ul> <p>A negative test is <u>not required</u> to return; use the symptom-based strategy above</p>

# Protocol - Close Contact of a Case

Situation	Isolation and quarantine protocol	Recommended testing protocol	Requirement to return
<p><b>Staff or student is a close contact of a confirmed case</b></p> <p>Close contacts who have tested positive in the past 90 days do not have to quarantine</p>	<p>A close contact is quarantined for 14 days after last exposure to the confirmed case.</p> <p>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.</p> <p>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.</p>	<p>Close contacts in quarantine should self-monitor for symptoms and seek medical advice and test if recommended by RIDOH or healthcare provider</p> <p>RIDOH may recommend testing of close contacts in certain situations to identify asymptomatic cases</p> <p>Testing negative is not an alternative to completing the quarantine</p>	<p>Children or staff member must meet the CDC/RIDOH guidelines for ending quarantine before returning to school.</p> <p>Quarantine for 14 days after the <b>last date of exposure</b> to the confirmed case.</p> <p>RIDOH can provide a note for absence.</p>

# Child Care Protocol Summary

	Any symptom (not probable case)	Probable Case	Person Tests Positive	Person Tests Negative
Symptomatic Person	Isolate Medical advice Test encouraged If not tested/tested negative <ul style="list-style-type: none"> <li>Fever free for 24 hours</li> <li>Symptoms improved (back to usual health)</li> </ul>	Isolate Medical advice Test required	Isolate for 10+ days Symptom-based strategy <ul style="list-style-type: none"> <li>Fever free for 24 hours and</li> <li>Symptoms have improved and</li> <li>10 days since symptoms first appeared</li> </ul>	<ul style="list-style-type: none"> <li>Fever free 24 hours and</li> <li>Symptoms improved (back to usual health)</li> </ul>
Return to child care	Attestation form is signed stating that return to child care criteria have been met (parent/guardian signs for a minor).	Attestation form is signed stating that return to child care criteria have been met (parent/guardian signs for a minor) <u>with</u> a test result	Attestation form is signed stating that return to child care criteria have been met (parent/guardian signs for a minor).	Attestation form is signed stating that return to child care criteria have been met (parent/guardian signs for a minor).
Close Contacts	No action	No action while waiting for test result  Quarantine may be advised by RIDOH with one or more cases in the child care within the past 14 days	Quarantine for 14 days from last date of exposure	No action

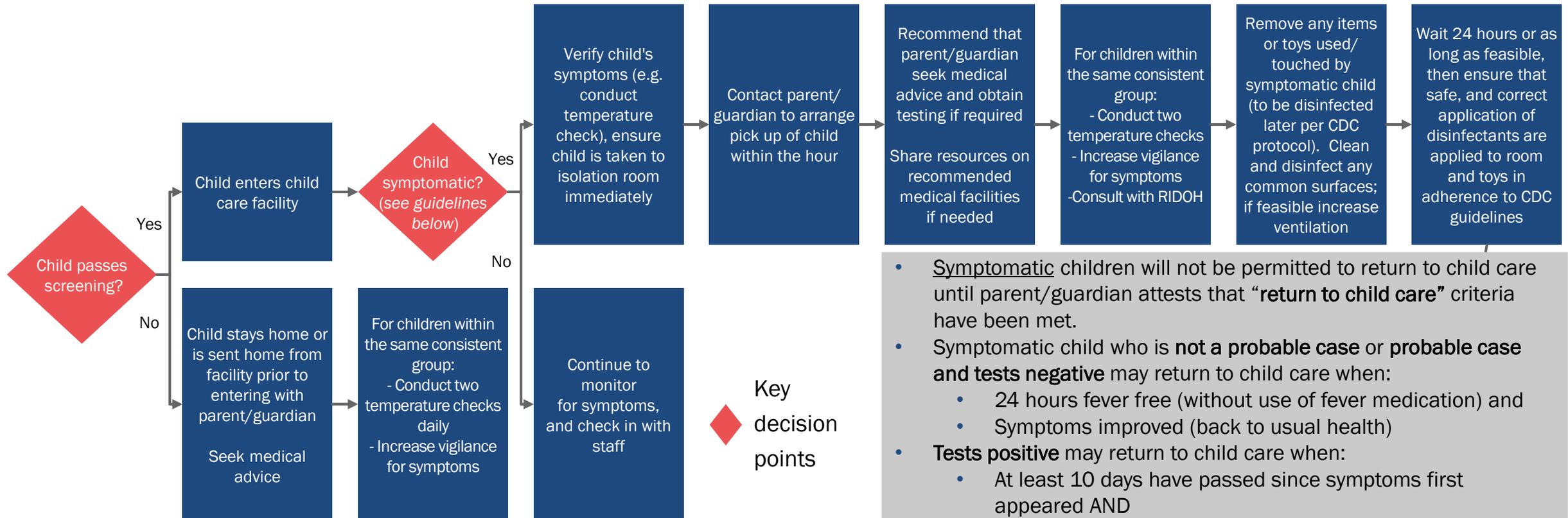
# When Can a Child or Staff Member Return to Child Care After Travel?

- 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.

# Response Protocols for Child Care Administrators

---

# Response Protocol for One Symptomatic Child



- Symptomatic children will not be permitted to return to child care until parent/guardian attests that “return to child care” criteria have been met.
- Symptomatic child who is **not a probable case** or **probable case and tests negative** may return to child care when:
  - 24 hours fever free (without use of fever medication) and
  - Symptoms improved (back to usual health)
- **Tests positive** may return to child care when:
  - At least 10 days have passed since symptoms first appeared AND
  - At least 24 hours have passed since last fever without fever-reducing medications AND
  - Symptoms have improved

**CDC symptom guidance**  
 Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea

# Response Protocol for Symptomatic Staff Member

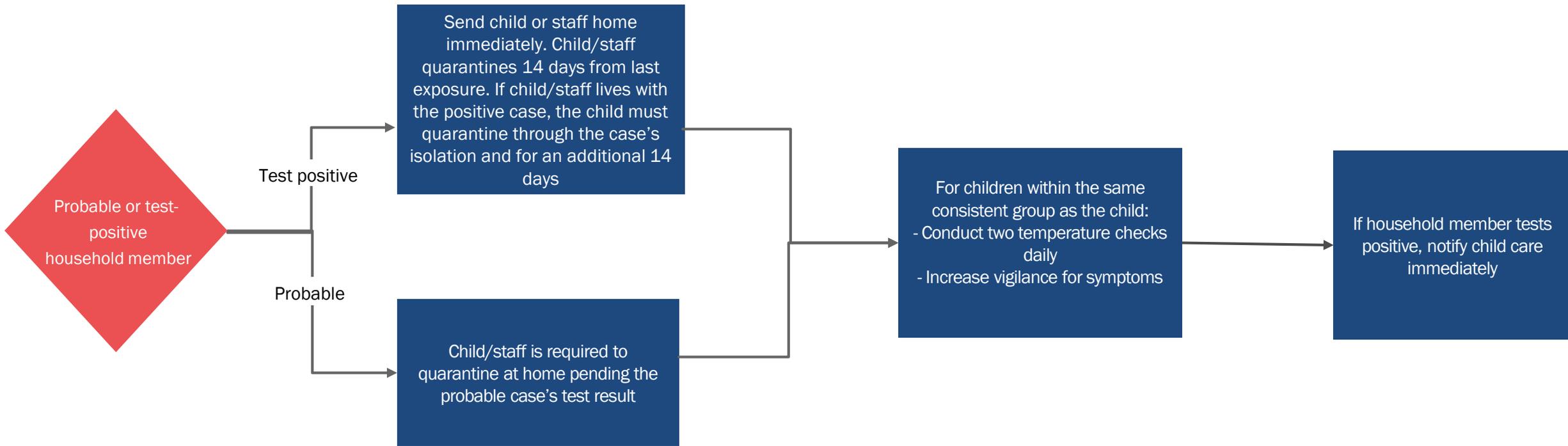


## CDC symptom guidance

Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea

◆ Key decision point

# Response Protocol for Child/Staff whose Household Member is Probable or Tests Positive



## CDC symptom guidance

Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea

◆ Key decision point

# Staff Coverage



# Staff Coverage: If a Staff Member has Symptoms of COVID-19

**FACT:** People with COVID-19 are contagious two days before symptoms start.

- If the staff member had close contact with children on the two days before symptoms started, or while symptomatic (i.e. the staff member became symptomatic on Wed and worked with the children on Mon and Tues):
  - Staff member should isolate until tested and the results of the test are provided
  - Another staff member can be placed in the classroom while the staff is on isolation
  - If the staff member tests **positive**:
    - Children who had *close contact* with the staff member (less than 6 ft for more than 15 minutes) must quarantine for 14 days after the last exposure and
    - Staff member should remain in isolation until at least 10 days have passed since symptoms first appeared, at least 24 hours have passed since last fever without fever-reducing medications AND symptoms have improved.
  - If the staff member tests **negative**:
    - Children do not need to quarantine
    - Symptomatic staff member can return to the classroom once 24 hours fever-free and symptoms resolve.

**NOTE:** In all situations, consult with RIDOH for recommendations on isolation and quarantine.

# Staff Coverage: If a Staff Member Tests Positive for COVID-19

**FACT:** People with COVID-19 are contagious two days before symptoms start.

- If the staff member had close contact with children on the two days before symptoms started (i.e. staff member became symptomatic on Wed and worked with the children on Mon and Tues):
  - Another staff member **should NOT be placed** in this classroom because those children are exposed and could develop symptoms anytime, or may already be positive but asymptomatic.
  - Children in that class will have been exposed and will be put on quarantine.
- If the staff member did not have close contact with children on the two days before symptoms started (i.e. staff member became symptomatic on Mon and did not work with the children on Sat and Sun):
  - Another staff member **can be placed** in this classroom because those children are not exposed.
  - Those children would not have been exposed to COVID-19 and can continue to attend child care.

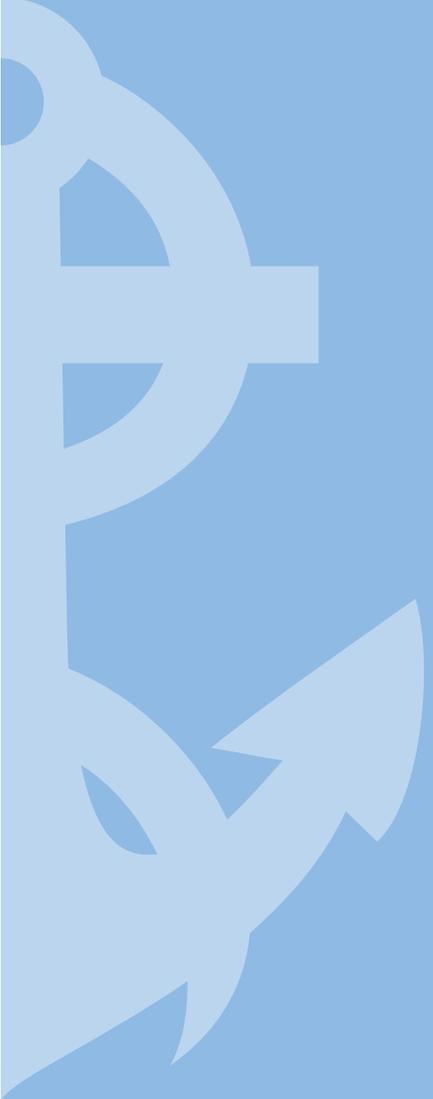
**NOTE:** In all situations, consult with RIDOH for recommendations on isolation and quarantine.

# Staff coverage: If a Staff Member has Been Exposed to COVID-19

FACT: People exposed to COVID-19 can become infectious from 2-14 days after exposure, but are not contagious until two days before symptoms start

- If the staff member was exposed to a person with COVID-19 outside of the classroom:
  - The staff member will be on quarantine for 14 days after the last exposure date.
  - The children can continue to attend child care.
  - Another staff member **can be placed** in this classroom because those children are not exposed.

NOTE: In all situations, consult with RIDOH for recommendations on isolation and quarantine.



# **Additional Resources for Administrators, Teachers, Parents/Guardians and Children**

---

# Daily Checklist for Administrators/Supervisors, Staff & Parents/Guardians



## Administrators/supervisors of child care

- Ensure that you are wearing **face coverings that cover the nose and mouth** and maintaining **at least six (6) feet** from all employees/visitors
- Ensure that **self-attestation form** for symptom screening is posted in a visible area
- Conduct **verbal screening** of children and staff for symptoms upon drop off. Temperature checks are recommended, but not required
- Ensure that children/staff remain in their consistent groups, and each group is **physically distancing** (each consistent group should be separated with a wall, divider or partition) from others
- Ensure all play areas/rooms have been **thoroughly cleaned** in adherence to CDC guidelines
- Monitor children/staff for symptoms
- Ensure **hand hygiene** (hand washing, hand sanitizer available)
- When not in the child care setting, follow State recommendations on physical distancing, wearing face coverings, and limiting attendance at social gatherings or large gatherings



## Staff

- Ensure that you are wearing **face coverings that cover the nose and mouth** and maintaining **at least six (6) feet** from all employees/visitors
- Conduct **verbal screening** of children for symptoms upon drop off
- Ensure that children/staff remain in your consistent group, and you are **physically distancing** (each consistent group should be separated with a wall, divider or partition) from other groups
- Monitor children/staff within your consistent group for symptoms
- Ensure **hand hygiene** (hand washing, hand sanitizer available)
- When not in the child care setting, follow State recommendations on physical distancing, wearing face coverings, and limiting attendance at social gatherings or large gatherings



## Parents/guardians

- Screen child for symptoms using self-attestation form or app prior to leaving home
  - If child fails screening, communicate with child care immediately, keep child home and seek medical advice
  - If child passes screening, take child to child care but continue to monitor for symptoms
- Ensure that you are wearing **face coverings that cover the nose and mouth** and maintain **at least six (6) feet** from all employees/ other parents or guardians upon drop off
- Ensure that you comply with **enhanced drop-off and pick-up protocols** established by the child care provider and in adherence with DHS COVID-19 Child Care Licensing Regulations
- Ensure **hand hygiene** (hand washing, hand sanitizer available)
- When not in the child care setting, follow state recommendations on physical distancing, wearing face coverings, and limiting attendance at social gatherings or large gatherings

# 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 screening tool in English and 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>).

# Entry Screening Protocols for Newly Enrolled Children

- Recommended best practices for enhanced screening of newly enrolled children entering child care while already operating<sup>1</sup>
- Before child can enter child care, consider obtaining the following information from parents/guardians:
  - Information on current family exposure to COVID-19 and any documentation for clearance if relevant.
  - Adhere to existing DHS Child Care Licensing Regulations, which requires medical information, an up-to-date physical, and immunization record on file for every child upon enrollment.
  - Providers should routinely review these records (child files) to ensure information is accurate.

1. This refers to children who are entering child care after its official start date, and need to be assimilated into existing consistent groups or form their own group if capacity allows.

# Resources for Educating Teachers, Parents/Guardians and Children

Resource	Source	Overview of contents	Link to access
Talking with children about Coronavirus Disease 2019	CDC	Recommendations to help adults have conversations with children about COVID-19	<a href="https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html">https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html</a>
Key Messages and Actions for COVID-19 Prevention and Control in Schools, March 2020	UNICEF, WHO	Guidance for operations of education facilities including educational checklists for school administrators, teachers/staff, parents/guardians and students/children	<a href="https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4">https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4</a>
Toolkit for Parents and Teachers	Department of Health Promotion Science, University of Arizona	Teaching resources/information sheets for parents, teachers, administrators and CDC Health Promotion Materials	<a href="https://publichealth.arizona.edu/news/2020/covid-19-communication-toolkit-parents-and-teachers">https://publichealth.arizona.edu/news/2020/covid-19-communication-toolkit-parents-and-teachers</a>
Communicating with Children During the COVID-19 Outbreak	Michigan Department of Health and Human Services	Guidelines and resources catered to families to promote healthy and comforting conversations between children and parents/guardians	<a href="https://www.michigan.gov/documents/coronavirus/Talking_with_kids_about_COVID_FINAL_685791_7.pdf">https://www.michigan.gov/documents/coronavirus/Talking_with_kids_about_COVID_FINAL_685791_7.pdf</a>
Child care guidance during COVID-19 Outbreak	CDC	Guidance for child care programs that remain open	<a href="https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html">https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html</a>

# RIDOH and DHS Resources

Resource	Source	Overview of contents	Link to access
RIDOH COVID-19 Information	Rhode Island Department of Health	General information on COVID-19 in RI	<a href="https://health.ri.gov/covid/">https://health.ri.gov/covid/</a>
RIDOH COVID-19 Data	Rhode Island Department of Health	Numbers and trends of COVID-19 in RI	<a href="https://ri-department-of-health-covid-19-data-rihealth.hub.arcgis.com/">https://ri-department-of-health-covid-19-data-rihealth.hub.arcgis.com/</a>
COVID-19 testing in Rhode Island	Rhode Island Department of Health	Who should get tested for COVID-19 and locations for testing throughout RI	<a href="https://health.ri.gov/covid/testing/">https://health.ri.gov/covid/testing/</a>
DHS COVID-19 Information	Rhode Island Department of Human Services	Professional Development: Re-Opening Child Care//Reapertura de Cuidado Infantil	<a href="https://center-elp.org/center-pd/dhs-mandatory-trainings-to-re-open-child-care-entrenamientos-mandatorios-de-dhs-para-la-reapertura-de-cuidado-infantil/">https://center-elp.org/center-pd/dhs-mandatory-trainings-to-re-open-child-care-entrenamientos-mandatorios-de-dhs-para-la-reapertura-de-cuidado-infantil/</a>
Re-opening Rhode Island	State of Rhode Island	Guidance for re-opening RI	<a href="https://www.reopeningri.com/">https://www.reopeningri.com/</a>

# FAQs

—  
child care settings

**RHODE  
ISLAND**

# 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>

# FAQs (Page 2 of 3)

## 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.

# FAQs (Page 3 of 3)

- 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 is 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.