



**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF INSPECTOR GENERAL**

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**Novel Coronavirus (COVID-19) Guidance for  
Division of Regulated Child Care  
March 12, 2021**

The Division of Regulated Child Care appreciates the ongoing partnership shared with child-care providers in the Commonwealth during the COVID-19 pandemic. We are hopeful that providers and child-care staff will take advantage of the opportunity for COVID-19 vaccinations, which will allow for the return to traditional classroom group sizes. In an effort to minimize risks, the Division is updating our request for the following steps to be implemented to promote wellness and safety:

**Return to Traditional Group Sizes as identified in 922 KAR 2:120:**

Age of Children	Ratio Maximum	Group Size*
Infant	1 staff for 5 children	Group size 10
Toddler 12 to 24 months	1 staff for 6 children	Group size 12
Toddler 24 to 36 months	1 staff for 10 children	Group size 20
Preschool-age 3 to 4 years	1 staff for 12 children	Group size 24
Preschool-age 4 to 5 years	1 staff for 14 children	Group size 28
School-age 5 to 7 years	1 staff for 15 children	Group size 30
School age 7 and older	1 staff for 25 children	Group size 30

\*Maximum Group Size shall be applicable only to Type I child-care centers.

\*The age of the youngest child in the group shall determine the:  
Staff-to-child ratio; and maximum group size.



**The following Healthy at Work guidelines remain applicable for child care settings:**

**Social Distancing Requirements for Child-Care Programs**

- Those approved to be in a child-care program remain limited to:
  - Facility staff
  - Persons with legal authority to enter (first responders, Department for Community Based Services, Division of Regulated Child Care, etc.)
  - Necessary utility workers
  - Professionals providing medical/therapeutic services for children with identified needs
  - Children enrolled in the facility
  - Parents or legal guardians of children enrolled in the program
  - In family child-care homes, the family members who live in the home of the approved child-care provider may also be in the child-care program.
  - Child Development Associate (CDA) enrolled students receiving final observations and their assessor
  
- Child-care programs may not provide access to visitors or students conducting classroom observations, other than college students enrolled in CDA programs completing their final observations and their assessor in accordance with program requirements.
  
- The same staff members should work with the same children each day in order to reduce additional exposure, including the staff members that give breaks to primary staff members.
  
- Mixing of children at the beginning and end of each day will be prohibited with the exception of sibling groups.
  
- With families' permissions (if children are in the videos), child-care programs may use video/virtual observations for practicum students and virtual tours for prospective families.
  
- The Division of Regulated Child Care recommends installed wall barriers remain intact through the state of emergency for the purpose of minimizing exposure to the virus.
  
- One floating teacher should not provide breaks to every classroom. Avoid unnecessarily switching staff members around. Be especially aware of this in infant classrooms where teachers must hold children in order to feed them a bottle and rock them to sleep.
  
- Child care programs may also offer tours of their facility after hours, but not during hours of operation.
  
- The program should continue to practice and document emergency drills. Diligently plan evacuation locations outdoors/on the playground to be spaced from other classrooms.
  
- Upon returning to traditional classroom sizes, please note that 35 square feet per child is required for each classroom.
  
- Child-care programs shall stagger playground time between classroom groups to avoid additional exposure.

## **Screening and Illness Requirements**

- Children and adults shall be screened for fever and contagious symptoms upon entry into the child-care program consistent with the minimum requirements. Programs are advised to maintain documentation of screening.
- Child-care program staff members who demonstrate symptoms of COVID-19 must be tested for the illness.
- Children or adults that test positive for COVID-19 must follow the recommendations of their local health department regarding a return to the child-care program.
- When a child shows a fever or other contagious symptoms, the child must be removed from the classroom immediately and placed in a safe, secluded area. The parent or guardian must remove the child from the child-care program within one hour.
- Child-care programs must notify enrolled families and staff of a diagnosed case of COVID19 in the program, while still protecting the privacy of the diagnosed individual.

## **Personal Protective Equipment (PPE) Requirements**

- Adults must wear a face mask while inside a child-care program (in-home or center-based) unless doing so would represent a serious risk to their health or safety, or they are more than 6 feet away from any other individual. Children ages 1<sup>st</sup> grade and older are also required to wear a mask.
- Child-care providers should wear gloves while serving food and preparing bottles. Gloves should be changed between bottle feedings.
- Child-care programs should make masks available for parents and custodial adults where in-facility interaction is necessary. Parents and custodial adults may bring and use their own face mask. If parents or custodial adults, suppliers, or vendors refuse to wear masks, the facility may refuse those individuals entrance to the facility.
- Child-care programs should establish a written policy/procedure outlining steps to take when a parent or custodial adult refuses to adhere to CDC guidelines.
- Child-care programs must ensure employees use gloves, along with any recommended PPE normally used for routine job tasks when cleaning equipment, toys, play spaces, workspaces, and high-touch areas of the facility.
- Child-care programs must ensure gloves are available to employees engaging in high-touch activity to the greatest extent practicable, provided that they do not create additional hazards while being worn.
- Child-care programs must ensure employees wear gloves while handling products during drop-off and pick-up, as well as during any shipping and receiving.

## **Sanitizing and Cleaning**

- Sanitizing will still require a bleach water solution mixed daily and utilized for high traffic and touch surfaces.
- Restrooms should be cleaned frequently throughout the day.
- Staff should daily clean doorknobs, vents, hard surfaces, and classroom toys and document which surfaces were cleaned.
- Toys that children have placed in their mouths or are otherwise soiled or contaminated by bodily secretions should be set aside to be sanitized before reuse.

Up-to-date information from the Centers for Disease Control and Prevention and Kentucky Department for Public Health may be obtained from the following links: **CDC COVID-19 website:** [www.cdc.gov/covid19](http://www.cdc.gov/covid19); **KDPH COVID-19 website:** [www.KYCOVID19.ky.gov](http://www.KYCOVID19.ky.gov).