

CHILD CARE PROGRAM

FREQUENTLY ASKED QUESTIONS (FAQ) about the Guidelines for Child Care Facilities

GENERAL

Q. How long will the Guidelines be in place?

A. The COVID-19 pandemic is a global public health threat. Therefore, every child care facility and home that continues to operate or reopens shall establish and follow written operational policies that address the Guidelines for Child Care Facilities as updated on June 9, 2020. Minimizing the risk of exposure to the COVID-19 virus to children in care is dependent on every facility and home's consistently applying these public health practices. The Guidelines as updated on June 9, 2020 will be in place for a period of time as determined by the State, and DHS will continue to advise child care facilities and homes when any measures in the Guidelines are modified.

DHS monitors the situation and climate of safety every day and is also synthesizing county, state, and federal guidance. The safety of children, their families, and staff is paramount. We appreciate everyone's patience because the pandemic emergency requires input from various other agencies and stakeholders. DHS is part of the team of multiple agencies working on response to the COVID-19 pandemic in the State's Roadmap to Recovery and Resilience. Please refer to the Roadmap for the State's health metrics for the Resilience/New Normal (blue) phase for lifting of public health measures.

Q. Who can assist me in developing my COVID-19 written policies?

A. Child care facilities and homes can refer to their health consultants or local health resources for guidance in developing or updating their health policies. Additional guidance can also be found on Hawaii Department of Health's COVID-19 website and information relating to schools and child care and the Centers for Disease Control and Prevention's (CDC) COVID-19 website. If the child care facility or home has questions about the Guidelines, the facility or home may consult with their assigned child care licensing worker for clarifications needed.

CLEANING AND SANITIZING

Q. Are there specific examples of cleaning materials for providers to use to clean, sanitize and disinfect surfaces both outdoor & indoor areas?

A. Centers for Disease Control and Prevention (CDC) has guidance for "Cleaning and Disinfecting Your Facility" which can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Q. Is water play permissible?

A. Yes

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- Q.** If a child coughs or sneezes into their clothes, should the child's clothes be changed? How about when a child coughs or sneezes on the staff member's clothing, should the staff member's clothes be changed?
- A.** As long as proper handwashing hygiene practices are followed, there should not be a need of changing of clothes unless the clothes become soiled.
- Q.** Can items/toys be shared within a group and then sanitized at the end of the day?
- A.** Per the Guidelines, ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child), or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Q.** If child care centers have 1 or 2 staff onsite to clean the common spaces and to sanitize throughout the day, is it ok for them to go into various classrooms to clean and sanitize?
- A.** Staff that are designated to clean and sanitize areas throughout the facility shall wear masks or face shields and practice six-foot distancing while cleaning and sanitizing a classroom. If cleaning staff are not assigned to specific child care groups and classrooms, they should clean and sanitize the classrooms when the child care groups are out of the classroom for outdoor activities or doing a bathroom break or handwashing break. The facility should maintain logs of which staff are cleaning the different classrooms each day if the staff are not assigned to set classrooms for contact tracing if needed.
- Q.** Are sandboxes okay for children to play in?
- A.** The CDC currently does not have any information on the spread of COVID-19 in sandboxes.

PHYSICAL DISTANCING

- Q.** For physical distancing measures in a child care facility or home, do the enrolled children have to be spaced 6 ft apart during child care hours?
- A.** No, the children do not need to be spaced 6 ft. apart during child care hours. Proper and frequent handwashing practices should be done throughout the day, and children should be in stable child care groups ('ohana bubbles) to reduce the risk of exposure. During naptime, children are placed in a head to toe position from the next child. Physical distancing shall be practiced between the separate child care groups.
- Q.** Can Family Child Care Homes continue to enroll more than 6 children as some homes have part-time children? Each day may be different children attending, but it's the same children attending throughout the week.

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A. Yes, as long as the home's maximum capacity per the certificate of registration is not exceeded at any time. The Guidelines that were established for facilities to reopen or remain operating shall be followed in order to minimize the risk of exposure to the COVID-19 virus. The FCC home shall continue to maintain daily attendance logs, daily health check screening logs, as well as logging the visitors (including parents) at the FCC home in case needed for contact tracing.

Q. Can snacks be prepared by the teacher or does every student need to bring their own?

A. Snacks and meals may be prepared by staff. Per the Guidelines, have staff put each child's meal on a plate, to limit the use of shared serving utensils. Serve meals in classrooms instead. Avoid sharing of food or utensils.

Q. Can we have all students on campus at one time if we break them into groups such that they meet physical distancing guidelines? In other words, may we have some students outside, or in alternative spaces, and some students inside at any given time while still keeping students in isolated pods with a small group of teachers?

A. Child care groups can be distanced by using room dividers in a large open space area of the facility. Facilities should implement delayed or staggered schedules for time spent outdoors and for any communal spaces.

Outside or alternative spaces identified by the provider for child care shall be discussed with their assigned licensing worker to ensure that the identified area was previously inspected and approved for use. For spaces that were not previously approved for child care through inspections conducted by building, electrical, plumbing & fire and licensing, **may not** be used until the county inspections are completed and approved for use for child care.

For outdoor areas being considered a classroom space, the child care facility would need to provide its plan to the child care licensing office as to how the facility would be ensuring the health and safety of children and protecting children from inclement weather or extended UV exposure to the children which could impact the children's health and safety. However, child care facilities are required to have sufficient available indoor space to serve all of the children attending the facility based on the facility's maximum capacity indicated on the license certificate.

Q. For After School Care programs, are we allowed to introduce different teachers and mix students differently? Are we allowed to transfer students and create new groups of students for after school care if we follow health screening and well-being protocols?

A. DHS understands the need for after school care as children may be in care longer than the normal school day. Per the Guidelines, as much as possible, child care groups should include the same children each day with the same child care providers. Limit cross-deployment of staff across facilities and centers.

The child care facility should be consistent with the grouping of children and staff throughout the day. If there is introduction of new children or new staffing in the afternoon, then the new

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children should be grouped with a new staff and those new groups be maintained on an on-going basis. Grouping of children from the morning should try to be consistent with the grouping of children during the afternoon, even if a different staff person is with the children during the afternoon. The afternoon staff should be assigned to the same group of children each day. The facility should make sure they keep a log of the groupings (for contact tracing) and have a response plan in place should a potential or confirmed case of infection occur.

The DOH also advises that the purpose of the 'ohana bubbles is to limit the number of close contacts. Children should stay within their bubbles for school, child care, and home to reduce the risk of exposure.

Q. Are families allowed on site to drop off their children? If the facility staggers the times of drop-off, can parents drop-off their children outside of the classroom door?

A. It is up to the facility to determine whether families would drop-off children outside of the facility or enter the facility to drop-off at the child's classroom. Per the Guidelines, conduct health check screenings and visual screenings of visitors, including parents, entering the facility. Considerations for staggered arrival and pick up times, have child care staff meet families/children outside the facility as they arrive, or take other measures to minimize contact with visitors (e.g. limiting number of families into the facility at a time, waiting families are separated by six-foot distances, etc.) shall be implemented. Logs of visitors into the classroom spaces would need to be kept if parents are entering into the classroom spaces for drop-off or pick-up of their children.

Q. Will parents or other visitors be allowed to enter classroom spaces?

A. All visitors (including parents) must wear masks when on site, including drop-off and pick-up of their children, and practice six-foot distancing from others who are not their children. Advise employees, children and parents to avoid spending unnecessary time at facility and classroom before or after care is needed by limiting the time spent with child for dropping off in the classroom. Daily temperature checks should be logged for children, staff, and visitors upon entrance to the facility. Per the Guidelines, visitors and volunteers should be limited to individuals required to perform a professional service or function (e.g., speech therapists, health providers, Child Welfare Services workers, licensing) and follow the requirements for wearing masks or face shields and practicing six-foot distancing if not required to provide direct services to children in care. If parents or necessary visitors are touching surfaces within the facility, parents should hand sanitize or wash hands before entering the facility and hand sanitize after leaving the facility.

For new children starting at the child care facility, the facility should consider transitioning practices to support the children's and parents' needs at starting a new program. This could include days or timeframes dedicated for new families and children familiarizing themselves with the facility and classroom space before the start of attendance or other measures.

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- Q.** What kinds of requirements are there for substitutes and support staff such as coaches and managers who will need to work in various classrooms?
- A.** Per the Guidelines, support staff should be limited to individuals required to perform a professional service or function (e.g., speech therapists, health providers, Child Welfare Services workers, licensing). Substitutes and necessary support staff shall follow the requirements for wearing masks or face shields and practicing six-foot distancing if not required to provide direct services to children in care. The facility's written policies for proper hygiene, frequent handwashing, staff health screenings, face masks or face shields, and other measures also shall be followed in order to minimize the risk of exposure to the COVID-19 virus.
- Q.** Can centers continue to enroll part-time children? Each day may be different children but it's the same children attending each week.
- A.** Yes, as long as the center's maximum license capacity is not exceeded at any time. Part-time children should be kept in the same child care group throughout the week as much as possible, and child care groups and assigned staff be maintained on an on-going basis. The facility should make sure they keep a log of the groupings (for contact tracing) and have a response plan in place should a potential or confirmed case of infection occur. The center shall continue to maintain daily attendance logs, daily health check screening logs, as well as logging the visitors (including parents) at the center in case needed for contact tracing.
- Q.** Most preschools operate 10 hours per day and children may be with multiple staff members if they arrive early or stay late. Can children who arrive early be combined with other children until their assigned teacher arrives and takes them into their assigned classroom? Can children be combined with other children at the end of the day?
- A.** To the extent possible, child care groups should include the same children each day with the same child care providers. Cross-deployment of staff across facilities and centers shall be limited. When staff are given breaks by another staff member, staff members shall follow the guidelines for proper hygiene, frequent handwashing, minimizing activities that require close contact, staff health screenings, face masks or face shields, and other guidelines shall be followed in order to minimize the risk of exposure to the COVID-19 virus. If staff can be assigned to assist for breaks for specific staff and specific group of children. Combining groups should be kept to a minimum as much as possible and should be consistent in which groups are combined throughout the week. Logs of such combining of groups of staff and children would need to be kept daily for contact tracing if needed.

HEALTH AND SAFETY

- Q.** In a Family Child Care Home, are masks required by children and the Family Child Care provider?
- A.** Per the Guidelines, the Family Child Care provider does not need to wear a face mask if the provider is the only one caring for the children. Each provider may determine whether to require

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children to wear masks. Children under the age of 2 years should **not** wear cloth face coverings. Wearing of a mask is appropriate only if the child can safely and reliably wear, remove, and handle the mask following CDC guidance throughout the day.

- Q.** When there are two (2) FCC caregivers living in the same home, do they both have to wear a face covering?
- A.** If the 2 FCC caregivers live in the same home and care for the same children, they are not required to wear masks since they are considered to be in the same family cohort. Other household members who may come into contact or share the same space as the children in care shall wear face coverings and practice 6 feet physical distancing in order to minimize the risk of exposure.
- Q.** Can parents take their child's temperature at home prior to arriving at the facility and report the temperature to the facility?
- A.** Yes, according to the guidance from the CDC, one screening method would be that temperatures may be taken at home prior to arrival at the facility and reported to the staff member. Additional daily health check symptom screenings and visual well checks shall be implemented as well by the facility.
- Q.** In a Family Child Care Home, does the home provider need to take the temperature of himself/herself and the household members on a daily basis as well?
- A.** Yes, the FCC provider(s) and their household members shall take a daily temperature checks and daily health check symptom screenings and maintain a log of such checks.
- Q.** College students in the Early Child Education degree program are required to complete a minimum number of practicum hours in a licensed child care facility. Would students still be able to volunteer in the classroom?
- A.** Yes, they are still be able to volunteer and should be assigned to the same group of children and center staff in order to limit cross-deployment of staff across facilities. Student volunteers shall follow the facility's written guidelines for face coverings, health checks, proper hygiene, and sanitation.
- Q.** When an employee or child who has spent time in the classroom has been exposed to the COVID-19 virus, does the classroom have to be cleared and are the students and teachers required to be quarantined?
- A.** The child care facility shall immediately notify the Department of Health's Disease Outbreak Control Division (see phone numbers below) of any potential exposure the facility has had from either a child, employee, or parent at the child care facility.

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Island	Hours	Contact	Telephone Number
Oahu	7:45 am – 4:30 pm After hours, weekends, holidays	HDOH Disease Reporting Line	(808) 587-4586 or (808) 587-6845 (ask for school liaison) (808) 600-3625
Maui	7:45 am – 4:30 pm	Maui District Health Office	(808) 984-8213
Kauai	7:45 am – 4:30 pm	Kauai District Health Office	(808) 241-3563
Hawaii (Hilo)	7:45 am – 4:30 pm	Big Island DHO (Hilo)	(808) 933-0912
Hawaii (Kona)	7:45 am – 4:30 pm	Big Island DHO (Kona)	(808) 322-4877
Neighbor Islands	After hours, weekends, holidays		(808) 360-2575

The DOH will provide further guidance as to next steps the facility shall take. The DOH has also developed its process as to how the DOH will be handling confirmed cases of COVID-19 for schools and the same process is applicable to child care programs.

The DOH also developed guidance of [“What To Do If a Person at School has COVID-19”](#) in the *Printable Resources* section of their [School Guidance website](#) which applies to child care programs.

The facility should also develop its response plan in advance for any confirmed cases occurring at the facility based on guidance from the CDC under the section [“When a confirmed case has entered a school regardless of community transmission”](#).

Q. If a family member of a child is getting tested for COVID-19, would the provider inform the parent to keep the child at home until the family is able to provide documentation that the family member(s) do not have or are clear of COVID-19?

A. Yes, all household contacts should remain at home until the test results return, and then would follow the next steps from DOH, which are described in the DOH “What To Do If You Have Been Tested For COVID-19” fact sheet:
https://health.hawaii.gov/coronavirusdisease2019/files/2020/04/What-To-Do-If-You-Have-Been-Tested-For-COVID19_040120.pdf.

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- Q. When a child is showing symptoms of the COVID-19 virus or is reported by the child's parent to be having symptoms of the COVID-19 virus, is a doctor's clearance required prior to the child returning to the facility?
- A. The facility should follow their usual procedures for when to allow children who are ill to return. If a child is diagnosed with COVID-19, the Department of Health will notify the facility when the child may return to the facility.

CHILD & PARENT EXPECTATIONS

- Q. Does the requirement that signs are posted throughout the facility for employees, children and parents on shared responsibilities (including proper hygiene and sanitization, face coverings, physical distancing, and information for reporting concerns) have to be included in the written policies?
- A. Verification during the licensing worker's health and safety inspection that signs are posted throughout the facility for employees, children and parents on shared responsibilities (including proper hygiene and sanitization, face coverings, physical distancing, and information for reporting concerns).
- Q. Does the requirement that child care facilities make resources available to parents and guardians which address social-emotional needs have to be stated in the written policies?
- A. It doesn't need to be stated, however, licensing workers shall have discussions with providers to verify how facilities demonstrate that they are making resources available to parents and guardians to address social-emotional needs.

MISCELLANEOUS

- Q. Is there guidance regarding requirements *versus* recommendations for written policies that the providers should incorporate?
- A. Providers are required to establish and follow written policies in line with the Guidelines which reduce exposure to the COVID-19 virus. Written policies developed shall address **all** of the required measures in the Guidelines.
- Q. Can the new written policies be an addendum to their policies?
- A. Yes, the new COVID-19 written policies may be an addendum to their policies.

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Q. Can spaces that haven't been inspected and approved for child care by the City & County Dept of Planning & Permitting and the child care licensing staff be used for child care by the facility?

A. For spaces in a licensed facility that are currently not being used but was part of the inspections conducted by building, electrical, plumbing & fire agencies and DHS licensing staff and were approved for use in the child care facility previously, and no renovations have been made to the area(s), these spaces may be used for child care. Licensed facilities shall verify with their assigned licensing worker that the area was previously inspected and approved.

For spaces that were not previously approved for child care through inspections conducted by building, electrical, plumbing & fire and licensing staff, these spaces **may not** be used until the county inspections are completed and approved for use for child care.