Lee A. Norman, M.D., Secretary



Phone: 785-296-1086 www.kdheks.gov

Laura Kelly, Governor

DISASTER EMERGENCY GUIDELINES: CHILD CARE LICENSING PROGRAM

Interim Guidance for the Provision of Temporary Emergency Child Care

The purpose of this document is to provide guidance to state agencies, local health officials, city and county governments, licensed child care facilities, and other stakeholders regarding the care of children and youth displaced due to the absence of their parents/guardians when a community is experiencing a natural, environment, or disease outbreak disaster. These Kansas Department of Health and Environment (KDHE) disaster policy guidelines, in part or in their entirety, are available to the Governor and State Health Officer when a State of Disaster Emergency declaration is proclaimed.

Guidelines are provided for the following facilities and organizations:

- Temporary emergency child care facilities within the disaster area or set up outside the disaster area but not licensed at the time of the disaster;
- Regulated facilities not directly impacted by the disaster;
- Regulated facilities that are within the disaster area or facilities temporarily closed and then reopened following the disaster; and
- Local agencies, including local health departments, contracted to provide child care regulatory services affected by the disaster.

While KDHE is not requiring licensure of certain emergency temporary child care facilities, safe and healthy child care practices must be assured and provided for all children and adults (parents/guardians and staff working in facilities). See Appendix A for consideration regarding healthy and safe child care practices. At any time during a state of emergency (e.g. natural disaster, outbreak, other), local health officers may implement more restrictive guidance and provisions for child care facilities than KDHE, up to and including closure, within their authority and jurisdiction.

Basis of Authority for KDHE to Implement Disaster Emergency Guidelines for Child Care

The original licensing law, which was passed in 1919, placed the authority for licensing with the Kansas Department of Health and Environment (KDHE). KDHE administers the licensing law as a preventive program to assure that out-of-home care for children will not be exploitive, unsafe, or unhealthy. The purpose of the regulation of child care facilities is to reduce the risk of predictable harm to children while in out of home settings. Public regulation represents a basic level of protection for all children. Further, effective public regulation provides basic consumer protection.

The state, in its responsibility, must balance its authority to protect public health, safety and well-being with the rights of programs to operate and offer a diversity of services to the public to meet individual needs and interests. The state must not enact standards beyond those needed to protect public health, safety, and well-being. Nor must the state enact standards that serve as barriers to programs in their efforts to achieve higher levels of quality services for children and families.

Pursuant to K.S.A. 65-501, a license or temporary permit is required to operate a child care facility. Although "child care facility" is defined in statute, licensure requirements are set in policy. Certain situations do not require a license issued by KDHE. More information about KDHE Child Care Licensing is available online: <u>www.kdheks.gov/kidsnet</u>.

Temporary Emergency Child Care Facilities within the disaster area or set up outside the disaster but not licensed at the time of the disaster

Entities Eligible to Establish Child Care for Essential Personnel

• The department will not require the licensure of temporary emergency child care located within Emergency Shelters for displaced families. In addition, in response to a disaster emergency declaration issued by the Governor, the department and State Health Officer, may exercise authority pursuant to laws and Executive Orders and waive licensure requirements for temporary emergency child care facilities operated by entities for essential personnel.

• Eligible entities include a state agency, hospital, or relief agency (American Red Cross or Salvation Army). Essential personnel include but are not limited to state, city, county, and tribal emergency management personnel; providers of health care, emergency medical services, and correctional services; public health; child welfare; law enforcement; firefighters and other first responders; and state or municipal personnel responsible for critical infrastructure operations.

Terms of Operation for Eligible Entities

- Emergency Child Care organized and operated by relief agencies such as the American Red Cross or Salvation Army or local organizations or volunteers to provide child care for emergency workers and displaced children and youth will not require licensure. Following a declaration of emergency by the Governor, temporary emergency child care operated by a state entity for essential personnel will not require a license. While the department is not requiring licensure of Emergency Temporary Child Care Facilities noted above, the department expects that safe and healthy child care practices are provided for displaced children and youth.
- The authorization to operate temporary emergency child care facilities without a license only applies to the entities named above and is not transferrable. It is effective upon the declaration of the disaster emergency and remains in effect until the state of disaster emergency expires. For example, if a hospital decides to establish care for children whose parents are employed and providing health, safety, and essential services during a state of disaster/as part of the disaster emergency response, the hospital must be responsible for the operation decisions, conditions, environment, and other aspects of health and safety. Once the environment and conditions are established, the hospital administrator may bring other community partners and organizations in to assist with the operation; however, the hospital must maintain responsibility and oversight.
- Temporary emergency facility operators are asked to notify their local health departments to support health officials remaining current and aware of changing community situations during a disaster. This also helps to manage questions from parents/guardians and the public. Additionally, local tracking information is essential for when "point in time" information is needed and necessary for post emergency reflections.
- Questions and reports of illegal child care from parents or the public about an entity's authority to operate must be directed to the local child care surveyor. Since these are facilities that do not require licensure, KDHE should not be contacted. Concerns about sanitation, health, and environmental should be directed to local health officials.

Regulated Child Care Facilities not directly impacted by the disaster

During a **Natural or Environmental Disaster ONLY**, the department grants the following allowances to child care regulations to ease community efforts to accommodate a shortage of adult child care workers, displaced families, and assimilate children and youth into existing regulated child care facilities.

- <u>Displaced children and youth</u> entering regulated child care facilities for temporary emergency care are not required to provide documentation of current immunizations and health assessment for up to 60 days. Obtain as much information as possible about the child or youth health needs including any current medications being taken and any known medication, food, or other allergies.
- <u>Healthy adults and children 16 years of age and older</u> placed for temporary emergency housing or to provide assistance in care for children and youth are not required to provide documentation of a current negative TB test or health assessment for up to 6 months from the time of assignment. Identifying information is to be submitted to the department for background checks within five (5) working days. Persons exhibiting signs or symptoms of illness or who have been exposed to communicable disease should consult immediately with a health care professional.
- <u>Licensed capacity and supervision in certain cases</u>: If a shortage of child care or child care workers exists during a qualifying disaster emergency, licensed capacity or staff:child ratios may be exceeded when no other community options exist. Supervision of children and youth and communicable disease controls must be maintained. The licensee remains responsible for health, safety, and well-being.

Regulated Child Care Facilities that are within the disaster area or facilities temporarily closed and then reopened following the disaster

• Facilities that are not structurally damaged and with access to a supply of clean drinking water (may be bottled or made safe following boiling), may remain open. Facilities must have electricity, plumbing, and a working phone. If heating or cooling is not functioning, efforts to safely control temperature for comfort are made.

- When facilities that were damaged during a disaster are ready to re-open, the local child care licensing surveyor
 or KDHE designee must be notified. KDHE will request a compliance check to assess the environment. Details
 provided on the survey request should contain disaster/emergency type and request to prioritize the survey.
 The child care facility surveyor will conduct the survey and submit to KDHE. The licensee will be notified when
 it is safe to resume child care. Care cannot resume until the licensee is formally notified by KDHE or the
 surveyor.
- When a licensee moves to another facility due to a disaster, a new application is required and will be given
 priority processing by KDHE to expedite issuance of a temporary permit or license. Applicants are to contact
 their local child care licensing surveyor for guidance on submitting a DISASTER PRIORITY APPLICATION.

Local Agencies, including local health departments, contracted to provide child care regulatory services affected by the disaster

- In case of significant staff shortage when emergency response procedures are in place for public health, the local child care licensing surveyor/contractor is to respond to critical child care regulatory complaints and communicable disease surveillance in child care facilities. All other child care regulatory work stated in the contract may be suspended until normal operations resume. It is important to follow interim guidance from KDHE at all times. Guidance may vary depending on the type of disaster and actions taken by the Governor or State Health Officer.
- When local child care regulatory services resume, the child care facility surveyor will work with KDHE staff to develop a plan to conduct local regulatory services that were temporarily suspended during the disaster, including identification and coordination regarding licenses that were not yet renewed, new applications that may need to be closed due to lost facilities, and pending surveys that were deemed low priority.
- Local health departments should work with other surrounding health departments within their geographic area to develop a preparedness and continuity of operations plan that includes assistance for child care regulatory activity in case of disaster and work to assist as a contact person in efforts to coordinate child care needs in the community.

Options for Families in Need of Child Care

- Child Care Aware of Kansas (<u>https://www.ks.childcareaware.org/</u>) provides assistance to families searching for licensed child care. They can be reached toll free at 877.678.2548.
- KDHE has an online information system (<u>http://www.kdheks.gov/bcclr/capp.htm</u>) that serves as a tool to support families in making informed child care choices and can be used to review compliance history of a current licensed provider.
- Families that need flexible options or irregular care might consider having someone come into the home. Relatives, older siblings, and friends or neighbors currently not working due to related business closures might be available to help. Other options for families that need limited care include informal care arranged between friends/neighbors on an irregular basis or someone to provide care in their own home for no more than two children for not more than 20 hours week. None of these options require a license.
- Schools can support child care by connecting with local child care resource and referral agencies and providers to assess and determine needs. School districts may be able to help provide and deliver supplies so that community child care providers can remain open. Schools may be able to help connect high school students or staff members to families seeking irregular or informal care options.

Questions?

- All questions related to the guidance and eligibility for temporary emergency child care should be directed to the local child care surveyor or KDHE.
- All questions about health, safety, and sanitation for temporary emergency child care should be directed to local health officials.
- Regulated child care facilities/licensees should direct all questions to their local child care surveyor. Surveyors will coordinate efforts and communication with local public health officials to provide guidance based on the rapidly changing situation at the community level.

CONSIDERATIONS REGARDING HEALTHY & SAFE CHILD CARE PRACTICES

Given the nature of the COVID-19 outbreak, additional consideration should be given to the following.

- Fire Safety: Consider consulting with state or local fire to assess safety for all ages of children in care.
- Adult Staff/Caregivers: Consider processes to verify the adults providing care can fulfill duties assigned and do
 not have a history of behavior that places children at risk. Consider minimum health and safety training like First
 Aid, CPR, safe sleep, etc.; education; experience; and more.
- Basic Record Keeping: Consider maintaining information on file at the facility for children and adults.
 - For children—Name, age, gender, parent/guardian contacts, individuals authorized to pick up, emergency medical care authorization, and basic health information including known allergies, special needs, and medications.
 - For adults—Name and address of adults supervising the children and youth
- Exclusion: Consider policies for sick children and procedures to isolate with supervision until a parent or other authorized individual can pick the child up.
- Mandated Reporting: Educate all adults caring for children at the facility about what to do in case of suspected abuse or neglect. Lines of authority should be in place to support direct and timely reporting to the Kansas Department for Children and Families (<u>http://www.dcf.ks.gov/services/PPS/Pages/KIPS/KIPSWebIntake.aspx</u>) or to law enforcement.
- Emergencies: Consider policies for notifying parents in cases of injury, plans for emergencies (severe weather, accidents, etc.), and parent authorization for staff to access emergency medical treatment, when and if necessary.
- Meals and Snacks: Consider meal and snack prep, service, and safe storage (including storage for breast milk, formula, and/or sack lunches brought from home) (<u>https://nrckids.org/CFOC/Database/4.2.0.5</u>).
- Young Children: Consider the unique needs of toddlers and preschoolers when it comes to active supervision, play (indoor and outdoor), special needs, safe sleep environments (crib/pack and play) and practices/policies, trained caregivers, and safe and sanitary diapering (<u>https://nrckids.org/CFOC/Database/3.2.1.4</u>).
- Daily Activities: Consider routines and developmentally and culturally appropriate activities for children of all ages and stages of development.
- Sanitation: Perform routine environmental cleaning (<u>https://nrckids.org/CFOC/Database/3.3.0.1;</u> <u>https://govstatus.egov.com/coronavirus</u> – *Individuals/Families* and *Cleaning* tabs)
 - Clean toys, commonly shared items, and touched surfaces like handrails and doorknobs at least daily and when visibly soiled.
 - Set aside toys children have placed in their mouths or otherwise contaminated with bodily fluids until they have been cleaned and sanitized.
 - Place boxes of facial tissues and waste containers for used tissues throughout the child care area and in places readily accessible to children and staff.

Resources and Reference Documents:

- KDHE COVID-19 Resource Center (<u>https://govstatus.egov.com/coronavirus</u>)
 - Interim Guidance for Child Care Facilities Licensed by KDHE (<u>http://www.kdheks.gov/coronavirus/toolkit/Interim_Guidance_for_Child_Care_Facilities_Licensed_by_KDHE_03_19_2020.pdf</u>)
 - FAQs for Child Care Facilities Licensed by KDHE (<u>http://www.kdheks.gov/coronavirus/toolkit/FAQs for Child Care Facilities Licensed by KDHE 03</u> <u>19_2020.pdf</u>)
- KDHE COVID-19 Information Line 1-866-534-3463 (1-866-KDHEINF)
- KDHE Child Care Licensing Regulations for Child Care Centers (http://www.kdheks.gov/bcclr/regs/licensingpreschools.htm)
- Caring for Our Children: National Health & Safety Performance Standards for Programs (<u>https://nrckids.org/CFOC</u>)