

CHILD CARE FREQUENTLY ASKED QUESTIONS: COVID-19

Updated 9/25/2020

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Best Beginnings Scholarship:

If providers have questions about invoices, please contact the local Child Care Resource and Referral Agency in your area.

I am a childcare provider who is still offering services, but some of my families on Best Beginnings Scholarship have chosen to stay home and have run out of absence days, can I still receive payments for them?

During the months of March, April, and May, Best Beginnings Scholarship paid 100% of the approved authorization amount to open provides regardless of attendance. As the economic activities are phased in, Best Beginnings is updating its attendance policy. Starting June 1, 2020, the Best Beginnings Scholarship will pay full authorized amounts for a child who is in attendance at least 85% of the authorized time.

I am childcare provider who has experienced financial losses or needs financial support to continue operating, what resources are Best Beginnings offering?

Licensed child care providers are eligible for grants provided by CARES Act funds. Please contact your local Child Care Resource and Referral Agency for an application.

<https://dphhs.mt.gov/hcsd/ChildCare/ChildCareResourceandReferral>

Child Care Licensing

If I temporarily suspend service at my facility, what do I need to do to resume?

Notify your licensor of the date you re-opened or will re-open.

Can childcare facilities only care for the children of essential workers?

No. The Governor's directive orders childcare providers to prioritize the needs of children of essential workers to the maximum extent possible but does not say they cannot care for the children of non-essential workers.

Can infants be mixed with older children in order to keep siblings together? If so, do infant ratios need to be maintained?

Yes. The Governor's directive asks that childcare providers try to keep children of the same family in the same group. When infants are mixed with older children, ratios should be carefully considered, and additional precautions should apply to accommodate the safety and needs of all ages.

Phase 2 updates: We recommend adhering to home based ratios in centers keeping sibling groups together as needed in mixed age groups that include infants.

Are immunizations required for staff?

Staff immunizations do not need to be submitted to Child Care Licensing for emergency support. When possible, staff should have Tdap and MMR verification on site at the facility.

How can I request an increase in my licensed capacity?

Facilities will be asked to describe how their changes in capacity:

1. Will accommodate the need for additional childcare coverage in their communities.
2. Will not negatively impact the health and safety of the children in their care.
3. Will assure adequate supervision of children.

Providers will also be asked to describe measures taken to prevent the spread of diseases including COVID-19.

Do ratios still apply for children under 2?

Licensing requirements for children under the age of two, including ratio requirements, remain in effect. We recommend adhering to home based ratios in centers as needed keeping sibling groups together in mixed age groups that include infants.

Phase 2 updates: We recommend adhering to home based ratios in centers keeping sibling

groups together as needed in mixed age groups that include infants.

How do programs get background checks completed for staff?

Facilities must submit a Release of Information form to Child Care Licensing (CCL) for each staff member of any age and all household members that are 18 years of age and over. CCL will conduct 3 types of name-based background checks:

1. MT Criminal Records history
2. MT Sexual and Violent Offender registry (SVOR)
3. MT Child Abuse and Neglect registry history

CCL does not have the authority to share information regarding the background checks. If the individual meets other licensing requirements the facility will receive a letter stating that the individual has been approved.

What courses are required for new hires during the emergency (updated 9/25/2020)?

1. Health & Safety Overview at www.childcaretraining.org
2. CPR and First Aid training
 - The federal waiver for CCDBG requirements not met due to COVID-19 which allow CPR/First Aid training to be completed online expires on September 30, 2020.
 - All childcare teaching/caregiving staff will once again be required to take hands-on CPR training beginning OCTOBER 1, 2020.
 - On-line course certification taken prior to October 1 will be accepted and honored through the expiration date.
 - All CCR&Rs will again provide hands-on CPR/First Aid training opportunities.

What if my license is expiring soon and I am unable to meet requirements needed to renew due to the COVID-19 emergency?

To request an extension due to the COVID-19 emergency, please send an email to your licensor or email childcarelicensing@mt.gov.

Additional Program Supports:

If a family receives supports from other programs and has questions, please call public assistance helpline at 1-888-706-1535.

Additional Resources Updated 9/10/2020:

- [CCL rules](#)

- [Child Care Aware of America](#)
- [Child Care Resource and Referral Network](#)
- [Child Care Resource and Referral Network](#): This network is comprised of the six Child Care Resource and Referral Agencies across Montana, supporting child care providers and families. Find COVID-19 information and your local CCR&R contact information on our website.
- [DPHHS website](#)
- [Early Childhood Project](#)
- [Montana COVID FAQs](#)
- [Montana Small Business Administration](#)
- New resource: [CDC Supplemental Guidance for Childcare Programs that Remain Open](#)
- [Town Hall Recorded Webinars](#)
- Updated resource: [CDF Guidance for Schools and Child Care Programs](#)
- [Zero to Five](#): Stay up to date with the latest nationwide and Montana COVID-19 resources for child care providers, communities and families

Further guidance may be found on the Centers for Disease Control and Prevention (CDC) website.

The Governor issued an emergency order on 4/1/2020. This order provides flexibility for certain child care rules. DPHHS understands the need to balance strict adherence to the CDC guidelines to ensure we are keeping people safe and healthy with the need for child care as a key support for essential workers during this emergency. DPHHS has been working with many partners including: The Association of Montana Public Health Officials, the Montana Advocates for Children, the Early Childhood Project at Montana State University, and Child Care Resource and Referral Agencies across the state.

Closures:

Is DPHHS requiring child care programs to close?

Currently, there is no statewide mandate to close child care facilities. However, local public health agencies have the authority to provide recommendations and can take emergency action. DPHHS is encouraging those child care facilities who choose to remain open to work with local public health to serve essential workers.

Compliance with state programs (licensing, CACFP, and Best Beginnings STARS to Quality:

What is the state doing related to on site monitoring?

DPHHS will suspend all on site monitoring and inspections at this time, unless there is an emergency need.

Phase 2: Child Care Licensing will conduct video conference-based facility reviews when needed for consultation, training and technical assistance.

Do the same rules apply for background checks?

- DPHHS is moving to name-based background checks and is temporarily waiving FBI fingerprint requirements.
- Health and Safety orientation training requirements have been reduced and are available online.
- Thanks to our partners at childcaretraining.org, they have announced a reduced price for online courses.
- Annual training requirements currently remain the same.

What is the state doing related to STARS requirements?

Deadlines are extended for STAR level renewal applications to May 15, 2020. The state is suspending onsite assessments and coaching visits.

STARS consultants remain available by phone and through email.

Emergency Child Care:

How can communities create a temporary, emergency child care plan?

Communities are already responding to the need for temporary, emergency child care. DPHHS supports these efforts and recommends following local public health and CDC guidance related to health and safety. Recommendations are listed under the section “Guidance for Child Care Programs.”

DPHHS is prepared to support name-based background checks, if needed, for these creative solutions. Please contact childcarelicensing@mt.gov.

What if I am currently licensed and I prioritize care only for emergency, medical, and essential personnel?

This is allowable and encouraged. Providers are expected to adhere to basic health and safety requirements and are encouraged to follow public health guidelines related to COVID-19.

PHASE 2: We encourage providers to serve all families, not just those with essential employees. Providers should notify temporary/essential families of this transition and refer and work closely with local Child Care Resource and Referral Agencies to facilitate transitions back to regular care.

Can I increase my licensed capacity during this emergency?

DPHHS will consider increased capacity while adhering to the public health guidance related to group sizes. Please contact childcarelicensing@mt.gov.

If I stay open, what should I do to stop the spread of disease?

The Association of Montana Public Health Officials (AMPHO) and the Montana Advocates for Children (MAC) have created guidance for child care. DPHHS recommends following that guidance, listed below.

PHASE 2: This guidance has been updated with Phase 2 recommendations by the above organizations.

Guidance for Child Care Programs:

Do children and employees in child care, summer camps and day camps need to wear masks?

No, because child care, summer camps and day camps are not open to the public, employees and children are not required to wear masks, however it is strongly recommended wherever possible. Children under 2 should not wear masks at any time.

Parents should wear masks when they drop off/pick-up their children from daycare, summer camp or day camps.

Child care and early learning serve a vitally important function in allowing parents to continue working, which has essential public health, economic and social impacts. Child care providers currently have the flexibility to make decisions about whether and for how long to operate a child care, but overall child care providers are urged to follow national guidelines from Child Care Aware and consider closure to limit the spread of COVID-19, if not serving families with essential workers.

PHASE 2: We encourage all early care and education (ECE) providers to reopen and remain open as long as the center or child care home can operate safely. This document summarizes current recommendations to operate in a manner that will help prevent the spread of novel coronavirus at your site. Note that references to centers or sites throughout the document are meant to apply to all child care providers, including providers of home-based care.

We recommend the following principles to guide these decisions:

- If a community experiences widespread COVID-19 infections, it is recommended that child care settings close to all families with non-essential occupations.

- When possible, prioritize care for parents or caregivers who work in essential occupations such as health care, first responders, public health, grocery store and gas station workers, and child care functions.

PHASE 1 & 2: This guideline does not apply in Phase 1 & 2. As per above, we encourage providers to serve all families, not just those with essential employees. Providers should notify temporary/essential families of this transition and refer and work closely with local Child Care Resource and Referral Agencies to facilitate transitions back to regular care.

- Ensure where possible that children are kept in cohorts, keeping the same children together and avoiding groups/cohorts contacting one another.
 - Whenever possible, keep the number of children and providers in each group at 10 or less.
 - Where possible, prioritize keeping family units in the same group (i.e. an infant, 2 yr. old and 4 yr. old from the same family would be in the same group).
 - Where possible, limit the total number of children in any one facility to 24.

PHASE 2: This guideline of 24 per facility is eliminated in Phase 1 & 2 above. Providers should strive to maintain stable groups of 10 when possible and have strong policy and practice to support social distancing between these groups of 10.

- Restrict visitors, including volunteers and parents/caregivers.
- Offer outdoor play in staggered shifts.
 - If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating.
 - Avoid use of play structures. Always wash hands and any items used (i.e. balls) immediately after outdoor play time.
- When possible, communicate with families about ways to reduce the spread of COVID-19 and the importance of doing so to all families and staff involved in the child care provision.
 - Contact your local Child Care Resource and Referral Agency for Assistance on how to communicate with parents and staff regarding COVID-19 policy changes.
- Take decisive and proactive steps to ensure that children and staff with a fever or persistent cough are sent home.
 - Keep anyone sick separate from students and staff who are well, until the sick person can be sent home, while also ensuring that all children are supervised

at all times.

- Proper use of personal protective equipment may reduce the spread of the virus.
 - When possible, providers should use masks and gloves, particularly, when social distancing is not possible. These include pick up/drop off times, food preparation, diapering and toileting, or when wiping noses.
 - Consult this video on how to use PPE properly and keep yourself and others safe. https://www.youtube.com/watch?v=iGE5eny_9gA&feature=youtu.be
 - We must acknowledge the limited supplies of these PPE and emphasize that providers use their best judgement in how to allocate what limited PPE they may be able to obtain.
 - Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

- As children enter the child care setting each day it is recommended that a staff person wearing gloves and a mask, checks the temperature of each child and adult, and asks if the child or anyone in the home has had a fever, cough, shortness of breath, flu like symptoms or have been around anyone with COVID-19.
 - If the family answers yes to any of these questions, it is recommended that they are required to leave the facility pending assessment by their medical provider and local public health officials.
 - If either adult or child has a temperature of 100.4 degrees or above, they should be asked to leave the facility pending assessment by their medical provider and local public health officials.
 - Temperature Check Procedures: Wash hands before donning disposable gloves. For temperature checks, gloves should be changed, and thermometers cleaned between each family unit.
 - If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
 - Reliance on Barriers:
 - Use of barriers such as clear plastic partition can be used in temperature checks and can be done safely without a mask.
 - Check the child's temperature, reaching around the partition or through the window, keeping your face behind the barrier at all times.
 - Reliance on Social Distancing:

- In the event temperature checks are not possible on site, have parent or caregiver take temperatures of both themselves and their child and report to provider upon drop off.
 - Providers do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.
- Have children and staff wash hands upon entry to facility and frequently throughout the day.
- Staff should also receive temperature checks as they enter the facility.
- Develop a plan to clean and disinfect more frequently; clean and disinfect frequently touched surfaces; and wash hands often with soap and water.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
 - We recommend disinfecting with a bleach solution of ¼ cup per gallon of cold water (1 tbsp per quart of water). Allow to air dry or to remain on surface for at least 2 minutes, then wipe with a paper towel. Please consult this [STARS to Quality Resource](https://dphhs.mt.gov/Portals/85/hcsd/documents/ChildCare/STARS/Kits/startingoutcleaningsanitizinganddisinfectingposter.pdf) for more details.
(<https://dphhs.mt.gov/Portals/85/hcsd/documents/ChildCare/STARS/Kits/startingoutcleaningsanitizinganddisinfectingposter.pdf>)
- Wear gloves and masks when changing diapers or wiping noses and ensure that gloves are changed after each individual use and wash hands before putting on the next pair of gloves.
- Always wash hands with soap and water if they are visibly dirty. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
 - Have children and staff wash hands upon entry to facility and frequently throughout the day.
- Encourage and allow staff who are over the age of 60 or who have compromised immune systems to leave the workplace.
- Advise families and clients to avoid moving child care responsibilities to people over 60 (i.e. grandparents) or other friends and family that are in the high-risk population.
- Adapt drop off and pick up processes (such as signing in and out) to support social distancing and decrease shared surface touches and the spread of infection.
 - Request caregivers bring their own pens or give out the pens to whomever signs if they do not have a pen.
 - Avoid the use of touchscreens for sign in/out.

- Implement “valet” type services to avoid parents coming in to buildings if possible.
- If caregivers are entering building at pick up/drop off times, request they wear a mask and use hand sanitizer if available. Restrict them to one area of the building.
- Instruct parents to exit quickly after drop-off and require social (physical) distancing between families as they arrive and depart.
- See above for guidance on temperature checks.
- Families and providers/staff who have been traveling outside of Montana should not bring their child into the child care setting for 14 days after the family last traveled.

Orientation Training

What courses are required for new hires during the emergency (updated 9/23/2020)?

1. Health & Safety Review 2019-2022 at www.childcaretraining.org
2. CPR and First Aid training
 - The federal waiver for CCDBG requirements not met due to COVID-19 which allow CPR/First Aid training to be completed online expires on September 30, 2020.
 - All childcare teaching/caregiving staff will once again be required to take hands-on CPR training beginning OCTOBER 1, 2020.
 - On-line course certification taken prior to October 1 will be accepted and honored through the expiration date.
 - All CCR&Rs will again provide hands-on CPR/First Aid training opportunities.

How long will these courses be accepted?

The Health & Safety Review 2019-2022 will be accepted through August 31, 2020. Beginning September 1, 2020 staff will be required to complete the following Orientation trainings:

- Child Care Licensing Orientation (6 hours) – www.childcaretraining.org
 - Note: This 1 course replaces the following trainings: YIKES Disaster Planning: Emergency Preparedness; Child Abuse and Neglect: Mandatory Reporting; Medication Administration in Child Care – Part 1; Prevention and Control of Infectious Diseases & Immunizations; Protecting Children from Harm
- Infant Safety Essentials: Practices including Safe Sleep and Prevention of Shaken Baby Syndrome (2 hours) – www.childcaretraining.org
- Together We Grow (3 hours) – www.childcaretraining.org

- Early Childhood Essentials – in person at a CCR&R
- Program Management Essentials (Directors) - in person at a CCR&R

Support for Best Beginnings Scholarship Families:

I receive support from the Best Beginnings Child Care Scholarship Program, and I am not attending child care right now, even though my child care is open, what will happen?

Starting June 1, 2020, Best Beginnings will pay child care programs full authorized amounts for children who are in attendance at least 85% of the authorized time in a month. If attendance falls below 85%, actual attendance will be paid.

My child care provider has chosen to close, and I still need child care, what do I do?

Contact your local Child Care Resource and Referral Agency to establish a new provider. If a child needs to attend another facility during a month due to closure, DPHHS will not make payments to the closed facility during this time.

My child care provider has chosen to close, or they are following local public health guidance, and I don't need child care right now, but I am worried I will lose my slot when they re-open.

If your child care is closed and re-opens following the emergency, the Best Beginnings Scholarship Program may be able to reimburse your child care provider for the time you were absent, once they re-open.

My wages are different now, will I be able to have my eligibility redetermined?

Yes, wage changes during this time can be considered a change in circumstance and your local Child Care Resource and Referral Agency can assist.

Support for Child Care Providers:

Is there funding available to support child care during this time?

Emergency grants are available through the Child Care Resource and Referral Agencies. The state has increased its budget by 10% to accommodate an increase in grant needs. Specific criteria for emergency grants will be updated and available with your local Child Care Resource and Referral Agencies.

6/23/2020: DPHHS has awarded COVID-19 emergency grants to 770 licensed child care providers, and 14 non-licensed organizations have been awarded COVID-19 emergency grants.

7/10/2020: Early Childhood Services Bureau will provide an additional payment to be used for

these continuing costs as well as for the preparation and possible expansion of services for the coming school year. Depending on what each school district determines is the best plan for their communities, the need for wrap around services for children and families will increase. This will result in increased costs related to facility, supplies, sanitation, and staffing.

Additional payments will be the following:

- \$2,500 for Family Child Care
- \$3,500 for Group Child Care
- \$5,500 for Centers

Awards will be based on previous applications and payments will be processed at the end of July. There is no need to submit additional paperwork at this time.

What is CACFP doing to support us?

DPHHS has received approval of waivers allowing flexibility in how meals are served and when they are served.

Participating providers could provide meals for children that are grab/go. If there is a food shortage, providers can alter meal patterns.

Can I submit requests for reimbursement for meals that were not actually served to participants due a decrease in enrollment or a site closure?

No. Meals that were not actually prepared and served to participants cannot be claimed for reimbursement.

Can I alter the meal components in the CACFP meal pattern as needed?

Prior approval from the State Agency CACFP office is need for meal pattern components may be altered as needed until the end of the nationally declared Covid-19 emergency. Please contact Program Specialist Kelly Aughney (Kelly.Aughney@mt.gov) to request and track meal pattern alterations being requested.

What steps should I take as a CACFP provider, to serve grab and go meals to participants?

Contact Program Specialist Pam Barragato (PBarragato@mt.gov) to obtain reporting and tracking requirements that are needed for grab and go meals.

I am currently enrolled in coursework and eligible for Professional Development Incentive Awards, are there changes as a result of college courses moving to online only?

Please refer to the [Early Childhood Project](#) at Montana State University.

What other supports are in place for child care providers at this time?

Child care providers and/or their staff may be eligible for unemployment, small business administration loans, and other federal relief provisions. We will update the FAQ with information as it becomes available.
