

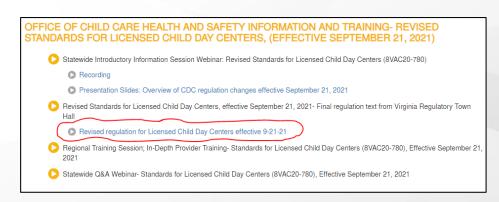
## Welcome to the Division of Early Childhood Care and Education: Office of Childcare Health and Safety's ...

In-Depth Training on the NEW Regulations for Licensed Child Day Centers - Effective October 13, 2021.

Although you will be muted and unable to turn on your camera throughout this training, you will be able to interact with panelist through the Q&A feature.

Will be begin the training shortly after 1pm.

If you do not have a copy of the REVISED standards, go to: ChildCareVA.com, click on "Providers" and then "Resources" to download a copy. We will be referencing them throughout the training.





#### Welcome and Introductions:



Jeff Williams, Director



Missy Currier Associate Director, Sr.

## Delta Variant and Young Learners

COVID -19 is surging and impacting more young children than before.

- The Delta variant has taken over and is causing a swell of new cases and hospitalizations in Virginia. 33 of 35 Health Districts are now "surging."
- Virginia could possibly exceed its January peak in a few weeks time.
- Hospitalizations in Virginia remain low but rapid change is possible;
   nationally pediatric hospitalizations are at an all -time high.
- Research suggests that the Delta variant causes more severe and longer illness than prior strains.
- Vaccines are very effective at preventing serious illness and death.
   However, indoor mask usage is critical to reducing transmission rates during this surge.

VDH - UVA Modeling Weekly Update

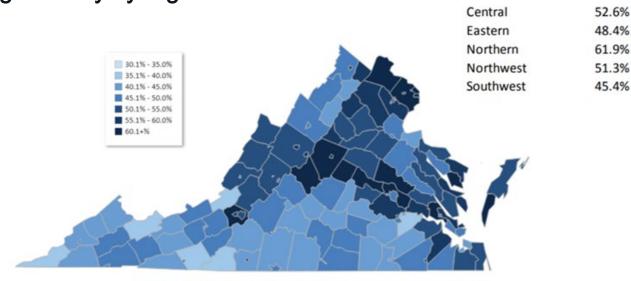
## Using Masks to Keep Kids Safe

Wearing masks can help keep kids safe.

Setting:	Staff:	Children 2 and over:	Children under 2:
Family day homes	Masks strongly recommended	Masks strongly recommended	Not appropriate
Child care centers, including Head Start	Masks required indoors	Masks strongly recommended	Not appropriate
Public schools, including Head Start, VPI and ECSE	Masks required indoors	Masks required indoors	Not appropriate
Private schools including attached preschool	Masks required indoors	Masks required indoors	Not appropriate
Transportation, including buses and vans	Masks required	Masks required	Not appropriate

# Overall Adult Vaccination Rates in Virginia

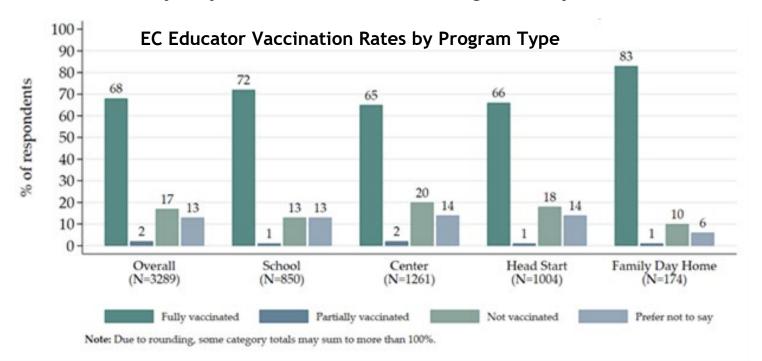
Overall 67% of Virginia adults are fully vaccinated but vaccination rates vary significantly by region.



Percent of the Total Population with at Least One Dose by Locality

## Update on Educator Vaccinations

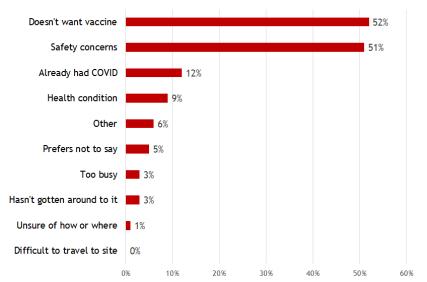
Recent survey shows that 68% of early childhood (EC) educators are fully vaccinated with family day home educators leading the way.



## Vaccinate Every Educator

Every early childhood educator is eligible for a free, safe, effective COVID -19 vaccine. We have to help address concerns and support all educators to get vaccinated.

#### Rationale for Not Getting Vaccinated (PDG-B% Survey, 2021)



#### VACCINATE VIRGINIA: Find a 1st or 2nd dose of COVID-19 vaccine today! Click Here

## **Appendix**

Here are the key links with additional information.

#### Mask Expectations:

- Public Health Order on Masks in Schools
- VDOE Guidance on COVID -19 for Child Care
- CDC Transportation Order for Masks
- DOLI Requirements for Staff

#### Additional Links on Masking:

- Face Mask Guidance for Children from AAP
- Mask Mythbusters from AAP

#### Additional Information on Survey:

In summer 2021, UVA conducted a survey of PDG-B5 educators across 70 Virginia communities. More than 3000 educators responded, representing schools, Head Start, child care centers and family day homes.

#### The Division of Early Childhood Care and Education

In Partnership With the

Virginia Department of Health

..will be offering a webinar on COVID and Child Care in the coming weeks Be on the lookout for an email with more information. If you are not getting email from the Office of Child Care Health and Safety, please contact the inspector assigned to your program.





# Office of Early Childhood Health and Safety Statewide Training: Standards for Licensed Child Day Centers (8VAC20 -780)

Effective October 13, 2021



#### A Quick History of the Licensed Child Day Center Regulations

- The Virginia Department of Social Services (VDSS) initiates action to amend regulation in 2015.
- The State Board of Social Services approved the final draft of the regulation in 2018.
- The Governor approved the final draft in 2021.
- The oversight of child care transitioned to the Virginia Department of Education on July 1, 2021
- The Virginia Board of Education approved the final draft of the regulation in 2021.
- The effective date of the new regulation is October 13, 2021 The regulation number will change from 22VAC40 -185 to 8VAC20-780.



#### A Quick Overview of Our Training Plan\*

- August 17, 2021: Statewide Introductory Information Session (Webinar)
- August 23 to September 3, 2021: Statewide In-Depth Training Sessions (In-Person and Webinars)
- September 14, 2021: Statewide Q & A Session (Webinar)

#### A copy of the REVISED regulations and links to a recording the sessions listed above can be found at:

ChildCareVA.com One there click on "Providers" and then on "Resources".



#### Level-Setting and the Training Plan

- Child care subsidy are already meeting most of the new requirements
- If you have questions after today's training, please email your regional office. The questions will be forwarded to the Home Office for review and answers.
- On September 14<sup>th</sup> a Q & A document will be released during the webinar. The
  document will be a "living document" and be updated as needed. Contact your
  inspector after the 14<sup>th</sup> webinar if you still have a question about the regulation.
- There are several new procedures required. Although DOE will provide updated model forms, it will not provide templates for program procedures as this is a very specific business practice. Providers are encouraged to work with their inspectors if assistance is needed.



#### Level-Setting and the Training Plan (cont.)

Due to the number of participants today we will:

- Not be using the chat feature today, and you will not be able to turn on your mic or camera.
- Will use the Q & A feature for questions that do not require an in-depth answer. If you do have in-depth question or if a question you ask is not answered in the Q & A today, please email your regional office. The emails will be provided at the end of this training. Questions received by September 7th will be addressed during the September 14th webinar.

FINALLY, AND MOST IMPORTANTLY ...we strongly encourage you to get a copy of the regulation and that you do NOT use this training or the slide deck of this training as a reference. The purpose of this training is to help you get familiar with the regulations — they are your "go to."



#### Purpose and Intent of Changes

To align licensing standards with health and safety requirements identified in the Child Care and Development Block Grant of 2014 ( <u>CCDBG</u>) helps to protect the safety and well-being of Virginia's most vulnerable population.

#### The goals of the revision:

- comply with new federal requirements for child care,
- ensure consistency with requirements for Child Care and Development Fund recipients, and
- reflect current federal guidelines and practices in child care.



## Substantive Changes - Topic Areas covered today

- Reports and Records
- Tuberculosis Screening
- Immunization and Physical Exam Requirements
- Prevention of and Response to Food and Allergic Reactions
- Prevention of Shaken Baby Syndrome and Abusive Head Trauma
- Emergency Preparedness
- Orientation
- Annual Training
- Group Size and Supervision
- CPR and First Aid
- Staff age requirements

NOTE: The document we will use today ONLY contains the regulations that will be added, deleted, or modified. The "FINAL" document will contain all the regulations. This documents will be released in the coming weeks.



## 8VAC20-780-10 Definitions (Page 2)

#### **New Definitions:**

"Group size" means the number of children assigned to a staff member or team of staff members occupying an individual room or area . (Discussed in more detail later in this training)

"Homeless child" means a child who lacks a fixed, regular, and adequate nighttime residence and includes a child who is:

Living in a car, park, public space, abandoned building substandard housing, bus or train station, or similar settings.



## 8VAC20-780-10 Definitions (Page 3)

Revised: "Licensee" means any individual, corporation, partnership, association, limited liability company, local government, state agency, including any department, institution, authority, instrumentality, board, other administrative agency of the Commonwealth, or other legal or commercial entity that operates or maintains a child day center to whom the license is issued.

Revised for consistency with the Code of Virginia and the United States
 Department of Labor and the Occupational Safety and Health Administration.

New: "Lockdown" means a situation where children are isolated from a security threat, and access within and to the facility is restricted.



## 8VAC20-780-10 Definitions (Page 4)

Revised: "Sanitized" means treated in such a way to remove bacteria and viruses from inanimate surfaces through using a disinfectant solution (i.e., bleach solution or commercial chemical disinfectant) or physical agent (e.g., heat). The surface of the item is sprayed or dipped into the disinfectant solution and allowed to air dry on the surface for a minimum of two minutes or according to the disinfectant solution instructions.

New: "Shaken baby syndrome" or "abusive head trauma" means a traumatic injury that is inflicted upon the brain of an infant or young child. The injury can occur during violent shaking, causing the child's head to whip back and forth, the brain to move about, and blood vessels in the skull to stretch and tear.



## 8VAC20-780-40 Operational responsibilities. (Page 7)

Written procedures required for the prevention of shaken baby syndrome or abusive head trauma:

- Procedures <u>must include</u> methods for coping with crying babies, safe sleeping practices, and sudden infant death syndrome awareness.
- Even if your program <u>does not</u> serve infants and toddlers, young children are subject to the impact of abusive head trauma and the written procedures are required.



## 8VAC20-780-40 Operational responsibilities. (Page 7)

- All staff who work with children <u>must be informed</u> of children's allergies, sensitivities, and dietary restrictions.
- The center must maintain a current <u>written list of all children's allergies, sensitivities,</u>
   and dietary restrictions documented in <u>an allergy plan</u> and must be <u>accessible to all</u>
   staff who work with children, <u>dated</u>, and kept <u>confidential in each room or area</u> where children are present.



### 8VAC20-780-60 Children's records. (Page 8)

A written care plan for each child with a diagnosed food allergy,

NOTE: No specific requirements on who writes the plan. A model form will be provided. Documentation from the physician that meets the requirements is sufficient.

 Documentation of the enrollment of a homeless child enrolled under immunization or physical exam grace period in 8VAC20 -780-130 and 8VAC20-140 must be included in child's record.



## 8VAC20-780-70 Staff records. (Page 9)

Documentation of orientation is required in staff record and must capture the items listed there.

NOTE: Documentation does not need to be on paper and the Department does not need to approve the entity providing the training and there are no specific trainer credentials required.



## 8VAC20-780-80 Attendance records; reports . (Page 9)

For each group of children, the center shall maintain a written record of daily attendance that documents the arrival and departure of each child in care as it occurs.

- O Attendance may be captured electronically, but it must be readily accessible to staff in each group of children. However, a hard copy is required in subsidy regulation.
- o The record is <u>required during emergency evacuation</u>. If groups are separated, staff need to have attendance information on-hand for emergency personnel.
- o <u>Parents must also be provided the center's policy</u> for arrival and departure to include procedures for pick up in the event of a man-made disaster (8VAC20-780-420).



## 8VAC20-780-80 Attendance records; reports. (Page 9)

Notify your inspector of the suspension or termination of all child care services for more than 24 hours as a result of an emergency situation and any plans to resume child care.

O Depending on the circumstance, the inspector may use this information to determine if a safety inspection is required before children may return.

Notify your inspector within two business days, of any injury to a child that occurs while the child is under the supervision of the center and requires outside medical attention.

Injuries may be reported online at
 <a href="https://www.doe.virginia.gov/cc/community/index.html?pageID=10">https://www.doe.virginia.gov/cc/community/index.html?pageID=10</a>



## 8VAC20-780-130 Immunizations for children. (Page 10)

Consistent with § 22.1271.2 of the Code of Virginia - The center may allow a child to attend contingent upon a conditional enrollment for a period of 90 days

- One dose of each of the required vaccines is required and a plan from a physician or local health department for completing his immunization requirements
- o If the child requires more than two doses of hepatitis B vaccine, the conditional enrollment period, for hepatitis B vaccine only, shall be 180 calendar days.



## 8VAC20-780-130 Immunizations for children. (Page 10)

If a child is <u>homeless</u> and does not have documentation of the required immunizations, the center may allow the child to attend during a grace period of no more than 90 days to allow the parent or guardian time to obtain documentation of required immunizations.

O <u>Documentation of homelessness</u> shall be maintained in the child's record.

Religious exemption for immunizations moved to subsection G.

O Documentation is required and the Department may not advise providers on whether or not to accept unimmunized children.



# 8VAC20-780-140 Physical examinations for children (Page 10)

- If a child is homeless there is a grace period to get a physical of 90 days.
  - O Documentation related to the child's enrollment under the grace period shall be maintained in the child's record.
- A <u>new physical exam</u> is not required
  - o for children who transfer from a licensed facility, and
  - o for a school age child if a copy of the physical examination required for his entry into a Virginia school is kept in the child's record



## 8VAC20-780-160 Tuberculosis (TB) screening for staff and independent contractors. (Page 11)

- Documentation of the <u>screening</u> shall be submitted at the time of employment and prior to coming into contact with children.
- TB documentation must have been completed within the last 30 calendar days of the date of employment and be signed by a physician, physician's designee, or an official of the local health department.



# 8VAC20-780-190 Program director qualifications (Page 13)

Qualification exceptions that have expired were removed.

- A program director employed prior to October 13, 2021, who met the education and experience qualifications in effect immediately prior to October 13, 2021, and who has been continuously employed as a child day center director, is considered to have met the requirements of this section.
- Language was added to clarify that requirements effective October 13, 2021 will apply to all new employees.



## 8VAC20-780-240 Staff orientation. (Page 15)

New Staff hired after October 13, 2021 must complete the Virginia Department of Education-sponsored orientation within 90 calendar days of employment.

- Orientation training required is available at <a href="https://www.doe.virginia.gov/cc/providers/index.html?pageID=5">https://www.doe.virginia.gov/cc/providers/index.html?pageID=5</a>
- Currently, this training is FREE



## 8VAC20-780-240 Staff orientation . (Page 15)

Orientation training must be completed <u>prior to working alone with children and within</u> seven days of the date of assuming job responsibilities (allows flexibility to hire staff prior to completing orientation)

Note: Many of the training topics are already required as part of staff training.

• Let's review page 15 together



## 8VAC20-780-240 Staff orientation. (Page 18)

- All new staff must be trained in first aid and CPR within 30 days.
  - This is different for subsidy programs where all staff are required to be certified within 90 days.
  - All staff do not need certification in first aid and CPR. This is not a prescriptive training requirement and there is some flexibility.
  - O Documentation that the training was completed is required in the file but no specific training or trainer requirements apply. No certification is required.
  - Free training and information on CPR/FA is available. Some organizations provide free training but certification is an additional fee.
- Volunteers who work more than six hours per week shall receive training on the center's emergency procedures within the first week of volunteering
- Orientation training must be documented in staff record.



## 8VAC20-780-245 Ongoing training . (Page 19)

- 16 hours required annually in addition to orientation training
  - o Currently, 16 annual training hours required are required
  - Medication administration training, daily health observation training, and CPR/First Aid certification training may count towards annual training requirements.
- Staff who do not work with a group of children or staff who only transport children at the center are only required to complete annual training on emergency preparedness and response, child abuse and neglect, and mandated reporter requirements.



## 8VAC20-780-245 Ongoing training. (Page 19)

- Staff working with children at a **short-term** program need 10 hours of annual training
- Parents counted in ratio at cooperative preschools need 4 hours of annual training.
- Volunteers who work more than six hours per week must complete annual training on the center's emergency procedures.
- For therapeutic child day programs and special needs child day programs, staff who
  work directly with children shall annually complete four additional hours of training.
  At least eight hours of annual training shall be on topics related to the care of
  children with special needs.



## 8VAC20-780-245 Ongoing training . (Page 19)

Medication administration training requirements

- Allows nurse practitioners and physician assistants to teach medication administration training courses
- Any child for whom emergency medications have been prescribed shall always be in the care of a staff member or independent contractor who meets the requirements in subdivision 1 of this subsection.

NOTE: This does not mean that a staff member trained in MAT must be in every group of children that has a child with prescribed emergency medication. The intent is that an individual trained in MAT is able to respond in the event of an emergency.

• No change to daily health observation training requirements.



### 8VAC20-780-350 Staff -to-children ratio and group size requirements. (Page 23)

Group size is the number of children assigned to a staff member or team of staff.

Group size is about the assignment of children to staff in 'primary care groups'. There is no requirement for separate spaces for each 'group' within a classroom or area.

NOTE: Group size is *not* limiting the number of children allowed in a space or area.

For example, a program that has space large enough to serve 16 infants may continue to serve 16 infants. Each caregiver <u>may</u> be assigned 4 infants or 2 caregivers may be assigned 8 infants. In this example the amount of staff required would meet both ratio and group size requirements.



# 8VAC20-780-350 Staff -to-children ratio and group size requirements. (Page 23)

Age Group	Max group size (new)	Ratio of staff: children
Birth up to 16 months	12	1:4
16 months up to 24 months	15	1:5
2 year olds	24	1:8
3 year olds up to school-age eligible	30	1:10



## 8VAC20-780-350 Staff -to-children ratio and group size requirements. (Page 23)

- Ratios and group sizes are applicable to the youngest child in the group.
- A written policy that describes how the center will ensure consistency of care is required.
  - O The impact is that children will form relationships with consistent staff who are familiar with their developmental abilities and unique needs.
  - Opportunities for children to interact regularly with a limited number of caregivers increases quality.
  - O The intent of this requirement is not to prohibit staff from changing classrooms or cite programs for staff turnover.

Group size limitations do not apply during designated rest periods, outdoor, transportation, field trips, meals, and snacks, special group activities and some other times during the day.



# 8VAC20-780-350 Staff -to-children ratio and group size requirements. (Page 24)

Standards allow a 14:1 ratio for balanced mixed age groups of children 3 -6 years, as long as the emergency staff requirement is met.

• Different group size requirements apply to balanced mixed-age groupings which have a ratio of 1:14 and a maximum group size of 28, given additional requirements for mixed age groupings are met.

Staff counted in rest-time ratios must be within sight and sound at all times in the same space as the children;

O Let's look together at page 25



#### 8VAC20-780-400 Behavioral guidance. (Page 28)

New requirements for time out if used as a behavior guidance technique.

- Time out must be used sparingly and shall not exceed one minute for each year of the child's age
- Time out must be appropriate to the child's developmental level and individual needs
- Time out is prohibited with infants or toddlers
- The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member
- The child shall not be left alone inside or outside the center

NOTE: The key term is "appropriate."



## 8VAC20-780-500 Handwashing and toileting procedures. (Page 30)

- Requirement added for staff to wash hands with soap and running water before preparing or serving food or beverages
- Allows the use of cloth diapers even if there has not been an adverse reaction to disposable diapers, when disposal requirements are met.
  - When cloth diapers are used, a separate leakproof storage system as specified in 8VAC20-780-500 is required for each individual child.



#### 8VAC20-780-510 Medication . (Page 31)

- Medication requirements were reorganized and certain medication requirements moved from 8VAC20 -780-240 to 8VAC20 -780-510.
- All staff that administers medication must be 18 years of age or older.
- Medication administration training has not changed and is located in 8VAC20 -780-245.



### 8VAC20-780-530 First aid training and cardiopulmonary resuscitation (CPR). (Page 33)

At least one staff in each classroom or area where children are present is required to have current CPR and First Aid Certification within 90 days of October 13, 2021:

- Cardiopulmonary resuscitation (CPR) certification must be appropriate to the age of the children in care
- CPR and First Aid Certification training must be obtained from an organization such as the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council.
- An in-person competency demonstration is required as part of CPR certification

•



## 8VAC20-780-530 First aid training and cardiopulmonary resuscitation (CPR). (Page 33)

- CPR and first aid certification training may count toward the annual training hours
- Two staff members certified in CPR and First Aid must be present on the premises during the center's hours of operation, on field trips, and wherever children are in care.
  - Any staff who are currently licensed as a registered nurse or licensed practical nurse with the Board of Nursing meet the first aid certification qualification.



# 8VAC20-780-550 Procedures for emergencies (Page 33)

A written emergency preparedness plan is required. The plan must address staff responsibility and facility readiness with respect to emergency evacuation and relocation, shelter-in-place, and lockdown.

- Must be developed in consultation with local or state authorities
- Must include the most likely to occur emergency scenario or scenarios,

NOTE: Remember to contact your inspector if your facility will close for more than 24 hours



## 8VAC20-780-560 Nutrition and food services (Page 37)

Centers shall follow the most recent, age -appropriate nutritional requirements of the Child and Adult Care Food Program (CACFP) of the US Depart. of Agriculture (USDA).

- The CACFP is the only recognized authority for establishing age-appropriate nutritional requirements.
  - CACFP requirements: <a href="https://www.fns.usda.gov/cacfp/meals-and-snacks">https://www.fns.usda.gov/cacfp/meals-and-snacks</a>
  - Programs are not required to participate in the CACFP reimbursement program

Note for food and allergy emergency: A parent shall be notified immediately of any confirmed or suspected allergic reaction and the ingestion of or contact with any food in the written care plan even if a reaction did not occur. (8VAC20-780-550)



# 8VAC20-780-580 Transportation and field trips. (Page 39)

- The center shall ensure that the allergy care plan and information specified in 8VAC40-18560 are available during transportation.
- Staff who transport children shall be 18 years of age or older.



#### Conclusion

- The requirements in 8VAC20 -780 apply to all licensed child day centers.
- Subsidy providers are subject to additional requirements in the Child Care Program (subsidy) regulation.
- A review of substantive changes was provided in today's training. You are strongly encourages to read the regulation thoroughly and refer to it often to ensure compliance.
- Your licensing inspector is available to assist you. Please send questions to your regional office.



Send your questions to your regional office email at the following address no later than September 7th:

- peninsula.cclicensing@doe.virginia.gov
- central.cclicensing@doe.virginia.gov
- •northern.cclicensing@doe.virginia.gov
- •piedmont.cclicensing@doe.virginia.gov

eastern.cclicensing@doe.virginia.gov
valley.cclicensing@doe.virginia.gov
fairfax.cclicensing@doe.virginia.gov
western.cclicensing@doe.virginia.gov