

# Frequently Asked Questions (FAQs) for Child Care Facilities Licensed by the Kansas Department of Health and Environment (KDHE)

January 11, 2021

This frequently asked questions document is based on what is currently known about the spread and severity of coronavirus disease 2019 (COVID-19). Please check the KDHE Coronavirus (COVID-19) Resource Microsite (<https://www.coronavirus.kdheks.gov/>) periodically for updated information and guidance. [CDC Guidance for Child Care Programs that Remain Open](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html) (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>) provides helpful recommendations related to increasing health and safety.

This document is intended for licensed child care facilities licensed by KDHE (day care homes, group day care homes, child care centers, preschools, school age programs, and drop in programs for school age children and youth). More information about KDHE Child Care Licensing is available online at <http://www.kdheks.gov/kidsnet>.

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## **Q. Why are some facilities closed and others open? Updated 4/3/2020**

A. While KDHE supports continued child care operations, the Department recognizes that some licensees may make the difficult decision to temporarily close. Factors to consider include continued access when facilities are in buildings that have closed; personal risk/risk to family members; low attendance or limited workforce; and concerns related to ability to maintain a safe and sanitary environment for children/staff. KDHE requests that licensees notify their local licensing surveyor when temporarily closing their facility and to let the surveyor know when the facility re-opens.

## **Q. Am I required to close my facility?**

A. No. In the absence of more restrictive guidance from the state or local public health officer to prevent the spread of COVID-19, you are not required to close. However, you may choose to close based on your specific situation as stated above. Licensees are encouraged to remain in close communication with their local public health department as situations regarding COVID-19 are changing frequently. For additional information, refer to the **Interim Guidance for Child Care Facilities** (<https://www.coronavirus.kdheks.gov/227/Childcare-Foster-care>) found on the [KDHE COVID-19 Resource Microsite](#).

**Q. If I am temporarily closing my licensed facility, do I need to notify anyone?**

Updated 4/24/2020

- A. Yes, please complete the short survey available on the [KDHE Child Care Licensing](#) homepage to notify KDHE of the temporary closure and provide this update to your local licensing surveyor. Be sure to complete the reopen survey, also available on the KDHE Child Care Licensing homepage, and notify your local licensing surveyor when you reopen.

**Q. My license is going to expire soon. Can I renew my license? New 4/13/2020**

- A. Yes, you may renew your license. We strongly recommend renewing at this time to prevent future delays. KDHE staff are available to process applications and to issue renewal licenses.

**Q. Is there a grace period if I'm temporarily closed or for some other reason can't submit my renewal paperwork? New 4/13/2020**

- A. To support licensees facing economic or other obstacles, Governor Kelly issued Executive Order (EO) 20-19 on April 9, 2020 (<https://governor.kansas.gov/wp-content/uploads/2020/04/EO-20-19-Executed.pdf>). Renewal dates are extended under the provisions of the order. A license that was effective and in good standing as of March 12, 2020, and that has expired or will expire during the COVID-19 State Disaster Emergency shall remain valid until 90 days following termination of the emergency declaration (date not yet determined). Licensees experiencing hardship may delay submitting a renewal application for up to 90 days following the end of the Governor's emergency declaration. For those that are able to submit a renewal application, thank you. This helps KDHE staff accurately report out on the number of facilities and will help to reduce the backlog of renewals to be processed following termination of the emergency declaration.

**Q. I am having trouble getting basic essential items needed to safely care for children (e.g. food, baby formula, toilet paper, cleaning products, wipes). Are there resources to help? New 4/3/2020**

- A. We recognize that in some areas access to certain foods and supplies continues to be an issue. KDHE has been working with our statewide partners to identify needs and troubleshoot solutions. Many communities are already addressing the problem locally through partnerships with local public health and emergency managers. Start by contacting your local licensing surveyor and resource and referral agency to see if they can assist you in connecting with local resources. Your local school district may also be able to connect you. The response to these needs may vary by community.

**Q. What if my temporary permit is expiring and I've not had an initial licensing survey? Updated 4/3/2020**

A. KDHE continues to request initial surveys and issue licenses. KDHE has the authority to issue a second temporary permit when deemed necessary. If more time is needed to complete the initial survey, a second temporary permit will be issued. Pursuant to EO 20-19 (<https://governor.kansas.gov/wp-content/uploads/2020/04/EO-20-19-Executed.pdf>) the second temporary permit will remain effective until an initial survey is completed and a license is issued or for 90 days following termination of the emergency declaration (date not yet determined), whichever comes first.

**Q. Our facility is located in a school that is closed. Can we continue to operate?**

A. If a licensed facility is located in a school building that is currently closed, you will need approval from the school district and the local public health officer in order to continue operating at that location. Programs are only authorized to operate at the location printed on the license.

**Q. Can a facility licensed to operate in a school building be granted an exception to operate at an alternate location?**

A. There are no waivers or exceptions to processes or regulations in place related to the COVID-19 response. This includes issuing temporary licenses for an existing facility to operate in an alternate location.

**Q. May licensed outdoor or building-based summer camps for school age children operate this summer? *New 5/18/2020***

A. Licensed programs are authorized to operate. However, if the licensed facility operates in a public space that is currently closed due to COVID-19 (e.g. community center, park, shelter house, or school), the licensee will need the approval of the local unit of government responsible for the park/building and the local public health officer before opening for the summer. Programs must operate under the terms of their current license and are not authorized to operate at an alternative location. Local public health officials may enforce more restrictive Information for licensed child care facilities, including summer school age programs, is available on the [KDHE COVID-19 Resource Microsite](#). Additionally, the [CDC Guidance for Schools and Child Care Programs](#) includes a number of helpful resources.

**Q. Are we limited to caring for children of essential workers? How do we determine who is essential? May I continue to care for children of anyone who wants care? *Updated 4/30/2020***

A. KDHE has not set enrollment criteria beyond what is permitted by regulation and under the terms of your license. It is important to keep in mind that local health officials have the authority to apply more restrictions to child care operations (e.g., who can be served, group size, etc.) than the state/KDHE when not otherwise stated in an Executive Order.

**Q. May I limit the number of children enrolled to fewer than what is stated on my license?**

- A. The total capacity, as stated on the license, is the maximum number of children that may be present at the facility at one time. Licensees may further limit the number of children based on their own unique situation and ability to meet the health and safety needs of the children in care.

**Q. May I continue to enroll new children as long as I don't exceed my licensed capacity?**

- A. In the absence of more restrictive guidance from state or local health officials, new enrollment is permitted in accordance to the terms of the current license (ages of children, group sizes, total capacity, etc.).

**Q: Are facilities (centers and homes) limited to a capacity of 10? Updated 4/30/2020**

- A. In the absence of more restrictive guidance from state or county public health officials, facilities may continue to operate within the terms of the current license. Local health officials may enforce more restrictive requirements to prevent the spread of COVID-19.

**Q. Can I get an exception to exceed my license capacity or for another reason?**

- A. As a public health matter and in order to meet goals to reduce the spread of infection, following foundational health and safety requirements are protective measures for all--child care providers/staff, the children in care, and families (caregiver's and children's). For this reason, KDHE will not be granting exceptions to exceed license capacity or eliminate other health and safety requirements related to the COVID-19 response.

**Q. Can the two school age children currently enrolled in my home-based child care facility attending before and after school and on breaks stay in care for full days until the crisis has ended? Updated 8/4/2020**

- A. In the absence of more restrictive guidance from state or local health officials, the provisions of the existing regulation (K.A.R. 28-4-114(j)(2)) apply. In addition to the number of children permitted under the terms of the license, K.A.R. 28-4-114(j) authorizes two additional school age children to be present full days during scheduled or emergency school closures. As authorized by the regulation, two additional school age children may be present in the licensed day care home/group day care home if a school district adopts a hybrid attendance model (part time in the classroom/part time remote learning) or a fully remote learning environment model during the 2020-2021 school year.

**Q. Can the two school age children currently attending full days in my home-based child care facility due to the emergency closure of schools continue to attend during the summer (see previous question)?** **New 5/18/2020**

A. Yes. KDHE has issued a policy exception to address the issue. The exception to K.A.R. 28-4-114(h) is granted to allow the licensed capacity as specified in K.A.R. 28-4-114(e)(1) and (f)(1) to be exceeded to permit two additional children, 5 years of age to 11 years of age, to be in care between the hours of 6:00 a.m. and 6:00 p.m. until the 2020-2021 academic school begins. The exception is available on the [KDHE Child Care Licensing](#) website (click on the *Early Care and Youth Programs Section* link on the left blue menu to access all the policy regulation exceptions). Please read the exception carefully to ensure that it applies to your situation. If used, a copy of the exception is to be posted next to your license. In some communities local codes or ordinances may limit the number of children permitted to be in care. Additionally, local public health officials may issue more restrictive directives to reduce the spread of COVID-19 within the community.

**Q. My child care center has children in our preschool unit that are scheduled to attend kindergarten this fall. With some school districts delaying the start of the 2020-2021 school year, may these children remain in the preschool unit until school begins?** **New 8/4/2020**

A. Yes. Children may remain in the preschool unit until the start of the school year provided that the unit capacity and staff/child ratios are met. As an alternative, effective August 10, 2020 centers with units for kindergarten enrollees or school age units may transition children scheduled to attend school this fall to the next appropriate unit. Licensed capacity and staff/child ratios must be maintained at all times. At the start of the 2020-2021 school year, child care centers must revert to the terms of their current license.

**Q. With some school districts delaying the start of the 2020-2021 school year, may a licensed school age program allow children entering kindergarten this fall to attend before school begins?** **New 8/4/2020**

A. Yes. To accommodate the needs of parents, effective August 10, 2020 licensed school age programs may permit children attending kindergarten this fall to attend their program prior to the official start of the school year. Licensed capacity and staff/child ratios must be maintained at all times. At the start of the 2020-2021 school year, school age programs must revert to the terms of their current license.

**Q. I am hiring new employees. Is KDHE processing background check requests? What if our local law enforcement agency has suspended non-criminal fingerprinting due to COVID-19? Will there be a grace period for completing fingerprints?** **Updated 4/13/2020**

A. Licensees must continue to submit the necessary request for background checks for individuals working, regularly volunteering, or residing in the facility. KDHE staff are

working and affiliate names are being processed. Currently, all affiliate names are undergoing name-based records checks. This process is similar to the KDHE requirements prior to June of 2018. Name-based records checks include Kansas Bureau of Investigation (KBI) Kansas adult criminal and juvenile adjudications, Kansas sex offender registry, and the Kansas Department for Children and Families (DCF) child abuse and neglect registry.

NOTE: For affiliates requiring comprehensive fingerprint-based checks, the automatic NORPLY email with the OCA numbers will continue to be sent. KDHE expects fingerprints to be completed within 90 days from the date the state of emergency is lifted (date not yet determined). However, for now licensees may disregard the “14-day requirement” that is stated in the OCA email. Please keep a record of the OCA number on file; it will be needed once fingerprinting resumes.

Individuals who have lived outside of Kansas within the last five years will need to submit the necessary out-of-state request forms available on the KDHE Child Care Licensing website at [https://www.kdheks.gov/bcclr/background\\_checkinfo.html#undefined](https://www.kdheks.gov/bcclr/background_checkinfo.html#undefined).

During the COVID-19 State Disaster Emergency, individuals may begin working once the request for background checks has been submitted to KDHE.

**Q. My program might be able to hire school district staff that aren't currently working. They have already been fingerprinted by the school district; will they need to be re-printed? New 4/3/2020**

A. New prints are required if staff previously working for school districts are transitioning to work in licensed child care facilities. The reason for this is that background check information cannot be shared between agencies or businesses (in this case, school and child care) and each may have specific prohibitions mandated by law. Keep in mind that individuals transferring from one licensed child care facility to another licensed facility would not need to be fingerprinted if they had previously passed a fingerprint-based background check.

**Q. I am due to renew my First Aid and CPR training soon. Organizations are canceling in-person training right now. What am I supposed to do? Updated 4/13/2020**

A. KDHE understands that all classroom trainings have been cancelled. Please take the First Aid and CPR training as soon as it is offered. KDHE will not hold the licensee accountable for training that isn't available. Pursuant to EO 20-19 (<https://governor.kansas.gov/wp-content/uploads/2020/04/EO-20-19-Executed.pdf>) licensees and staff will have up to 90 days following the termination of the emergency declaration (date to be determined) to complete the trainings.

**Q. I have applied for a license and face-to-face trainings needed to complete the initial training requirements are not available. What am I supposed to do?** **New 4/13/2020**

A. Many training partners, including [Child Care Aware of Kansas](#) and [Kansas Child Care Training Opportunities](#), are offering KDHE-approved initial health and safety training online. However, if face to face training is necessary, pursuant to EO 20-19 (<https://governor.kansas.gov/wp-content/uploads/2020/04/EO-20-19-Executed.pdf>) licensees and staff will have up to 90 days following the termination of the emergency declaration (date to be determined) to complete the initial professional development hours required to obtain a license.

**Q. I have not completed my annual training requirements due to lack of face-to-face training available right now. What am I supposed to do?** **New 4/13/2020**

A. Many training partners offer KDHE-approved professional development training online. However, pursuant to EO 20-19 (<https://governor.kansas.gov/wp-content/uploads/2020/04/EO-20-19-Executed.pdf>) licensees and staff will have 90 days following the termination of the emergency declaration (date to be determined) to complete the annual professional development/in-service training hours required to renew the license.

**Q. May facilities take precautions like asking parents to stay at the door when dropping off and picking up their child?** **New 4/3/2020**

A. Yes. In response to this outbreak, you may adopt social distancing practices intended to limit exposure to COVID-19. This may include asking parents to wait at the door or otherwise limit movement within the licensed premises. NOTE: Be sure that all parents are aware of your practice/procedure and that you apply the practice uniformly across all families. For additional information, please see the comprehensive guidance for licensed child care facilities available on the [KDHE COVID-19 Resource Microsite](#).

**Q. May a breastfeeding mom continue to come into the facility to nurse her infant?** **New 8/4/2020**

A. Yes. While limiting the number of individuals entering the facility is important for reducing the risk of spreading COVID-19, consideration should be given to policies and practices that continue to support breastfeeding mothers and their infants.

**Q. Is it OK to suspend the practice of children serving themselves at meals?** **New 4/24/2020**

A. Yes. To reduce the number of individuals touching serving dishes and utensils it is permissible to temporarily discontinue the practice of children passing and serving themselves. Staff should continue to sit with children during meals and encourage socialization.

**Q. Is it OK to suspend the practice of tooth brushing in child care centers?** **New 5/18/2020**

A. Yes. To reduce the risk of infection it is permissible to temporarily discontinue the practice of children brushing their teeth after meals. Tooth brushing ability varies by age. Depending on the ages, the number of children in care, and the group setting the potential risk of infection may outweigh the benefits. *Caring for Our Children, National Health and Safety Performance Standards* (<https://nrckids.org/CFOC>) has nationally recognized Oral Health Standards that can provide guidance for those facilities that want to continue tooth brushing in a safe and sanitary manner and alternative practices for supporting children’s oral health.

**Q. Is it OK to suspend fire and tornado drills because children/staff will be congregating in the hallways while exiting the building or might not be able to practice social distancing while in the basement during a tornado drill?** **New 5/18/2020**

A. No. In the event of an emergency, children and staff must be prepared and know what to do. During an actual emergency protecting the children from the immediate risk of harm would outweigh the potential risk of infection. Review your current emergency preparedness plan and make necessary modifications to reduce potential risks during drills. For example, rather than a single drill for the entire facility, drills could be conducted one classroom/unit at a time. This is consistent with current recommendations that children be cared for in small stable, self-contained groups and that multiple classrooms/units don’t co-mingle for meals or outdoor play. Drills don’t need to be lengthy. The time spent in the confines of the designated shelter could be minimal. Additional information about emergency preparedness planning is available on the [KDHE Child Care Licensing](#) website.

**Q. Should staff wear masks when caring for children?** **Updated 8/4/2020**

A. Both the CDC and KDHE recommend the use of masks in public and other settings where physical distancing measures are difficult to maintain. KDHE specifically recommends that adults in licensed child care settings wear masks. Local health officials and employers can apply additional health and safety requirements, including the use of masks in child care settings. When masks are worn, care should be taken to avoid touching the eyes, nose, and mouth when removing and to wash hands immediately after removing. Masks should be washed frequently. Staff wearing masks should consider the speech and language skills of young children as visual access to caregivers’ mouths is critical to infant/toddler speech development. Additionally, be aware that young children may try to touch or remove the mask from their caregiver which could result in contamination. Licensees should consult with parents before routinely requiring children in care to wear a mask. If feasible and necessary, children two years of age and older may safely wear masks once they are able to: put one on and remove it without assistance and are able to avoid touching or sucking on it. Masks should not be placed on anyone—adult or child—

who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove their mask without assistance. More information about the use of masks and facial coverings is available on the [KDHE COVID-19 Resource Center](#) and [CDC website](#). CDC also has specific [Guidance for Child Care Programs that Remain Open](#).

*A note about face shields (made of see-through material and covering the entire face):* KDHE is not recommending that face shields be routinely used by young children in child care settings, with or without a mask. CDC does not recommend the use of a face shield for normal everyday activities or as a substitute for masks. Additionally, CDC guidance specifically states that plastic face shields for newborns and infants are **NOT** recommended. It isn't known if face shields provide any benefit as a control measure to protect others from the spray of respiratory particles. Some adults may choose to use a face shield when sustained close contact with others is expected. If used without a mask, a face shield should wrap around the sides of the individual's face and extend below the chin. Disposable face shields should only be used one time. Reusable face shields should be cleaned and disinfected after each use.

**Q. Should I be screening new children and new staff? Updated 5/18/2020**

- A. Yes. Strong practices for screening for signs and symptoms of illness, exclusion policies, and increased sanitation are essential. These provisions are in place in order to prevent the spread of COVID-19. When enrolling new children and hiring new staff, screen by asking appropriate questions. At a minimum, consider the following:
- Has there been travel within the last 14 days in a state or country identified by KDHE as required for isolation or quarantine or a hot spot for COVID-19 per the CDC? Travel information is available on the [KDHE COVID-19 Resource Microsite](#) and [CDC COVID-19](#) website.
  - Has there been any exposure to an individual diagnosed with COVID-19?
  - Is anyone showing signs of illness and symptoms?
    - a fever greater than 100 degrees (F)
    - cough
    - shortness of breath
    - sudden loss of smell or taste
    - other signs of illness (headache, sore throat, general aches/pains, fatigue/weakness/extreme exhaustion)

NOTE: Be sure to remain current on the KDHE recommendations for screening as well quarantine and isolation of travelers, continuously updated on the [KDHE COVID-19 Resource Microsite](#). For more information, review the guidance for licensed child care facilities available on the KDHE COVID-19 Resource Microsite under the *Child Care and Foster Care* tab and under the *If You Think You Are Sick* tab.

**Q. What about children and staff already enrolled and in attendance? Should I be screening them? Updated 5/18/2020**

A. Screen children and staff for signs and symptoms as outlined above before daily admittance and monitor health throughout the day. In addition to asking the questions above, observe children and staff for signs of illness and check for fever. For more information, review the guidance for licensed child care facilities available on the [KDHE COVID-19 Resource Microsite](#) under the *Child Care and Foster Care* tab.

**Q: Is there anything specific I need to do depending on where a child lives (county) or where their parent works?**

A. In the absence of more restrictive guidance from state or county public health officials, there is nothing special a facility needs to do if children from other counties with confirmed cases are receiving care in a facility OR if children being served are those of health care/emergency workers. The same guidance for screening for signs and symptoms of illness and exclusion apply.

**Q. When should children and staff be excluded? Updated 5/18/2020**

A. First, review and update your current policies for the exclusion of sick children and staff as necessary. Determine how screenings will be conducted prior to entry and how health will be monitored throughout the day. Make sure that parents of children in care and staff are aware and follow the policies.

- Individuals who have a fever or other signs of illness should not be admitted.
- Exclude individuals with a history of COVID-19 exposure (see above) and those showing signs of illness:
  - a fever greater than 100 degrees (F)
  - cough
  - shortness of breath
  - sudden loss of smell or taste
  - other signs of illness (headache, sore throat, general aches/pains, fatigue/weakness/extreme exhaustion)
- Children who are sick, with the typical reasons kids get sick (vomiting, rash, diarrhea, pink eye etc.), should be excluded in accordance with your existing policies.
- Current information about when individuals with symptoms consistent with COVID-19 should stay home is available on the [KDHE COVID-19 Resource Microsite](#) and on the [CDC COVID-19](#) websites.

**Q. What's the difference between quarantine and isolation? New 1/11/2021**

A. [Quarantine](#) keeps someone who may have been exposed to COVID-19 away from others. It helps prevent the spread of disease before someone shows symptoms of illness. [Isolation](#) keeps someone who is infected with the virus away from others, even in their own home.

Individuals in quarantine should stay home, separate themselves from others, monitor their health and follow the directions from their local health department.

Individuals in isolation should stay home until it is safe to be around others. Individuals who are infected should separate themselves from others in the home, including staying in a separate room or area. To the extent possible, avoid sharing bathrooms and other common spaces.

Current recommendations for quarantine and isolations are available on the [KDHE COVID-19 Resource Microsite](#) and on the [CDC COVID-19](#) websites. Specific guidance for your community is available at your local health department.

**Q. What should I do if someone in the facility (child, staff or resident of a family child care) is told to quarantine due to an exposure to COVID-19? New 1/11/2021**

A. Notify the local health department and your local licensing surveyor if someone in the facility (child, staff or resident of a family child care home) has been notified that they are a close contact of someone with COVID-19. The local health department will help determine a course of action for the facility.

**Q. What should I do if an individual with COVID-19 has been in the facility?**

A. Immediately notify the local health department and your local licensing surveyor if someone who is infected (child, staff or resident of family child care home) has been in the licensed facility. The local health department will help determine a course of action for the facility.

**Q. How soon will it be before COVID-19 vaccinations are available to child care providers? New 1/11/2021**

A. The COVID-19 vaccine will initially be available in very limited doses. However, it is anticipated that production will increase rapidly, creating enough supply to vaccinate everyone. The Kansas COVID-19 Vaccination Plan and weekly updates are available at [COVID-19 Vaccine | KDHE COVID-19](#). Information from the CDC is available at [COVID-19 Vaccination | CDC](#).

**Q. If I get the COVID-19 vaccine will I still need to wear a mask? New 1/11/2021**

A. Yes. You will need to continue to wear a mask, washing your hands often and avoiding close contact with others for foreseeable future. Public health experts need to know more about the protection the COVID-19 vaccines provide before deciding to change current recommendations. Other factors to be considered include how many people get vaccinated and the amount of community spread. Updated information will be available on the [KDHE COVID-19 Resource Microsite](#) and on the [CDC COVID-19](#) websites as it becomes available.

**Q. Where can I find information about cleaning and disinfection procedures to reduce the spread of COVID-19, including a list of approved cleaning products? Updated 5/18/2020**

- A. To reduce the spread of illnesses, including COVID-19, it is important to intensify cleaning and disinfecting of surfaces and frequently touched items, including but not limited to doorknobs, light switches, handrails, toys, furnishings, playground structures, and other frequently touched or shared items. In addition to the guidance for licensed child care facilities available on the [KDHE COVID-19 Resource Microsite](#), *Caring for Our Children, National Health and Safety Performance Standards* (<https://nrckids.org/CFOC>) has nationally recognized standards for cleaning, sanitizing, and disinfection of child care facilities. The CDC has detailed information at [Cleaning and Disinfecting](#) and a list of EPA products is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. When choosing products be sure to read the label and carefully follow directions.

**Q. Is it OK to use bleach to sanitize or disinfect? New 4/3/2020**

- A. Yes, diluted bleach may be used. However, before purchasing bleach or a bleach product read the label. Some bleaches, for example Splash-less®, are only intended for laundry use, not for sanitizing or disinfecting.

**Q. What if a parent is looking for child care and I do not have any openings?**

- A. Refer parents to the Child Care Aware of Kansas website (<https://www.ks.childcareaware.org/>) or toll free number 877.678.2548 for assistance with searching for child care in their area. KDHE has an online information system 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 or potential child care provider. The online tool (<http://www.kdheks.gov/bcclr/capp.htm>) is an important step to verifying that a facility is licensed and provides compliance history for parents and guardians.

**Q. May I continue to charge fees if I am closed or if a child no longer attends due to COVID-19 concerns or stay at home orders? New 4/3/2020**

- A. Providers are individual operators/licensees and set their own rates and policies regarding fee payments. KDHE and local public health officials have no authority to set rates or limits on fees.

**Q. Are there financial supports for child care facilities to assist with loss of income due to COVID-19? New 4/24/2020**

- A. Recent federal legislation, the CARES Act, provides several forms of economic relief for small businesses, including child care.

- Kansas Department of Commerce <https://www.kansascommerce.gov/covid-19-response/> has information about grants/loans to assist with payroll and ongoing business expenses.
- Kansas Department of Labor <https://www.dol.ks.gov/covid19response> has information about employment assistance.
- Child Care Aware of Kansas in partnership with the Kansas Department for Children and Families' Hero Relief Program <https://www.ks.childcareaware.org/heroreliefprogram/> has grants for licensed child care facilities.

**Q. I have questions regarding the Department for Children and Families child care subsidy program policies. Who should I contact? *New 4/3/2020***

A. Please contact your DCF Provider Enrollment staff or call 1.822.765.2003.

**Q. Have there been changes to the Child and Adult Care Food Program (CACFP) due to COVID-19? *New 4/3/2020***

A. The CACFP program utilized by many licensed child care facilities is administered through the Kansas State Department of Education (KSDE). Current information about the program, including guidance during the COVID-19 pandemic, is available at [https://www.kn-eat.org/CACFP/CACFP\\_Menu/CACFP\\_What's\\_New.html](https://www.kn-eat.org/CACFP/CACFP_Menu/CACFP_What's_New.html).

**Q. How do I contact my local child care licensing surveyor?**

A. For more information about local licensing contacts, visit the [KDHE Child Care Licensing](#) website and click on *Local County Contacts*.

**Q. I am not currently licensed. Can I get an emergency or temporary license?**

A. There are no waivers or exceptions to processes or regulations in place related to COVID-19 response. This includes issuing a temporary license. For more information about applying to become licensed, contact your local licensing surveyor to start the process. For more information about local licensing contacts, visit the [KDHE Child Care Licensing](#) website and click on *Local County Contacts*. NOTE: a license is not required for 1) children receiving care in their own home; or 2) children cared for by relatives. Additionally, anyone (friend, neighbor, teacher not working) can care for up to 2 children less than 20 hours a week.