



# Social Distancing Guidance for Child Care Regulators: Strategies and Best Practices to Reduce COVID-19 Transmission During the Licensing Process

## Abstract

This paper discusses, shares, and demonstrates best practices for Social Distancing when conducting licensing inspections in child care settings to reduce transmission of the COVID-19 virus.

400 South Fourth Street, Suite 754E, Minneapolis, Minnesota, 55415  
888-674-7052

[www.naralicensing.org](http://www.naralicensing.org)

U.S. Federal ID No. 54-1542015



## Table of Contents

Introduction .....	2
What is Social Distancing?.....	2
Social Distancing by Not Entering the Child Care Setting.....	3
<i>When Licensing Staff are Symptomatic</i> .....	3
Social Distancing by Reducing Onsite Presence in the Child Care Setting .....	3
<i>Limiting Inspection Types</i> .....	3
<i>Remote Inspections</i> .....	4
Social Distancing when Onsite at a Child Care Setting.....	4
Licensee Operations .....	5
Conclusion .....	6



## Introduction

Child Care Regulators across the country are responsible for protecting the health and safety of children in out-of-home care through onsite inspections, technical assistance and enforcement. Currently, this responsibility must be balanced against the ongoing public health crisis brought on by the COVID-19 pandemic. According to the World Health Organization a pandemic is defined as the “worldwide spread of a new disease”<sup>i</sup> When a new disease first emerges, most individuals lack the natural immunity to fight it off. This can cause a sudden, and often rapid, spread of the disease between people, across communities, and around the world.

In an effort to reduce the risk of exposure for child care licensing staff and the programs they inspect, we must employ safe practices to reduce the spread of COVID-19 while performing our duties as a child care regulator. Uncertainty and fear abound due to the everchanging information on what the virus is, what it does, how to prevent contracting COVID-19; reducing the spread, and equally as important, returning to work and some sense of normalcy.

While a great deal of information relating to reducing transmission of the COVID-19 virus is available online, the volume of such information, array of topics addressed, and various cross-references to different websites can pose a challenge when developing operational policies and procedures during the pandemic. Additionally, as of this writing, no national guidance on COVID-19 transmission reduction strategies has been published that is specific to child care licensing agencies.

In light of the above, the National Association for Regulatory Administration (NARA) offers this issue paper to discuss, share and demonstrate best practices for **Social Distancing** when conducting licensing inspections in child care settings<sup>ii</sup> to reduce transmission of the COVID-19 virus.

## What is Social Distancing?

Social distancing, also called “physical distancing,” means keeping a safe space between oneself and other people with whom one does not have regular contact such as household or family members.

To practice social or physical distancing, one should stay at least 6 feet (approximately two arm lengths) from other people throughout the day and while conducting business.

Social distancing is important because of how COVID-19 spreads. COVID-19 spreads mainly among people who are in close contact for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Some people who have COVID-19 do not show symptoms; since people can spread the virus before they know they are sick. Therefore, it is important to stay at least 6 feet away from others when possible<sup>iii</sup>.



## Social Distancing by Not Entering the Child Care Setting

The most basic form of social distancing in child care licensing is not entering the licensed setting at all.

### When Licensing Staff are Symptomatic

It is essential that licensing staff showing symptoms of COVID-19 should not enter a child care setting for any reason. As of this writing, symptoms of COVID-19 include<sup>iv</sup>:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

It is strongly recommended that licensing agencies adopt protocols that include, at a minimum:

- Prohibiting any licensing staff person with the above symptoms from entering the agency office or any child care setting.
- Requiring staff to seek appropriate medical care immediately.
- Allowing staff to return to work as recommended by the staffs' primary care physician or other qualified medical professional. This often includes a minimum of 14 days of self-isolation or quarantine.

Many public health entities offer web-based self-assessment instruments for people experiencing symptoms of COVID-19<sup>v</sup>. Licensing agencies may wish to adopt use of a self-assessment instrument for consistency of approach in developing return-to-work standards. This is especially true in cases where a staff person is not symptomatic but has recently been in contact with a person with a confirmed case of COVID-19, that may require self-quarantine even if medical care is not immediately required.

## Social Distancing by Reducing Onsite Presence in the Child Care Setting

### Limiting Inspection Types

Licensing inspections may be conducted for a variety of reasons. While all inspection types are beneficial, the benefits offered by some types of inspections may be outweighed by the risk of spreading or contracting the COVID-19 virus.



Licensing agencies should consider limiting inspections to those essential to protect children's health and safety such as full renewal inspections and complaint investigations. Suspension of inspections for technical assistance or consultation, inspections to verify compliance, and unannounced monitoring inspections for reasons unrelated to enforcement actions will minimize in-person contact. As some inspections are statutorily mandated, the licensing agency may need to request legislative waivers to reduce the numbers and types of inspections conducted.

### Remote Inspections

Onsite inspections, where the licensing staff measure compliance with licensing regulations while physically present at the licensed location, are the primary means to identify, remediate, and prevent recurrence of noncompliant conditions that could result in harm to children in care. However, conducting onsite inspections may not always be possible due to severely inclement weather, natural disasters, communicable disease pandemics, or similar unforeseeable circumstances that impede travel or in-person contact.

In response to the COVID-19 pandemic, several states have determined that it is in the best interest of the people supported in licensed settings to measure regulatory compliance via Remote Inspections in lieu of or in addition to onsite inspections. Remote Inspections are inspections where the compliance measurement techniques that would normally be applied onsite at the licensed setting are applied at an offsite location using one or more technological mediums.

Child care licensing agencies should consider using Remote Inspections in lieu of onsite inspections as a no-contact type of social distancing during the COVID-19 pandemic<sup>vi</sup>.

## Social Distancing when Onsite at a Child Care Setting

When staff are required to conduct an onsite inspection, the size, layout, and general operations at child care settings may make social distancing challenging. Remember, social distancing means maintaining a minimum distance of 6 feet between regulators and staff as well as regulators and children. Additionally, social distancing should be practiced in combination with other everyday preventive actions to reduce the spread of COVID-19, including wearing face coverings, avoiding touching one's face with unwashed hands, and frequently washing hands with soap and water for at least 20 seconds<sup>vii</sup>. As such, when onsite at a child care setting, regulators should:

- Arrive with proper protective gear in place.
- Wash hands prior to entering the facility, or if soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as possible<sup>viii</sup>.
- Bring all materials needed to complete the inspection including pens and paper, if needed, in lieu of using materials provided by the licensee. Do not share items with the provider for any signatures that may be needed. If items are shared, be sure to sanitize the items before using them again.



- Do not shake hands or have similar physical contact with staff, but continue to show proper identification as agency protocols require.
- Be respectful of screening procedures the facility may have in place such as temperature checks and or a series of screening questions.
- Conduct the inspection with the fewest possible number of licensing staff. Some licensing agencies require or recommend that inspections be conducted by more than one licensing staff person or a team, especially in large licensed settings. While this is a generally-recognized best practice in licensing, it is reasonable to suspend the practice during the COVID-19 pandemic to minimize in-person contact.
- Do not hesitate to ask staff to remain at a distance in accordance with social distancing guidance.
- Review materials such as child records, personnel files, and policies and procedures in areas separate from children and child care workers, or online, as applicable. This may include a private office or a portion of the setting that is not generally used for the provision of care, e.g. an area of the licensee's home that is used for household functions.
- Observe child and room activities from a distance. Whenever possible, observe from a doorway or observation window.
- Interact with / interview persons in charge and child care workers outside of the building, weather permitting. In general, it is easier to practice social distancing in outdoor areas. Additionally, doing so reduces the total amount of time that licensing staff are in the presence of children and workers.
- Be sure to speak clearly and at an appropriate volume, as the social distancing and face coverings may prevent providers and staff from hearing and or understanding the question or information being provided.
- Understand and inspect for the exceptions or temporary child care regulations, which may include, but not be limited to, reduced class size, staff to teacher ratios, cross contamination issues, sanitizing practices, contractor access, equipment placement, physical barriers, and daily schedules. Additional questions may need to be asked to ascertain the information, as social distancing may prevent direct observation.
- Continue to provide technical assistance as necessary and in particular as it affects reducing COVID-19 transmissions between and among staff and children.
- Wash hands or use hand sanitizer, and discard masks and PPE as appropriate after leaving a licensed setting to prevent spread to co-workers, or family members.

## Licensee Operations

---



Licensees can protect children, workers, and regulators by adopting social distancing strategies as part of their operations during the pandemic. Strategies may include:

- Implementing temperature checks for children prior to entering the building.
- Asking appropriate screening questions about recent contact with or symptoms of COVID-19.
- Minimizing contact between different groups of children. Licensees should avoid integrating children of different age groups or conducting congregate activities when there are multiple groups in the same age cohort. Children should remain with the same group when present in the setting. Examples include staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- Limiting child care workers to specific groups of children when possible. Workers should not move between age groups or multiple groups within the same age cohort.
- Canceling or postponing special events such as festivals, holiday events, and special performances.
- Altering or halting daily group activities that may promote transmission through close contact.
- Ensuring that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.
- Establishing frequent sanitizing procedures for all equipment, toys, mats, etc.
- Staggering arrival and pickup times, and developing arrival and pickup procedures that limit direct contact between parents and staff members and adhere to social distancing recommendations. This may include preventing parents from entering the facility; staff will transfer the child to and from the classroom.
- Arrange for administrative staff to telework from their homes<sup>ix</sup>, if possible.

## Conclusion

COVID-19 affects all aspects of our daily lives, including travel, food supplies, businesses and financial markets, as well as many of our everyday social interactions, both personal and professional. The need to alter our everyday interactions and natural instincts requires a conscious and concerted effort by all parties. For example, shaking hands – long considered a common courtesy and sign of respect, is now a potential vehicle for the transmission of this highly communicable virus.

As the workforce returns to their offices, policies and procedures need to be developed to protect



the workers as well as the populations they serve. The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures are being implemented.

As addressed in this paper, social distancing, in conjunction with additional protective measures, is just one of the many things we can do to protect our staff as they refocus their efforts on conducting onsite inspections in child care settings. It is important for regulators to embrace these new requirements and help child care programs provide the safest environments possible for the young and vulnerable populations they serve, as well as provide protections for the staff.

---

## Endnotes

<sup>i</sup> [https://www.who.int/csr/disease/swineflu/frequently\\_asked\\_questions/pandemic/en/](https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/)

<sup>ii</sup> “Child care settings” include, but are not limited to, family child care homes, group child care homes, and child care centers.

<sup>iii</sup> Adopted from guidance published by the Centers for Disease Control and Prevention at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>.

<sup>iv</sup> <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<sup>v</sup> For example, see the Mayo Clinic’s COVID-19 Self-Assessment tool at <https://www.mayoclinic.org/covid-19-self-assessment-tool> and John Hopkins Medicine’s Coronavirus Self-Checker at <https://www.hopkinsmedicine.org/coronavirus/covid-19-self-checker.html>

<sup>vi</sup> See NARA’s “Remote Inspections in Child Care Settings: A Viable Alternative During Emergency Situations” whitepaper at <https://nara.memberclicks.net/assets/docs/Publications/VirtualInspections/REMOTE%20INSPECTIONS%20IN%20CHILD%20CARE%20SETTINGS%20July%202020.pdf> for comprehensive information.

<sup>vii</sup> Adopted from guidance published by the Centers for Disease Control and Prevention at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>.

<sup>viii</sup> See <https://www.cdc.gov/handwashing/hand-sanitizer-use.html> for information about handwashing and hand sanitizer use.

<sup>ix</sup> Adopted from guidance published by the Centers for Disease Control and Prevention at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#SocialDistancing>