



Office of Child Care Health and Safety
Standards for Licensed Child Day Centers (8VAC20-780)
(Effective October 13, 2021)

Frequently Asked Questions
Revised December 1, 2021

8VAC40-780-10. Definitions.

1. Question: Please clarify the definition of group size. If a class has a total of 8 infants with 2 staff, does each staff member need to have a group of 4 infants assigned to each staff person each day?

Answer: No. The definition of group size is the number of children assigned to a staff member **or team of staff members** occupying an individual room or area. If the class size is within the maximum group size limit, all of the children may be assigned to the ‘team’ of staff members for that particular group.

If the children and staff are in the same room or area and the number of children in the group is at or below the maximum group size a team of staff members may be assigned to the entire group. If the number of children in the group exceeds the maximum group size, children need to be assigned to staff members in a way that meets the maximum group size. For example, if there is a class of 12 infants, eight infants can be assigned to a team of two staff members and four infants would be assigned to an additional staff member. There could also be four infants assigned to each staff member or all 12 infants assigned to a team of 3 staff members.

8VAC20-780- 40 Operational responsibilities.

1. Question: Standard 8VAC20-40 requires a current written list of all children's allergies, sensitivities, and dietary restrictions to be accessible to all staff who work with children. The list must be dated and kept confidential. Is parental permission required to post the allergies in all appropriate locations? If parental permission is obtained, does that meet the requirement of maintaining confidentiality?

Answer (Revised October 13, 2021): The standards do not require the allergies to be posted. However, if allergies are posted, the list must be posted confidentially. The standards do not require parental permission in order to post the list of children’s allergies, sensitivities, and dietary restrictions. The center may choose to obtain parental permission but this does not meet the requirement to keep the list confidential. Best practice may be to keep the updated list accessible to staff inside a cabinet or posted with a cover sheet in an area only used by staff to protect the confidentiality of the list.



2. Question: Since the standard requires that centers maintain a current written list of all children's allergies, sensitivities, and dietary restrictions that be dated and kept confidential in each room or area where children are present, how often must the list be updated?

Answer: The standards do not specify a specific time frame in which the allergy lists must be updated. The purpose of the standard is to ensure that all staff working with children are aware of allergies, sensitivities, and dietary restrictions of children they work with and be quickly accessible. As children enroll that have allergies, sensitivities, and dietary restrictions, the list should be updated to include these children. In addition, changes to children's allergy information must be reflected in order for the list to be considered current.

3. Question: Are allergy lists required to be available on the outdoor play area or in transportation vehicles?

Answer: Yes. A list of children's allergies, sensitivities, and dietary restrictions are required in each room or area where children are present. Standard 8VAC20-780-580 C.5.d. requires the written care plan for each child with a diagnosed food allergy, to include instructions from a physician regarding the food to which the child is allergic and the steps to be taken in the event of a suspected or confirmed allergic reaction to be in transportation vehicles.

4. Question (*Added October 13, 2021*): Do the standards allow a sign that states 'ALLERGY IN ROOM' to be posted on the door of or inside of the classroom?

Answer: The standards do not prohibit the sign from being posted, however, in order to comply with the requirements of the standards, there must not be any identifying information on the sign and any information available on the sign or in the classroom must be kept confidentially.

5. Question (*Added October 13, 2021*): Are children's allergies allowed to be posted where children have meals?

Answer: Yes, if kept confidentially and only accessible to staff. For example if parents, visitors, or older children are not allowed in the area where the list is kept, the list may be posted in the area. Each program will have to develop their own practices on how to make this information available to staff while maintaining confidentiality.

6. Question (*Added October 13, 2021*): Are programs not licensed to care for infants and toddlers required to develop written procedures for prevention of shaken baby syndrome or abusive head trauma?

Answer: Yes. Even if the program does not serve infants and toddlers, young children are subject to the impact of abusive head trauma and the written procedures are required.



8VAC20-780-70 Staff records.

1. Question: Can a written letter of recommendation be used if it covers character, reputation, and competency?

Answer: Yes. Documentation must be obtained prior to employment or volunteering. Specific requirements in 8VAC20-780-70.2 apply when a reference check is completed on the phone.

8VAC20-780- 80 Attendance records; reports.

1. Question: Does software used to check children in and out of the child care program meet the standard for the center to maintain a written record of daily attendance that documents the arrival and departure of children in care as it occurs?

Answer: The intent of the standard is for accountability to be maintained for each group of children and readily accessible to program staff in the event of an emergency. If an electronic accountability system is used, program staff must be able to quickly determine who is in attendance in each group in real-time and have this information available to give to emergency responders in the event of an emergency. In addition, facilities must have a contingency plan to have the attendance records available in the event of circumstances such as a system failure, loss of internet connection or a power outage.

2. Question: Can more clarification regarding electronic attendance records be provided? Will staff be required to pull up past day's attendance or just that day?

Answer (Revised October 13, 2021): Attendance records are required to be maintained for 2 years after termination of services (5 years for subsidy) and must be made accessible to the inspector.

8VAC20-780-140 Physical examinations for children.

1. Question: When a child transfers from a facility licensed by the Department of Education, do the requirements in 8VAC20-780-140 B apply?

Answer: No. The exception in 8VAC20-780-140 C states a new physical is not required if a copy of the physical examination from the originating program is maintained in the child's record. The program should confirm with the parent that the copy of the physical is from the originating program.

However, providers must ensure that health information as required in 8VAC20-780-60 A 7 and 8 is current and included in the child's record.



8VAC20-780-160 Tuberculosis screening for staff and independent contractors.

1. **Question:** If a new employee has been previously employed at another licensed child day center, will the department allow portability of the TB screening results as long as they were obtained within the last two years?

Answer: No. The standard requires that the documentation of TB screening results for new employees to be completed within the last 30 calendar days of the date of employment. An employee's TB results from the previous child day center can only be accepted if they were completed within 30 days prior to employment.

2. **Question:** TB tests cannot be done within 4 weeks of the 2nd COVID vaccine shot. If we have a new employee who just got vaccinated do they now have to wait 4 weeks before starting since a TB test cannot be administered?

Answer (Revised October 13, 2021): Documentation of a negative TB skin tests is one of the acceptable forms of documentation, however, tests are not required. TB screenings which do not require a skin prick, may also be obtained. Please review 8VAC20-780-160 for additional forms of acceptable documentation.

For staff members who must have a tuberculin skin test completed, recent guidance from the CDC states the following:

Use of immune-based tests for tuberculosis infection, such as the tuberculin skin test and interferon-gamma release assay

COVID-19 vaccination should not be delayed because of testing for tuberculosis (TB) infection. Testing for TB infection with one of the immune-based methods, either the tuberculin skin test (TST) or an interferon release assay (IGRA), can be done before, after, or during the same encounter as COVID-19 vaccination.

TSTs and IGRAs were previously recommended to be administered > 4 weeks after completion of COVID-19 vaccination to minimize potential theoretical interference between vaccination and TB testing. This was out of an abundance of caution during a period when these vaccines were new. **However, given logistical challenges faced in delaying TB infection testing, the recommendation has been updated so that these tests may now be administered without regard to timing of COVID-19 vaccination.**



3. Question (*Added October 13, 2021*): Based on individual medical circumstances, some staff may be required to have a chest x-ray completed. If a physician will not authorize a chest x-ray may staff begin employment?

Answer: Currently, there are no exceptions to the requirement and documentation must be received at the time of employment and prior to coming in contact with children. Documentation must be received stating that the individual is free from tuberculosis in a communicable form at the time of employment and prior to coming in contact with children.

4. Question (*Added October 13, 2021*): Are there any new paperwork requirements for volunteers who are not counted for ratio purposes? Are volunteers required to provide documentation of a TB screening?

Answer: Volunteers are not required to get a TB screening. TB screening requirements apply to staff and independent contractors.

8VAC20-780- 220 Aides.

1. Question: May an Aide (16 years old at least) count toward the staff-to-children ratio? Are aides allowed to be left alone with the children?

Answer (*Revised October 13, 2021*): Yes. Aides may count in the staff-to-children ratio and may supervise children alone. Staffing requirements in 8VAC20-780-340 B and C must be met. Programs must also consider the requirements in 8VAC20-340 D when staffing Aides in the staff-to-child ratio.

8VAC20-780- 240 Staff orientation.

1. Question: How long do existing employees have to complete the Department sponsored orientation course (Better Kid Care (BKC –Pennsylvania State University’s VA Preservice Training for Child Care Staff)? This new standard requires the department sponsored orientation course be completed within 90 days of employment, but how long do existing employees have to complete the course?

Answer: Employees hired prior to 10/13/2021 are not required to complete the Department sponsored orientation course. The requirement for the Department sponsored orientation course to be completed within 90 days only applies to new staff hired after the effective date of the regulation.



2. Question: If a staff employed at the facility prior to 10/13/2021 previously completed the Department sponsored orientation training, do they have to complete it again within 90 days of the new standards going into effect?

Answer: No. If documentation that the employee completed the training is maintained in the employee's file the employee does not need to complete the preservice training again.

3. Question: If a new employee has completed the Department sponsored orientation course prior to employment, is it required for the employee to take the training again?

Answer (Revised on December 1, 2021): If documentation that the employee completed the training is maintained in the employee's file the employee does not need to complete the preservice training again. If the facility participates in the child care subsidy program, documentation related to the annual health and safety update must also be kept in the employee's record.

4. Question: What documentation is required as evidence that training on each required orientation topic has been completed?

Answer: Orientation documentation must meet the requirements in 8VAC20-780-240 I.

5. Question: Are orientation materials approved by the Department of Education?

Answer: No. The Department of Education does not currently have a review or approval process for orientation materials.

6. Question: Are there specific trainer requirements for orientation training?

Answer: No. There are no trainer requirements for orientation training. Program directors and seasoned staff are often the best candidates to deliver training as they are familiar with the programs policies and procedures. Programs are encouraged to seek training from subject matter experts as deemed appropriate.



7. Question: Are there specific content or trainer requirements for CPR/First Aid training?

Answer: The intent of this requirement is for staff to be generally informed on recognizing when an emergency that requires CPR or First Aid exists. The standards require at least one certified staff to be with each group of children so they can respond to the emergency.

Orientation training in first aid and cardiopulmonary resuscitation (CPR) may include training staff to recognize and distinguish between injuries, medical emergencies, and sudden illness that would require being handled by a staff certified in first aid and CPR versus situations that can be handled by a non-certified staff. If children are with the uncertified staff in another area or not within immediate reach of the certified staff, the uncertified staff need to know when to seek the assistance of the certified staff.

Programs may consider training that includes the recognition, care and response to first aid, breathing, or cardiac emergencies involving children. In addition, center policies may allow a non-certified staff to clean a scrape with soap and water and apply a Band-Aid, but would require that a deep cut be handled by a staff certified in first aid. Orientation may also include the process to seek help if someone certified in first aid and CPR is needed, learning where first aid supplies are maintained, who is required to have first and CPR certification, etc.

There are no specific trainer requirements for orientation or ongoing training. Training methods may include instructor-led training, videos, self-study, online training, etc.

8. Question (*Added October 13, 2021*): Are staff that do not work with children required to complete the preservice training?

Answer: Yes. All staff are required to complete the preservice training as part of orientation training.

9. Question (*Added October 13, 2021*): Can the 10 hours training count towards annual training for those staff that were hired before 10/13/21 and have not taken it yet? What about the 3 hour refresher course?

Answer: If staff hired prior to the effective date of the regulation complete the 10-hour preservice training course, it may be counted towards annual training requirements. In addition, the 3-hour health and safety update course may also be counted.

Effective October 13, 2021, all new staff are required to complete the 10-hour preservice course and this training may only be counted towards orientation training for these staff members. The 3- hour health and safety update course may be counted towards annual training.



10. Question (*Added October 13, 2021*): Are programs that are not licensed to care for infants and toddlers required to complete training in sudden infant death syndrome (SIDS), shaken baby syndrome, and abusive head trauma?

Answer: All staff in licensed child day centers are required to receive orientation training that is appropriate to the age of the children in care and specific to the facility. If a program does not have infants, then staff orientation training does not need to include training on SIDS or shaken baby syndrome. However, even if the program does not serve infants and toddlers, young children are subject to the impact of abusive head trauma, this training is required and must include procedures to cope with distraught children as described in 8VAC20-780-240 A.9.

8VAC20-780-245 Ongoing training.

1. Question: Can the Department sponsored orientation course be completed annually and counted toward much of the new training topics now required?

Answer: The Department sponsored orientation course can only be completed once. The lesson content is available to review at any time, but the certificate date will NOT change. This has been verified with Better Kid Care. If providers have additional questions about the training, contact Better Kid Care at BetterKidCare@psu.edu or 800-452-9108 for assistance.

2. Question: What documentation is required as evidence that training on each topic in 8VAC20-780-245 H has been completed?

Answer: Ongoing training documentation must meet the requirements in 8VAC20-780-245 M.

3. Question: Are ongoing materials approved by the Department of Education?

Answer: No. The Department of Education does not currently have a review or approval process for orientation materials.

4. Question: Are there specific trainer requirements for ongoing training?

Answer: No. There are no specific trainer requirements for ongoing training. Training methods may include instructor-led training, videos, self-study, online training, etc. Program directors and seasoned staff are often the best candidates to deliver training as they are familiar with the programs policies and procedures. Programs are encouraged to seek training from subject matter experts as deemed appropriate.

5. Question: Are all of the training topics in 8VAC20-780-H required to be completed annually?

Answer: No. Annual training must be relevant to staff's job responsibilities and the care of children. The topics listed in 8VAC20-780 H are recommended topics for consideration. Programs must assess the needs of their staff and plan for annual training accordingly.



6. Question: Can the 10 hour VDSS-sponsored orientation course and 3 hour annual update count towards the 16 hours of annual training required for staff?

Answer (Revised October 13, 2021): In accordance with 8VAC20-780-245-B, training completed during orientation does not count towards annual training requirements.

If staff **hired prior to the effective date of the regulation** complete the 10-hour preservice training course, it may be counted towards annual training requirements. In addition, the 3-hour health and safety update course may also be counted.

Effective October 13, 2021, all **new** staff are required to complete the 10-hour preservice course and this training may **only** be counted towards orientation training for these staff members. The health and safety update course may be counted towards annual training.

7. Question (Added October 13, 2021): Does the teacher in the classroom for each child with prescribed emergency medications have to be MAT trained or is it sufficient for someone on site (e.g. the Director) to be trained?

Answer: The standards do not require that a MAT trained staff member be in each classroom when a child with prescribed emergency medications is present. An individual trained in MAT must be on site and available to immediately administer emergency medications in the event of an emergency.

8VAC20-780-350 Staff- to- children ratio and group size requirements.

1. Question: Group size does not change the ratio of staff to child. Is this correct?

Answer: Correct. The staff-to children ratio requirements in 8VAC20-780-350 must be maintained.

2. Question: Maximum Group size requirements do not apply during meals and snacks. Is a group of 45 children aged 3 in a lunchroom permitted?

Answer: Yes, given staff-to-children ratio requirements in 8VAC20-780-350 B are met as well as square footage requirements, several groups of children may have meals together as group size requirements do not apply.

3. Question: Is a written policy and procedure required for each group of children to ensure consistent staffing?

Answer: No. The policy required in 8VAC20-780-350 F is a center policy, but must be tailored to the different groups within the facility. The intent of the policy is to describe the center's procedures for ensuring that each group of children receives consistent care. For example, the center may assign specific staff within a classroom, age group, or pod. Children would receive



care from staff in the assigned pod. If staffing changes, the program would amend the procedure accordingly.

4. Question: Does the requirement for programs to have a written policy and procedure to ensure that children receive consistent care allow for substitutes or a change of staff due to unforeseen circumstances such as staff turnover?

Answer: Yes. The intent of this standard is for programs to ensure that children receive care from consistent staff. Opportunities for children to interact regularly with a limited number of caregivers increases quality. For example, there may be a lead teacher assigned to each classroom and an aide that helps out in several other classrooms.

5. Question: Does group size limit the occupancy of each classroom or area?

Answer: No. Group size is not about how many children are allowed in a room or area. For example, a large infant room that can house 20 infants would still be able to have 20 infants in the room. Ratio requirements in 8VAC20-780-350 must be met.

6. Question: Does group size restrictions apply to public and private child care?

Answer: Yes. The standards in 8VAC20-780 apply to all licensed child day centers both private and publicly funded.

8VAC20-780- 355 Staff- to- children ratio requirements for therapeutic and special needs program staff.

1. Question: Concerning ratios of diagnosed children in a therapeutic program would this ratio reflect the child's diagnosis even in a non-therapeutic program. In other words, if you have a 4-year-old who is diagnosed with ADHD in a preschool would the ratio be 5 to 1 even if you are not a therapeutic program?

Answer: No. The requirements in 8VAC20-780-355 only apply to programs that exclusively serve children with therapeutic needs. However, it is recommended that programs consider the individual needs of children in care when planning for staff.

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

1. Question: If staff have completed CPR/First Aid certification, but it was not completed through the American Red Cross, American Heart Association, American Safety and Health Institute, or National Safety Council does the staff need to recertify once the regulation becomes effective?

Answer: No. Staff who are currently certified are not required to obtain certification that meets the requirements of the standards until the current certification expires.

The licensing standards currently require certification to be obtained from an organization such



as the American Red Cross, American Heart Association, or National Safety Council. This list is not conclusive and the Department will accept certification from an organization whose certification training meet the requirements for an in-person competency demonstration.

8VAC20-780-560 Nutrition and Food Services. *(Added October 13, 2021)*

1. Question: The Child and Adult Care Food Program (CACFP) of the United States Department of Agriculture (USDA) is now the only recognized authority for age-appropriate nutritional requirements. What does this mean? Will the USDA conduct inspections of the food program?

Answer: Recognition of the CACFP of the USDA as the only recognized authority on age-appropriate nutritional requirements means that all licensed child day centers must follow the meal patterns for children determined by the USDA. The meal patterns may be found [here](#).

Programs that participate in the CACFP are subject to additional requirements as determined by the USDA and may be subject to inspection by the USDA. More information about participation in the CACFP may be found [here](#).

8VAC20- 780- 580 Transportation and field trips.

1. Question: Since the standard requires there be at least two staff members certified in first aid and CPR on the premises during the center' hours of operation, on field trips and wherever children are in care, does this mean that two certified staff are required during transportation?

Answer: No. The standard does not require two first aid and CPR certified staff be present during transportation. However, at least two staff certified in CPR and First Aid are required on field trips.