VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
COVID-19 Frequently Asked Questions: Child Care
Updated March 26, 2020

The Virginia Department of Social Services (VDSS) is closely monitoring the COVID-19 pandemic and all guidance that is being distributed to child care facilities at the federal level. VDSS recognizes that it will be very challenging for programs to remain open, given the circumstances and federal and state mandates. This is unprecedented and we are most concerned about the health and safety of families in your programs, staff, and the other individuals who come into contact with children from your program.

For programs that remain open, we encourage you to adapt your service settings as much as possible to align with public health recommendations, which include social distancing.

Child care settings should limit capacity to 10 individuals per room, including staff.

We have compiled some frequently asked questions and answers to provide more information and recommendations on the following topics:

Social Distancing in Child Care Settings
Infection Control and Sanitation Practices
Opening Emergency Child Care
Recommendations for Programs that Remain Open
COVID-19 Testing and Symptomatic Individuals
Defining Essential Personnel
Staff Mental Health
Background Checks
Program Closure Decisions and Issues
Additional Resources

A. SOCIAL DISTANCING IN CHILD CARE SETTINGS

1. **How can we promote social distancing with young children and keep children 6 feet apart?**
    *   Implement small group activities and encourage individual play/activities. For example, if the class has 8 children, break into two small groups, and designate space in the classroom for individual play. In infant classrooms, keep the non-mobile infants separate from the mobile infants and implement small group, focused activities with this group.
    *   Consider using unconventional, but safe spaces i.e., common areas with enough space to accommodate a small group, if they are large enough.
    *   Physically rearrange the room to promote individual play.
    *   Feed children in their individual classes. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean and disinfect tables between lunch shifts.
    *   Stagger recess, and play outside one classroom at a time.
    *   Keep the same small group of children together throughout the day, do not combine groups (e.g., at opening and closing). To the degree possible, maintain the same groups from day to day. This will help reduce potential exposures and may prevent an entire program from shutting down if exposure does occur.

- Alter programming to increase distance between children, such as allowing only one classroom of children outside at a time. Spread children out within the classroom.

Activity Recommendations
- Explain for a child's understanding: "social distancing" and "physical boundaries" and "personal boundaries." Below are some good resource links:

  https://childmind.org/article/talking-to-kids-about-the-coronavirus/

  https://www.pbs.org/parents/thrive/how-to-talk-to-your-kids-about-coronavirus

  https://www.brainson.org/shows/2020/03/10/understanding-coronavirus-and-how-germs-spread-for-kids

- Plan activities that do not require close physical contact between children.
- Refrain from activities that promote touching or closeness (circle time, hand-holding, center play, etc.).
- Set up individual play activity stations, i.e. art, puzzles, and reading.
- Eliminate large group activities. Avoid gathering in larger groups for any reason. Outside time and lunch should be taken with group (no large gatherings or combining groups).
- Limit the number of children in each program space.
- Increase the distance between children during table work.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and wash their hands after using these items. Limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
- Playdough cannot be cleaned or sanitized, so consider individual containers labeled with names, or discontinue use.
- Refrain from use of water or sensory tables.
- Minimize time standing in lines.
- Incorporate additional outside time and open windows if possible.

2. **Should we keep adults and children 6 feet away from each other?**
   - Social distancing should be practiced to the maximum extent while still allowing for the care of children. We understand that staff need to be in close proximity to children when providing care, but programs should keep children apart from each other and limit physical proximity as best as they are able.
   - Encourage all adults to stay 6 feet away from each other, including staff and parents, using signage and other reminders.

3. **How can programs operate if there are only 10 individuals allowed in each room?**
   - This will be challenging and make take creative and strategic planning. Many classrooms are already small, but facilities may need to limit how many children can be served.
   - Limit facility events or gatherings (<10 people) that require close contact and stagger entrances and exits to limit contact.

4. **What does the limit of 10 adults and children per classroom or shared space mean for group size and ratios?**
   - It is important to maintain ratio requirements for the safety of children, and to provide adequate supervision to maintain social distancing. With the limit of 10 persons (adult and children) in a space, group size limits are already met.

5. **What if a program operates in one large area?**
   - Large rooms, like gymnasiums with a full-sized basketball court, may be divided into two rooms. When dividing a room create a clear barrier with cones, chairs, tables, room dividers etc. to ensure a minimum of 6 feet between the two groups.

6. **Should we feed children separately in the classrooms?**
   - Yes, as long as there are no more than 10 people including children present. Eliminate family style meals or have employees (not children) handles utensils and serve food to reduce spread of germs.

7. **How are breaks to be handled in a room for 3, 4, or 5 year olds? We would now need to have 9 kids and 1 teacher for the bulk of the day? Normally 1 staff member rotates and does the breaks. How should it be done under the new guidelines?**

   Ten people in a 400 square foot toddler room is very different from 10 people in an 800 foot square foot preK classroom. Can we have additional square footage guidance?
   - Achieving "social distancing" with young children is challenging. Programs should try to keep groups of children together with consistent staff, so that if there is an exposure, a limited group of children and staff is impacted. The Governor's directive does not address square footage requirements. Very large rooms such as gymnasiums could be divided into two "rooms" with a barrier to keep children in their assigned area. *(Added March 26, 2020)*

8. **Is the limit of 10 people per classroom in place until further notice?**
   - Yes. Limiting groups to 10 persons is a directive from Governor Northam. Once this directive is lifted, DSS will notify all programs. Updates will also be posted on the DSS website. *(Added March 26, 2020)*

B. INFECTION CONTROL AND SANITATION PRACTICES

Washing hands and sanitizing surfaces are the most important things we can do now. Think about frequently touched surfaces, such as playground equipment, and have hand sanitizer nearby or wash hands after play time.

- Ask employees and parents to wash hands or use hand sanitizer before and after signing in and out.
- Pens should not be shared. Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes and frequently clean screens or keyboards.
- Practice frequent hand washing with soap and water for at least 20 seconds and require handwashing upon arriving at the program, when entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Help young children to ensure they are doing it effectively. If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol.

- Advise children, families, and staff to avoid touching their eyes, nose, and mouth with unwashed hands. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available).
- Provide adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

1. **What if we cannot find or need more cleaning supplies?**
   - There is a shortage of cleaning and disinfectant supplies nationwide. If providers have contracts with sanitation services such as Cintas, contact them immediately to see if a request for supplies can be filled.
   - Programs may also want to contact providers near them to see if they have any supplies to share.

Understanding that this may be very challenging, we ask that child care programs remain open only if they can adhere to guidelines for protecting vulnerable populations.

C. OPENING EMERGENCY CHILD CARE

1. **Are there any exclusions to licensing policies should emergency care be set up at locations that are not licensed? Who do we work with to do this? Are processes still in place for modifications especially for centers wanting to open additional rooms not previously in current child care space?**
   - If a program is currently licensed, the program should reach out to their licensing inspector and licensing administrator to discuss options and modifications needed to provide emergency care beyond the scope of the existing license. *(Added March 26, 2020)*

2. **Can unlicensed programs that offer summer camps follow the same process they typically would if they desire to provide emergency care/drop off services?**
   - If an unlicensed program seeks to operate an emergency program under a licensing exemption listed in Va. Code § 63.2-1715, the program must follow exemption requirements which usually include filing the exemption with the Department of Social Services. Exemption filing information is available at https://www.dss.virginia.gov/facility/exemptions.cgi. Send questions to exemptions@dss.virginia.gov or call 804-726-7143. *(Added March 26, 2020)*

D. RECOMMENDATONS FOR PROGRAMS THAT REMAIN OPEN

- Consult your local health unit for guidance on specific situations.
- If your program changes operation hours or closes in response to an outbreak, please contact your licensing inspector with the program name, license number, location, and details of the closure.
- Communicate clearly with staff and families regarding your plan for handling tuition and payroll during any closure.
- Do not exceed maximum building occupancy.
- If a child has tested positive for coronavirus or has been identified as a close contact of a person with coronavirus, please follow VDH recommendations for release from quarantine and isolation. This infographic may serve as a resource for specific guidelines: http://10.193.20.210/epi/Novel%20_Coronavirus_2019-nCoV/Home_Isolation-Quarantine_Release_Graphic_3.23.2020_FINAL.pdf *(Revised March 26, 2020)*

- Maintain orders or notices from local authorities if ordered to close prior to giving advance notice, as well as any communications from landlords or other program partners (i.e. schools) indicating closure.
- Take temperatures and check symptoms for staff and children upon entry each day and ask if medications were used to lower the child's temperature and if there are any household members with COVID-19. Conduct regular health checks of staff and children to look for symptoms of sickness or fever. Separate symptomatic individuals until they are picked up from the facility. If forehead or disposable thermometers are not available, you can ask the caregiver to fill out and sign a form that reports their child's temperature as taken at home (or affirming the child does not have a fever) and any symptoms.
- Encourage your staff and community members to protect their personal health.
- Educate your child care community and staff of the signs and symptoms of COVID- 19. Encourage employees at greater risk of COVID-19 to self-quarantine and remain at home.
- Require employees to stay home when sick and send home anyone who becomes sick.
- Adjust the HVAC system to allow more fresh air to enter the program space.
- Do not combine groups in the morning or afternoon.
- Alternate drop off and pick up times for each small group to avoid a large number of people congregating outside or in front of the program building.
- Close seating on buses makes person-to-person transmission of respiratory viruses more likely. Those providing transportation to child care facilities should maximize space between riders (e.g. one rider per seat in every other row). Keeping windows open may reduce virus transmission.
- Restrict outside visitors and volunteers.
- Plan for environmental deep cleaning with EPA-approved products.

1. **Do you have guidance for accepting new students during this time? Any additional precautions we should take? For those centers taking in essential personnel children, will they be required to have medical history and required forms?**
   - At this time, licensed or regulated programs that remain open and provide care to newly enrolled children of essential personnel must comply with current regulations for licensed and regulated programs. DSS is working with the administration to determine which specific requirements can be waived during the emergency. If a program is unable to comply, contact the licensing inspector to discuss a variance request. Any additional precautions the center wishes to take would be up to the center to determine. *(Added March 26, 2020)*

E. COVID-19 TESTING AND SYMPTOMATIC INDIVIDUALS

1. **What happens if we get a positive test?**
   - Notify the local health department and your licensing inspector and follow all recommendations. Make sure to keep a list of all the individuals who may come in contact with children if notifications are needed. Contact information for local health departments may be found at http://www.vdh.virginia.gov/local-health-districts/.
   - If a child has tested positive for coronavirus or has been identified as a close contact of a person with coronavirus, please follow VDH recommendations for release from quarantine and isolation. This infographic may serve as a resource for specific guidelines: http://10.193.20.210/epi/Novel%20_Coronavirus_2019-nCoV/Home_Isolation-Quarantine_Release_Graphic_3.23.2020_FINAL.pdf *(Revised March 26, 2020)*

2. **What should we do if children, staff, or parents develop COVID-19 symptoms?**
   VDSS recommends that child care programs follow the guidance of the CDC, VDH, and Federal and State officials if children, staff, or parents develop COVID-19 symptoms.

   VDSS recommends the following, based on guidelines established by the CDC, VDH, and other Federal and State Public Health authorities:

   - Staff or children with fever (100.4 F or higher), cough, or shortness of breath must be excluded from child care facilities and isolated from others. Children with household members who are known to have COVID-19 should be excluded from the child care facility.
   - If a child or staff member develops symptoms of COVID-19 (fever of 100.4 or higher, cough, or shortness of breath) while at the facility, immediately separate the person from the well people until the ill person can leave the facility. If symptoms persist or worsen, they should call their health care provider for further guidance. Advise the employee or child's parent or caregiver to inform the facility immediately if the person is diagnosed with COVID-19.
   - If a child or employee tests positive for COVID-19, you should contact the local health jurisdiction to identify the close contacts who will need to quarantine. It is likely that all members of the infected child's or adult's group would be considered close contacts.
   - Facilities with a confirmed case of COVID-19 among their population may need to close based on the local health department's recommendations and contact investigation. Closure and duration will be dependent on staffing levels, outbreak levels in the community, and the number of people affected within the facility. In the case the facility does close, symptom-free children and staff should not attend or work at another facility, which would potentially expose others. *(Revised March 26, 2020)*

3. **When can individuals return to a child care program after suspected COVID-19 symptoms?**
   - VDSS recommends that child care programs follow the guidance of the CDC, VDH, and Federal and State officials when faced with decisions on whether or not to permit children to be readmitted to the program after suspected COVID-19 symptoms.

4. **Which employees are at great risk of COVID-19?**
   - Individuals that are age 60 or older and individuals that are medically compromised and have health issues.

F. DEFINING ESSENTIAL PERSONNEL

1. **Who are essential personnel for purposes of child care continuity?**

State agencies are working closely to provide a unified definition of essential personnel in response to the COVID-19 pandemic. For purposes of this guidance, essential personnel are the first-responders, health care workers, and others who help maintain the health, safety, and welfare of the Commonwealth's residents. Here are examples of essential personnel:

- Providers of healthcare including, but not limited to, workers at clinics, hospitals, Federally Qualified Health Centers (FQHCs), nursing homes, long-term care and post-acute care facilities, respite houses, designated agencies and emergency medical services;
- Essential government employees including public health employees and employees who oversee or support all the other functions included in this list;
- Criminal justice personnel including those in law enforcement, courts, and correctional services;

- Police, firefighters, and military;
- Employees who operate shelters or other essential services for adults, children and families;
- Employees who ensure continuity of basic services such as electricity/gas, water, internet, plumbing, sanitation and garbage removal;
- Employees who ensure essential transportation including public transportation, trucking and health care-related transportation;
- Employees who ensure essential food, pharmaceutical and supplies access (e.g., grocery, food bank, feeding programs, drug store, hardware store); and
- Staff and providers of child care and education services (including custodial and kitchen staff and other support staff) for children of other essential personnel.

Note that these examples are not exhaustive and the definition of essential personnel may evolve as needed to respond to the crisis.

2. **If parents or guardians are non-essential personnel, should we not provide care for their children?**
   - Programs are encouraged to implement business practices that will best meet the needs of essential personnel. Any changes in care arrangements necessary to accomplish this should be clearly communicated with families.
   - Until there is specific state definition of essential personnel as relates to the COVID-19 pandemic, programs should work closely with families and use their discretion to determine who may be essential personnel.

3. **Are childcare workers considered essential personnel? Some of our staff want to work but need care for their own children. Can their children take slots that are prioritized for essential personnel?**
   - Yes, child care workers are essential personnel. See question 1 above. *(Added March 26, 2020)*

G. STAFF MENTAL HEALTH

1. **Any guidance for handling staff with anxiety and other concerns about exposure to COVID-19?** Some staff live with and care for elderly family members or are themselves in the high risk category. Some staff are just anxious about exposure. This could affect the number of staff available to provide care.
   - VDSS believes that staff providing care in child caring centers are our greatest resource for promoting children's health, welfare, and safety while away from their families. During this emergency, staff continue to exceed their own expectations and capabilities. Many corporations and businesses have human resource services that include employee assistance programs, and this is a good time to access these resources. There are also numerous resources available addressing stress, crisis management and trauma. For more information, see:

     Virginia Department of Behavioral Health and Developmental Services: http://www.dbhds.virginia.gov/contact/need-help

     USA Mental Health First Aid https://www.mentalhealthfirstaid.org/2020/03/how-to-bethedifference-for-people-with-mental-health-concerns-during-covid-19/

     (Added March 26, 2020)

H. BACKGROUND CHECKS

1. **How are we going to hire new staff when we can't get background checks?**
   - The VDSS Office of Background Investigations continues to process background checks during the emergency and is processing background checks within normal turnaround times. VDSS will continue to work with Governor Northam and stakeholders until the conclusion of this emergency in order to ensure all of the Commonwealth's essential services, such as processing background checks, remain operational. *(Added March 26, 2020)*

2. **Are background checks and other regs being relaxed if pop-up centers open up in hospitals, etc.?**
   - The Code of Virginia requires specific background checks for child care personnel when the program is licensed or regulated by VDSS. VDSS does not have the authority to waive these Code requirements. The Office of Background Investigations continues to process background checks during the emergency and is processing background checks within normal turnaround times. *(Added March 26, 2020)*

I. PROGRAM CLOSURE DECISIONS AND ISSUES

1. **How should I make decisions about closing my program?**
   - Follow all State guidelines and mandates regarding closure.
   - Decisions to remain open or closed should be based on protecting the health and well-being of the children and families served while considering the immediate needs of the community and essential personnel.
   - Programs that remain open must follow the recommendations of limits of 10 people per classroom.

2. **Where can I refer my parents if I have to close my center and they still need emergency child care?**
   - Parents who need child care may call 866-KIDS-TLC or email KasharaL@va.childcareaware.org for assistance with locating child care programs that remain open.

3. **Where can I refer my parents if I have to close my center and they may be in need of food resources?**
   - All children under the age of 18 are eligible to pick up food at sites across the state. Families can text FOOD or COMIDA to 877-877 and they will be asked to provide their address so they can receive information about sites nearby. They can also contact 211 or check out https://schoolmealfinder.hoonuit.com/.

4. **Is there a minimum amount of time we will be given if we are mandated to close?**

   So many providers are concerned they will be forced to close permanently. There are concerns there won't be enough child care when families return to work. What should we tell programs that cannot stay open?
   - If Governor Northam issues a directive mandating the closing of child care programs, every attempt will be made to allow programs time to comply and to notify families. The Division of Licensing Programs is working closely with the Governor's office to ensure that safe and adequate day care services remain available throughout the pandemic crisis. Direct families to the Governor's website to stay informed about the status of the Commonwealth during this crisis. *(Added March 26, 2020)*

J. ADDITIONAL RESOURCES

1. **Who should I contact if I have questions about these guidelines?**
   - Programs should contact their assigned licensing inspector or the nearest regional licensing office. Contact information may be found at
   https://www.dss.virginia.gov/files/division/licensing/contacts/licensing_offices.pdf

2. **Where are reliable websites for ongoing updates about the COVID-19 pandemic?**
   - All VDSS information about COVID-19 has been gathered into one webpage, which you can link to from our home page at https://www.dss.virginia.gov/geninfo/corona.cgi.
   - Additional information and resources may be found at https://www.dss.virginia.gov/cc/covid-19.html and
   https://www.dss.virginia.gov/cc/downloads/office_of_early_childhood_covid19_faqs.pdf.