

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Fri, Mar 5, 2021 at 11:41 AM
Subject: Quarantine Updates for Certain Individuals
To: <DSS_LICENSING@listserv.cov.virginia.gov>

The attached file is being sent to child day centers, short-term child day centers, certified preschools, voluntarily registered family day homes, family day homes, family day systems, religiously exempt child day centers, unlicensed child day programs receiving child care subsidy assistance and providers that filed an exemption from the Virginia Department of Social Services Email Distribution Service.

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: March 5, 2021

TO: Child Day Centers, Short-Term Child Day Centers, Voluntarily Registered Family Day Homes, Family Day Homes, Family Day Systems, Religiously Exempt Child Day Centers, Child Care Programs Filing Exempt, and Unlicensed Child Day Programs Receiving Child Care Subsidy Assistance

FROM: Tara Ragland, Director, Division of Licensing Programs

RE: Revised VDH COVID-19 Guidance for Child Care Facilities – Updated 2/17/21

The Virginia Department of Health (VDH) has updated their COVID-19 Interim guidance for child care facilities. The revised VDH guidance is attached and available at VDH [Child Care and Camps](#).

Revisions made on February 17, 2021, include the following:

- Updating language to reflect CDC's revised guidance that quarantine may not be required for persons who have no symptoms and either had COVID-19 and recovered or have been fully vaccinated. Child care staff are included as essential workers in priority group 1(b). Child care staff can register to receive the vaccine at <https://vaccinate.virginia.gov/>.

Facilities should update their policies and procedures to address communicable disease to include COVID-19 safety and preventative measures as new information and guidance become available. As a reminder, facilities must immediately report any outbreak of disease to the health department and their licensing inspector. Please continue to review COVID-19 resources posted to the websites below and report any changes in operating status to your licensing inspector.

Virginia Department of Health (VDH) <https://www.vdh.virginia.gov/>
Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/>
Virginia Department of Social Services <https://www.dss.virginia.gov/cc/covid-19.html>

Please contact your licensing inspector with any questions. Thank you for the work you do to care for Virginia's children during this health emergency.

**VDH COVID-19 Interim Guidance for Child Care Facility Collaboration
With the Local Health Department**
Updated February 17, 2021

Note: Revision history has been moved to the end of this document.

The Virginia Department of Social Services (DSS) has guidance that outlines the procedures child care facilities need to have in place to safely reopen and operate during [Phase III of the Forward Virginia plan](#). The guidelines include recommendations for training and educating staff on policies and procedures, communicating with local health and social service authorities, maintaining distance between all children and staff in the facility, practicing proper infection control and sanitation, conducting temperature and symptom checks daily for staff and children, using masks (also known as cloth face coverings), especially when physical distance cannot be maintained, and washing hands frequently. Recommendations for modified group size for all ages are no longer in effect; however, all programs receiving funding from the Child Care Subsidy Program must adhere to all requirements for group size set by the program regulations as stated in the [COVID-19 Reopening Child Care: Phase III Guidelines and Information for Child Care](#). The guidelines refer child care providers to their [local health departments](#) (LHD) for assistance when a case of COVID-19 associated with the facility is confirmed. DSS also provides COVID-19 [updates and resources](#) for ChildCareVA and frequently asked questions for [Child Care Phase III Guidelines](#) and the [Virginia Child Care Subsidy Program](#).

Rather than repeating the DSS guidance, this document addresses when a child care facility director should contact the LHD and what steps may be taken following that contact. Of note, VDH has adopted [CDC Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools](#), and has created a Virginia-specific [Case Investigation and Contact Tracing for K-12 Schools](#) supplemental document. Although this VDH guidance specifically applies to public and private K-12 schools, the same principles will likely apply to children in child care programs, whether in a center, preschool, or family day home setting. Therefore, child care programs and facilities may consider following the CDC and VDH guidance for K-12 schools. Licensed facilities should also refer to any specific guidance from their licensing agency.

Illness Detection

Child care facility staff play a key role in detecting illness among children and staff. All staff should be familiar with the signs and [symptoms of COVID-19](#) and be on the lookout for individuals who are exhibiting them. No one should enter the facility who has a temperature of 100.4°F or higher or any signs of illness such as rapid breathing, difficulty breathing, new cough or sore throat, chills, unusual tiredness or who has a household member or other close contact with those signs of illness. [Close contact](#) is defined as being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period or having exposure to the person's respiratory secretions (for example, being coughed or sneezed on; sharing a drinking glass or utensils; kissing) while they were contagious. A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or, for asymptomatic patients, 2 days before test specimen collection) until they [meet the criteria to discontinue isolation](#).

A key strategy for early detection of illness is screening. Consider having attendees screen themselves before arriving at the facility or screen each person arriving at the facility by asking:

- If the person has any [signs and symptoms of COVID-19 infection](#), and
- If the person has had a positive COVID-19 test within the past 10 days, and
- If the person has had contact with someone suspected or confirmed to have COVID-19 (in the household or otherwise) in the past 14 days. Note: Close contacts who do not have symptoms of COVID-19 and who have either recovered from COVID-19 or been fully vaccinated for COVID-19 might not need to stay home (quarantine). See [here](#) for more information.

Deny entrance to any individual who is ill, has recently tested positive for COVID-19, or has had close contact with someone suspected or confirmed to have COVID-19 (with the exceptions noted above.)

Staff should report any health concern in the facility to the facility director immediately. Develop a communication protocol for this process and ensure staff know and consistently follow this protocol. The facility director should then communicate with the LHD and other relevant licensing officials to ensure proper notification and discussion of procedures to follow to prevent disease.

To identify the correct LHD, the facility should use the [VDH Health Department Locator](#) and input the facility address. The LHD should be notified if any of the following is met:

- If individuals with known or suspected COVID-19 are identified among children, staff, or their household contacts; or
- If severe respiratory infection is identified among children, staff, or their household contacts; or
- If clusters (≥ 2) of staff and/or children are identified with any respiratory infection.

The LHD will gather information, such as the number of staff and children in the facility, the number of ill individuals, symptoms and dates of illness, locations of illness within the facility (which rooms or offices), and number and identity of those who had close contact with an ill person. The LHD will also review the measures in place at the facility to limit the spread of disease.

Parents and guardians must be notified if an individual with COVID-19 is identified in the facility. Template letters developed by VDH are available [here](#).

Information on outbreaks in K-12 schools can be found on the VDH Outbreaks in School Settings [Data Dashboard](#). For the dashboard, K-12 schools are defined as public or private primary and secondary schools that provide kindergarten through 12th grade education instruction. The dashboard may include outbreaks in pre-kindergarten (Pre-K) students if Pre-K instruction occurs at a K-12 school. Outbreaks in child care facilities are also located on the [VDH COVID-19 Outbreaks Dashboard](#). Child care facilities include the following settings: a child day care center, short-term child day center, religious-exempt child day center, family day home, family day home system, voluntary registered family day home, or certified pre-school or any unlicensed facility functioning as a child day center.

Isolation of Those with Symptoms

Identify a place in the facility where ill persons can stay until they are picked up and taken home. Staff should monitor all children (and other staff) for indications of fever or respiratory illness. Staff should immediately remove any ill individual from the group and take them to the designated area. Call parents and/or guardians and ensure the ill person is taken home as soon as possible.

Ill persons must stay home for a minimum of 10 days and until the [following criteria are met](#):

- They have had no fever for at least 1 day (that is 24 hours of no fever without the use of medicine that reduces fevers), AND
- Other symptoms have improved (for example, when cough or shortness of breath have improved), AND
- At least 10 days have passed since symptoms first appeared.

Children and staff who test positive for the virus that causes COVID-19 but do not develop symptoms, must also stay home until at least 10 days have passed since the first positive test. If symptoms develop, then they must follow the criteria above.

The ill person or their parent/guardian should call their doctor if they have any concerns about the severity of symptoms.

If COVID-19 is suspected or confirmed, VDH recommends that all others in the household stay home in quarantine for 14 days after their last exposure, unless they meet [criteria](#) for not requiring quarantine. This is the safest option. People who are not able to stay home for 14 days and do not have symptoms may leave home earlier:

- Counting the date of last exposure as Day 0, quarantine can end after Day 10 without testing; OR
- Quarantine can end after Day 7 with a negative PCR or antigen test performed on or after Day 5.

Household and other close contacts should monitor for symptoms for 14 days after their last exposure and continue to follow all recommendations (e.g. wear a mask, watch their distance, and wash hands frequently), even if they are not required to quarantine.

Testing

Facility directors are encouraged to contact the [LHD](#) any time they have concerns about illness in the facility. Depending on the circumstances, the LHD might recommend laboratory testing of ill persons to confirm the cause of illness. Testing may occur in two different ways:

- Ill persons will be encouraged to contact their own healthcare provider to arrange for testing. A list of testing sites in Virginia may be found [here](#).
- The LHD will arrange for [public health testing](#) in an outbreak situation or for persons who are uninsured, under-insured, or considered [vulnerable populations](#).
 - VDH defines an outbreak as being at least two lab confirmed cases at a facility. For settings including child care, 3-5 people should be tested to confirm the presence of an outbreak, focusing on individuals with signs and symptoms of acute respiratory illness and close contacts of identified cases. If the outbreak is ongoing, additional tests may be collected but the LHD may recommend that testing be conducted at [commercial/private laboratories](#).

Contact Tracing

The child care facility should maintain a [daily log](#) of staff and children that includes the following information:

- Identification and contact information

- Symptom status each day
- Group assignments
- Location within the facility (which room, office, etc.)

If a case of COVID-19 is confirmed, the LHD should be notified immediately. The person contacting the LHD should be prepared to provide a list of everyone the ill individual was in [close contact](#) with during the time interval beginning 2 days before illness onset (or, for asymptomatic patients, 2 days before test specimen collection) until their exclusion from the facility. The LHD will initiate contact tracing, and will maintain the confidentiality of the ill individual during this process. Contact tracing involves interviewing each close contact and discussing disease control measures with them, including self-quarantine.

VDH recommends that close contacts be quarantined at home for 14 days after their last exposure to the ill individual, unless they meet [criteria](#) for not requiring quarantine. This is the safest option. People who are not able to stay home for 14 days and do not have symptoms may leave home earlier:

- Counting the date of last exposure as Day 0, quarantine can end after Day 10 without testing; OR
- Quarantine can end after Day 7 with a negative PCR or antigen test performed on or after Day 5.

All close contacts, regardless of whether or not they are required to quarantine, should monitor for symptoms and follow all recommendations (e.g. wear a mask, watch their distance, and wash hands frequently) for 14 days after their last exposure. They should **not** be allowed into the child care facility (or any other child care facility) during the quarantine period, unless they meet [criteria](#) for not requiring quarantine.

As employers, child care facilities have a responsibility to report cases of COVID-19 among employees under the Virginia Department of Labor and Industry (DOLI) “16VAC25-220 Emergency Temporary Standard for Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19” ([16 VAC 25-220-40.B.8.d & e](#)). Employees are defined as full-time and part-time staff, temporary employees, and employees in joint employment relationships. Any positive case must be reported to VDH and DOLI within 24 hours of its discovery, as well as a cluster of three or more positive employees identified within a 14-day period. These reports must be submitted through the VDH online portal for Emergency Temporary Standard COVID-19 Reporting.

Closure

If a known or suspected case of COVID-19 infection occurs in one defined group within the facility, the ill person needs to go home as soon as possible (see “[Isolation of Those with Symptoms](#)” section above.) Other staff and children who had close contact with the ill person should be quarantined in their homes for 14 days after their last exposure to that person, unless they meet [criteria](#) for not requiring quarantine. This is the safest option. People who are not able to stay home for 14 days and do not have symptoms may leave home earlier:

- Counting date of last exposure as Day 0, quarantine can end after Day 10 without testing; OR
- Quarantine can end after Day 7 with a negative PCR or antigen test performed on or after Day 5.

People who had close contact with the ill person should monitor for symptoms and follow all recommendations (e.g. wear a mask, watch their distance, and wash hands frequently) for 14 days after their last exposure, even if they are [not required to quarantine](#).

Parents and/or guardians and all staff should be informed of the situation, while maintaining the confidentiality of the ill person. The [CDC's guidance for cleaning and disinfection](#) should be followed.

The impact on facility operations will be assessed in consultation with the LHD. If ill persons and close contacts can be excluded without affecting a larger population, then other groups within the child care facility who did not have close contact with the ill person may continue to function with daily screening for illness, physical distancing as appropriate, and strict adherence to personal and environmental hygiene measures.

If known or suspected cases of COVID-19 infection occur in multiple groups within the facility, the LHD will gather more information about the distribution and timing of illnesses, the layout of the facility, the locations where infected people spent time, and other factors, such as the size of the facility and the availability of staff. After considering these factors as well as the level of disease transmission in the community, the LHD will make a recommendation to the facility director on whether child care operations within the facility need to be suspended. If the facility director determines that the child care operations should be suspended, the recommended time frame for suspension is 14 days. While the facility is closed, the children and staff should **not** be sent to another child care facility.

After 14 days have passed, the facility may reopen for children and staff who meet the following two criteria:

- The child/staff member is healthy and has no signs or symptoms of COVID-19
- There is no one in the child/staff member's household or other close contacts who is known or suspected to have COVID-19

If a household member is known or suspected to have COVID-19, then the child or staff member needs to be excluded from the child care facility until the [VDH criteria for ending quarantine](#) are met.

Additional Resources

Centers for Disease Control and Prevention (CDC):

- [Childcare, Schools, and Youth Programs](#)
- [Guidance for Child Care Programs that Remain Open](#)
- [Symptoms of Coronavirus](#)
- [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#)
- [Cleaning and Disinfecting Your Facility](#)
- [When to Quarantine](#)

Virginia Department of Health (VDH):

- [Health Department Locator](#)
- [COVID-19 Testing Sites in Virginia](#)
- [VDH Updated Guidance on Testing for COVID-19](#)
- [VDH What to do if you were potentially exposed to coronavirus disease \(COVID-19\)?](#) (includes descriptions of who is not required to quarantine)

- [VDH Daily Monitoring Log for COVID-19](#)
- [Child Care & Camps](#)
- VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposures ([1-pager](#), [3-pager](#))
- VDH Guideline for Evaluating a Child with COVID-19 Symptoms or Exposure ([Booklet](#), [Infographic](#))

[Virginia Department of Social Services \(DSS\):](#)

- COVID-19 [Update and Resources for ChildCareVA](#)
- COVID-19 [Frequently Asked Questions: Child Care Phase III Guidelines](#)

Revision History

Summary of major changes from the previous version (February 17, 2021)

- Updated quarantine recommendations based on [CDC guidelines for vaccinated persons](#). If an individual meets all of CDC's Criteria, they are not required to quarantine. This information can also be found in the [VDH criteria for ending quarantine](#).
- Updated links to revised guidance from the Virginia Department of Social Services.

Summary of major changes from the previous version (November 5, 2020)

- Updated language on quarantine recommendations, based on updated CDC guidelines for opting to end quarantine early:
VDH recommends that close contacts be quarantined at home for 14 days after their last exposure to the ill individual. This is the safest option. If people are not able to quarantine for 14 days and have no symptoms, there are 2 options for ending quarantine early:
 - Counting date of last exposure as Day 0, quarantine can end after Day 10 without testing; OR
 - Quarantine can end after Day 7 with a negative PCR or antigen test performed on or after Day 5.Close contacts should monitor for symptoms and follow all recommendations (e.g. wear a mask, watch their distance, and wash hands frequently) for 14 days after last exposure.

Summary of major changes from the previous version (July 22, 2020)

- Removed the recommendation for modified group size
- Included requirement to adhere to Child Care Subsidy Program regulations and requirements if a facility receives funding through this program
- Updated the definition of close contact to include 15 minutes or more in a 24-hour time period
- Added information about CDC and VDH guidance for Case Investigation and Contact Tracing for K-12 schools and the VDH Outbreak in School Settings Data Dashboard
- Updated testing section with outbreak definition and testing priorities
- Inserted requirement to notify VDH/DOLI and added link to VDH/DOLI reporting portal
- Inserted links to VDH sites and resources for daily log of symptoms and template letters and relevant CDC, DSS, and VDH sites and resources

Summary of major changes from the previous version (May 4, 2020)

- Removed specific guidance on child care operations; refer instead to the [Virginia Department of Social Services guidance](#).
- Updated information on how child care facilities will work with local health departments if cases of COVID-19 are associated with the facility. Reorganized the information to cover illness detection, isolation, testing, contact tracing, and closure.
- Updated the definition of close contact to include exposure to respiratory secretions.
- Updated the criteria for releasing a person with COVID-19 from isolation. A person previously had to have no fever for three days, now they must have no fever for one day (24 hours.)

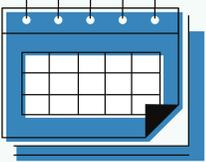
Summary of major changes from the previous version (March 29, 2020)

- Updated guidance for when to allow children or staff to return to the facility if they have been ill with COVID-19. The minimum amount of time has increased from 7 to 10 days.
- Updated symptoms to consider when screening staff and children.

For persons with confirmed or suspected COVID-19 to know when they are likely no longer contagious:



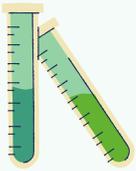
Symptom-based strategy



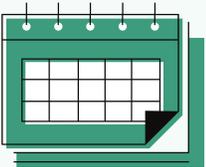
If you had COVID-19 symptoms and were directed to care for yourself at home, you can leave your "sick room" and home after these 3 things have happened:

- ✓ At least 10 days have passed since symptoms first appeared, **and**
- ✓ At least 24 hours with no fever without fever-reducing medication, **and**
- ✓ Other symptoms have improved.*

*Note that loss of taste or smell might persist for weeks or months and this should not delay the end of isolation

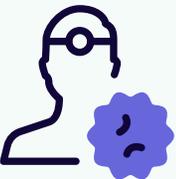


Time-based strategy



If you tested positive for COVID-19 and never had any symptoms and were directed to care for yourself at home, you can leave your "sick room" and home if:

- ✓ At least 10 days have passed since the date of your first positive COVID-19 diagnostic test, **and**
- ✓ You continue to have no symptoms since the test.



Persons with COVID-19 who have [severe to critical illness](#) or who are [severely immunocompromised](#) might need to stay home longer than 10 days. These persons can consider using a test-based strategy to discontinue isolation, in consultation with an infectious disease expert.

If you had close contact with a person who has COVID-19 while they were contagious*, watch for symptoms and follow all recommendations (e.g., wear a mask, watch your distance, and wash your hands often) for 14 days after last exposure.

Close contact includes:

- Being within 6 feet of a person who has COVID-19 for a total of 15 minutes or more over a 24-hour period, or
- Having exposure to respiratory secretions (e.g., being coughed or sneezed on; sharing a drinking glass or utensils; kissing) from a person who has COVID-19, or

- Providing care for a person who has COVID-19, or
- Living with a person who has COVID-19

**A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or 2 days before test specimen collection if they never had symptoms) until they meet the criteria to discontinue isolation.*

HOUSEHOLD CONTACTS

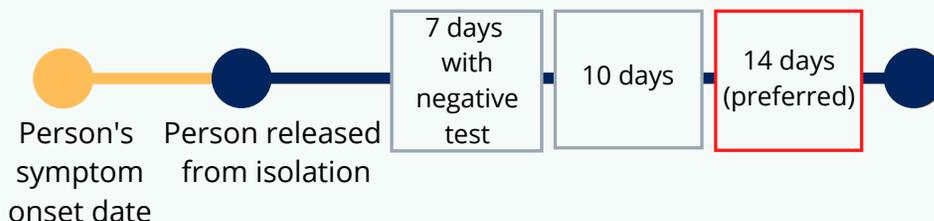
VDH recommends that you **quarantine (stay home)** while the infected person is home and for **14 days** after the person has been released from isolation (because exposure is considered ongoing within the house)**.



If you are not able to stay home for 14 additional days and do not have symptoms, you may leave home earlier:

- After 10 days without testing; or
- After 7 days with a negative PCR or antigen test performed on or after Day 5.

Household contact is released from quarantine if not sick



***If you are able to have **complete separation** from the person in your house with COVID-19 (this means no contact, no time together in the same room, no sharing of any spaces, such as same bathroom or bedroom), then follow timeframe for non-household contact*

NON-HOUSEHOLD CONTACTS

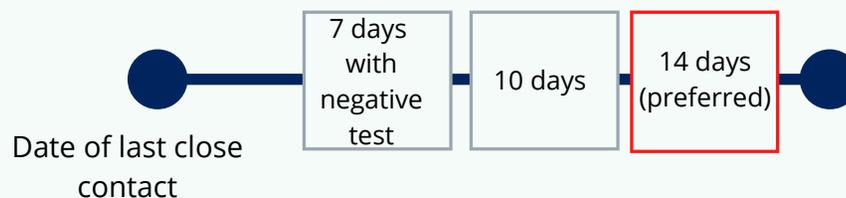
VDH recommends that you **quarantine (stay home)** for **14 days** after the date of last close contact with the person infected with COVID-19.



If you are not able to stay home for 14 days and do not have symptoms, you may leave home earlier:

- After 10 days without testing; or
- After 7 days with a negative PCR or antigen test performed on or after Day 5.

Non-household contact is released from quarantine if not sick





**HEALTHCARE
PERSONNEL**

Asymptomatic healthcare personnel (HCP) with potential exposure to patients, visitors, or other HCP with COVID-19 may be [assessed for exposures and advised on work restrictions](#) for 14 days after their last exposure. Exposures include close contact when appropriate PPE is not used, especially for aerosol-generating procedures. If staffing shortages occur, it might not be possible to exclude exposed HCP from work; see [CDC strategies to mitigate HCP staffing shortages](#). HCP who were fully vaccinated for COVID-19 within the past 3 months may not be required to stay home from work.



**CRITICAL
INFRASTRUCTURE
WORKERS**

VDH recommends that personnel filling essential critical infrastructure roles (as defined in [CISA Framework](#)) **quarantine for 14 days** after their last exposure. If you are not able to stay home for 14 days and do not have symptoms, you may leave home earlier:

- After 10 days without testing; or
- After 7 days with a negative PCR or antigen test performed on or after Day 5.

Exposed critical infrastructure workers, except for education sector workers, may continue to work if they do not have any symptoms and additional precautions are taken to protect them and the community. Follow VDH recommendations for [critical infrastructure workers \(non-healthcare\) potentially exposed to COVID-19](#).



**WHO IS NOT
REQUIRED TO
QUARANTINE
AFTER
EXPOSURE**

People who:

- Have had COVID-19 within the past 3 months as long as they do not develop new symptoms.
- Have been fully vaccinated for COVID-19 within the past 3 months as long as they have no symptoms and are not inpatients, residents in a healthcare setting, or residents of a correctional or detention facility.
 - Fully vaccinated means 2 weeks or more have passed since receipt of the second dose in a 2-dose series, or 2 weeks or more have passed since receipt of one dose of a single-dose vaccine.
 - Healthcare settings include hospitals and long-term care facilities (e.g., nursing homes, assisted living facilities).

People who are not required to quarantine after exposure must still watch for symptoms of COVID-19 for 14 days and continue to wear a mask, stay at least 6 feet away from others, avoid crowds, and wash hands often.