

COVID-19 Reopening Child Care Phase III Guidelines and Information Revised September 10, 2020

General Guidelines for Child Care Programs

Virginia continues to make strides towards flattening the COVID-19 curve. Based on a review of the latest public health guidelines and best practices, as well as input from Virginia's child care providers, group size restrictions have been lifted and we strongly recommend that children age two and above wear face coverings. Continued adherence to public health guidance remains critically important; this includes using [face coverings](#), maintaining [social distance](#), checking for [signs and symptoms of illness](#), keeping groups of children and caregivers together and not intermingling with other groups, and adhering to other public health recommendations.

- Consult your [local health department](#) for guidance on specific situations and/or how to respond to a confirmed case of COVID-19.
- **Recommendations for modified group size for all ages are no longer in effect. All programs receiving funding from the Child Care Subsidy Program must adhere to all requirements for ratio and group size set by the program regulations.**
- Groups of children may share the same physical space (e.g., classroom, gymnasium) as long as social distancing of six feet can be maintained and children do not mix between groups.
- Groups of children can play outside at the same time if they maintain social distancing of 6 feet apart and do not mix between groups.
- Have clear policies aligned with the [Department of Labor and Industry, VDH](#), and the [Centers for Disease Control and Prevention](#) (CDC) regarding when staff should stay home and when they are able to return to work after illness, positive COVID-19 test, or exposure to COVID-19.
- Train and provide information to all staff on program policies and procedures associated with COVID-19.
- Encourage your staff and community members to protect their personal health.
- Educate your child care community and staff on the [signs and symptoms of COVID-19](#).
- Check state and local health department notices daily about spread of COVID-19 in your community and adjust operations accordingly.
- Follow CDC's [Guidance for Schools and Child Care Programs](#).
- Implement enhanced [social distancing](#) measures (see below for guidelines).
- Establish and continue communication with [local](#) and state authorities to determine current mitigation levels in your community.
- Increase circulation of outdoor air by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility. Adjust the [HVAC system](#) to allow more fresh air to enter the program space and ensure that ventilation systems operate properly.
- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.
- Teach staff, students, and their families to maintain appropriate [distance](#) from each other.

Educate staff, students, and their families at the same time and explain why this is important.

- The same staff and children should consistently remain in the same groups to the greatest extent possible.
- While it is recommended that programs continue to delay participation in field trips, inter-group events, and extracurricular activities, if a program chooses to schedule these activities, the following additional guidelines apply:
 - Maintain [social distancing](#) of six feet between individuals.
 - Ensure the location of the field trip is age appropriate and avoid large crowds.
 - Hand washing or hand sanitizer must be available to children and staff.
 - Children and staff should not travel or intermingle with others outside their stable group.
 - During transportation, staff should document the name of individuals in the stable group including the children, driver, staff, volunteers, the date and time of the trip, destination, and the vehicle number/license.
 - Drivers can transport multiple stable groups if they wear a mask and sanitize hands before and after driving each group. Children should also wear face coverings/masks while being transported.
 - Vehicles should be cleaned between each group of children and staff.
- Pool Use: Phase III allows free swim in addition to instruction and exercise, provided 10 feet of physical distance is maintained between children not living in the same household. There is no evidence that COVID-19 can be spread to humans through the water. Proper operation, maintenance, and disinfection (with chlorine or bromine) of pools should kill COVID-19. Review CDC's [Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19](#) for more information.
- Swimming instruction and water exercise classes must be limited to allow all participants to maintain ten feet of physical distance at all times unless necessary to protect the physical safety of the participant.
- Use of interactive water features, splash pads, and wading pools is prohibited.
- State and local authorities will decide whether natural bodies of water and beaches or swim areas will be open. Please check with individual beaches or swim areas for specific details. Social distancing of 10 feet between individuals is required in natural bodies of water.

Infection Control and Sanitation Practices

- Implement robust policies and procedures for handwashing and cleaning and disinfecting frequently touched surfaces.
- Consider touchless check in-check out procedures to eliminate or dramatically reduce the number of individuals touching the same surface. Ensure proper hand hygiene (i.e., handwashing, use of hand sanitizer) after touching frequently used surfaces.
- Advise children, families, and staff of practices to reduce the spread of germs, such as avoiding touching their eyes, nose, and mouth with unwashed hands and covering coughs or sneezes with a tissue.
- 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, 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.

- Clean (with soap and water) and disinfect surface with [EPA-approved disinfectants](#), including porous and non-porous surfaces, electronics, linens and clothing according to the CDC's [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#) and [Cleaning and Disinfection for Community Facilities](#).
- Develop a schedule for increased, routine cleaning and disinfection.
- Avoid using items (e.g., soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Community playgrounds can be used if cleaned and sanitized before and after use and if social distancing is maintained during play.
- Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), promote everyday protective measures, and [properly wear a face covering](#).
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one way routes" in hallways).
- Set up hand hygiene stations at the entrance to the facility so that children can clean their hands before entering.

Facial Coverings and Other Protective Equipment

- Face coverings are most essential in times when physical distancing is difficult. Face coverings are strongly recommended for children ages 2 and older. Providers should make face coverings available to children if necessary.
- The Virginia Department of Labor and Industry (DOLI) recently approved an Emergency Temporary Standard (ETS) to mitigate the spread of COVID-19 and to protect Virginia workers. The standards apply to every employer, employee, and place of employment in Virginia, including child care settings. **These regulations require staff in child care settings to wear cloth face coverings.** Visit <https://www.doli.virginia.gov/covid-19-outreach-education-and-training/> for the text of the ETS and additional resources. If you have questions regarding the applicability of these standards to any specific program, please visit the DOLI website at www.doli.virginia.gov or contact DOLI at 804-371-2327.
- Wash face coverings following CDC guidelines or use a new disposable face covering each day.
- In addition to handwashing, use appropriate protective equipment when within six feet of children when screening for illness. For more information, see [CDC guidance on screening](#).
- The [CDC recommends](#) that child care providers who wash, feed, or hold very young children should, to the extent possible, protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
- The CDC provides [general guidance on the proper use of facial coverings and other personal safety equipment](#).

Social Distancing

- Groups of children may share the same physical space (e.g. classroom, gymnasium) as long as

they maintain social distancing of six feet and do not mix between groups.

- Groups of children can play outside at the same time as long as they maintain social distancing of six feet and do not mix between groups.
- Providers must comply with all age-related adult:child ratios.
- Practice social distancing to the maximum extent while still allowing for the care and developmental needs of children. Staff need to be in close proximity to children when providing care; however, programs should keep children at least six feet apart from each other and limit physical proximity as best as they are able.
- Transportation: screen children for fever and [symptoms of illness](#) prior to transport. Screen all staff, drivers, and volunteers prior to the beginning of their shift. Clean and disinfect vehicles before and after use.
- Those providing transportation to child care facilities should maximize space between riders (i.e., one rider per seat in every other row). Keeping windows open may reduce virus transmission.
- Achieving social distancing with young children is challenging. Maintain the same groups from day to day and do not combine groups. 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.
- Implement small group activities and encourage individual play/activities.
- Physically arrange the room to promote individual play.
- Children may eat in a communal setting but should maintain social distancing of at least six feet apart. Eliminate family style meals or have employees (not children) handle utensils and serve food to reduce spread of germs. Stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean and disinfect tables between lunch shifts.
- Outdoor activities are encouraged as much as possible. Incorporate increased outside time as much as possible while adhering to current restrictions and allow ample time for fresh air.
- Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups.
- Community playgrounds may be used if cleaned and sanitized before and after use and if social distancing is maintained during play.
- Limit item sharing. If items are shared, clean and disinfect them with an [EPA-approved disinfectant](#) between uses. Remind children not to touch their faces and to wash their hands after using shared 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.
- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas and have belongings taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (i.e., art supplies or equipment assigned to a single student) or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, toys, books, games, and learning aids.
- Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).

COVID-19 Testing and Symptomatic Individuals during Phase III

- Notify the local health department and your licensing inspector and follow all recommendations if there is confirmation of a positive case of COVID-19. Make sure to keep a list of all individuals who may come in contact with children if notifications are needed. For contact information for local health departments, see <http://www.vdh.virginia.gov/local-health-districts/>.
- Follow applicable regulations (e.g., exclusion of ill employees, notification of persons exposed) listed in the Department of Labor and Industry [Emergency Temporary Standard](#).
- If children, staff, or parents develop COVID-19 [symptoms](#), VDSS recommends that child care programs follow the guidance of the [CDC](#), [Virginia Department of Health](#) (VDH), and federal and state officials.
- Staff or children with [symptoms of COVID-19](#) (e.g., fever of 100.4 F or higher, 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) must be excluded from child care facilities and isolated from others until [criteria for ending isolation](#) have been met. The Department of Labor and Industry establishes [return to work criteria](#) for employees.
- Children and staff with [close contact](#) with others who are known to have COVID-19 should be excluded from the child care facility until [criteria for ending quarantine](#) have been met. If the employee or child tests negative during the quarantine period, they must continue to quarantine for the full 14 days. Licensed programs are already required to follow these guidelines.
- Review and follow [VDH testing guidance](#).
- Facilities with a confirmed case of COVID-19 among their population may need to close classrooms or the facility temporarily. This will be determined in consultation with the local health department. Review steps to take during an outbreak at [VDH Child Care Facility Outbreak Guidance](#).

Additional Resources for Phase III

- Programs should contact their assigned licensing inspector or the nearest regional licensing office with questions.
- For more information on Virginia's response to COVID-19 and relevant updates and information, see [VDSS COVID-19 Response](#), [VDSS COVID-19 \(Coronavirus\) Update and Resources for ChildcareVA](#), the [Virginia Department of Health](#) website, and the [VDH Coronavirus Child Care](#) page.
- Post highly visible [signs](#) (e.g., at school entrances, in restrooms) that [promote everyday protective measures](#) and describe how to [stop the spread](#) of germs, such as [washing hands](#) and [wearing a cloth face covering](#).
- Include messages (i.e., [videos](#)) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (school websites, emails, and school [social media accounts](#)).
- Find free CDC print and digital resources on CDC's [communications resources](#) main page.
- [Readiness and Planning Tool](#) for youth programs and camps includes ways camp administrators can help protect campers, staff, and communities and slow the spread of COVID-19.