

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
COVID-19 Frequently Asked Questions: Child Care
Updated June 30, 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.

For programs that are reopening, we encourage you to periodically review all information from the Virginia Department of Social Services, the Centers for Disease Control and Prevention (CDC), the Virginia Department of Health, and other public health information resources for information and recommendations for child care programs. Updates to program policies and procedures relating to emergency preparedness, infection control, and prevention of the spread of disease should reflect the information and guidance provided.

We have compiled some frequently asked questions and answers to provide more information and recommendations on the following topics (click on a topic to jump to that specific section):

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A. GENERAL GUIDANCE AND INFORMATION *(added June 30, 2020)*

Child care settings should limit capacity to 12 individuals per room, including staff for children under 4 years old provided age-based adult: child ratios are followed. For children age four and above,

including school-age children up to age 13, group size maximum is 22 (including staff) as long as adult: child ratios are followed and social distancing of six feet apart is maintained.

1. Is water play allowed? Are pools allowed?

Phase II

- Pools (indoor and outdoor) are only allowed to be used for exercise and swim/dive instruction
- No more than two people per lane with 10 feet between each person
- No use of interactive water features, splash pads, or wading pools. Water play equipment such as slip/slides, devices with interactive water features, or equipment where children congregate (like inflatable with water) are prohibited as those items cannot easily be cleaned and sanitized in between uses. Sprinklers or hose water play is allowed as long as social distancing is maintained.

Phase III Update

- Phase III allows free swim in addition to instruction and exercise, provided 10 feet of physical distance is maintained between children not of the same household.
- Use of interactive water features, splash pads, wading pools, etc. is prohibited. Sprinklers or hose water play is allowed as long as social distancing is maintained.

2. How are providers expected to divide classrooms?

- Room dividers, shelving, cones, objects that can be safely used to show physical boundaries
- It may be challenging to keep groups separate – consider what can be done in the physical space
- Permanent or burdensome infrastructure changes are not needed

3. What are the requirements for playground equipment?

- Clean and sanitize the equipment before and after use
- Implement social distancing
- Community playgrounds may be used if cleaned and sanitized before and after use and if social distancing is maintained during play

4. Are outdoor summer camps with small groups that meet the group size limits and proper licensing ratios limited to an overall capacity of 50 people outside at any given time?

- No. As long as the groups do not mix, are kept separate, and maintain social distancing of six feet apart, the limit of 50 outside does not apply.

B. SOCIAL DISTANCING IN CHILD CARE SETTINGS *(Revised June 30, 2020)*

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 spaces 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. Groups of children can play outside at the same time if social distancing of six feet apart is maintained and children do not mix between groups.
- 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,” “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-germsspread-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 with the current limits on the number of children 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 (<50 people) that require close contact and stagger entrances and exits to limit contact.

- 4. What does the limit of adults and children per classroom or shared space mean for group size and ratios?**
 - It is important to maintain ratio and group size requirements to ensure children’s safety and provide adequate supervision to maintain social distancing.

- 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.
 - Groups of children may share the same physical space (e.g., classroom, gymnasium) so long as social distancing of six feet can be maintained and children do not mix between groups.

- 6. Should we feed children separately in the classrooms?**
 - Yes, as long as the current requirements for maximum number of persons per classroom are met. Eliminate family style meals or have employees (not children) handles utensils and serve food to reduce spread of germs.

- 7. Is Governor Northam’s directive for the limit of 12 individuals per room, including staff for children under 4 years old, and 22 individuals per room for children age four and above, including school-age children up to age 13, in place until further notice?**
 - Yes. Governor Northam issued [Executive Order Number 51\(amended\)](#) for a state of emergency to remain in effect until amended or rescinded by further executive order. These mandates are in effect to reduce exposure of COVID-19 to protect children and families. It is essential that providers monitor the [Virginia Department of Health](#), [Virginia Department of Social Services](#), and [Centers for Disease Control](#) websites for up-to-date information on COVID-19. Providers will be notified when the state of emergency has ended.

- 8. Does the limitation of 12 individuals per room, including staff for children under 4 years old and 22 individuals per room for children age four and above, including school-age children up to age 13 apply to all times of day including naptime when ratios are typically doubled?**
 - Yes.

C. 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.

- Do not share pens. 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? *(Revised June 30, 2020)*

- 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.
- A letter of '[Status as an Essential Business](#)' was issued to child care providers to share with retail partners to encourage prioritized access to CDC-recommended cleaning supplies and other required operational supplies for child care providers.

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.

D. OPENING EMERGENCY CHILD CARE / EXEMPT PROGRAMS *(Revised June 30, 2020)*

1. Are there any exclusions to licensing policies if emergency care is 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 its licensing inspector and licensing administrator to discuss options and modifications needed to provide emergency care beyond the scope of the existing license.
- The Code of Virginia allows operation of certain child day programs without a license if (1) the program meets requirements for an exemption in § 63.2-1715 or (2) if the child day program operates for children of essential personnel who are in need of child care as a result of the COVID-19 pandemic and meets requirements specific to § 63.2-1715 (C) and (D), including a requirement for the program to [file for an exemption with the Virginia Department of Social Services](#).

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 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.

- If the program operates for children of essential personnel who are in need of child care as a result of the COVID-19 pandemic and meets requirements specific to § 63.2-1715 (C) and (D), including a requirement for the program to file for an exemption with the Virginia Department of Social Services, the program is not required to be licensed. Exemption filing information is available at <https://www.dss.virginia.gov/facility/exemptions.cgi>. Send questions to exemptions@dss.virginia.gov.

3. Are emergency child care programs operated in schools exempt from licensing regulations?

- During the state of emergency pursuant to the Governor and State Health Commissioner's Order of Public Health Emergency One, as amended, any public or accredited private school may operate emergency child care for preschool or school aged children of essential personnel during a declared state or local emergency due to COVID-19. Such programs shall be exempt from licensure (§63.2-1715) and shall be subject to safety and supervisory standards, including background checks, established by the local school division or accredited private school offering the program. All emergency child care programs shall follow CDC and Virginia Department of Health guidance on safety measures to prevent the spread of COVID-19.
- Any public school may operate emergency child care for preschool or school aged children of essential personnel during a declared state or local emergency due to COVID-19. Such programs are exempt from licensure. Emergency child care hosted by public schools must follow all safety and supervisory standards established by the local school division. This includes standards for background checks. As stated in [previous VDOE guidance for divisions](#), the use of any school facility remains a local decision. All emergency child care must follow the [health and safety guidelines](#) established by VDSS. Additional [Emergency Child Care FAQs](#) have been posted.
- The decision to activate school buildings is a local decision. However, the provision of child care services would have to be done in collaboration with or under the approval of the Department of Social Services. Facilities would still need to meet any relevant requirements on health, safety, staffing, etc. Localities will also need to consider some of the unique health needs and concerns, such as avoiding congregation, maintaining small groups, etc. Localities are encouraged to give special consideration to collaborative opportunities that enhance and prioritize child care options for health care/public health workers, first responders, and essential personnel in the public and private sector (e.g., sanitation, food, utilities, transportation, government services). http://www.doe.virginia.gov/support/health_medical/office/covid-19-faq.shtml
- Schools offering emergency child care are required to report such offerings to the VDOE by emailing Superintendent@doe.virginia.gov.
- Public schools that are considering operating an emergency child care option should start by collaborating with existing child care providers that may already be serving children of essential personnel or that may be interested in reopening their facility and supporting their business. It is important that ongoing assessments of community need be conducted during this evolving crisis. In order to identify potential existing child care or partners, please visit the [Child Care Aware of Virginia website](#).

4. If a superintendent invites the YMCA to come into their buildings and offer child care for essential personnel and the program is not already licensed by the Virginia Department of Social Services,

does the school variance cover that YMCA's ability to operate with its own staff or do that program also need to be licensed by the Virginia Department of Social Services?

- No, the school variance would not apply and the program would need to be licensed unless: (i) the YMCA employees become school employees; (ii) the program operates for children of essential personnel who are in need of child care as a result of the COVID-19 pandemic, files an exemption with the Department, and abides by the requirements set forth in § 63.2-1715(C) and (D); or (iii) the program is an instructional program operating under § 63.2-1715 (A) solely for children of essential personnel and files with the Commissioner a statement indicating the intent to operate the program and identifying that the program will operate solely for the children of essential personnel. Exemption filing information is available at <https://www.dss.virginia.gov/facility/exemptions.cgi>. All emergency child care programs shall follow CDC and Virginia Department of Health guidance on safety measures to prevent the spread of COVID-19.
- If a program is currently licensed to operate in a school and wants to increase capacity or extend ages served or hours of operation, the program needs to work with the Licensing Administrator to obtain a license modification. If the licensed program wants to use additional space in the school not previously approved by Licensing, the program would need a license modification to approve the additional space.
- Licensed programs not currently operating in a school need a license modification to change their location to the school, which would require an approval of the space to be used. Programs may request licensing modifications to increase capacity or extend ages served or hours of operation as needed.

5. Are exempt programs required to follow the guidelines and information for child care programs?

- If a program is currently exempt under Va. Code § 63.2-1715 and continues to meet the requirements of the exemption, or meets one of the following exemption criteria, the program is not required to be licensed:
 - A child day program that operates for children of essential personnel who need child care as a result of the COVID-19 pandemic files an exemption with the Department and complies with the requirements set forth in § 63.2-1715(C) and (D);
 - An instructional program operating under § 63.2-1715 (A) solely for children of essential personnel that files with the Commissioner a statement indicating the intent to operate the program and certifies that the program will operate solely for the children of essential personnel; or
 - Any public or accredited private school that operates emergency child care for preschool or school aged children of essential personnel during a declared state or local emergency due to COVID-19. These programs shall be subject to safety and supervisory standards, including background checks, established by the local school division or accredited private school offering the program.
- If the program does not meet the requirements of the exemption, the provider must contact the nearest licensing office to discuss licensure requirements.
- All emergency child care programs shall follow CDC and Virginia Department of Health guidance on safety measures to prevent the spread of COVID-19.

- We ask that the providers that are open, or reopening to contact [Child Care Aware of Virginia](#).

6. Can churches provide child care? In addition to the social distancing and limits on gatherings, are there any other restrictions?

- The Code of Virginia allows operation of certain child day programs without a license if requirements of an exemption in § 63.2-1715 are met or if the child day program operates for children of essential personnel who need child care as a result of the COVID-19 pandemic and meets requirements specific to § 63.2-1715 (C) and (D), including a requirement for the program [to file for an exemption with the Virginia Department of Social Services](#). This includes programs of religious instruction or child care programs that operate under the auspices of a religious organization.

E. LICENSING REQUIREMENTS & MODIFICATIONS

1. Will the department consider relaxing the requirement in 22VAC40-185-340(D) for a program leader to be present in each grouping of children? *(Revised June 30, 2020)*

Yes. The Commissioner of the Virginia Department of Social Services, in accordance with Executive Orders issued by the Governor during the COVID-19 pandemic, has authorized temporary regulatory and operational flexibility for the Division of Licensing Programs through the end of the state of emergency for requirements that are burdensome to comply with during the pandemic. The full leniency lists may be found [here](#).

2. If the family day home license states particular ages for care and an essential personnel's child is older, can that child still be cared for in the home even if the license doesn't state that age?

(Added April 9, 2020)

- Providers need to work with their licensing inspector on licensing modifications to adjust ages served and approved capacity.

F. RECOMMENDATIONS FOR PROGRAMS THAT REMAIN OPEN *(Revised June 30, 2020)*

- 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.
- Include a 14-day waiting period for any child that has been exposed to or has tested positive for the coronavirus before he/she is able to return, along with a physician's note clearing the child. Have clear policies aligned with health department and CDC guidance regarding when staff should stay home and when they are able to return to work after illness or exposure to COVID-19.
- 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. Maintain privacy for individuals when conducting health and temperature checks.
- 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.
- 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.
- Outside visitors and volunteers are strongly discouraged unless needed for the essential care of a child in care.
- Plan for environmental deep cleaning with EPA-approved products.
- Monitor the recommendations for childcare programs that remain open on the Center for Disease Control webpage at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html> .

G. CLOTH FACE COVERINGS AND PERSONAL SAFETY CONSIDERATIONS

(Revised June 30, 2020)

1. What are the recommendations for the use of personal cloth face coverings and personal safety measures for childcare providers?

- In addition to handwashing, use disposable gloves when screening children for illness.
- When feasible, staff members and older children (over the age of 2) should wear face coverings within the facility.
- Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation. Cloth face coverings are NOT recommended for any child who is sleeping, has trouble breathing, or is unable to remove the cover without assistance.
- To the extent possible, when washing, feeding, or holding very young children, child care providers can 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.

2. Are staff and children required to wear face coverings?

- Executive Order 63 requires individuals to wear face coverings in all indoor spaces, which applies to parents dropping off/picking up and visitors, but does not apply to children or staff in child care programs. Staff and children over age 2 are strongly encouraged to wear face coverings when feasible while indoors, especially if children are in close contact.

3. What are the requirements around the use and cleaning of cloth face coverings?

- Face coverings should be cleaned following CDC guidelines or a new disposable face covering should be used each day.

H. 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/>.

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, the staff member or child's parent/caregiver 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, 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 should close at least temporarily (e.g., 14 days or the duration advised by local health officials). The duration may be dependent on staffing levels, outbreak levels in the community, and severity of illness in infected individual. Symptom-free children and staff should not attend or work at another facility, which would potentially expose others.

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 greater risk of COVID-19?

- Individuals that are age 60 or older and individuals that are medically compromised and have health issues.

5. Are providers required to take temperatures?

- It is best practice for providers to take temperatures of children and staff at arrival.

6. Is there any guidance regarding contact tracing?

- Yes. The Virginia Department of Health has issued guidance for child care programs. You can find information on the contact tracing process [here](#). Providers should have procedures in place for identifying close contacts in the child care facility. If there is a positive test in a child or staff member in the program, VDH will work with the staff, child, and parent/guardian to identify individuals who were within 6 feet of the individual who tested positive for 15 minutes or more.
- Child care providers should be prepared to provide VDH with information about different areas (i.e., classrooms) within the child care setting and who was in the area at a given time.
- Child care providers should make sure they have up-to-date contact information for children, parents, and staff associated with the child care facility if contact tracing assistance is needed.

I. 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.

J. 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-withmental-health-concerns-during-covid-19/>

K. BACKGROUND CHECKS

(Revised June 30, 2020)

1. How are we going to hire new staff when we can’t get background checks?

- Under authority granted by the Governor in response to the COVID-19 pandemic, a background check for an individual associated with a child day program operating solely for children of essential personnel is not required for any individual who has completed a background check under the provisions of § [63.2-1720.1](#) or § [63.2-1721.1](#) within the previous two years and who continues to be eligible. The Virginia Department of Social Services procedures for portability must be followed. Programs that operate solely for children of essential personnel can request information about portability from the VDSS Office of Background Investigations at backgrounds@dss.virginia.gov.
- 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.

2. **Are background checks and other regulation requirements 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. For a child day program that operates solely for children of essential personnel, background check portability can be requested by contacting the Office of Background Investigations at backgrounds@dss.virginia.gov.

L. PROGRAM CLOSURE DECISIONS AND ISSUES

1. **How should I make decisions about closing my program? *(Revised June 30, 2020)***
 - 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 Governor's directive for limits on gatherings and the [guidelines and information for child care](#).
2. **Where can I refer 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 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.

M. COMMUNITY NEED

1. **Is there a way for child day centers to find out the need for child care for essential personnel in their community aside from contacting agencies directly? Would Child Care Aware be able to provide this information as programs try to determine whether to open back up or not? Programs are willing to serve families in need but they cannot continue to sustain operations with such small numbers of children in care at this time. *(Added April 9, 2020)***
 - The Division of Licensing Programs is partnering with Child Care Aware of Virginia to locate available child care across the state, including child care availability in schools. Providers are

asked to notify their assigned licensing inspector or the nearest regional licensing office if their program intends on closing, remains closed, or will re-open to provide care to essential personnel. As more information becomes available, we will share it with providers. 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.

- As Virginia's child care resource and referral network, Child Care Aware is working diligently to ensure families who need care in order to continue working are able to find it. For more information, providers are encouraged to go to <https://vachildcare.com/data/va-child-care/> to contact their local resource center to determine if there is a need to reopen for child care services.

N. CONTRACT ISSUES

1. **What can parents do in situations where they are no longer taking their children into a daycare (which remains open for essential personnel) but are being asked for 30 days notice before withdrawing their children and then having their deposit kept by the day care?** *(Added April 9, 2020)*

- This is a contract issue and is a matter between the provider and the parent. While there are some consumer protection laws that govern cancellation rights, there are no specific child care licensing regulations or requirements that address this specific situation.
- The Virginia Consumer Protection Act (VCPA) prohibits misrepresentations, fraud, and other specific conduct in connection with consumer transactions (which includes the purchase of daycare services). See Va. Code § 59.1-200(A). If the child care provider is making misrepresentations or engaging in fraudulent conduct, then they could be in violation of the VCPA. If a daycare provider is claiming that the consumer must give 30 days advance notice or forfeit the deposit and that is not true, that could potentially be a violation of the VCPA.
- Consumers who have disputes with their daycare provider concerning billing issues and violations of the VCPA can file a complaint with the Virginia Office of the Attorney General's [Office of Consumer Protection](#).

O. CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) Grant

(Added June 30, 2020)

1. **When will checks be received?**

- DSS has begun issuing CARES grant checks. There continue to be delays due to finance requirements to process payments. Just prior to a check being issued, the provider will receive a grant award letter by email.

2. **How will we be notified if we are approved?**

- Most applicants should have received recent communication regarding delays. If you received this email, your grant application is being processed.
- Once the process is complete, you will receive a grant award letter by email; checks are processed and mailed soon thereafter.

P. ADDITIONAL RESOURCES

1. Whom 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>.

3. Can the department provide resources for small businesses undergoing financial hardships due to the Coronavirus? *(Added April 9, 2020)*

- Yes, review the [Coronavirus \(COVID-19\): Small Business Guidance & Loan Resources](#) at the U.S. Small Business Administration website for further information.

4. Is additional assistance for childcare available during the COVID-19 crisis? *(Revised June 30, 2020)*

- The Virginia Child Care Subsidy Program is operational and is available to all Virginia citizens. Information on applying for child care assistance and services may be found on the [Virginia Department of Social Services COVID-19 Updates and Resources](#) webpage.
- Monitor the recommendations for childcare programs that remain open on the CDC webpage at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>.