



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

May 13, 2020

Dear Child Care Provider:

Child care programs reopening around the Commonwealth will be faced with the long lasting impact COVID-19 is expected to have on the child care industry. As the Northam administration prepares for a phased approach to lifting certain restrictions on businesses in the Commonwealth, we know how important it is to address child care access and safety. We understand this has been a challenging time for you, and we greatly appreciate your diligence in adhering to current guidelines to keep Virginia's children and families safe.

Many of you have expressed concerns about your ability to serve your community if you must continue to operate under new limitations put into place to prevent the spread of COVID-19 in child care programs. We acknowledge child care operations will look different as increased sanitation and cleaning, thorough health checks upon entry, limited access, and smaller class sizes will be necessary for the near future. We feel it is important for all businesses to adhere to additional public health safety measures and guidelines.

Our goal is to help child care programs transition back to operation without negative impact to children and families or to the educators that serve them. The Virginia Department of Social Services has prepared guidance and information to assist in this effort:

- In Phase I, which is expected to begin Friday May 15, child care programs will continue to be required to implement social distancing strategies and limit capacity to 10 individuals per room, including staff. Please see the [updated guidance document](#) attached.
- To prepare for Phases II and III (where many more businesses will again be allowed to resume operations and we can expect the demand for child care to increase), the Virginia Department of Social Services is working with public health experts for advice on how to safely transition to traditional limitations on classrooms and other regulations. There is no set date for Phase II; the

Commonwealth will shift to fewer restrictions when public health data supports this action.

- Adherence to these public health guidelines will help prevent the spread of COVID-19 and, therefore, will facilitate the process of transitioning to later phases.

The safety and health of children, families, and staff is at the forefront of all we do. We acknowledge your desire to offer quality programming and maintain a sense of normalcy for children and families you serve. The Virginia Department of Social Services is working diligently to respond to the needs of children, families, and our providers while implementing guidelines that align with public health directives.

We are grateful for the commitment you have shown to children and families as we navigate this changing landscape. Thank you for safely serving Virginia's children and families at a time they need you the most. The Commonwealth has been able to sustain safe and accessible child care for children of essential personnel, and we are hopeful that as Virginia begins to shift into recovery from COVID-19, the children and families of Virginia can continue to count on you.

If you have been closed and have reopened or are planning to do so, please advise your licensing inspector and [Child Care Aware](#). For more information on Virginia's response to COVID-19 and relevant updates and guidance, see [VDSS COVID-19 Response](#), [VDSS COVID-19 \(Coronavirus\) Update and Resources for ChildcareVA](#), and the [Virginia Department of Health](#) website.

**COVID-19 Reopening Child Care
Phase I Guidelines and Information for Child Care
May 13, 2020**

General Information and Guidance for Reopening Child Care Programs during Phase I

- Consult your local health department for guidance on specific situations on whether it is appropriate for your program to open or reopen if there is a confirmed case of COVID-19.
- If centers or homes are open, providers must limit capacity to 10 individuals per room including any staff. Providers must also comply with all age-related adult:child ratios.
- Have clear policies aligned with the health department and [Centers for Disease Control and Prevention](#) (CDC) guidance regarding when staff should stay home and when they are able to return to work after illness 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 the area and adjust operations accordingly.
- Follow CDC's [Guidance for Schools and Child Care Programs](#).
- Implement enhanced social distancing measures (see below for guidance).
- Establish and continue communication with local and state authorities to determine current mitigation levels in your community.
- Adjust the HVAC system to allow more fresh air to enter the program space and ensure that ventilation systems operate properly. Increase circulation of outdoor air as much as possible 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.
- 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.

Additional General Guidelines for Summer Camp Programs and Child care Programs Operating during Phase I

Note that additional guidance related to Phases II and III may be in effect for summer months. Guidance will developed in coordination with the field and will be released prior to transitioning to Phase II.

- As long as Virginia is in Phase I, open providers must limit capacity to 10 individuals per room including staff. Providers must also comply with all age-related adult:child ratios.
- Teach staff, students, and their families to maintain distance from each other in the school. Educate staff, students, and their families at the same time and explain why this is important.
- Although there is no evidence that COVID-19 can be spread to humans through the water and proper operation, maintenance, and disinfection (with chlorine or bromine) of pools should kill COVID-19, Phase I prohibits the use of community swimming pools and water play activities. 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.
- Use of water playgrounds or water parks within local, state, or national parks is discouraged at this time because it is challenging to keep surfaces clean and disinfected.
- Delay participation in field trips, inter-group events, and extracurricular activities.

Infection Control and Sanitation Practices during Phase I

- Implement robust policies and procedures for handwashing and cleaning and sanitizing frequently touched surfaces.
- Consider touchless check in-check out procedures (i.e., handwashing, use of hand sanitizer) to eliminate or dramatically reduce multiple individuals touching the same surface.
- 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](#).
- Avoid using items (e.g., soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

Personal Protective Equipment (PPE) during Phase I

- When feasible, staff members and older children should wear face coverings within the facility. Do NOT put cloth face coverings on babies and children under age two because of the danger of suffocation. Provide information to all staff on proper use, removal, and washing of cloth face coverings.
- In addition to handwashing, use disposable gloves when screening children for illness.
- To the extent possible when washing, feeding, or holding very young children, wear an over-large, button-down, long sleeved shirt and wear long hair up or use a hairnet.
- The CDC provides [general guidance on the proper use of PPE](#).

Social Distancing during Phase I

- To enable social distancing, all open providers must limit capacity to 10 individuals per room including staff. Providers must also comply with all age-related adult:child ratios.
- Practice social distancing to the maximum extent while still allowing for the care of children. Staff need to be in close proximity to children when providing care; however, programs should keep children at least 6 ft. apart from each other and limit physical proximity as best as they are able. 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.
- Achieving “social distancing” with young children is challenging. Do not combine groups and maintain the same groups from day to day. 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 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, and clean and disinfect tables between lunch shifts.
- Incorporate increased outside time as much as possible while adhering to current restrictions and allow ample time for fresh air. Stagger recess and play outside one classroom at a time. If a playground or outdoor space has designated play areas for particular age groups with clear and visible boundaries such as a gate or fence which prohibit groups from mixing or coming in close contact with children from other groups, multiple groups may be outdoors at one time.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and to 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.
- 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 (art supplies, equipment etc. assigned to a single camper) 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 I

- 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/>.
- 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.
- Staff or children with fever of 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. Licensed programs are already required to follow these guidelines.
- Facilities with a confirmed case of COVID-19 among their population should close at least temporarily (14 days or the duration advised by local health officials).

Additional Resources for Phase I

- 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 guidance, see [VDSS COVID-19 Response](#), [VDSS COVID-19 \(Coronavirus\) Update and Resources for ChildcareVA](#), and the [Virginia Department of Health website](#).