



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

COVID-19 Guidelines and Information for Child Care Operations Revised April 12, 2021

General Guidelines for Child Care Programs *(Revised April 12, 2021)*

Pursuant to the Governor's [Fourth Amended Executive Order Seventy-Two and Order of Public Health Emergency 9](#) the maximum number of individuals permitted in a social gathering is 50 people for indoor settings and 100 people for outdoor settings. All child care program events and extracurricular activities held at the program must be limited to a maximum attendance of 50 individuals indoors and 100 individuals if held outdoors. This maximum number does not apply to classroom sizes or groups of children in care at summer day camps.

Recommendations for physical distancing are revised to reflect updated guidance from the Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health (VDH). Child care programs must maintain physical [distancing](#) to the extent possible using the guidelines described in this document.

In addition, the VDH updated quarantine guidance on February 17, 2021, for vaccinated individuals. Quarantine may not be required for persons who have no symptoms and either had COVID-19 and recovered in the past three months or have been fully vaccinated. Revised VDH guidance is found [here](#).

Continued adherence to public health guidance remains critically important; this includes using face masks, maintaining physical distance to the extent possible based on guidelines described in this document, following social gathering limits where appropriate, checking for [signs and symptoms of illness](#), keeping groups or cohorts 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
- Have clear policies aligned with the [Department of Labor and Industry Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220, VDH](#), and the [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 physical distancing measures as recommended (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.
- Implement [additional measures recommended by the CDC to improve ventilation](#): ensure heating, ventilation, and air conditioning settings are maximizing ventilation; filter and/or clean the air; and use exhaust fans in restrooms and kitchens.
- [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 or cohorts 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:
 - Limit attendance at program events and extracurricular activities held at the program to a maximum of 50 individuals indoors and 100 individuals if held outdoors.
 - Maintain [physical distancing](#) of at least six feet between adults and at least three feet between children ages three and older and ensure all age-appropriate children and staff wear masks.
 - 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 group or cohort.
 - During transportation, staff should document the name of individuals in the group including the children, driver, staff, volunteers, the date and time of the trip, destination, and the vehicle number/license.
 - Drivers can transport multiple groups if they wear a mask and sanitize hands before and after driving each group. Drivers should open windows to ensure maximum ventilation when safe to do so. Children and staff should also wear face masks while being transported.
 - Vehicles should be cleaned between each group of children and staff.
- Pool Use: The [Fourth Amended Executive Order Seventy-Two and Order of Public Health Emergency 9](#) allows free swim in addition to instruction and exercise, provided 10 feet of physical distance is maintained between children who are not family members. 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 from others who are not family members unless necessary to protect the physical safety of the participant.

- Use of interactive water features, splash pads, and wading pools is prohibited.
- When visiting places that include entertainment, public amusement, and recreational settings, ensure children and staff follow the requirements pertaining to the Fourth Amended Executive Order Seventy-Two. These requirements may include masks wearing and physical distancing.

Additional General Guidelines for Summer Camp Programs and Child Care Programs (Revised April 12, 2021)

- 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.
- Summer camps may be offered to children of all ages. Per Governor Northam's [Fourth Amended Executive Order Seventy-Two and Order of Public Health Emergency 9](#), effective May 1, 2021, overnight summer camps may operate. Recommendations from the CDC for these programs may be found [here](#).
- Group limits for social gatherings do not apply to the number of children that may attend a summer day camp or overnight summer camp. At this time, limits on social gatherings apply to program events and extracurricular activities held at the program.
- The same staff and children should consistently remain in the same groups to the greatest extent possible. Identify small groups and keep them together (cohorting). Keep campers together in small groups with dedicated staff and make sure they remain with the same group throughout the day, every day.
- **Pool Use:** 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. Free swim is allowed in addition to instruction and exercise, provided 10 feet of physical distance is maintained between children who are not family members.
- Swimming instruction and water exercise classes must be limited to allow all participants to maintain ten feet of physical distance at all times from others who are not family members unless necessary to protect the physical safety of the participant.
- Implement [testing](#) and [screening](#) recommendations as described by the VDH and CDC for staff and children in K-12 settings and summer programs.

Infection Control and Sanitation Practices (Revised April 12, 2021)

- 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 ([see CDC guidance on respiratory hygiene](#)).
- Conduct daily health screenings for any person entering the child care facility, including [children](#), [staff](#), family members, and other visitors, to find those with symptoms, diagnosis, or exposure to COVID-19. People with COVID-19 can have [symptoms](#) ranging from mild symptoms to severe illness. Symptoms can appear 2–14 days after exposure to COVID-19. See [Symptoms of Coronavirus and COVID-19 in Children](#) for more information. Screening methods may or may not include temperature screening.
- 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.
- On playgrounds, high-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly.
- Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), promote everyday protective measures, and [properly wear a face mask](#)
- 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 six 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.

Face Masks and Other Protective Equipment (*Revised December 30, 2020*)

- Pursuant to the Governor's [Fourth Amended Executive Order Seventy-Two and Order of Public Health Emergency 9](#) all children ages five and older and all staff are required to wear face masks at child care programs while indoors and when outdoors and unable to maintain at least six feet of physical distance. Children ages two through four are strongly encouraged to wear face masks while indoors, especially if children are in close contact. See [CDC information regarding masks](#).
- Providers should make face masks available to children if necessary.
- The Virginia Department of Labor and Industry's (DOLI) [Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220](#) to mitigate the spread of COVID-19 and to protect Virginia workers applies to every employer, employee, and place of employment in Virginia, including child care settings. **These regulations require staff in child care settings to wear face masks.** Visit <https://www.doli.virginia.gov/covid-19-outreach-education-and-training/> for the text of the [Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220](#), 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 masks following CDC guidelines or use a new disposable masks 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, do the following to protect themselves. Wash hands frequently; wash hands, neck, and anywhere touched by a child's bodily fluids, avoid touching eyes while holding, washing, or feeding a child. Changing clothes if bodily fluids get on the

child's clothes. Washing hands before and after handling infant bottles prepared at home or in the facility. The CDC provides [general guidance on the proper use and cleaning of face masks and other personal safety equipment](#).

Physical Distancing

- Practice physical distancing to the extent possible 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 adults at least six feet apart from each other.
- Physical [distancing](#) of three feet should be maintained for children ages three and older. Physical distancing should be maintained to the extent possible for infants, toddlers, and two year olds with a focus on cohorting, especially for children under two years of age who cannot mask.
- Groups or cohorts of children may share the same physical space (e.g. classroom, gymnasium) as long as they maintain physical distancing of at least three feet for children ages three and older, six feet between groups while not mixing staff and children between groups, and to the extent possible for children younger than three.
- Multiple groups of children can play outside at the same time as long as physical distancing as recommended in these guidelines is maintained.
- Providers must comply with all age-related adult: child ratios.
- Space all children a minimum of three feet apart from each other while sleeping or napping, since children are likely not wearing masks.
- 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 physical distancing with young children is challenging. Maintain the same groups or cohorts 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 enhanced physical distancing of six feet to the greatest extent possible. Eliminate family style meals or have employees (not children) handle utensils and serve food. Stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean and disinfect tables between meal 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.
- Community playgrounds can be used if children practice physical distance as described in this document and, to the extent possible, when children not in the group are also on the playground.
- 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 intimate contact (such as shaking or holding hands, hugging, or kissing).

Social Gatherings and Program Events *(Revised April 12, 2021)*

- Pursuant to the Governor's [Fourth Amended Executive Order Seventy-Two and Order of Public Health Emergency 9](#) all child care program events and extracurricular activities held at the program must be limited to a maximum attendance of 50 individuals indoors and 100 individuals if held outdoors. This maximum number does not apply to classroom sizes or groups of children in care at summer day camps.

COVID-19 Testing and Symptomatic Individuals *(Revised April 12, 2021)*

- Notify the local health department and your licensing inspector of outbreaks and follow the reporting requirements found in the Department of Labor and Industry Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220. 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 [Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220](#).
- 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 who have tested positive for COVID should isolate for 10 days.
- 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.
- Quarantine may not be required for persons who have no symptoms and either had COVID-19 and recovered or have been fully vaccinated. Revised VDH guidance may be found [here](#).
- Review and follow [VDH testing and screening 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 Child Care Operations

- 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 face mask](#) .
- 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.