

**COVID-19 Reopening Child Care**  
**Phase II Guidelines and Information for Child Care**  
**June 2, 2020**

**General Guidance for Reopening Child Care Programs during Phase II**

- 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.
- Group size limits for Phase II:
  - Group size limit increases to 12 (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 social distancing of six feet apart is maintained. Age-based adult:child ratios must be followed.
  - 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.
  - 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.  
Maintain an overall limit of 50 people for all outdoor activities and recess.
- 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 II**

- 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.
- Phase II prohibits the use of pools for recreational swimming. 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. Pools, indoor and outdoor may be used according to Governor's Phase II limitations which is for exercise and instruction only, no more than 2 people per lane with 10 feet between each person, deck seating must be 10 feet apart and must be cleaned and disinfected between each use. Use of interactive water features, splash pads, wading pools, etc 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.
- Delay participation in field trips, inter-group events, and extracurricular activities.

## **Infection Control and Sanitation Practices during Phase II**

- 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.

- 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.

### **Facial Covering and Other Protective Equipment during Phase II**

- All staff and children over the age of two, when feasible, should wear cloth face coverings when inside the child care facility and when unable to maintain social distancing of at least six feet distance. Consider cloth face coverings for children over the age of 2 if it is determined they can reliably wear, remove, and handle masks following CDC guidance.
- Face coverings should be cleaned, following CDC guidelines, or a new disposable face covering should be used each day.
- In addition to handwashing, use disposable gloves when within six feet of children when screening 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 facial coverings and other personal safety equipment](#).

### **Social Distancing during Phase II**

- To enable social distancing, providers must limit group sizes. For Phase II:
  - Group size limit increases to 12 (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 social distancing of six feet apart is maintained. Age-based adult:child ratios must be followed.
  - 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.
  - 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. Maintain an overall limit of 50 people for all outdoor activities and recess.
- Providers must also 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 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.
- 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, 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 II**

- 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 may need to close classrooms or the facility temporarily. This will be determined in consultation with the local health department.

### **Additional Resources for Phase II**

- 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.