From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Wed, Sep 23, 2020 at 12:18 PM
Subject: Updated Information and Guidelines for Child Care in Phase III and Updated Child Care FAQ
To: DSS_Licensing <dss_licensing@listserv.cov.virginia.gov>

The attached files are being sent to child day centers, short-term child day centers, certified preschools, voluntarily registered family day homes, family day homes, family day systems, religiously exempt child day centers, unlicensed child day programs receiving child care subsidy assistance and providers that filed an exemption from the Virginia Department of Social Services Email Distribution Service.

Please do not reply to this email.

Dear Provider-

Phase III information for child care has been updated. Attached in this email is the updated **Information and Guidelines for Child Care in Phase III** and an updated **Child Care FAQ**.

SCROLL DOWN TO VIEW ATTACHMENTS

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
COVID-19 Frequently Asked Questions: Child Care
Phase III Guidelines Updated September 25, 2020

Child care providers are heroes of the pandemic, providing essential services that keep our children safe, enable parents to return to work, and help businesses.

The Virginia Department of Social Services (VDSS) is closely monitoring the COVID-19 pandemic and all federal and state guidelines distributed to child care facilities. VDSS recognizes that it is challenging for programs to remain open, given the circumstances and federal and state mandates. Our top priority is the health and safety of families in your programs, staff, and the other individuals who come into contact with children from your programs.

For programs that remain open, we encourage you to adapt your service settings to align with public health recommendations, which include social distancing, wearing face coverings, and creating consistent groups of children and caregivers that do not interact with other groups.

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 sources of reliable public health information for guidelines and recommendations for child care programs. Updates to your program's policies and procedures relating to emergency preparedness, infection control, and prevention of the spread of disease should reflect the information and guidelines provided from these sources.

We have compiled answers to some frequently asked questions to provide more information and recommendations on the following topics:

A. General Information and Guidelines
B. Social Distancing in Child Care Settings
C. Infection Control and Sanitation Practices
D. Opening Emergency Child Care / Exempt Programs
E. Licensing Requirements and Modifications
F. Recommendations for Programs that Remain Open
G. Cloth Face Coverings and Personal Safety Considerations
H. COVID-19 Testing and Symptomatic Individuals
I. Defining Essential Personnel
J. Staff Mental Health
K. Background Checks
L. Program Closure Decisions and Issues
M. Community Need
N. Contract Issues
O. Additional Resources

A. GENERAL INFORMATION AND GUIDELINES *(Revised September 25, 2020)*

Previous 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.

1. Is water play allowed? Are pools allowed?

- Phase III allows free swim in addition to instruction and exercise, provided 10 feet of physical distance is maintained between persons not living in the same household.
- Use of interactive water features, splash pads, and wading pools, is prohibited. Sprinklers or hose water play is allowed as long as social distancing of 10 feet is maintained.
- Review CDC's Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19 for more information.

2. What are the requirements for playground equipment?

- Clean and disinfect the equipment before and after use.
- Implement social distancing.

B. SOCIAL DISTANCING IN CHILD CARE SETTINGS *(Revised September 25, 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 non-mobile infants separate from 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).
- Physically arrange the room to promote individual play.
- Stagger recess and play outside one classroom at a time. Groups of children can play outside at the same time if they maintain social distancing of six feet apart and 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 such as art, puzzles, and reading.
- Eliminate large group activities. Avoid gathering in large groups for any reason. Outside time and lunch should always be taken with the same group (no combining groups).
- Limit the number of children in each program space.
- Increase the distance between children during table work.
- Limit item sharing. If items are being shared, clean and disinfect items 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.
- Discontinue the use of shared items that cannot be easily cleaned or disinfected between uses (e.g., playdough). Alternatively, consider using individual containers labeled with names for items that cannot be cleaned between uses.
- Refrain from using water tables or sensory tables.
- Minimize time standing in lines.
- Incorporate additional outside time and open windows to increase air circulation, 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. What if a program operates in one large area?

- Large rooms, like gymnasiums with a full-sized basketball court, may be divided into multiple rooms. When dividing a room, create a clear barrier with cones, chairs, tables, room dividers, etc. to ensure a minimum of 6 feet between groups and to avoid group interaction.
- 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.

4. Should we feed children separately in the classrooms?

- Children may eat in a communal setting, but should maintain physical distancing (6 feet). 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.

C. INFECTION CONTROL AND SANITATION PRACTICES

Washing hands and cleaning/disinfecting surfaces are among the most important control measures we can take. 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.
- Practice frequent hand washing with soap and water for at least 20 seconds. 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 performing hand hygiene 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?**
   - 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.

D. OPENING EMERGENCY CHILD CARE / EXEMPT PROGRAMS

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. **Are emergency child care programs operated in schools exempt from licensing regulations?**
   - During the state of emergency, 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 VDH 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.
- The decision to activate school buildings is a local decision. However, provision of child care services must be done in collaboration with or under the approval of VDSS. Facilities would still need to meet any relevant requirements for 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).
- 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. To identify potential existing child care or partners, please visit the Child Care Aware of Virginia website.

3. **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 VDSS, does the school variance cover that YMCA's ability to operate with its own staff or does that program also need to be licensed by VDSS?**
   - 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 VDSS, 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 VDH 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.

4. **Are exempt programs required to follow the guidelines and information for child care programs?**
   - A program is not required to be licensed if the program is currently exempt under Va. Code § 63.2-1715 and continues to meet the requirements of the exemption, or it meets one of the following emergency exemptions:
     - A child day program that operates for children of essential personnel who need child care as a result of the COVID-19 pandemic that files an exemption with VDSS 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;
     - 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 VDH guidance on safety measures to prevent the spread of COVID-19.
   - We ask providers that are open or are reopening to contact Child Care Aware of Virginia.

5. **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?**
   - 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

- Take temperatures and check symptoms for staff and children upon entry each day. Ask if medications were used to lower the child's temperature and if there are any household members with COVID-19. 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. Maintain privacy for individuals when conducting health and temperature checks.
- 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.
- 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.
- Monitor 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.
- Consult your local health department for guidance on specific situations. Per VDH Regulations for Disease Reporting and Control, persons in charge of child care centers are required to report suspected outbreaks to their local health department. To find your local health department, please use the VDH Local Health Department locator tool.
- In addition to VDH Disease Reporting Regulations, as employers, child care providers are also required to report certain information about cases and outbreaks to the Department of Labor and Industry.
- 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.
- Follow VDH guidance and recommendations for any child or staff member that has been exposed to or has tested positive for the coronavirus before he/she is able to return. Have clear policies aligned with VDH and CDC guidance and the Virginia Department of Labor and Industry's Emergency Temporary Standard regarding when staff should stay home and when they are able to return to work after illness or exposure to COVID- 19.
    - VDH Infographic on Release from Isolation or Quarantine
    - VDH Algorithm on Evaluating a Child with Symptoms of or Exposure to COVID
- 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.

- 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. Programs that provide 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. Bus drivers and riders should wear cloth face coverings while on the bus.
- Adjust the HVAC system to allow more fresh air to enter the program space.
- Outside visitors and volunteers are strongly discouraged unless needed for the essential care of a child in care.
- Plan for environmental deep cleaning and disinfecting with EPA-approved products.

G. CLOTH FACE COVERINGS AND PERSONAL SAFETY CONSIDERATIONS

(Revised September 25, 2020)

1. What are the recommendations for personal safety measures for child care providers?

- In addition to handwashing, use appropriate protective equipment when screening children 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.

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

- Children ages 2 and older are strongly encouraged to wear face coverings while indoors, especially if children are in close contact. See CDC information regarding masks.
- 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.
- 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.

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

- Wash face coverings following CDC guidelines or use a new disposable face covering each day.

H. COVID-19 TESTING AND SYMPTOMATIC INDIVIDUALS

1. **What happens if a staff person or a child reports a positive COVID-19 test result?**
   - 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/.
   - Follow appropriate isolation measures listed in VDH and CDC guidance.
   - Follow applicable regulations (e.g., exclusion of ill employees, notification of persons exposed) listed in the Department of Labor and Industry Emergency Temporary Standard.

2. **What should we do if children, staff, or parents develop COVID-19 symptoms?**
   Child care programs should follow the guidance of the CDC, VDH, the Department of Labor and Industry, 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 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.
   - If a child or staff member develops symptoms of COVID-19 (e.g., fever of 100.4 F or higher, chills, cough, or 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) 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 follow local health department guidelines regarding closure. The duration may be dependent on staffing levels, outbreak levels in the community, and severity of illness in infected individuals. 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, the

Department of Labor and Industry, and federal and state officials when faced with decisions on whether to permit employees and children to be readmitted to the program after suspected COVID-19 symptoms.

4. **Which employees are at greater risk of COVID-19?**
   - Everyone is at risk for getting COVID-19 if they are exposed to the virus. Older adults and individuals with underlying medical conditions are at higher risk of becoming severely ill if they develop COVID-19.

5. **Are providers required to take temperatures?**
   - It is best practice for providers to take temperatures of children and staff at arrival. See CDC screening guidelines for child care programs.

6. **Is there any guidance regarding contact tracing?**
   - Yes. VDH has issued guidance on the contact tracing process for child care programs. Providers should have procedures in place for identifying close contacts in the child care facility. If a child or staff member tests positive, VDH will work with the staff, child, and parent/guardian to identify individuals who had close contact with the individual who tested positive.
   - 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.
   - Providers should make sure they have up-to-date contact information for children, parents, and staff associated with the child care facility to assist with contact tracing.

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 these guidelines, 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);

- Staff and providers of child care and education services (including custodial and kitchen staff and other support staff); and
- Staff and faculty at public and private schools.

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. **Is there any guidance available 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.**
   - Staff providing care in child care 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

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. VDSS 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 should 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). Providers that make misrepresentations or engage in fraudulent conduct could be in violation of the VCPA. If a daycare provider claims 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. 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. For contact information see 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.
   - Extensive information about COVID-19 can be found on the VDH and CDC websites.
   - The Department of Labor and Industry's Emergency Temporary Standard related to COVID-19 can be found here.

3. **Can the department provide resources for small businesses undergoing financial hardships**

due to the Coronavirus?

- 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?

- The Virginia Child Care Subsidy Program is operational and available to all eligible Virginia citizens. For information on applying for child care assistance and services, see Virginia Department of Social Services COVID-19 Updates and Resources.
- Monitor recommendations for child care programs that remain open on the CDC webpage at https://www.cdc.gov/coronavirus/2019-ncov/community/schools- childcare/guidance-for-childcare.html.

COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

September 25, 2020

Dear Child Care Provider:

Thank you for the important service you provide to keep children safe, allowing parents and caregivers to work and helping businesses function. You are true heroes on the front-line of our Commonwealth's response to the pandemic.

As we review updated guidance, public health research, and practices surrounding the response to COVID-19, the Virginia Department of Social Services (VDSS) continues to revise and update guidelines to reflect best practices. These guidelines have been created at the recommendation of health experts in collaboration with state partners and with input from the child care provider community and parents of children in care. This document includes revised guidelines regarding group size and face coverings and reinforces the importance of other mitigation strategies, such as social distancing, monitoring signs and symptoms of illness, and following public health recommendations.

In response to the feedback received from many providers about the impact group size has on child care operations and the diligence demonstrated by many providers in keeping children, families, and staff safe**, effective September 25, 2020, group size limitations are being lifted for child care programs.** However, all child care programs must continue measures to keep children physically distanced and with consistent caregivers, use face coverings, monitor children and staff for symptoms, and maintain ongoing compliance with the Virginia Department of Health and Centers for Disease Control and Prevention (CDC) health and safety recommendations.

We extend our continued thanks to programs working diligently to continue and/or resume operations to help more children return to care and normalcy and support the safe reopening of Virginia.

Following are two key changes to our guidelines:

1) Group Size

- 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.
- Recommendations for social distancing as outlined in the attached Phase III Guidelines and Information for Child Care Programs (revised 09/25/2020) remain in place.

2) Face Coverings

- VDSS strongly recommends that children 2 years of age and older wear a face covering. This will decrease the risk of COVID-19 transmission when children and caregivers are in close proximity.
- 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.

In addition, it is essential that child care programs continue to use the following strategies to mitigate the spread of COVID-19:

1) Social Distancing

- Child care programs should continue to implement practices to minimize contact between staff, children, and any other individuals within the program and maintain 6 feet of distance to the fullest extent possible.
- Continue to keep children with the same group throughout the day and, to the fullest extent possible each day, with consistent staff. Groups should not be combined, including during drop off and pick up each day. To the fullest extent possible, caregivers should stay with the same cohort of students and not rotate.

2) Monitoring Signs and Symptoms; Confirmed COVID-19 Case

- Monitor staff, children, and parents for signs/symptoms of COVID-19.
- Review the VDH Infographic on Release from Isolation or Quarantine.
- 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.
- If staff or children receive a positive COVID-19 test, advise the staff member or child's parent or caregiver to inform the facility immediately.
- If a child or employee tests positive for COVID-19, contact the local health district to assist in the public health investigation and to help 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 may need to close temporarily (e.g., 14 days or the duration advised by local health officials). The duration may be dependent on staffing levels, levels of COVID-19 activity in the community, and severity of illness in infected individuals. Persons who are identified as close contacts to a case will be instructed to seek testing and self-quarantine at home and should not attend work (at any workplace) for the duration of the self-quarantine period, which is typically 14 days from the point of last known contact with the case as long as they remain symptom-free and do not test positive.

If your facility was closed and has reopened, if you are planning to reopen, or if you are planning to close, please advise your licensing inspector and Child Care Aware. The Centers for Disease Control and Prevention offers guidance for reopening child care programs. For more information on Virginia's response to COVID-19 and relevant updates and guidelines, see VDSS COVID-19 Response, VDSS COVID-19 (Coronavirus) Update and Resources for ChildcareVA, and the Virginia Department of Health website.

Thank you for safely serving Virginia's children and families at a time they need you the most.

COVID-19 Reopening Child Care
Phase III Guidelines and Information
Revised September 25, 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.