



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

April 12, 2021

Dear Child Care Provider:

Thank you for the exemplary commitment to provide care for children and support for families that you have demonstrated during this challenging time.

The purpose of this notice is to inform you of Governor Northam's [Fourth Amended Executive Order Seventy-Two and Order of Public Health Emergency 9](#). An update to the requirements for social gatherings, information on quarantine guidelines, and revised requirements for physical distancing for preschool and school age children is described below and also included in the updated guidelines. The Virginia Department of Social Services (VDSS) has updated guidelines to reflect new guidance from the Governor's Administration and the Virginia Department of Health (VDH).

In addition, with the summer season fast approaching, additional information is described below for summer day camp programs. Guidelines and information for child care programs also apply to summer camp programs.

All child care programs must continue measures to keep **children physically distanced to the extent possible** based on the guidelines below and with consistent caregivers, use face masks, 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 the changes to our guidelines to reflect the new requirements from the Governor, revised physical distancing guidelines, and recommendations from the VDH:

Social Gatherings and Program Events

- 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 will increase from 25 to 50 people for indoor settings, and to 100 persons 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 children in care at summer day camps.

Physical Distancing

- Recommendations for physical distancing are revised to reflect updated guidance from the CDC and the VDH. Child care programs must maintain physical distancing to the extent possible using the guidelines below:
 - Child care facilities to adhere to six feet of physical distancing between adults to the extent possible
 - Maintain [physical distancing](#) of three feet for school-aged children. Physical distancing of three feet should also be maintained for preschool children (ages three and four years).
 - 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. A distance of six feet should be maintained between groups of children and cohorts.
 - Physical distancing of three feet is recommended when possible (e.g. nap time)
 - Enhanced physical distancing should be used during times when masks may be removed (pool time, when eating/drinking)
 - Child care facilities must continue to limit congregating (particularly if the congregating would include "mixing" of cohorts)

VDH Quarantine Guidelines

- According to updated recommendations from the CDC, and guidelines established by the VDH and other state and federal authorities, VDSS recommends children and staff with [close contact](#) with others who are known to have COVID-19 be excluded from the child care facility for at least 14 days or until [criteria for ending quarantine](#) have been met. If a child is sick and has suspected COVID-19, then they should isolate for 10 days. **Based on new information and guidance from the CDC, quarantine may not be required for persons who have no symptoms and either had COVID-19 and recovered in the last three months or have been fully vaccinated.** The VDH has provided revised quarantine guidance found [here](#). Child care programs are strongly encouraged to continue following 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.

Additional General Guidelines for Summer Camp Programs

Summer camps can be open 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](#).

- Field Trips- While it is recommended that programs continue to delay participation in field trips, inter-group events, and extracurricular activities, these activities are allowed if programs:
 - Maintain physical distancing based on recommendations described in this notice
 - Keep children and staff in a group
 - Avoid large crowds
 - Follow transportation and sanitation guidelines
 - Ensure all age-appropriate children and staff wear face masks

- Transportation
 - If children are transported, screen all staff, drivers, volunteers, and children prior to transportation.
 - Clean and disinfect vehicles before and after use.
 - Continue to maximize space between riders.
 - Open windows to ensure maximum ventilation when safe to do so.
- Swimming Pools and Water Activities
 - Use of pools is expanded, allowing recreational use as long as physical distancing is maintained. Recreational pool use is permitted with 10 feet physical distance between children not family members.
 - Use of interactive water features, splash pads, and wading pools continues to be prohibited.
- COVID-19 Testing and Screening Recommendations
 - Staff and children in K-12 settings and summer programs should follow the VDH's recommendations for screening for [signs and symptoms of COVID-19 infection](#) and [testing](#).

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 CDC 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 when they need you the most.



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.



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

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

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 [physical distancing](#), limits on social gatherings, [wearing face masks](#), and creating consistent groups or cohorts 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 \(VDH\)](#), and other sources of reliable public health information for guidelines and recommendations for child care programs. Review guidance released by the [Virginia Department of Health: Interim Guidance for Child Care Facility Collaboration With the Local Health Department](#). 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. Physical 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 Masks 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

GENERAL INFORMATION AND GUIDELINES *(Revised April 12, 2021)*

- A.** 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.

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 100 people for outdoor settings and to 50 persons for indoor 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 in summer camps.

B. PHYSICAL DISTANCING IN CHILD CARE SETTINGS *(Revised April 12, 2021)*

1. How can we promote physical distancing with young children and keep children physically distanced?

- Implement small group activities and encourage individual play/activities. For example, if the class has eight 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 or cohorts of children can play outside at the same time if they maintain physical distancing of six feet apart between groups 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 or cohorts 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: “physical 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/>
- 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 or cohort (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 six feet away from each other?

- Physical 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 six 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 six feet between groups and cohorts and to avoid group interaction.
- Groups or cohorts of children may share the same physical space (e.g., classroom, gymnasium) as long as physical distancing of six feet can be maintained between adults, three feet for children age three and older, and to the extent possible for children younger than three, 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 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 cohorts, and clean and disinfect tables between lunch shifts.

5. Is water play allowed? Are pools allowed?

- 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.
- Use of interactive water features, splash pads, and wading pools, is prohibited. Hose water play is allowed as long as physical distancing of 10 feet is maintained.

- Review CDC's [Considerations for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19](#) for more information.

C. INFECTION CONTROL AND SANITATION PRACTICES *(Revised April 12, 2021)*

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 (see [CDC guidance on respiratory hygiene](#)) 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?

- 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.

2. What are the recommendations for playground equipment?

- On playgrounds, high-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly.
- Implement physical distancing between groups and cohorts, and wear face masks when indoors and outdoors as appropriate.

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

1. Are there any exclusions to licensing policies if emergency care is set up at locations that are not licensed? Who do we work with to do this? Are processes still in place for modifications, especially for centers wanting to open additional rooms not previously in current child care space?

- If a program is currently licensed, the program should reach out to its licensing inspector and licensing administrator to discuss options and modifications needed to provide emergency care beyond the scope of the existing license.

- The *Code of Virginia* allows operation of certain child day programs without a license if (1) the program meets requirements for an exemption in [§ 63.2-1715](#) or (2) if the child day program operates for children of essential personnel who are in need of child care as a result of the COVID-19 pandemic and meets requirements specific to [§ 63.2-1715](#) (C) and (D), including a requirement for the program to file for an exemption with the Virginia Department of Social Services.

2. 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 or those who have been identified as needing in-person services 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 or those who have been identified as needing in-person services 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 or those who have been identified as needing in-person services, 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 or those who have been identified as needing in-person services 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, or those who have been identified as needing in-person services, 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 or those who have been identified as needing in-person services 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 or those who have been identified as needing in-person services 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 physical 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 or those who have been identified as needing in-person services 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 *(Revised April 12, 2021)*

- 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. To find your local health department, please use the VDH [Local Health Department locator tool](#).
- As employers, child care providers are also required to report certain information about cases and outbreaks to the [Department of Labor and Industry and the Virginia Department of Health](#).
- 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 [Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220](#). 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 or cohorts 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 face masks while on the bus.
- Adjust the HVAC system to allow more fresh air to enter the program space. 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.
- 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. FACE MASKS AND PERSONAL SAFETY CONSIDERATIONS

(Revised December 30, 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 doing the following: Wash hands frequently; wash hands, neck, and anywhere touched by a child's bodily fluids, avoiding touching their eyes while holding, washing, or feeding a child. Changing clothes if bodily fluids get on the child's clothes. Wash hands before and after handling infant bottles prepared at home or in the facility.

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

- 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 while indoors. Face masks must also be worn 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](#).

- The Virginia Department of Labor and Industry (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.
 - Face masks should NOT be put on babies and children under age two because of the danger of suffocation. Face masks are NOT recommended for any child who is sleeping, has trouble breathing, or is unable to remove the cover without assistance.
3. **Does the “personal residence” exception in [Fourth Amended Executive Order Seventy-Two and Order of Public Health Emergency 9](#) exempt family day homes from the face mask requirement?**
- No. “Personal residence” does not include any area, including an area in a personal residence, licensed or approved to provide child care. Children in the care of a family day home, the provider, and staff are required during the business hours of operation to follow the face mask requirement.
4. **What are the requirements around the use and cleaning of face masks?**
- Wash face masks following [CDC guidelines](#) or use a new disposable face mask each day.

H. COVID-19 TESTING AND SYMPTOMATIC INDIVIDUALS *(Revised April 12, 2021)*

1. **What happens if a staff person or a child reports a positive COVID-19 test result?**

- As employers, child care providers are also required to report certain information about cases and outbreaks to the [Department of Labor and Industry and the Virginia Department of Health](#). 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 [Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220](#).

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 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. Quarantine may not be required for persons who have no symptoms and either had COVID-19 and recovered within the last three months or have been fully vaccinated. Revised VDH guidance may be found [here](#).
- 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.
- Implement [testing](#) and screening recommendations as described by the Virginia Department of Health for staff and children in K-12 settings and summer programs.

6. Is there any guidance regarding contact tracing?

- Yes. VDH has issued updated [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.
- The Centers for Disease Control and Prevention provides additional [Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools](#) that also applies to child care programs.

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 childcare?

- 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.

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.

5. 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 [Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220](#) .

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>.