



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

June 25, 2020

Dear Child Care Provider:

As Virginia prepares to enter Phase III, we want to share information on new and revised guidelines for child care programs. Phase III recommendations include additional guidance for swimming pools and water activities, summer camps, field trips, transportation, infection control, and response to outbreaks. Additional resources and visuals for children, staff, and parents entering into the program are also provided.

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 to support the reopening of Virginia.

Following is a summary of key changes to our guidelines for Phase III. These changes enable our providers to serve more children responsibly and safely.

1) Swimming Pools and Water Activities

- Use of pools is expanded, allowing recreational use as long as social distancing is maintained. Recreational pool use is permitted with 10 feet physical distance between children not of the same household.
- Use of interactive water features, splash pads, and wading pools continues to be prohibited.

2) Summer Camp

- Summer camps can be open to children of all ages, but overnight camps remain prohibited.
- Attendance in summer day camps should be limited to a child's local geographic area.

3) 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 social distancing

- Keep children and staff in a stable group
- Avoid large crowds
- Follow transportation and sanitation guidelines

4) 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.

5) Infection control

- Develop a schedule for increased cleaning and disinfection.
- Separate children's personal belongings.
- Set up hygiene stations at the entrance of the facility or program.

6) Outbreaks

- 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. You can review steps to take during an outbreak in [VDH Child Care Facility Outbreak Guidance](#).

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

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

**COVID-19 Reopening Child Care
Phase III Guidelines and Information for Child Care
June 25, 2020**

General Guidance for Reopening Child Care Programs during Phase III

- Consult your local health department for guidance on specific situations on whether it is appropriate for your program to open or reopen if there is a confirmed case of COVID-19.
- Group size limits for Phase III:
 - Group size limit is 12 (including staff) for children under 4 years old provided age-based adult: child ratios are followed.
 - For children age four and above, including school-age children up to age 13, group size maximum is 22 (including staff) as long as social distancing of six feet apart is maintained. Age-based adult: child ratios must be followed.
 - Groups of children may share the same physical space (e.g. classroom, gymnasium) so long as social distancing of six feet can be maintained and children do not mix between groups.
 - Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups.
Maintain an overall limit of 50 people for all outdoor activities and recess.
- Have clear policies aligned with the health department and [Centers for Disease Control and Prevention](#) (CDC) guidance regarding when staff should stay home and when they are able to return to work after illness or exposure to COVID-19.
- Train and provide information to all staff on program policies and procedures associated with COVID-19.
- Encourage your staff and community members to protect their personal health.
- Educate your child care community and staff on the signs and symptoms of COVID-19.
- Check state and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- Follow CDC's [Guidance for Schools and Child Care Programs](#).
- Implement enhanced social distancing measures (see below for guidance).
- Establish and continue communication with local and state authorities to determine current mitigation levels in your community.
- Adjust the HVAC system to allow more fresh air to enter the program space and ensure that ventilation systems operate properly. Increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Additional General Guidelines for Summer Camp Programs and Child Care Programs Operating during Phase III

- 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.
- **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. Phase III allows free swim in addition to instruction and exercise, provided 10 feet of physical distance is maintained between children not of the same household.
- 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, wading pools, etc. is prohibited
- State and local authorities will decide whether natural bodies of water and beaches or swim areas will be open. Please check with individual beaches or swim areas for specific details. Social distancing of 10 feet between individuals is required in natural bodies of water.
- Summer camps may be offered to children of all ages. Programs should ideally be limited to children in the local geographic area where children reside. Overnight summer camps are prohibited in phase III.
- 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:
 - Social distancing of six feet between individuals should be maintained.
 - The location of the field trip should be age appropriate, with large crowds avoided.
 - Hand washing or hand sanitizer must be available to children and staff.
 - Children and staff should not travel 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.
 - Vehicles should be cleaned between each group of children and staff.

Infection Control and Sanitation Practices during Phase III

- Implement robust policies and procedures for handwashing and cleaning and sanitizing frequently touched surfaces.
- Consider touchless check in-check out procedures (i.e., handwashing, use of hand sanitizer) to eliminate or dramatically reduce multiple individuals touching the same surface.
- Advise children, families, and staff of practices to reduce the spread of germs, such as avoiding touching their eyes, nose, and mouth with unwashed hands and covering coughs or sneezes with a tissue.
- Take temperatures and check symptoms for staff and children upon entry each day and ask if medications were used to lower the child's temperature and if there are any household members with COVID-19. Conduct regular health checks of staff and children to look for symptoms of sickness or fever. Separate symptomatic individuals until they are picked up from the facility. If forehead or disposable thermometers are not available, ask the caregiver to fill out and sign a form that reports their child's temperature as taken at home (or affirming the child does not have a fever) and any symptoms.
- Clean (with soap and water) and disinfect surface with EPA-approved disinfectants, including porous and non-porous surfaces, electronics, linens and clothing according to the CDC's [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#) and [Cleaning and Disinfection for Community Facilities](#).
- Avoid using items (e.g., soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Community playgrounds can be used if cleaned and sanitized before and after use and if social distancing is maintained during play.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.
- Develop a schedule for increased, routine cleaning and disinfection.
- 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 Covering and Other Protective Equipment during Phase III

- Staff and children over the age of two should use cloth face coverings when physical distancing cannot be maintained, as is medically and developmentally appropriate. Face coverings are most essential in times when physical distancing is difficult.
- Face coverings should be cleaned, following CDC guidelines, or a new disposable face covering should be used each day.

- In addition to handwashing, use disposable gloves when within six feet of children when screening for illness.
- To the extent possible when washing, feeding, or holding very young children, wear an over-large, button-down, long sleeved shirt and wear long hair up or use a hairnet.
- The CDC provides [general guidance on the proper use of facial coverings and other personal safety equipment](#).

Social Distancing during Phase III

- To enable social distancing, providers must limit group sizes. For Phase III:
 - Group size limit is 12 (including staff) for children under 4 years old provided age-based adult: child ratios are followed.
 - For children age four and above, including school-age children up to age 13, group size maximum is 22 (including staff) as long as social distancing of six feet apart is maintained. Age-based adult: child ratios must be followed.
 - Groups of children may share the same physical space (e.g. classroom, gymnasium) so long as social distancing of six feet can be maintained and children do not mix between groups.
 - Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups.
Maintain an overall limit of 50 people for all outdoor activities and recess.
- Providers must also comply with all age-related adult: child ratios.
- Practice social distancing to the maximum extent while still allowing for the care and developmental needs of children. Staff need to be in close proximity to children when providing care; however, programs should keep children at least 6 ft. apart from each other and limit physical proximity as best as they are able.
- Those providing transportation to child care facilities should maximize space between riders (e.g., one rider per seat in every other row). Keeping windows open may reduce virus transmission.
- Transportation: screen children for fever and symptoms of illness prior to transport. All staff, drivers, and volunteers should be screened prior to the beginning of their shift. Clean and disinfect vehicle before and after use.
- Achieving “social distancing” with young children is challenging. Do not combine groups and maintain the same groups from day to day. Programs should try to keep groups of children together with consistent staff so that if there is an exposure, a limited group of children and staff is impacted.
- Implement small group activities and encourage individual play/activities.
- Physically rearrange the room to promote individual play.
- Feed children in their individual classes. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean and disinfect tables between lunch shifts.
- Outdoor activities are encouraged as much as possible. Incorporate increased outside time as much as possible while adhering to current restrictions and allow ample time for fresh air.

- Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups.
- Community playgrounds may be used if cleaned and sanitized before and after use and if social distancing is maintained during play.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and to wash their hands after using these items. Limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas and have belongings taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, toys, books, games, and learning aids.
- Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).

Covid-19 Testing and Symptomatic Individuals during Phase 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/>.
- 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 fever of 100.4° F or higher, cough, or shortness of breath must be excluded from child care facilities and isolated from others. Children with household members who are known to have COVID-19 should be excluded from the child care facility. Licensed programs are already required to follow these guidelines.
- [Testing guidance](#) from the VDH should be reviewed and followed.
- 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. Steps to take during an outbreak can be reviewed in [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 guidance, 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 [signs](#) in highly visible locations (e.g., school entrances, restrooms) that [promote everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#)).
- Include messages (for example, [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 to share ways camp administrators can help protect campers, staff, and communities, and slow the spread of COVID-19.