Introduction

The Virginia Department of Health (VDH) encourages providers of early care education and child care programs to continue to maintain a culture of health and follow disease prevention and control procedures in accordance with the following sets of guidance:

- The Centers for Disease Control and Prevention’s (CDC) COVID-19 Guidance for Operating Early Care and Education/Child Care Programs
- The Virginia Department of Education’s (VDOE) guidance for child care centers and family day homes about how to safely operate during the COVID-19 pandemic

VDH has adopted CDC’s guidance, which recommends and provides details about layering prevention strategies including staying up to date on COVID-19 vaccines, mask use, physical distancing and cohorting, testing, ventilation, handwashing and respiratory hygiene, staying home when sick (isolating), staying home when exposed (quarantining), and cleaning and disinfecting. Promoting vaccinations is the primary strategy for preventing COVID-19. Vaccines are currently available and recommended for persons aged 5 years or older; in the future, younger children might become eligible. For more information about COVID-19 vaccines in Virginia, visit VDH’s COVID-19 Vaccination Response website.

VDH recognizes the importance of access to early learning and child care. Therefore, when determining quarantine and attendance policies, child care facilities should consider multiple factors, including education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend child care. Facilities should also consider the local COVID-19 Community Level, presence of other people who are at higher risk for severe illness, and the ability to use additional prevention strategies, such as improved ventilation, cohorting, and access to testing.
CDC COVID-19 Community Levels help people and communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area.

Certain prevention strategies are recommended at all levels. Such strategies include staying up to date on COVID-19 vaccines, staying home when sick, optimizing ventilation and improving indoor air quality, reinforcing hand hygiene and respiratory etiquette, and cleaning and disinfecting facilities. When the COVID-19 Community Level is medium or high, programs should consider adding layered prevention strategies such as wearing masks for people aged 2 years or older, testing, cohorting, ventilation improvements, case investigation and contact tracing, and quarantine. CDC’s webpage provides county-level Community Level information. Communities and facilities can consider the levels along with other local context when making decisions on prevention strategies.

People aged 2 years or older (or their parents or guardians) may choose to wear a mask at any time, regardless of the COVID-19 Community Level. Mask guidance for the general public can be found on VDH’s Masks website. People aged 2 years and older should wear a mask indoors around others if they have symptoms, a positive test, or a recent exposure to someone with COVID-19 and are not up to date on their vaccines or have not had a positive viral COVID-19 test within the last 6 months.

The Virginia Department of Education (VDOE) is responsible for overseeing child care and early education programs. This document is a supplement to the CDC and VDOE guidance, with a focus on when a child care facility director should contact the local health department (LHD) and what steps may be taken following that contact. This document also provides information on the option to implement a test to stay (TTS) strategy as an alternative to quarantine. The principles in this guidance apply to child care programs, whether in a center, preschool, or family day home setting. Day and overnight camps may use this guidance as suggestions, but may be subject to additional procedures and/or other local guidance. For more information and best practices for camps, visit VDH’s Child Care & Day Camps website.

Illness Detection and Reporting

Child care facility staff should be familiar with the symptoms of COVID-19. Before arriving at the facility each day, staff should screen themselves and parents or caregivers screen their child for any symptoms of COVID-19. Anyone with symptoms or a positive viral test for COVID-19 within the past 5 days should not work in or attend the facility. They should follow VDH guidance for isolation and when it is safe to be around others. Facilities should implement strategies to prevent individuals with fever (a temperature of 100.4°F or higher) or any signs of illness from entering the facility.

Anyone who has had close contact with someone suspected or confirmed to have COVID-19 (in the household or otherwise) in the past 10 days should follow VDH’s guidance for persons who have been exposed.

A flowchart for parents for determining when isolation and quarantine might be necessary that factors in vaccination status, symptoms, and exposure is available.

The facility should notify the LHD immediately if either of the following is met:

- If clusters (3 or more) of staff and/or children are identified with any respiratory infection; or
• If severe respiratory infection (e.g., requiring hospitalization) is identified among children, staff, or their household contacts

Each facility should have a protocol for reporting health concerns to the LHD. To find the correct LHD, facility staff should use the VDH Health Department Locator.

Universal case investigation and contact tracing are no longer recommended in child care facilities, but facility directors should provide timely notifications to parents and guardians if an individual with COVID-19 is identified in the facility. These notifications could occur by phone, email, or letter. Template letters developed by VDH to assist facilities with notifying parents about an exposure, case, or outbreak are available.

Facilities may voluntarily report suspected outbreaks of COVID-19 using the VDH online reporting portal. Information on reported outbreaks in child care facilities can be found on the VDH Outbreaks by Selected Exposure Settings Dashboard.

Isolation of Those with COVID-19 Symptoms or Infection

Each facility should have a designated area where ill persons can stay until they are picked up and taken home. Staff should monitor all children (and other staff) for indications of fever or respiratory illness and immediately move any ill individual from the group to the designated area. Parents and/or guardians should be called and the ill person taken home as soon as possible. The ill person should be referred to a healthcare provider for medical evaluation, including COVID-19 testing.

Ill persons with suspected or confirmed COVID-19 must stay home and away from others (isolate) until certain criteria are met. If the ill person tests negative for COVID-19 and/or if there is an alternate diagnosis (e.g., strep throat, flu), then the length of time to stay home should be adjusted. In general, return to child care following illness due to most conditions may occur once symptoms have improved and the ill person has no fever for at least 24 hours without fever-reducing medicine. For more details, refer to the VDH Flowchart for K-12 and Child Care Parents. The ill person or their parent/guardian should call their doctor if they have any concerns about the severity of symptoms.

Children and staff who test positive for COVID-19 but do not develop symptoms, must also stay home and away from others (isolate) until certain criteria are met. If these people subsequently develop symptoms, then they must follow the criteria to be released from isolation.

COVID-19 Testing

COVID-19 testing is an important layer of prevention against COVID-19. There are several types of testing strategies that are described below.

Outbreak Testing:
• In outbreak situations, the LHD can provide guidance and can arrange for public health testing on a limited number of persons to confirm the presence and cause of an outbreak, if needed.
• If COVID-19 has been ruled out as the cause of a respiratory illness outbreak, the facility should consider following the Guidelines for the Prevention and Control of Influenza in Non-Healthcare Group Settings during the flu season or guidance for the specific illness identified.
Diagnostic Testing:

- People with COVID-19 symptoms, regardless of their vaccine status, are encouraged to contact their own healthcare provider to arrange for COVID-19 testing. A list of testing sites in Virginia is available. People can select the option for “Free Testing Available” to find testing, such as through a pharmacy, free clinic, or federally qualified health center (FQHC). Another option for getting tested is to use an at-home COVID-19 test (also known as a self-test).
- People who are identified as close contacts of someone with COVID-19 may be tested according to VDH recommendations for close contacts.

Screening Testing:

- Some child care programs may also elect to use screening testing as a strategy to identify cases and prevent further spread at times when COVID-19 Community Levels are medium or high. For additional details about screening testing, refer to the screening testing section in CDC’s COVID-19 Guidance for Operating Early Care and Education/Child Care Programs.

Test to Stay:

- Please see the Test to Stay section in this document for more information.

Notification of Close Contacts and Quarantine

CDC no longer recommends universal case investigation and contact tracing. In addition to ensuring appropriate prevention strategies are in place, child care facilities should plan for internal management and notification of cases and close contacts with exposure in the facility, in coordination with the LHD. VDH advises child care facilities to have systems in place that allows them to know where staff and children are assigned and where the assigned groups move within the facility. This information will be helpful and needed if COVID-19 occurs within a group and close contacts of an infected person have to be identified. LHDs will continue to provide timely outbreak response support.

If a case of COVID-19 is confirmed, the facility should be prepared to alert any staff or parents of children who were in close contact with the infected person. In lieu of universal case investigation and contact tracing, broad-based notification may be sufficient, using a timely method such as phone, email, exposure notification application, or letter to families, students, employees, about potential exposure once a case is identified. A VDH template notification letter is available.

All close contacts, including students and staff, should follow VDH guidance for quarantine and when it is safe to be around others. VDH recommendations state that close contacts who are up to date on COVID-19 vaccines or who have recovered from confirmed COVID-19 within the past six months (including those under 2 years of age) do not need to quarantine. Those who are not up to date on vaccines should quarantine at home for 5 full days since the date of last close contact exposure to someone with COVID-19. Staff and children ages 2 years and older who return to child care after 1

Of note, this is different from CDC Quarantine Guidance that defines this period as 90 days. Individuals who should continue to follow the 90-day exception as defined by CDC include higher-risk situations, including healthcare workers, staff and residents of long-term care facilities, correctional facilities, and homeless shelters.
quarantine should wear a mask on days 6–10. Masks are not recommended for children under 2 years, people who have trouble breathing, are incapacitated, or who are otherwise unable to remove the mask without help should not wear a mask, or people with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability. The shortened 5-day quarantine period does not apply to children under 2 years of age or anyone who cannot reliably wear a well-fitting mask; these people should quarantine for 10 days. These recommendations are the safest option to protect children and staff in child care facilities.

Test to Stay Alternative to Quarantine

Child care facilities may follow the quarantine guidance above or may implement a test to stay (TTS) strategy for children aged 2 years and older and staff who are not up to date on their COVID-19 vaccines so they may remain in child care or at work. With TTS, close contacts who would normally stay at home during their quarantine period are allowed to attend child care as long as they do not develop symptoms, wear a mask, and have negative COVID-19 tests. People may be eligible to participate in Test to Stay if:

- They are aged 2 years or older AND
- They remain free of symptoms (asymptomatic) AND
- They test negative for COVID-19 on Days 0-5 following their last exposure to the individual with COVID-19 AND
- They wear a mask through Day 10 following their last exposure to the individual with COVID-19.

VDH is supplying at home test kit supplies to child care facilities to support diagnostic testing or Test to Stay strategies, as resources allow.

Test to Stay Guidance for K12 Schools/ Early Care and Education (ECE) Programs provides an introduction to the TTS program, including key definitions and recommended testing and quarantine response protocols. For the most up-to-date information about TTS, please visit VDH’s Child Care Testing website.

Outbreaks and Closure

A summary of disease prevention steps to take routinely and steps to take during an outbreak in your facility is provided in Table 1 and Table 2, respectively.

If a known or suspected outbreak of COVID-19 (3 or more cases within a 14-day period) occurs, the facility director should contact the LHD immediately to discuss the situation. The LHD will work with the facility to provide disease control and prevention recommendations to slow or stop the spread of COVID-19. These recommendations may include testing, isolation of people with COVID-19 and quarantine of their close contacts, increased use of physical distancing, cohorting, and communication strategies. A VDH recommendation to temporarily close a facility is usually reserved for situations when other disease control recommendations have been exhausted. If a recommendation for closure is made, staff and children should not be sent to another child care facility during the closure period. This is because COVID-19 could subsequently spread in those facilities.

Resources
Centers for Disease Control and Prevention (CDC):
- Symptoms of COVID-19
- Quarantine and Isolation
- COVID-19 Community Levels
- Cleaning and Disinfecting Your Facility

Virginia Department of Health (VDH):
- Health Department Locator
- Child Care & Day Camps
- COVID-19 Vaccination
- COVID-19 Testing Sites in Virginia
- COVID-19 Testing
- Child Care Testing
- Test to Stay Guidance for Early Care and Education (ECE)/ Child Care Programs
- What to do if you were potentially exposed to coronavirus disease (COVID-19)? (includes descriptions of who is not required to quarantine)
- Daily Monitoring Log for COVID-19
- Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure
- VDH Flowchart for K-12 and Child Care Parents: What to do if my child is ill or exposed to COVID-19?
Revision History

Summary of major changes from previous version (June 16, 2022)
- Updated VDH guidance that those who have recovered from confirmed COVID-19 within the past six months (changed from CDC recommendation of 90 days) do not need to quarantine or wear a mask after a close contact.
- Added CDC updates regarding prevention strategies that should be considered at different COVID-19 Community Levels.
- Updated facility reporting requirement: may voluntarily report suspected outbreaks of COVID-19 using the online reporting portal.

Summary of major changes from previous version (March 11, 2022)
- Removed the statement that VDH plans to develop a dashboard that provides COVID-19 Community Levels for larger geographic areas. Child care providers should refer to CDC’s COVID-19 Community Levels, which provides levels by county.
- Added links to VDH’s Test to Stay Guidance for Early Care and Education (ECE)/Child Care Programs and Child Care Testing website.

Summary of major changes from previous version (March 10, 2022)
- Added that VDH recommends that child care providers use COVID-19 Community Levels to guide decisions about what prevention steps to take in their facilities. VDH is developing a companion dashboard that will provide Community Levels for larger geographic areas which will be available soon.
- Stated that universal case investigation and contact tracing are no longer recommended and added that more broad-based communication about a case or potential exposure might be needed because of this.
- Added language about the DOLI Standard while it is in effect; added that if the Standard is revoked in the future, the Board of Health requirements for reporting to the local health department should be followed.
- Clarified the language about quarantine recommendations for children under 2 years who have recovered from COVID-19 in the past 90 days. These children do not need to quarantine.
- Added a new section called Test to Stay Alternative to Quarantine. This is a new alternative that facilities may consider for individuals aged 2 years and older who meet certain criteria.
- Condensed information throughout the document.

Summary of major changes from previous version (February 9, 2022)
- Referred to CDC’s updated Guidance for Operating Early Care and Education/Child Care Programs
- Updated age at which COVID-19 vaccine is recommended (currently 5 years and older)
- Changed from active symptom screening to self-screening by staff and parents/caregivers
- Updated periods of isolation and quarantine and steps to take if a person is infected or a close contact
- Removed requirement to report individual cases to the local health department
- Changed definition of an outbreak from 2 or more cases to 3 or more cases
● Changed responsibility for notifying staff and parents if they/child are close contacts of a case from the LHD to the facility
● Updated the information about management of outbreaks, emphasizing collaboration between the facility and the health department and noting that closures are not generally recommended

Summary of major changes from previous version (August 17, 2021)
● Updated the link to VDOE's updated guidance on the ChildCareVA website.

Summary of major changes from previous version (August 13, 2021)
● In the Table of Contents, listed Table 1 and Table 2 to raise awareness to these resources. In the Introduction, updated links to VDOE guidance and VDH guidance and infographics for contact tracing. Throughout the document, replaced details about what to do if someone has COVID-19, what to do if someone has been exposed to someone with COVID-19, quarantine, and isolation with references to applicable VDH websites. This is because the guidance is subject to change and the VDH websites are the best resources for the most current guidance. Under COVID-19 Testing, added a link to recently posted VDH Guidance for COVID-19 Screening Testing in Non-Healthcare Workplaces and a link to the VDH Guidelines for the Prevention and Control of Influenza in Non-Healthcare Group Settings.

Summary of major changes from the previous version (June 29, 2021)
● Under Isolation of Those with COVID-19 Symptoms, added language to clarify that isolation criteria apply to those with suspected or confirmed COVID-19. If the ill person has a negative COVID-19 test and/or an alternate diagnosis, then the COVID-19 isolation period might not apply; added references to VDH materials for more details (VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure and VDH Guideline for Evaluating a Child with COVID-19 Symptoms or Exposure).

Summary of major changes from the previous version (June 15, 2021)
● Updated language to include Executive Order changes to COVID-19 mitigation measures, testing information including criteria to be excluded from testing and finding free testing, and vaccination information including information for fully vaccinated contacts of a child in school or child care facility.
● Added the recommendation to refer to guidance for other specific illnesses identified
● Removed DOLI references and added Code of Virginia reporting information
● Updated links and names to updated webpages, dashboards, and other documents.
● Added 2 summary tables. Table 1: Steps to Take Now (before an outbreak) and Table 2: Steps to Take during an Outbreak at the Facility

Summary of major changes from the previous version (February 17, 2021)
● Updated quarantine recommendations based on CDC guidelines for vaccinated persons. If an individual meets all of CDC’s Criteria, they are not required to quarantine. This information can also be found in the VDH criteria for ending quarantine.

Summary of major changes from the previous version (November 5, 2020)
Updated language on quarantine recommendations, based on updated CDC guidelines for opting to end quarantine early:

VDH recommends that close contacts be quarantined at home for 14 days after their last exposure to the ill individual. This is the safest option. If people are not able to quarantine for 14 days and have no symptoms, there are 2 options for ending quarantine early:

- Counting date of last exposure as Day 0, quarantine can end after Day 10 without testing; OR
- Quarantine can end after Day 7 with a negative PCR or antigen test performed on or after Day 5.

Close contacts should monitor for symptoms and follow all recommendations (e.g. wear a mask, watch their distance, and wash hands frequently) for 14 days after last exposure.

Summary of major changes from the previous version (July 22, 2020)

- Removed the recommendation for modified group size
- Included requirement to adhere to Child Care Subsidy Program regulations and requirements if a facility receives funding through this program
- Updated the definition of close contact to include 15 minutes or more in a 24-hour time period
- Added information about CDC and VDH guidance for Case Investigation and Contact Tracing for K-12 schools and the VDH Outbreak in School Settings Data Dashboard
- Updated testing section with outbreak definition and testing priorities
- Inserted requirement to notify VDH/DOLI and added link to VDH/DOLI reporting portal
- Inserted links to VDH sites and resources for daily log of symptoms and template letters and relevant CDC, DSS, and VDH sites and resources

Summary of major changes from the previous version (May 4, 2020)

- Removed specific guidance on child care operations; refer instead to the Virginia Department of Social Services guidance.
- Updated information on how child care facilities will work with local health departments if cases of COVID-19 are associated with the facility. Reorganized the information to cover illness detection, isolation, testing, contact tracing, and closure.
- Updated the definition of close contact to include exposure to respiratory secretions.
- Updated the criteria for releasing a person with COVID-19 from isolation. A person previously had to have no fever for 3 days, now they must have no fever for one day (24 hours.)

Summary of major changes from the previous version (March 29, 2020)

- Updated guidance for when to allow children or staff to return to the facility if they have been ill with COVID-19. The minimum amount of time has increased from 7 to 10 days.
- Updated symptoms to consider when screening staff and children.
<table>
<thead>
<tr>
<th>Plan and Prepare</th>
<th>Ensure that the facility has flexible sick leave and absentee policies that do not encourage people to come in while sick.</th>
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<tr>
<td></td>
<td>Have a system in place that tracks assignment of location for staff and children that can be used if needed to identify close contacts of a person with COVID-19.</td>
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<td>Have contact information for the local health department readily available for staff to easily access.</td>
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<td>Promote Behaviors that Reduce Spread of COVID-19</td>
<td>Encourage vaccination, including booster doses, for all staff and children who are eligible. Provide paid leave for time off needed to get vaccinated and for any time it takes to recover from the side effects of the vaccine.</td>
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<td>Ensure all staff and parents/guardians are familiar with the signs and symptoms of COVID-19, especially fever, cough, and shortness of breath. Make it clear that parents/guardians are not to bring a child to the facility if the child or anyone else in the household has any of those signs or symptoms.</td>
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<td>Consider the local COVID-19 Community Level when making decisions about the use of prevention steps at a child care facility. Promote use of face masks in line with the COVID-19 Community Levels for those aged 2 years or older, and use of physical distancing and cohorting to the extent possible.</td>
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<td>Maintain Healthy Environments</td>
<td>Institute routine cleaning of toys and surfaces. Remove soft toys that are not easily cleaned. Provide supplies including hand washing stations with soap and water, paper towels, and lined trash cans. Posting handwashing signs from CDC or VDH is recommended.</td>
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<td>Teach and encourage proper hand and respiratory hygiene practices. Provide for regular and routine handwashing with soap and water upon entry into the facility, before meals and snacks, after blowing noses, coughing, or sneezing, after toileting or changing diapers, and at other scheduled times during the day. Encourage coughing into the crook of elbows followed by handwashing. Provide tissues and hand sanitizer to the extent product is available. Avoid touching eyes, nose, and mouth.</td>
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<td>Ensure the facility is following best practices for optimal ventilation.</td>
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<td>Maintain Healthy Operations</td>
<td>Follow Virginia DOE guidelines and any guidance from licensing agencies for management of activities in the facility.</td>
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<td>Provide a place in the facility where ill persons can be placed until they can be picked up and taken home. Ensure staff of each group monitors for any indications of fever or respiratory illness, removes any ill person from the group, and places the ill person in the designated area for sick individuals. Call parents/guardians and ensure the ill person is taken home as soon as possible. Follow the guidelines below for steps to take if illness occurs in the facility.</td>
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<td>Ensure all staff know and follow expected communication protocols to inform the center director about any health concerns in the facility. The center director must, in turn, communicate appropriately with local health and licensing officials. Notify the health department if severe respiratory infection is identified or if clusters (≥3 staff and/or children) are identified with respiratory infection. Parents/guardians must also be notified if a case occurs in the facility.</td>
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Table 2. Steps to Take during an Outbreak in Your Facility

<table>
<thead>
<tr>
<th>Illness Detection</th>
<th>Contact your local health department anytime you have concerns about illness in your facility, when severe respiratory illness is diagnosed, or when outbreaks (3 or more cases within a 14-day period) occur.</th>
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<td>The health department will need to gather information from you, such as the number of staff and children in the center, number ill, symptoms and dates of illness, locations of illness within the facility, as well as measures in place to limit the spread of disease.</td>
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<td>Depending on the circumstances, the health department might recommend laboratory testing of ill persons to confirm the cause of illness and provide additional advice to limit the spread of the virus.</td>
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<tr>
<td>Isolation of Those with COVID-19 Symptoms or Infection</td>
<td>Any ill person with COVID-19 (symptoms or a positive test) must stay home for a minimum of 5 days and until at least 24 hours have passed since the person has had a fever (without the use of medicine that reduces fevers), AND other symptoms have improved (for example, when cough or shortness of breath have improved). They or their parent/guardian should call their physician’s offices if they have any concern about the severity of the symptoms.</td>
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<td>Quarantine of Close Contacts</td>
<td>If COVID-19 is suspected or confirmed, all others in the household who had close contact must stay home (quarantine) for a minimum of 5 days unless exceptions apply or if they are participating in Test to Stay.</td>
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<td>The facility should notify everyone the ill individual was in close contact with during the time interval beginning 2 days before illness onset (or, for people without symptoms, 2 days before test specimen collection) until their exclusion from the facility. In lieu of universal case investigation and contact tracing, broad-based notification may be sufficient. Close contacts must be quarantined in their homes for a minimum of 5 days unless exceptions apply or if they are participating in Test to Stay.</td>
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<td>Parents/guardians and staff should be informed of the situation.</td>
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<td>Unaffected groups within the child care facility can continue to function, with daily and vigilant monitoring for illness and physical distancing and personal and environmental hygiene measures strictly adhered to.</td>
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<tr>
<td>Return to Facility</td>
<td>The facility director should discuss outbreak response strategies with the local health department.</td>
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<td>If the facility decides, in consultation with the health department, to close all or part of child care operations because of the scope of infections among staff or children, then facility leadership should consult with the local health department about criteria that need to be met for reopening.</td>
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