

**VDH COVID-19 Interim Guidance for Child Care Facility Collaboration
with the Local Health Department**
Updated August 17, 2021

Note: The revision history has been moved to the end of this document.

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Introduction

The Virginia Department of Education (VDOE), which is now responsible for overseeing child care and early education programs, has [guidance](#) for child care programs about how to safely operate during the COVID-19 pandemic. This guidance include recommendations for face masks, physical distancing and cohorting, COVID-19 testing and symptomatic individuals, and vaccinations. The guidelines refer child care providers to their [local health departments](#) (LHD) for assistance when a case of COVID-19 associated with the facility is confirmed or when there is an outbreak.

Rather than repeating the VDOE guidance, this document addresses when a child care facility director should contact the LHD and what steps may be taken following that contact. Of note, VDH has adopted CDC's [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education \(IHEs\)](#), and has created Virginia-specific guidance ([Case Investigation and Contact Tracing for K-12 Schools](#)) and an infographic ([Contract Tracing for COVID-19 in K-12 Schools: How to Prepare and What to Expect](#)). Although the VDH contact tracing guidance specifically applies to public and private K-12 schools, the same general principles apply to children in child care programs, whether in a center, preschool, or family day home setting; therefore, the child care programs and facilities may consider following the CDC and VDH guidance for K-12 schools. The one caveat to this is that the [close contact definition](#) has an exception for K-12 indoor classrooms that does not apply to child care settings.

All child care programs are also encouraged to monitor [Governor Northam's updates to Executive Orders](#) for any additional changes. Licensed facilities should also refer to any specific guidance from their licensing agency. 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 summer camp visit VDH's Summer Camp webpage [here](#).

Illness Detection and Reporting

Child care facility staff play a key role in detecting illness among children and staff. All staff should be familiar with the [symptoms of COVID-19](#) and be on the lookout for individuals who are exhibiting them. No one should enter the facility who has a temperature of 100.4°F or higher or any signs of illness such as rapid breathing, difficulty breathing (that does not arise from physical exertion or a health condition, such as asthma), new cough or sore throat, chills, unusual tiredness or who has a household member or other [close contact](#) with those signs of illness.

A key strategy for early detection of illness is symptom screening. Consider having attendees screen themselves, and having parents or caregivers screen their child, before arriving at the facility or screen each person arriving at the facility by asking:

- If the person has any [symptoms of COVID-19 infection](#), and
- If the person has had a positive COVID-19 test within the past 10 days, and
- If the person has had [close contact](#) with someone suspected or confirmed to have COVID-19 (in the household or otherwise) in the past 14 days.

If symptom screening is conducted, then deny entrance to any individual who is ill, has recently tested positive for COVID-19, or has had close contact with someone suspected or confirmed to have COVID-19 (with the exceptions noted [here](#)).

Staff should report any health concern in the facility to the facility director immediately. Develop a communication protocol for this process and ensure staff know and consistently follow this protocol. The facility director should then communicate with the LHD and other relevant licensing officials to ensure proper notification and discussion of procedures to follow to prevent disease spread.

To identify the correct LHD, the facility should use the [VDH Health Department Locator](#) and input the facility address. The LHD should be notified if any of the following is met:

- If individuals with known or suspected COVID-19 are identified among children, staff, or their household contacts; or
- If severe respiratory infection is identified among children, staff, or their household contacts; or
- If clusters (≥ 2) of staff and/or children are identified with any respiratory infection.

The LHD will gather information, such as the number of staff and children in the facility, the number of ill individuals, symptoms and dates of illness, locations of illness within the facility (which rooms or offices), and number and identity of those who had close contact with an ill person. The LHD will also review the measures in place at the facility to limit the spread of disease.

Parents and guardians must be notified if an individual with COVID-19 is identified in the facility. Template letters developed by VDH are available [here](#).

Information on outbreaks in K-12 schools and child care facilities can be found on the [VDH Outbreaks by Selected Exposure Settings Dashboard](#). For the dashboard, K-12 schools are defined as public or private primary and secondary schools that provide kindergarten through 12th grade education instruction. Outbreaks in pre-kindergarten (Pre-K) students if Pre-K instruction occurs at a K-12 school are also included. Child care facilities include the following settings: a child day care center, short-term child day center, religious-exempt child day center, family day home, family day home system, voluntary

registered family day home, or certified pre-school or any unlicensed facility functioning as a child day center.

Isolation of Those with COVID-19 Symptoms or Infection

Identify a place in the facility 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. Staff should immediately remove any ill individual from the group and take them to the designated area. Call parents and/or guardians and ensure the ill person is 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 (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 Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure ([1-pager](#)) or the VDH Guideline for Evaluating a Child with COVID-19 Symptoms or Exposure ([Booklet](#), [Infographic](#)). 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 (isolate) until [certain criteria are met](#). If these people subsequently develop symptoms, then they must follow the [criteria](#) to be released from isolation.

If COVID-19 is suspected or confirmed, VDH recommends that all others in the household stay home (quarantine) for 14 days after their last exposure, unless they are [exempted from quarantine](#). Detailed instructions about quarantine (including monitoring your health, getting tested, quarantining, and options to potentially shorten the duration of quarantine) are available [here](#). Even if they are not required to quarantine, household and other close contacts should monitor for symptoms for 14 days after their last exposure, and follow all other recommendations (e.g., get tested, [wear a mask](#), watch their distance, avoid crowds and poorly ventilated spaces, and wash hands frequently).

COVID-19 Testing

Facility directors are encouraged to contact the [LHD](#) any time they have concerns about illness in the facility. Depending on the circumstances, the LHD might recommend laboratory testing of ill persons to confirm the cause of illness. Testing may occur in different ways and may include both diagnostic and screening testing:

- Ill persons will be encouraged to contact their own healthcare provider to arrange for testing. A list of testing sites in Virginia can be found [here](#). 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).
- People who are determined to be close contacts of someone with COVID-19 should be tested according to [VDH recommendations for close contacts](#), even if they are fully vaccinated.
- In outbreak situations, the LHD can arrange for public health testing to confirm the presence of an outbreak.

- VDH defines an outbreak as being at least two laboratory-confirmed cases at a facility. For settings including child care, 3-5 people should be tested to confirm the presence of an outbreak, focusing on individuals with signs and symptoms of acute respiratory illness and close contacts of identified cases. If the outbreak is ongoing, additional tests may be collected but the LHD may recommend that testing be conducted at commercial/private laboratories.
- 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](#) or guidance for the specific illness identified.
- Some child care programs may also elect to use screening testing as a strategy to identify cases and prevent further spread. For additional details about screening testing, refer to [VDH's Guidance for COVID-19 Screening Testing in Non-Healthcare Workplaces](#).

Contact Tracing

The child care facility should maintain a [daily log](#) of staff and children that includes the following information:

- Identification and contact information
- Symptom status each day
- Group assignments
- Location within the facility (which room, office, etc.)

If a case of COVID-19 is confirmed, the LHD should be notified immediately. The person contacting the LHD should be prepared to provide a list of everyone the infected individual was in [close contact](#) with while the person was infectious.

The LHD will initiate contact tracing, and will maintain the confidentiality of the infected individual during this process. Contact tracing involves interviewing each close contact (or their parent) and [discussing disease control measures](#) with them, including COVID-19 testing, quarantine (staying home), monitoring for symptoms, and following other recommendations (e.g., [wearing a mask](#), watching their distance, avoiding crowds and poorly ventilated spaces, and washing hands frequently).

As employers, child care facilities have a responsibility to report cases of COVID-19 among employees or children under "[12VAC5-90-90. Those required to report.](#)" Employees are defined as full-time and part-time staff, temporary employees, and employees in joint employment relationships. Any child care center, as defined in § [35.1-1](#) of the Code of Virginia shall report immediately to the local health department the presence or suspected presence of an outbreak among staff or children. See reporting requirements [here](#) for additional information.

Outbreaks and Closure

There are actions your facility can take to prevent potential outbreaks and to reduce further spread during an outbreak. Steps to take now (before an outbreak) and steps to take during an outbreak in your facility are covered throughout this guidance with summary details listed in [Table 1](#) and [Table 2](#), respectively.

If a known or suspected case of COVID-19 infection occurs in one defined group within the facility, the ill person needs to go home as soon as possible (see “[Isolation of Those with COVID-19](#)” section above.) Other staff and children who had close contact with the ill person should be tested and should quarantine in their homes for 14 days after their last exposure to that person, unless they meet [criteria](#) for not requiring quarantine.

Parents and/or guardians and all staff should be informed of the situation, while maintaining the confidentiality of the ill person. The [CDC’s guidance for cleaning and disinfection](#) should be followed.

Closure of the facility because of an outbreak might not be needed; however, the impact on facility operations will be assessed in consultation with the LHD. If ill persons and close contacts can be excluded without affecting a larger population, then other groups within the child care facility who did not have close contact with the ill person might continue to function with daily screening for illness, physical distancing as appropriate, and strict adherence to personal and environmental hygiene measures.

- The [COVID-19 vaccine](#) is currently recommended for anyone aged 12 years or older. It is expected to be available for younger children if clinical trials find that it is safe and effective for this population.
- For more information about COVID-19 vaccines in Virginia, visit the [VDH COVID-19 Vaccine website](#).

If known or suspected cases of COVID-19 infection occur in multiple groups within the facility, the LHD will gather more information about the distribution and timing of illnesses, the layout of the facility, the locations where infected people spent time, and other factors, such as the size of the facility and the availability of staff. After considering these factors as well as the level of disease transmission in the community, the LHD will make a recommendation to the facility director on whether child care operations within the facility need to be suspended. If the LHD or the facility director determines that the child care operations should be suspended, the recommended time frame for suspension is 14 days.

If the facility is closed, the children and staff should **not** be sent to another child care facility. After 14 days have passed, the facility may reopen for children and staff who meet the following two criteria:

- The child/staff member is healthy and has no signs or symptoms of COVID-19
- There is no one in the child/staff member’s household or other close contacts who is known or suspected to have COVID-19

If a household member is known or suspected to have COVID-19, then the child or staff member needs to be excluded from the child care facility until the [VDH criteria for ending quarantine](#) are met.

Additional Resources

Centers for Disease Control and Prevention (CDC):

- [Childcare, Schools, and Youth Programs](#)
- [Guidance for Child Care Programs that Remain Open](#)
- [Symptoms of Coronavirus](#)
- [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#)
- [Cleaning and Disinfecting Your Facility](#)
- [When to Quarantine](#)

Virginia Department of Health (VDH):

- [Health Department Locator](#)
- [VDH COVID-19 Vaccine Website](#)
- [COVID-19 Testing Sites in Virginia](#)
- [VDH COVID-19 Testing](#)
- [VDH Guidance for COVID-19 Screening Testing in Non-Healthcare Workplaces](#)
- [VDH What to do if you were potentially exposed to coronavirus disease \(COVID-19\)?](#) (includes descriptions of who is not required to quarantine)
- [VDH Daily Monitoring Log for COVID-19](#)
- [Child Care & Camps](#)
- VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure ([1-pager](#))
- VDH Guideline for Evaluating a Child with COVID-19 Symptoms or Exposure ([Booklet](#), [Infographic](#))

Revision History

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 two 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](#).
- Updated links to revised guidance from the Virginia Department of Social Services.

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 three 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 1. Steps to Take Now (Before an Outbreak) in Your Facility

Plan and Prepare	Ensure that the facility has flexible sick leave and absentee policies that do not encourage people to come in while sick.
	Maintain a log of staff and children that is updated daily and includes identification and contact information, symptom status, group assignments and location within the facility.
	Have contact information for the local health department readily available for staff to easily access.
Promote Behaviors that Reduce Spread of COVID-19	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.
	Screen each person arriving at the facility for signs and symptoms of COVID-19 infection and ask if anyone in the household has any of the symptoms. Do not admit any person who is ill or has an ill person at home.
	Encourage vaccination for all staff who are eligible and 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.
Maintain Healthy Environments	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 signs from the CDC or VDH is recommended.
	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.
	Ensure the facility is following best practices for optimal ventilation .
Maintain Healthy Operations	Follow Virginia DOE guidelines and any guidance from licensing agencies for management of activities in the facility.
	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 and 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.
	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 individuals with known or suspected COVID-19 are identified, if severe respiratory infection is identified, or if clusters (≥ 2 staff and/or children) are identified with respiratory infection. Parents/guardians must also be notified if a case occurs in the facility.

Table 2. Steps to Take during an Outbreak in Your Facility

<p>Illness Detection</p>	<ul style="list-style-type: none"> • Contact your local health department any time you have concerns about illness in your facility. • 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. • 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.
<p>Isolation of Those with COVID-19 Symptoms or Infection</p>	<ul style="list-style-type: none"> • Any ill person with COVID-19 must stay home for a minimum of 10 days and until at least 24 hours after the person has had no 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. • If COVID-19 is suspected or confirmed, all others in the household must stay home in (quarantine) for 14 days unless exceptions apply. <hr/> <ul style="list-style-type: none"> • If a suspected or confirmed case of COVID-19 infection occurs in one defined group within the center, the ill person needs to go home as described above. • Other staff and children in the group must be quarantined in their homes for 14 days. • Parents/guardians and staff facility-wide should be informed of the situation. • The CDC guidance for cleaning and disinfection should be followed. • Other groups within the child care facility can continue to function, with daily and vigilant screening for illness occurring and social distancing and personal and environmental hygiene measures strictly adhered to. <hr/> <ul style="list-style-type: none"> • If a case of COVID-19 is confirmed, the LHD should be notified immediately. • The person contacting the LHD should be prepared to provide a list of everyone the ill individual was in close contact with during the time interval beginning 2 days before illness onset (or, for asymptomatic patients, 2 days before test specimen collection) until their exclusion from the facility. • The LHD will initiate contact tracing, and will maintain the confidentiality of the ill individual during this process.
<p>Return to Facility</p>	<ul style="list-style-type: none"> • If suspected or confirmed cases occur in multiple groups within the facility, then all child care operations within the facility might need to be suspended. • The facility should consult with the local health department. • Facility management can institute surveillance among the households of staff and children and reopen when 14 days have passed with no new cases in any household.