Re-Opening Delaware Early Care and Education Safely:

A Blueprint for Supporting Our Early Childhood Professionals During COVID-19

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DELAWARE INSTITUTE FOR
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Contents

Introduction

According to the Centers for Disease Control and Prevention (CDC), COVID-19 is a respiratory illness spread from person to person, through respiratory droplets of an infected individual. As health experts continue to gain a greater understanding of how COVID-19 spreads, what precautions are helpful, and other factors, information is being updated regularly on the CDC Coronavirus site.

Our goal is to support Delaware's early childhood professionals as they continue caring for the children and families of Delaware. The information gathered in this document will serve to:

1) Keep you informed regarding Office of Child Care Licensing (OCCL) regulations related to COVID-19, as well as additional recommended practices to consider to keep you, your staff, the children, and our communities as safe as possible. Throughout this document, requirements specific to Delaware programs, as outlined by OCCL, are presented in gray boxes, and additional health & safety practices recommended by national experts are included in yellow boxes.

2) Direct you through thoughtful considerations for continuing to operate as potentially more children and staff return or as you are preparing to re-open your program. A sample risk management assessment tool is included in the Appendix.

3) Guide you through resources available to all programs and early childhood professionals.

OCCL licensing specialists are available to assist with clarification of this guidance, and Delaware Stars technical assistants are also available to support you in how to implement it in your program.

As we learn more about this disease, such as how to treat it and how to contain it, orders, mandates, and declarations may change.
- It is very important to check state and local health department notices daily about the spread of COVID-19 in the area and adjust operations accordingly.
- Click on the links below to get up-to-date information for Delaware.
   Delaware's Response to Coronavirus Disease
   CDC's page dedicated to COVID-19

NOTE: Information in this document is current as of 9/1/2020. This document will be updated on an ongoing basis to reflect current information from the state of Delaware.

Document Updates

Most recent updates will be in orange.

9/2/20:

- How Does the State of Emergency Influence Child Care in Delaware - school-age reopening scenario; 25th modification
- What Financial Resources are Available in Delaware - DE Relief Grants; PPP closed
- Who Can I Provide Care For - information regarding school-age care
- How Should I Change My Operating Procedures? - COVID-19 Child Care Plan availability
- Revised Group Size, Ratio Requirements, and Staffing - school-age updates; intern requirements; CDC recommendations for higher risk individuals
- Facility Access - additional exceptions allowed to access facility
- Screening Procedures - symptoms; documentation; close contact definition
- Guidelines for Cleaning and Disinfecting the Environment - shared playdoh/clay and play masks/goggles; CDC recommendations
- Handwashing - business requirements
- Healthy Hygiene Practices - exceptions for face coverings; child requirements; social distancing
- Physical Distancing - group size; expectations per age group
- Outside Play - face covering exceptions
- Activities - off-site field trips; modified screen time
- What Should I Do If Someone in My Program Gets Sick - required reporting; guidance on next steps
- How Can I Make Sure My Program is Ready - reflects updates; new remote learning section

6/22/20: Revised Group Size, Ratio Requirements, and Staffing - parameters for early childhood interns; Fingerprinting requirements
6/16/20: Facility Access - outside contractors, enrichment programs, and entertainment
6/16/20: Screening Procedures - temperature requirements and implications; close contact requirements
6/16/20: Guidelines for Cleaning and Disinfecting the Environment - use of water tables

To slow the spread, or transmission, of COVID-19, Governor John Carney declared a State of Emergency effective March 13, 2020, with no direct changes to early care and education. This order was adjusted to include the Stay-at-Home Order effective March 24, 2020.

On March 30th, Governor Carney's eighth modification to the State of Emergency permitted child care programs to apply to open as Emergency Child Care Sites and explained additional operating requirements for child care programs that chose to open during the COVID-19 State of Emergency.

The thirteenth modification of the State of Emergency, effective May 1, 2020, required adults and children over 12 years of age to wear face coverings in public settings. This modification also stated that due to the dangers of suffocation, children under age two must NOT wear facial coverings of any type. Early childhood professionals working in any child care setting are required to wear cloth face coverings while working, not just at arrival and dismissal times for children.

On May 15th, Governor Carney announced the Phase 1 of Delaware's Economic Reopening. During Phase 1, child care programs designated as Emergency Child Care Sites could provide care to employees of essential and/or reopened businesses who could not work from home and did not have alternate care options. Child care programs that closed during the State of Emergency were eligible to apply to become Emergency Child Care Sites on an on-going basis.

Delaware moved to Phase 2 on June 15th. As of June 15th, all previously issued guidelines pursuant to Executive Order 38, the 8th modification to the Governor's State of Emergency, and the "additional requirements for DSCYF-Designated Emergency Child Care Sites" are no longer applicable. As part of Phase 2, licensed child care programs are permitted to open and serve all families seeking child care. Open licensed child care programs are required to follow applicable DELACARE Regulations as well as additional health and safety requirements developed by the Office of Child Care Licensing (OCCL) and the Division of Public Health (DPH).

On August 4th, Governor Carney announced that Delaware K-12 schools may reopen in Hybrid Scenario, with a mix of remote and in-person instruction.

On August 26th, Governor Carney issued the 25th modification to the State of Emergency, formalizing new face covering requirements for children and requiring schools to notify families of positive cases of COVID-19. The additional health and safety requirements were updated and guidance was provided for schools and child care programs regarding school-age care.

Delaware continues to update information related to child care at https://coronavirus.delaware.gov/child-care/.

Financial Resources to Assist Child Care Programs

Whether your program is currently open or is preparing for reopening, resources are available to help you move forward. It is important to stay informed of possible additions or changes to available resources as updates continue to occur.

CARES Act

The Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law on March 27th and became available in Delaware as of May 11th. States can use this money for certain purposes related to COVID-19 relief. This act gave self-employed workers, those who are not typically eligible for unemployment benefits, the opportunity to apply for unemployment through Pandemic Unemployed Assistance (PUA).

Delaware Relief Grants

The DE Relief Grants program is a joint initiative of the State of Delaware and New Castle County, administered by the Division of Small Business, to assist Delaware small business and nonprofit organizations affected by the COVID-19 crisis. Information and applications are available at Division of Small Business DE Relief Grants.

Enhanced Reimbursement

Enhanced Reimbursement is supplemental funding available to licensed child care programs operating with vacant, unfunded slots. Enhanced reimbursement is paid through the Department of Education to help open centers continue to pay staff and purchase supplies to meet the additional restrictions and requirements as part of operating during the COVID-19 pandemic.

Effective July 1, enhanced reimbursement will only be available to programs open and serving children as of July 1.

Paycheck Protection Program (PPP)

According to the Small Business Administration, "The Paycheck Protection Program is a loan designed to provide a direct incentive for small businesses to keep their workers on the payroll." "Paycheck Protection Program: What Child Care Programs Need to Know" (available in Spanish) is an additional resource provided by NAEYC (National Association for the Education of Young Children).

The Paycheck Protection Program closed August 8, 2020.

Unemployment

The Division of Unemployment Insurance has information for those typically eligible for unemployment benefits.

Independent contractors and self-employed individuals may be eligible for unemployment through Pandemic Unemployed Assistance (PUA).

Financial Resources to Assist Families

This is uncharted territory for everyone. Some families may need assistance in ways they have never required help before. Delaware 2-1-1 is a free-of-charge, confidential referral and information helpline and website that connects people from all communities and of all ages to the essential health and human services they need. To access the helpline via phone, dial 2-1-1 or 1-800-560-3372 to reach a community resource specialist Monday-Friday, 8 am through 9 pm. Families can also text their zip code to 898-211 for assistance.

Some additional resources that may be helpful include:

- **Purchase of Care (POC)** – This is a program available to provide financial support to families who need assistance paying for child care, if they meet certain financial requirements. Additional information can be downloaded or printed from this information brochure.

  For families seeking school-age child care to support remote learning, depending on a licensed provider or camp's policies, parents/guardians may need to pay for child care. Families are encouraged to contact providers or POC directly at 1-866-843-7212 to inquire about program costs.

- **Community Food Banks** – The mission of the Delaware Food Bank is "… to provide nutritious foods to Delawareans in need and facilitate long-term solutions to the problems of hunger and poverty through community education and advocacy." Information regarding programs they offer and locations can be found here.

- **Delaware Healthy Children (DHC)** – DHC is a low-cost health insurance program available to uninsured children in our state. Information regarding eligibility requirements, services covered, and how to apply can be found here.

Effective June 15th, child care is no longer restricted to DSCYF-designated Emergency Child Care Sites, and certification of essential employees is no longer necessary. Child care may be provided to all families seeking child care from a child care program licensed by the Office of Child Care Licensing (OCCL).

Existing Camps: On a limited basis through October 30, existing youth/summer camps may request to continue operations. **New "pop up" camps are not permitted**. Camps wishing to continue services must send the Office of Child Care Licensing (OCCL) the following documents for approval:
- A letter indicating interest
- A daily schedule of programming and hours of operation
- A plan to support an environment for remote learning
- Cost of attendance
- Facility/facilities to be used including exact address and room(s) to be used
- List of staff and copies of current background eligibility determination for staff

This information may be mailed or emailed to Kimberly.Garvey@delaware.gov. Upon receipt of complete/approved documents, DOE will send the provider an approval letter for limited/temporary continuation. You must be approved before beginning this care.

Licensed Child Care Partnerships with Districts/Charters: On a limited basis through October 30, licensed child care providers may work directly with schools to provide child care for school age children in school buildings without the need for additional space licensure by OCCL. Provides may reach out to their local district/charter school, or schools may contact providers regarding their need. Licensed providers wishing to provide care in school buildings must send OCCL the following documents for approval:
- A letter indicating interest
- A daily schedule of programming and hours of operation
- A plan to support an environment for remote learning
- Cost of attendance
- Facility/facilities to be used including exact address and room(s) to be used
- List of staff and copies of current background eligibility determination for staff

This information may be mailed or emailed to Kimberly.Garvey@delaware.gov. Upon receipt of complete/approved documents, DOE will send the provider an approval letter for limited/temporary continuation. You must be approved before beginning this care.

All licensed child care (LCC) providers, including those already operating as an Emergency Child Care Site prior to June 15th, must have a written plan to address the required health and safety requirements as well as additional practices to prevent the spread of COVID-19. Programs may use the "COVID-19 Child Care Plan" template developed by DSCYF. The written plan must be made available upon request by OCCL or DPH.

A sample risk management assessment tool is included in the Appendix, to assist with identifying questions to consider as part of developing your program's written plan.

Revised Group Size, Ratio Requirements, and Staffing

What are Delaware's required practices?

Family and Large Family Child Care Homes must follow DELACARE Regulations regarding the number and ages of children served, while practicing social distancing to the extent practical given the age, ability, and social and emotional needs of the children in care.

- In a family child care home, a provider's own school-age children will not count in the licensed capacity.
- In a family or large family child care home (private residence or commercial setting) the school-age children of the provider and staff person will not count in the licensed capacity.
- A variance will not be issued by OCCL to exceed the licensed capacity of a family child care home or large family child care home.

Early Care and Education Center programs must adhere to the following ratios and group sizes, and these additional requirements:

- The maximum allowable group size is 15 preschool-age children or younger (or smaller, as contained in DELACARE Regulations based on the ages of children or room size restrictions);
- The maximum allowable group size is 25 school-age children (kindergarten or higher), space permitting.
  - o Staff to child ratio may be 1:20 for school-age children if supervision is provided by an early childhood teacher (or higher) or a school-age site coordinator (or higher). Otherwise, two staff are required to provide supervision when the group size exceeds 15 school-age children.
  - o Variances will not be granted to exceed the maximum group size of 25.
- Groups should consist of the same children and staff each day, and mixing of groups should be restricted as much as possible;
- Groups must be kept at least 6 feet apart if using shared spaces;
- Social distancing of 6 feet for school-age children shall be maintained with appropriate use of face coverings, as appropriate to the age and developmental levels of the school-age children in care and the activities being performed. Note: if the children are seated and facing the same direction, then 3 feet between students with use of face coverings is appropriate. Social distancing of younger than school-age children is not required but is encouraged where feasible;

- Providers may seek a variance from OCCL if they must have a group size larger than 15 preschool-age children or younger and have the space to accommodate the larger group, as specified in DELACARE Regulations. Variances will not be granted to exceed maximum group size or minimum staff to child ratios contained in DELACARE Regulations. Providers must follow the variance process outlined in DELACARE Regulations.

Early Care and Education Center programs MUST adhere to the following revised ratios and group size:

	Age of Child	Minimum Staff/Child Ratio	Maximum Group Size
Infant	Under 12 months	1:4	8
Young toddler (1 year old)	12 through 23 months	1:6	12
Older toddler (2 years old)	24 through 35 months	1:8	15
Young preschool child (3 years old)	36 through 47 months	1:10	15
Older preschool child (4 years old)	48 months or older, not yet attending kindergarten or higher	1:12	15
School-age child	Attending kindergarten or higher	1:15	25

Programs must ensure that they have adequate staff each day to meet the restricted ratios and group sizes.

In addition, the DSCYF Secretary of Education has the authority to suspend and/or modify existing DELACARE Regulations as needed to provide greater flexibility for child care providers. The following sections of *"DELACARE: Regulations for Early Care and Education and School-Age Centers"* are suspended and modified as indicated:

Modify 24.K.1(c) Staffing; Early Childhood Intern
Guidance: Staff with a valid intern qualifications certificate issued by Delaware First who are at least 18 years of age, have at least three months of experience at the child care facility at which they are currently working, and have been determined eligible as a result of their comprehensive background check by the Criminal History Unit, may be alone with children **ages three years and older.** Documentation of age, experience, and eligibility must be on site in the employee's file. Staff qualifications for those working with infants and toddlers remain as found in *DELACARE Regulations for Early Care and Education and School-Age Centers*. Aides may not be alone with children at any time.

Modify 28.C General Qualifications
Guidance: A licensee shall ensure that a staff member **has a scheduled fingerprinting appointment** with Delaware State Police before the start of employment. This information shall be placed in the employee's file. The staff member with a fingerprinting appointment may begin work while being supervised at all times by a person who has completed the background check process and been determined eligible and qualified at least as an early childhood assistant teacher or school-age site assistant. No staff member may be alone with children until after DSCYF's Criminal History Unit reviews the comprehensive background check and determines their eligibility.

What are additional recommended practices?

Michele Cheung, MD MPH, FAAP, representing the American Academy of Pediatrics, recommends keeping siblings together, if possible, to limit the people that the family group has contact with.

From Centers for Disease Control and Prevention

- If possible, child care classes should include the same group each day, and the same child care professionals should remain with the same group each day.
    - If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders.
    - If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Develop plans to cover classes in the event of increased staff absences. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick or vulnerable.
- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.
- Support coping and resilience among employees and children.
- Train all staff in the new health & safety actions. Consider conducting the training virtually, or, if in-person, ensure social distancing is maintained.
- Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.
    - If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home if there is an outbreak in their community. Information about COVID-19 in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an asthma action plan.
    - If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.

Minimize Risk at Drop Off and Pick Up Times

Facility Access

What are Delaware's required practices?

Adults who drop off and pick up children must do so at the entrance to the facility, or the foyer area, not the classroom, unless the classroom has its own separate entrance where the child can be safely dropped off. Staff will receive the children and see that they arrive safely in their classrooms.

Programs must suspend the use of all outside contractors, enrichment programs, and entertainment, both indoors and outdoors, except:

- Contractors doing work outside of child care hours (ensure that proper cleaning/sanitizing has been conducted before children re-enter the facility or areas where work was being done)
- Individuals providing services contained in a child's IFSP or IEP
- Early Childhood Mental Health Consultants
- Fire Marshal inspections
- Electrical inspections
- Lead Risk Assessments
- Office of Drinking Water representatives
- Radon testing, if not performed by the property owner or licensee
- Individuals participating in a pre-employment working interview, as long as the individual is screened per the questionnaire in Screening Procedures and wears a mask in accordance with Healthy Hygiene Practices. The individual must only participate in the working interview in the classroom to which they will be assigned if employed.
- Additional individuals if approved in advance by the Office of Child Care Licensing

What are additional recommended practices?

From Centers for Disease Control and Prevention

- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Stagger arrival and drop off times and plan to limit direct contact with parents as much as possible.
  - Have child care providers greet children outside as they arrive.
  - Infants could be transported in their car seats. Store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not drop off or pick up children, because they are more at risk for severe illness from COVID-19.

Screening Procedures

What are Delaware's required practices?

- Providers must ensure that staff and children do not have an elevated temperature before entering the facility. This may be done by actively monitoring a person's temperature before entrance to the facility, or by asking staff and children (or a parent/guardian on behalf of the child) to report their temperature upon arrival.
  - It is best to use touchless thermometers (forehead/temporal artery thermometers) if possible, but if you must use oral or other types of thermometers, make sure to clean the thermometers thoroughly between each person, as to not spread infection.
  - Follow the manufacturer's directions to disinfect the thermometer.
  - If no directions are available, rinse the tip of the thermometer in cold water, clean it with alcohol or alcohol swabs, and then rinse it again.
  - Personnel screening for fever should consider wearing gloves and must wear face masks per CDC recommendations.
- If a staff member or child reports or is noted to have body temperature at or above 99.5 degrees Fahrenheit, a discussion must be had with the staff member or parent to determine if there is an underlying cause. The staff member or child may be admitted to the child care, but increased monitoring throughout the day must follow to ensure the temperature does not increase or additional symptoms do not develop. If a staff member or child reports or is noted to have a body temperature at or above 100.4 degrees Fahrenheit, they must be sent home. If a provider has a policy that requires staff or children be excluded for a temperature lower than 100.4 degrees Fahrenheit, they should continue to follow their policy, as well as DELACARE Regulations, on child health exclusions.
- Providers must also ensure that each incoming staff member and child (or the child's parent may answer on their behalf) is screened with a basic questionnaire each time they enter the child care facility. The questionnaire shall include at least the questions below:
  - Do you have any of the following symptoms: fever, cough, shortness of breath/difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, vomiting, nausea, diarrhea, headache/congestion/runny nose with no known underlying cause (such as seasonal or chronic allergies), fatigue, or new loss of smell or taste?
    - If NO, proceed to the next question.
    - If YES, but symptoms have a known cause (asthma, COPD, chronic sinusitis, etc.), the provider should weigh the risks for COVID-19 exposure and may consider sending the staff member or child home.
    - If YES (for fever of 100.4 or higher), or the staff member or child is otherwise symptomatic and considered at risk for COVID-19 exposure, the staff member or child may not be admitted to the facility and should be advised to consult a health care professional for further guidance, and/or obtain a COVID-19 test. The staff member or child should not return until a health care provider has provided a return to work/child care document.

- If a COVID-19 test was taken and a positive result was returned, the staff member or student should isolate at home. At least 10 days must have passed since symptoms first appeared, including at least one day (24 hours) since recovery where staff or students have been fever-free without the use of fever-reducing medications and improvement in symptoms has occurred, e.g. cough, shortness of breath, before being permitted to return to work or child care.
    - o A health care provider or the Division of Public Health can provide a letter stating that the individual has been released from monitoring to the patient.
- If a COVID-19 test is performed with a negative result, the individual should consult their health care provider to determine if the situation warrants continuation of isolation. The student or staff member must provide the LCC with a return to work/childcare document by the health care provider to allow the student or staff member to return to child care in this situation.
    - o Note that a negative test is relevant for the point in time at which the test was taken. It does not mean the staff or student will not develop COVID-19 in the future.
- Staff members should consult medical professionals if desired or needed and should adhere to screening decisions made by the primary care provider or DPH medical personnel as appropriate.
- If at any time a doctor confirms the cause of the staff member or child's fever or other symptoms is not COVID-19 and provides written documentation of approval for them to return to work or care, then the provider shall follow the appropriate DELACARE Regulations and their facility's policies in regard to return to work or child care.
- o Have you been in *close contact* (e.g., within 6 feet for more than 15 minutes) with a person with confirmed COVID-19 infection?
    - If NO, the staff member or child may proceed with work or may receive child care at the facility.
        - If YES, the staff member or child (close contacts of a confirmed COVID-19 case) will be required to stay at home for 14 days from the time they were exposed to confirmed COVID-19. If a COVID-19 test is performed with a negative result, the individual must still remain at home until the end of the 14-day period to see if symptoms develop.

What are additional recommended practices?

From Centers for Disease Control and Prevention

- Implement health checks (e.g. temperature checks and symptom screening) safely and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.
- Protect and support staff, children, and their family members who are at higher risk for severe illness.
- There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.
  - **Reliance on Social Distancing (example 1)**
    - Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
    - Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
    - Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
  - **Reliance on Barrier/Partition Controls (example 2)**
    - Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
    - Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
    - Conduct temperature screening (follow steps below).
    - Perform hand hygiene.
      - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
    - Put on disposable gloves.
    - Check the child's temperature, reaching around the partition or through the window.
    - Make sure your face stays behind the barrier at all times during the screening.
    - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
    - If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.

- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
  - **Reliance on Personal Protective Equipment (example 3)**

    If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child.

    However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.
    - Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
    - Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
    - Take the child's temperature.
    - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
    - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
    - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
    - After each screening, remove and discard PPE, and wash hands.
    - Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
    - If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
    - If your staff does not have experience in using PPE:
      - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available.
      - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE.

Guidelines for Cleaning and Disinfecting the Environment

What are Delaware's required practices?

All programs must continue to follow DELACARE Regulations. In addition, all programs must:

- Suspend use of sand and water tables.
  - Water tables may be used if proper social distancing can be maintained, such as only one child using the water table at a time, and the water tables are cleaned in between each child's use and sanitized at the end of each day.
- Suspend use of shared Play-Doh or other clay-like materials.
- Suspend use of shared toys that children wear on their faces such as play masks and goggles, except play masks or goggles that are worn by an individual child and stored separately for that individual child.
- Staff and children MUST wash hands upon entering the classroom and upon leaving.
- All hard surfaces must be sanitized twice a day and as needed.
- Toys should be separated for sanitizing immediately after being placed in a child's mouth.
- All frequently touched surfaces (doorknobs, light switches, faucets, and phones) should be sanitized frequently throughout the day.
- Access to food preparation areas should be restricted to only staff who are essential to food preparation.

Programs must ensure that they have adequate supplies to meet the additional cleaning and sanitizing requirements above.

What are additional recommended practices?

It is important to review and update your program's cleaning, sanitizing, and disinfecting schedule. If you need help determining when cleaning, sanitizing, and disinfecting is required, further information is offered by Caring for Our Children here. The CDC also has detailed recommendations regarding cleaning, sanitizing, disinfecting, and ventilation at child care settings. You can find them here.

From Centers for Disease Control and Prevention

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.

- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- Avoid sharing electronic devices, toys, books, other games, and learning aids.
- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas and taken home each day and cleaned, if possible.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Ensure safe and correct application of disinfectants and keep products away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. 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 or decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Handwashing

What are Delaware's required practices?

All programs must continue to follow DELACARE Regulations. In addition:
- Staff and children must wash hands upon entering the classroom and upon leaving.
- Business owners must provide staff and children with access to handwashing facilities and supplies and hand sanitizer. Children and staff must be allowed time to wash hands frequently throughout the day.

What are additional recommended practices?

Caring for Our Children offers clarification on both hand washing procedures and hand washing schedules.

From Centers for Disease Control and Prevention

- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
  - After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.
- What You Need to Know about Handwashing CDC video
- Train all staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure social distancing is maintained.

Diapering and Toileting

What are Delaware's required practices?

> All Delaware programs must follow the current DELACARE Regulations.

What are additional recommended practices?

From [Centers for Disease Control and Prevention](#)

When [diapering](#) a child, [wash your hands](#) and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas:

- Prepare (includes putting on gloves)
- Clean the child
- Remove trash (soiled diaper and wipes)
- Replace diaper
- Wash child's hands
- Clean up diapering station
- Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the area with a fragrance-free product that is EPA-registered as a sanitizing or disinfecting solution. *NOTE: DELACARE Regulations state that the diaper-changing area must be cleaned with soap and water prior to disinfecting.*

If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

Minimize Risk While Caring for Children

Healthy Hygiene Practices

What are Delaware's required practices?

- All child care providers and/or staff working in child care facilities must wear cloth face coverings covering the nose and mouth while at work.
  - During nap time when children are sleeping, staff may remove the cloth face covering IF social distancing is maintained and the mask is readily available to reposition properly on the face when approaching children and others.
  - During outside play, staff may remove the cloth face covering IF social distancing is maintained and the mask is readily available to reposition properly on the face when approaching children and others.
- If a staff member or other adults in a child care facility cannot wear a face covering due to a medical condition, documentation from the individual's health care provider is required but does not require the health condition to be named. Documentation must be available for review upon request by DPH or OCCL.
  - Individuals with such documentation are required to wear a face shield at such times that a facial covering would be required.
- Providers must follow DPH guidance regarding face coverings for children and the modifications to Delaware's State of Emergency due to a public health threat;
  - All children in kindergarten and above must wear face coverings at all times while inside child care centers and child care homes except for meals, naps, or when doing so would inhibit the child's heath. If outside the child care home or center, face coverings must be worn by children kindergarten and above if social distancing cannot be maintained.
  - All children 2 years of age through pre-kindergarten are strongly encouraged to wear face coverings if they can do so reliably in compliance with CDC guidance on how to wear cloth face coverings while inside child care homes and centers, except for meals, naps, or when doing so would inhibit the child's heath and outside, if social distancing cannot be maintained.
  - Any child under two years of age must not wear a face covering due to suffocation risk.
  - Child care homes and centers shall develop written procedures to respond to individual requests for reasonable accommodations or modifications to their face covering policy to allow a child who cannot wear a face covering because of their health or a disability to participate in, or benefit from, the programs offered or services that are provided by the child care home or center.
  - Child care providers and staff at child care homes and centers must supervise use of face coverings by children to avoid misuse and monitor compliance.
- Facilities must deny entry to anyone in kindergarten or above who is not wearing a face covering in compliance with DPH guidance and the State of Emergency, if one is not available to be provided to that person.
- Business owners must provide these cloth face coverings to staff if staff do not already have them;
- Business owners must provide staff and children with access to handwashing facilities and supplies and hand sanitizer. Children and staff must be allowed time to wash hands frequently throughout the day;
- Social distancing of 6 feet for school-age children shall be maintained with appropriate use of face coverings, as appropriate to the age and developmental levels of the school-age children in care and

the activities being performed. Note: if the children are seated and facing the same direction, then 3 feet between students with use of face coverings is appropriate. Social distancing of younger than school-age children is not required but is encouraged where feasible.

What are additional recommended practices?

- Parents/guardians and child care staff should discuss the considerations in this document for each individual child, and consult with the child's health care provider if necessary (e.g., for children with certain conditions such as asthma), to determine if an individual child is able to safely and consistently wear a cloth face covering while in child care.
- There are a variety of strategies parents/guardians and child care providers can use to assist children with becoming comfortable wearing cloth face coverings. Parents/guardians are encouraged to practice these strategies at home to help their child become comfortable with wearing a cloth face covering prior to use of a cloth face covering in a child care.

From Centers for Disease Control and Prevention

- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Additional information can be found here.
- Teach and reinforce use of cloth face coverings among all staff. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings.
- Directions for wearing and making cloth face coverings can be found here.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, and tissues.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

Physical Distancing

What are Delaware's required practices?

- Adults who drop off and pick up children must do so at the entrance to the facility, or in the foyer area, not the classroom, unless the classroom has its own separate entrance where the child can be safely dropped off. Staff will receive the children and see that they arrive safely in their classrooms.
- The maximum allowable group size is 15 preschool-age children or younger (or smaller, as contained in DELACARE Regulations based on the ages of children or room size restrictions);
- The maximum allowable group size is 25 school-age children (kindergarten or higher), space permitting.
    - o Staff to child ratio may be 1:20 for school-age children if supervision is provided by an early childhood teacher (or higher) or a school-age site coordinator (or higher). Otherwise, two staff are required to provide supervision when the group size exceeds 15 school-age children.
    - o Variances will not be granted to exceed the maximum group size of 25.

- Groups should consist of the same children and staff each day, and mixing of groups should be restricted as much as possible;
- Groups must be kept at least 6 feet apart if using shared spaces;
- Providers may seek a variance from OCCL if they must have a group size larger than 15 preschool-age children or younger and have the space to accommodate the larger group, as specified in DELACARE Regulations. Variances will not be granted to exceed maximum group size or minimum staff to child ratios contained in DELACARE Regulations. Providers must follow the variance process outlined in DELACARE Regulations.
- Social distancing of 6 feet for school-age children shall be maintained with appropriate use of face coverings, as appropriate to the age and developmental levels of the school-age children in care and the activities being performed. Note: if the children are seated and facing the same direction, then 3 feet between students with use of face coverings is appropriate. Social distancing of younger than school-age children is not required but is encouraged where feasible;
- Child care homes and centers must discontinue off-site field trips.

What are additional recommended practices?

From [Centers for Disease Control and Prevention](#)

- Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).
- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day.
    - If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders.
        - If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festivals, holiday events, special performances, field trips, inter-group events, and extracurricular activities.
- Consider whether to alter or halt daily group activities that may promote transmission.
    - Keep each group of children in a separate room.
    - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
    - Space out seating to 6 ft. apart, if possible.
    - If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe to further reduce the potential for viral spread.
- Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative support staff to telework from their homes.

Outside Play

The fresh air and Vitamin D found outdoors help build our immune systems and encourage social distancing.

What are Delaware's required practices?

- Public playgrounds are recommended to remain closed. However, child care facilities may continue to use their playgrounds with certain restrictions. Groups of children should be separated from each other throughout their day, including during outdoor play. Only one group of children may be on a single playground at one time. The equipment should be wiped down to the greatest extent possible between classes. This limits exposure if a child is identified as positive.
- If the facility has multiple playgrounds, sometimes intended for different age groups, one group may be on each playground provided the two groups remain at least six feet apart at all times. For example, one group of children could be on the infant/toddler playground while another group of children is on the separate preschool playground IF the two groups remain six feet apart. The number of children in each group is limited to a maximum group size for that age group, and children from different classrooms may not be combined or mixed. The equipment should be wiped down to the greatest extent possible between classes.
- Use of sprinklers is permitted if social distancing is maintained.
- At this time, OCCL will not cite non-compliance to DELACARE Regulations (Family/Large Family: 52F; Center: 76C) if the requirement for daily moderate to vigorous physical activity indoor or out is not met.
- During outside play, staff may remove the cloth face covering IF social distancing is maintained and the mask is readily available to reposition properly on the face when approaching children and others.
- If outside the child care home or center, face coverings must be worn by children kindergarten and above if social distancing cannot be maintained.

What are additional recommended practices?

From [Centers for Disease Control and Prevention](#)

- Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- Outdoor areas, like **playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection**.
  - Do not spray disinfectant on outdoor playgrounds - it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
  - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
  - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- Sidewalks and roads should not be disinfected.
  - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

Meals & Snacks

During meals and snack times, germs and pathogens are easily passed from person to person when proper food safety precautions are not taken.

What are Delaware's required practices?

> Access to food preparation areas should be restricted to only staff who are essential to food preparation.

What are additional recommended practices?

> The Child and Adult Care Food Program (CACFP) offers free resources, including video snippets on food safety procedures such as handwashing. These videos and more can be found on the CACFP website.

From Centers for Disease Control and Prevention

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
- Avoid sharing of foods and utensils.
- Food preparation should not be done by the same staff who diaper children.
- To the extent possible, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
    - Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
    - Child care providers should change the child's clothes if secretions are on the child's clothes. They should change the button-down shirt, if there are secretions on it, and wash their hands again.
    - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
    - Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.
    - Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.

Activities

What are Delaware's required practices?

All Delaware programs must follow the current DELACARE Regulations, except for the modifications below.

Child care homes and centers must discontinue off-site field trips.

In addition, the DSCYF Secretary of Education has the authority to suspend and/or modify existing DELACARE Regulations as needed to provide greater flexibility for child care providers. The following sections of *"DELACARE: Regulations for Early Care and Education and School-Age Centers"* are suspended and modified as indicated:

Modify 76.D Activity Schedule (Center Regulations)
Guidance: A licensee shall ensure screen time activities, such as watching television, using a gaming device, tablet, phone, or computer, are supervised by a staff member, age-appropriate, and educational.
   a. Screen time activities for preschool age children require written parent/guardian permission and are limited to one hour or less per day, unless a special event occurs. Exceptions to this can be requested by submitting a completed variance request to OCCL if a preschool-age child or younger has an IEP, IFSP, or attends a public/private preschool program that has remote learning requirements for that student.
   b. Screen time activities for school-age children do not require parent/guardian permission and are limited to one hour a day, unless connected with the school-age child's educational program.
   c. Children younger than two years of age are prohibited from participating in screen time activities.
   d. Assistive technology is not included in screen time restrictions.

Modify 52.J Activities and Interactions (Family and Large Family Child Care Homes Regulations)
A licensee shall ensure activities, such as watching television or using a gaming device, tablet, phone, or computer, are supervised, age-appropriate, and educational.
   a. Screen time activities for preschool age children require written parent/guardian permission and are limited to one hour or less per day, unless a special event occurs. Exceptions to this can be requested by submitting a completed variance request to OCCL if a preschool-age child or younger has an IEP, IFSP, or attends a public/private preschool program that has remote learning requirements.
   b. Screen time activities for school-age children do not require parent/guardian permission and are limited to one hour a day, unless connected with the school-age child's educational program.
   c. Children younger than two years of age are prohibited from participating in screen time activities.
   d. Assistive technology is not included in screen time restrictions.

What are Delaware's required practices?

- Reporting of COVID-19 cases among staff or students to DPH is required. It is covered under the category of Severe Acute Respiratory Syndrome (SARS) – as SARS CoV-2 is the virus that causes COVID-19. A full list of notifiable diseases is listed here. Child care providers must report positive cases of COVID-19 in their center or childcare home to DPH.
- If a child or employee tests positive for COVID-19, contact the Division of Public Health at **1-888-295-5156** or **dphcall@delaware.gov** to discuss next steps.
- Additional information and advice from the Delaware Department of Public Health (DPH) can be found in the FAQs for Responding to COVID in Licensed Child Care Facilities. Steps for child care programs to respond to positive or possible COVID-19 cases are outlined in the Navigating COVID-19 graphic.
- Facilities with positive cases should contact DPH at **hspcontact@delaware.gov** or 2-1-1 for cleaning guidance specific to their facility.
- Providers must notify OCCL within one business day in the event that they decide to close the facility.

From Centers for Disease Control and Prevention

- Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
- Keep sick children and staff separate from well children and staff until they can be sent home.
- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone sick to their home, or to a healthcare facility
- Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. Additional information about isolation in related settings can be found here: isolation at home and isolation in healthcare settings.
- Be ready to follow CDC guidance on how to disinfect your building or facility if someone is sick.
- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- ***If COVID-19 is confirmed*** in a staff member, child, or family member, it is important to act quickly and follow your Emergency Plan.
  - Close off any areas used by the individual for a significant amount of time (greater than 15 minutes).
  - Open outside doors and windows to increase air circulation in the areas.
  - Wait up to 24 hours or as long as practical before you clean and disinfect to allow respiratory droplets to settle before cleaning and disinfecting and to minimize potential for exposure o respiratory droplets for the individuals cleaning.
  - Ensure safe and correct application of disinfectants and keep products away from children.
  - Clean and disinfect all areas the infected person had access to, such as offices, bathrooms, hallways, and common areas.

- Advise sick staff members or children not to return until they have met CDC criteria to discontinue home isolation.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.

This is a stressful time, and it is important to support the mental well-being of everyone in your program, including children, families, staff, and yourself, as programs close, transition, and reopen. Below are resources that may be helpful to you in meeting the ongoing social-emotional needs of those in your program:

Supporting Early Childhood Professionals

There are many resources for self-care for early childhood professionals while their programs are closed as well as when the programs are open and are serving families. Strategies can include:

- Virtual trainings and webinars (recorded or live)

Existing Delaware trainings and supports related to well-being and self-care
- DIEEC-PD https://dieecpd.org/
  - Virtual training with Community of Practice - *Stress and Resilience: Building Core Capabilities*
  - Virtual, live training - *Mindfulness: A Resilience Practice*
- Early Childhood Mental Health Consultation DSCYF_ECMHS@delaware.gov 302-256-9308
  - Consultants can facilitate self-care and mindfulness training, help programs reduce teacher and caregiver stress, and support social and emotional wellbeing
- Mental Health DE https://mentalhealthde.com/mental-wellness/

Established professional organizations offering wellness/self-care webinars and resources
- Administration for Children & Families, Early Childhood Training & Technical Assistance System
  - *Practicing Self-Care and Professionalism*: https://childcareta.acf.hhs.gov/sites/default/files/public/itrg/article_self-care_for_teachers.pdf
- Centers for Disease Control & Prevention (CDC)
  - *Managing Stress and Anxiety:* https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html
- Collaborative for Academic, Social, and Emotional Learning (CASEL)
  - *General social and emotional learning resources:* https://casel.org/
  - *Weekly Webinars:* https://casel.org/weekly-webinars/
- Mental Health America
  - *Webinar: Wellness Routines for Uncertain Times*: https://www.mhanational.org/events/wellness-routines-uncertain-times
- National Association for the Education of Young Children (NAEYC)
  - *Talking to and Supporting Children and Ourselves During the Pandemic*: https://register.gotowebinar.com/register/4843463476337444880
  - *Remember to Take Care of Yourself: Six Ideas for Family Child Care Providers*: https://www.naeyc.org/resources/blog/six-ideas-family-child-care-providers

- o Office of Head Start
  - *COVID-19 Check-In*: https://eclkc.ohs.acf.hhs.gov/blog/covid-19-check
- o ZERO TO THREE
  - *Mindfulness Breaks: A Weekly Series for Self-Care*: https://www.zerotothree.org/resources/3351-mindfulness-breaks-a-weekly-series-for-self-care
  - *Mindfulness Toolkit*: https://www.zerotothree.org/resources/2896-getting-started-with-mindfulness-a-toolkit-for-early-childhood-organizations

- Virtual staff meetings held prior to reopening. This time can be spent explaining changes in program operations and environments that have been put in place to help ensure the safety and health of staff, children, and families. Allowing time for and responding to questions can help minimize staff stress.

- Virtual communities of practice and/or a buddy system to provide opportunities to talk about their experiences. Sharing personal observations can facilitate a sense of community support.

- Monitoring staff well-being, either formally or informally. There are several methods that center administrators and family child care networks can use to gather information about the overall well-being of educators who provide direct service to children and families. Incorporate brief check-ins into daily routines for regular and quick touchpoints. This information can guide you in choosing resources for your colleagues. Some possibilities include:
  - o A digital poll (e.g., Google poll) that allows educators to register their mental or emotional state. A sample prompt might include, "How are you feeling today?" with response options of "Great," "Okay," and "I'm struggling." If wanted, responses can be anonymous.
  - o A physical poll that allows staff the same options. There are many possibilities that could also allow for privacy, including color-coded response systems. (e.g., stickers, Post-It Notes).

Talking with Children about COVID-19

Early childhood professionals are well-versed in developmentally appropriate ways to talk with children about difficult subjects, as well as appropriate communications with families. Discussions regarding the COVID-19 pandemic, its implications for young children and their families, and changes in children's environments and routines should follow the same guidelines early childhood professionals use for talking about other difficult topics.

Prior to Reopening Centers and Homes
The transition back to child care can be stressful for children and their families. We all need to be tuned in to children's and family members' emotional needs. Part of the back-to-child-care transition strategies could be a video introduction to the classroom or family child care home. Offer a chance to see the educator without a cloth face covering and with the cloth face covering on—showing that this is the same person. If possible, online chats one-to-one with the child's educators prior to reopening can also ease the transition for returning children and help to begin building relationships with new enrollees and their families. And, as programs prepare to reopen, it would be helpful for the early childhood professionals to prepare large pictures of their faces to pin onto their shirts so that children can see who the person is behind the cloth face covering.

Strategies for Talking with Children

- First, it's important to deal with your own anxiety and fears about COVID-19. When you're feeling anxious about the virus or about the pandemic—that's not a good time to talk with young children, who will certainly pick up on your anxiety and concern. Use whatever methods that you typically use to be calm in troublesome situations—be that meditation, exercise, yoga, talking with colleagues, etc. See the strategies noted in the previous section, Supporting Early Childhood Professionals.

- Remain calm and reassuring as you talk with children. Reassure children that when we follow the guidelines for what we're supposed to be doing to stay safe and healthy, there is a small chance that they will become infected and get sick.
  - A note of caution from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA): Be careful not to pressure children to talk about the outbreak or join in expressive activities. While most children will easily talk about the outbreak, some may feel frightened. Some may even feel more anxiety and stress if they talk about it, listen to others talk about it, or look at artwork related to the outbreak. Allow children to remove themselves from these activities and monitor them for signs of distress.

- Share with children what you are doing to stay safe—and what they will be doing, as well. "Our strategies include washing hands thoroughly—for example, singing Happy Birthday twice while lathering up and washing—when we come in from the outside; before we eat; after blowing our noses, coughing, sneezing, or using the bathroom. We also practice physical distancing—staying 6 feet away from others." You can use a variety of methods with primarily nonstandard measures to help young children be aware of the 6-foot distance, such as using a 6-foot string to help children see what 6 feet looks like, the distance from the table toys bookcase to the music area (or other areas that are 6 feet apart).

- Do not use or reinforce language that might blame others and lead to stigma. Children might have heard adults stating misinformation or biased opinions, calling COVID-19 the Chinese virus, or that Blacks and Hispanics are more at risk than other groups, etc. Use correct terminology (COVID-19) and, when necessary, remind children that viruses can make anyone sick, regardless of a person's race or ethnicity.

- Discuss COVID-19 in a developmentally appropriate way. Children are most likely hearing about COVID-19 from the TV, online programs, parents' discussions, etc. Help children feel informed and reassured. "COVID-19 can look different in different people. For many people, being sick with COVID-19 would be a little bit like having the flu. People can get a fever, cough, or have a hard time taking deep breaths. Most people who have gotten COVID-19 have not gotten very sick. These people stay home, rest, and try to stay away from others. Some people with COVID-19 have to go to the hospital for care by doctors and nurses."
  - The National Association for the Education of Young Children (NAEYC) offers this additional resource: Talking to and Supporting Children and Ourselves During the Pandemic https://register.gotowebinar.com/register/4843463476337444880

- Encourage children to ask questions and talk about what they know about COVID-19 and what they may fear. Respond in ways that are factual and reassuring. If you are unsure of the facts, the sites referenced throughout are good sources for current information.

- Stick to previously established routines and, as necessary, create new or modified routines and stick to these. Explain to children what the new routine is and why we're using it, such as:
  - "We don't do circle time with the whole group now because it's difficult for all of us to be 6 feet apart in our classroom or FCC home."
  - "We won't be eating family style, but the teachers will give each child a plate of food at snack and mealtime(s) so that we're not all touching the serving utensils."

Changes in the Environment and Routines to be Discussed with Children

The guidance from the Centers for Disease Control, the Office of the Governor, and other sources will involve changes to the environment and routines. Children will notice! It's important to address these changes up front with children and family members to minimize their anxiety.

These changes could include:
- Caregivers who typically bring their child into the program, will now leave their child at the entry of the program, and an early childhood professional will escort the child to his or her classroom, or the family child care home area where children play.
- All the adults are wearing cloth face coverings so that they don't spread any germs.
- An early childhood professional is taking the temperature of everyone who comes into the center or home.
- All the plush and soft toys have been removed because these are not easily cleaned, sanitized, or disinfected.
- Snacks and meals are plated, not served family style.
- The cots are farther apart at naptime.
- Children remain in their classroom for the whole day—groups are not combined in the beginning or toward the end of the day when the number of children in the center is lower.
- Not all areas are open, such as sensory or sand play, modeling with play-dough and clay. Some areas are doubled to ensure smaller groups of children at play, such as having two block areas and/or two dramatic play areas (if space allows, of course).
- Toys, tables, bookcases, and other surfaces are cleaned more often than pre-COVID-19.
- No large-group time in programs—perhaps replaced by several small-group activities.
- Only one group at a time will use the outdoor area (if your program typically allows multiple classrooms to use the outdoor area simultaneously).

Additional Resources for Talking with Children about COVID-19:
- Centers for Disease Control (CDC). Talking with Children about Coronavirus Disease 2019
- Child Mind Institute. Talking to Kids about the Coronavirus Crisis
- Substance Abuse and Mental Health Services Administration (SAMHSA). Talking with Children: Tips for Caregiver, Parents, and Teachers during Infectious Disease Outbreaks
- National Association for the Education of Young Children (NAEYC). The Power of Storytelling in Early Childhood: Helping Children Process the Coronavirus Crisis
- National Association of School Psychologists (NASP): Talking to Children about COVID-19, available in English and Spanish
- Public Broadcasting Service (PBS): 10 Tips for Talking About COVID-19 with your Kids
- Public Broadcasting Service (PBS): (Video) WATCH: 5 tips for talking to children about COVID-19
- Help Guide: Helping Children Cope with Traumatic Events

Whether you are currently open or are planning for when you are opening again, it is important to engage in regular risk management assessments of your program. A risk management assessment is a simple tool to ensure that you are planning for all situations that may occur. The guidance below is designed to support programs in developing their written plan for COVID-19, as required for all licensed child care programs (LCCs), and is aligned with DSCYF's "COVID-19 Child Care Plan Template".

Preparedness and Planning	
Mandated Requirements	**Considerations**
Follow the current requirements for cloth face coverings	• How will I provide cloth face coverings for staff? • How will I communicate the program's cloth face covering policy to staff and families? • How will I educate my families and staff on why face coverings are necessary, how to wear them, and how to remove them? • How can I support families to help their children be more comfortable with wearing face coverings? • What will I do if a staff member refuses to wear a cloth face covering? • What will I do if a parent/guardian refuses to follow the program's cloth face covering policy? • How will children's face coverings be stored during times when they cannot be worn? • Do I have a need for any health care grade masks? • How will I train my staff on proper face covering procedures?
Recommendations	**Considerations**
Practice every day preventative measures	• How can I educate myself on the preventative measures that can be taken to prevent the spread? • How will I educate staff and families about the preventative measures they should take and why these measures are important? • What will I do to ensure staff/children/families are practicing preventative measures? • What procedures will we follow? • How will I train my staff on these new procedures?
Post DPH signage	• How will I access printed copies of signage? • Where will I post signage, so it is visible to staff and families?
Plan for staff absences	• How many staff do I need to cover each classroom, as well as the additional responsibilities (cleaning, mealtime, etc.)? • How will staff notify me if they are sick? What information will I want to know? • How will I monitor absenteeism to identify trends in illness? • How will I ensure that I have enough staff in the event someone calls out? • What information should I share with staff if they are ill?
Plan for if/when a child/staff member becomes ill while at child care	• Where will a child be cared for if they become sick? • Who will care for them? Will this person wear different PPE while caring for the ill child?

	• How will I ensure that I have an immediate substitute if a staff member falls ill during work?
Encourage high-risk staff to contact their health care provider	• Which of my staff are considered high-risk? • What can I do to ensure that they stay safe while at work? • What will high-risk staff do if there is a suspected case in the facility?
Plan for a positive case of COVID-19	• Who will I contact if there is a positive case of COVID-19 in my facility? • What cleaning procedures will I take? • What cleaning supplies will I need?

Preparedness and Planning Resources

Preventative Measures
CDC Guidance-Prevention
CDC Guidance-People at Higher Risk
CDC Guidance-General Preparedness and Planning

Face Coverings
DPH COVID-19 Guidance Face Coverings for Children
CDC Information about Cloth Face Coverings
CDC Use of Cloth Face Coverings to Help Slow the Spread
Sequence for putting on/removing masks
Cloth Face Coverings for Children

Handwashing
Caring for Our Children-Handwashing Procedure
Caring for Our Children-Handwashing Schedules
CDC Handwashing Information
CDC What You Need to Know About Handwashing Video
CDC When and How to Wash Your Hands

Signage
CDC How to Stop the Spread
DPH Signage
CDC Handwashing Posters

Caring for Ill Children/Staff
CDC Guidance-Caring for Someone
CDC Guidance-Steps When Sick

Arrival/Drop-off and Screening Procedures	
Mandated Requirements	**Considerations**
Adhere to the required screening practices for adults and children entering the facility	• How will staff be screened? • What will the process be for screening children? • What supplies do I need to complete the screening process? • How many of each item will I need to ensure all screeners have the appropriate materials? • How will I track that children/staff have been screened each day? • Who will bring the children to their classroom? • Who will be responsible for screening children? • How will I train those who are responsible for screening? • How will I protect the health of those staff members who will be completing child health screenings each day?
Recommendations	**Considerations**
Remind staff to stay at home if they are sick	• Under what circumstances should staff stay home? • How should staff communicate their symptoms to the facility? • When are staff permitted to return to work?
Remind parents to monitor children for signs of illness and keep them home if they are sick	• Under what circumstances should children stay home? • How should parents/guardians communicate their child's symptoms to the facility? • When are children permitted to return to the program?
Stagger arrival/drop-off times and pick up times	• How will I determine when each family will drop off and pick up? • How will I communicate this information to each family? • What do parents need to do if they need to drop off or pick up outside of their assigned time? • How can I encourage the same person to drop off/pick up each day?
Arrival/Drop-off and Screening Procedures Resources	
Sequence for putting on/removing PPE CDC Guidance-Parent Drop-off and Pick-up	

Stable Groups and Social Distancing	
Mandated Requirements	**Considerations**
Centers: Adhere to the requirements for group size and mixing of groups. *LFCC/FCC: Follow DELACARE Regulations regarding the number and ages of children served, while practicing social distancing to the extent practical given the age, ability, and social and emotional needs of the children in care.*	• How can I schedule staff to minimize the number of individuals in the classroom? • Can I adjust schedules to allow more children to enroll while keeping to the required group size? • How will I handle times of the day with lower enrollment to prevent mixing of groups? o If groups need to be combined in morning/afternoon, where is the best location that can ensure social distancing and easy sanitation? • How will I handle staff call outs to prevent shifting children into other classrooms? • How can I use the physical space in the room to encourage social distancing? • How can I manage child play within centers to encourage social distancing?

Suspend the use of all outside contractors, enrichment programs, and entertainment, except those currently permitted by OCCL.	• How will I maintain communication with outside contractors, enrichment programs, and entertainment around current regulations and future plans?
	Outside workers
	• How will I communicate with outside individuals around wearing face coverings during their time in the building?
	• What cleaning and sanitizing procedures will I follow after outside workers are in my building?
	Others visiting during business hours
	• What procedures will specialists follow when they enter the building?
	   o How will I screen these individuals? Where will I document this?
	   o Where can they wash their hands when they arrive and leave?
	   o Will I supply face coverings for specialists or are they required to supply their own?
	• Will specialists be allowed in classrooms or will there be another supervised space for them to work with the children?
	• How can I communicate my expectations in advance of specialist visits?

Recommendations	**Considerations**
Stagger the use of shared spaces (playgrounds, cafeterias, etc.)	• How can I schedule the playground for one group at a time? • Does this schedule allow enough time for children to transition to and from the space to ensure groups do not mix or pass each other? • Do these times allow for cleaning between the classes? • Who is responsible for the cleaning between classes?
Cancel large group activities where children cannot be at least 6 feet apart	• Is there another way to complete these activities in smaller groups where the children can be six feet apart? • How will I help the children understand the new procedures?
Ensure that children's naptime mats or cribs are spaced out as much as possible and/or placed head-to-toe and follow current DELACARE Regulations for spacing	• How can I use the floor space to spread children's cots throughout the room? o Can large furnishings, such as shelves, be moved to accommodate additional spacing at naptime? • Are there areas you typically do not use or use less frequently?
Stable Groups and Social Distancing Resources	
[CDC Guidance: Social Distancing Strategies](#) Strategies for Talking with Children on page 29 of ***Re-Opening Delaware Child Care Safely***	

Sanitation and Cleaning Practices	
Mandated Requirements	**Considerations**
Adhere to the required additional cleaning, sanitizing, and disinfecting practices	- What materials do I need to remove from my child care space? - What cleaning supplies will I need? - How can additional cleaning be done in a manner that does not interfere with engaging with the children? - How can my teachers educate the children in these expectations? - Are there staff who can be designated for cleaning areas of the building throughout the day? - How will my teachers receive training in these practices to ensure that they are able to follow through on expectations? - Who is responsible for the additional cleaning throughout the day? - When will daily cleaning take place? - How will I support and track that the additional cleaning is being completed? - Who is responsible for cleaning the common areas?
Recommendations	**Considerations**
Clean all toys at the end of each day following CDC recommendations	- What cleaning supplies will I need? - Can the toys in the classroom be cleaned? If not, is there an alternate material that could be used to meet the same goal? - Who will clean toys each day? - When will daily cleaning take place? - Is this part of the daily cleaning schedule?
Ensure that meals, if served, are individually plated	- How is this different from our normal mealtime? - Who will be responsible? - Are there other alternatives? (Children bring their own food from home?)
Minimize the use of soft toys or other toys that cannot be easily cleaned or laundered	- What materials cannot be easily cleaned or laundered? - What are other materials that could replace those not easily laundered to meet the same goal? - Are there other ways to give children access to softness in the classroom?
Sanitation and Cleaning Practices Resources	

CDC Guidance-Cleaning and Disinfecting
Caring for Our Children-Routine Schedule for Cleaning, Sanitizing, and Disinfecting
A Flash of Food Safety Videos

Supporting Remote Learning
Considerations

Preparing Families of School-Age Children
- How will you determine roles/accountability for the completion and quality of schoolwork among staff and families? How will this be communicated with families?
- How will you communicate with families about children's learning?
- What information will new families need to know about program procedures? How will you share this information with families?
- How will you communicate with families to ensure children have the necessary materials/supplies required for remote learning?
- Who will be responsible if a device is damaged? How will you communicate this to families ahead of time?

Preparing School-Age Child Care (SACC) Staff
- How will SACC staff be supported to learn the variety of virtual platforms (Zoom, Microsoft Teams, Schoology)?
- What information do the SACC staff need from families to prepare?
- How will you staff the school-age classrooms to support virtual learning?
- How will your program support the social emotional needs of SACC staff?
- How can you support your SACC staff to share ideas, challenges, and offer support to one another?
- How will SACC staff learn about individual DOE classroom expectations?
- How will SACC staff be supported to reflect on policies and procedures and make changes to improve the quality for SA children and families?

Preparing the School-Age (SA) Virtual Learning Environment
- What additional materials and furnishings will you need?
- How can the SACC classroom be arranged to support privacy and SA children's ability to focus on virtual learning?
- How will you manage a variety of schedules needed for SA children's virtual learning?
- How will you manage the variety of "break times" considering that other SA children may be actively engaged in their online classes?
- How will you charge numerous devices at once?
- How will internet use be monitored to ensure SA children are only using their devices for schoolwork?
- What steps can you take to ensure that your internet can handle the traffic?

Supporting School-Age Children
- How will you welcome SA children and their families?
- How will SA children learn about the safety precautions and classroom expectations?
- How will you support SA children who have special needs?
- How will you support SA children who are dual language?
- Will your program provide meals to SA children?
- How will you support SA children's social-emotional needs?
- What happens if a school-age child misses a scheduled class with their DOE teacher?

Partnering with DOE Schools
- How will you communicate with a SA child's DOE school and classroom teachers about the child's learning?
- How will you receive updates from DOE school districts?
- What resources are available through the school districts to support SA children and families? How might your program access these?

Students Participating in Hybrid Learning
- How will you be notified if a SA child attending in a hybrid format is exposed to COVID-19 at their DOE school or on the bus? Do you have a response plan?
- How can your program minimize its risk of exposure with SA children are attending a hybrid format at a DOE school?

Additional Considerations for Family and Large Family Child Care Providers
- How will you adjust your daily schedule to meet the needs of the school age children's DOE school schedules, as well as the younger children in your care?

Other
- How will you choose which SA children to enroll if there are too many to accept?

Supporting Remote Learning Resources

- School District Reopening plans/websites
- Communication Apps
    - Peachjar, ClassDojo, TalkingPoints, Remind, SayHi, Bloomz
- CDC Checklist: Planning for In-Person Classes
- CDC Checklist: Planning for Virtual or At-Home Learning
- CASEL Cares Initiative Resource Page
- Sample Communication Scripts for Connecting with Families