ECE Provider Call

Meeting Minutes

January 27, 2022 – 1:30pm

Kimberly Krzanowski, Executive Director, Office of Early Learning

Kim welcomed everyone and thanked them for joining today's call. She shared that over 200 participants had joined the call. This call was recorded for transcription purposes.

Emily Cunningham, Delaware Department of Education

Thank you from the Delaware Department of Education (DDOE), on behalf of Secretary Mark Holodick, who couldn't join but looks forward to joining on the next call. Announced Yvette Sanchez Fuentes' departure as the Associate Secretary of Early Childhood Support at DDOE as of December 31, 2021. Update on the seven (7) current job openings in early learning at DDOE. For more information about the current job openings please visit www.joindelawareschools.org

Elizabeth (Betty Gail) Timm, Director, Office of Child Care Licensing (OCCL)

Effective January 1, 2022, all CPR (cardiopulmonary resuscitation) initial certifications as well as renewal certifications must contain the hands-on skill demonstration component to be acceptable to the Office of Child Care Licensing (OCCL). Refer to Center Regulation #35A2 and Family/Large Family (FCC/LFCC) Regulation #56A. The temporary waiving of this requirement is no longer in place. Any certifications issued prior to January 1, 2022, and already submitted to OCCL without the hands-on skills demonstration will remain valid until they expire.

The variance granted by OCCL on the use of interns in centers will continue. The variance pertains to center regulations 24K and 87D.

a. OCCL is placing this change in the next regulation revision so that it can become permanent. But in the proposed regulations, interns may not be alone with our most vulnerable population, infants.
b. How interns will be used in an individual center is the decision of each facility as long as it does not violate regulations.
    - Is qualified as at least an early childhood or school-age intern by Delaware First or DEEDS Early Learning;
    - Is at least 18 years old;
    - Has been determined eligible by the Criminal History Unit after completion of a comprehensive background check;
    - Has at least one month of employment at the current center; **and**
    - Has been oriented to the policies and procedures of that center and DELACARE Regulations.
c. It is recommended that centers place their more experienced staff with the younger children they serve. Remember, an Early Childhood or School-Age Aide may never be alone with children.

This will not pertain to most providers, but OCCL is reducing the number of provisional licenses a provider may receive when they have not corrected non-compliances within their control. No longer will providers be able to receive provisional licenses for multiple months when they do not comply with regulations for items within their control. Providers will still be able to receive a provisional license for possibly one or two months when needed, but not longer if the items needing correction are within their control. Talk with your Licensing Specialist (LS) with any concerns. Details will be in the letter you receive if you receive a provisional license.

Licensing specialists will check child files at the time of your annual compliance visit for blood lead testing for children 12 months and older, excluding school-age children. See regulations 41 (centers) or 23 (FCC/LFCC).

All center and large family staff working with children must be trained in Administration of Medication. Staff can meet this requirement by successfully completing "Health & Safety Training for Child Care Professionals" through DEPD Now. Staff cannot administer medication unless they are 18 years old and certified.

a. Family child care providers and at least one person **certified** to give medication at the center or large family child care must be always be onsite. Staff can meet this requirement by having a

valid certificate on file from OCCL or www.depdnow.com Again, talk with your LS with any questions.

OCCL has staff vacancies. If you know of someone who may be interested in applying to be a licensing specialist, please refer them to www.joindelawareschools.org to apply.

Thomas Hall, Director, Delaware Department of Health and Social Services (DHSS)

The POC Program continues to waive the family co-pay and we will be doing that through at least March 2022.

Beginning in December we expanded the number of approved absent days from ten to 15 days per month. Child care providers can bill for up to 15 absent days in the month for any child that attends at least one day during the month. Absent days can be the result of the need for the child to be out or the providers need to close classrooms or their facility to meet quarantine and isolation requirements. The 15 absent days will be in effect through March 2022.

We are asking all providers to mail in a copy of their most recent OCCL license to be placed in their file. Scanned copies can be sent to the POC Resource mailbox: POCResource@delaware.gov

A request was sent to providers that they tell us about closures. We are tracking the closings to assist families whose children are not required to quarantine or isolate with finding childcare.

An attendee asked about limitations on billing for POC+ charges during the pandemic. POC+ is an agreement between the family and Child Care provider, there is no State policy regarding the structure of that agreement, typically the POC+ charge is an additional daily charge. The POC team would be happy talk through individual circumstances with providers if they have questions about POC+ and their specific circumstance.

Kristy Sheffler, DIEEC – Stabilization Fund

Thank you to Tom, Kim, DHSS & DDOE for prioritizing this work and for their collaboration on developing policy guidelines that meet the strict federal requirements and still process applications as efficiently as possible. $59,237,258.28, has been approved, paid to 786 programs. DIEEC is finishing processing the final applications submitted during the initial grant rounds.

Round 4:

a. Due to the additional funding that Delaware added to the stabilization fund, eligible programs that submitted an application during the initial rounds of stabilization and remain open and serving children will receive an additional payment. This brings the total amount of direct stabilization fund payments to programs to over $90 million.
b. Programs do not need to submit a new application. When a program completes verification of their initial award, they will automatically be moved forward for payment of this next round.
c. Provider feedback about the projected amounts resulted in increasing the award amounts for both family and large family programs. Awards will be: $7,000 for family and large family programs, $37,000 for small centers, and $49,000 for large centers.
d. As with initial rounds, this funding will need to be spent on allowable expenses and verified within 6 months.
e. We are in the Opt-Out period – if programs do NOT want to receive this additional payment, notify StabilizationFund@udel.edu by January 31, 2022.

Newly licensed programs that were not eligible for participating in the initial stabilization fund rounds will be eligible to receive a payment, with details on the amounts and application process to be communicated in April.

Please direct any questions and/or if you have not received email communication from us about the stabilization fund to StabilizationFund@udel.edu

Jamie Mack, Chief, Health Systems Protection, Delaware Public Health

Early Childhood Education Guidance and Recommendations: Winter 2022

On August 16, 2021, state agencies issued emergency regulations requiring face coverings in licensed early childhood education (ECE) facilities while children are present. The requirement applies to all licensed ECE settings including all licensed family and large family child care homes and centers. (All other COVID requirements were lifted following the Governor's withdrawal of the State of Emergency on July 13, 2021.)

All mitigation strategies described herein other than mask-wearing requirements are *recommended but not required,* and ECE providers are encouraged to continue implementing the mitigation practices outlined in the guidance below and according to DELACARE regulations. As the Centers for Disease Control and Prevention (CDC) updates guidance for the 2021-2022 academic year, the Delaware Division of Public Health (DPH) and Delaware Department of Education (DOE) will continue to communicate with ECE providers to update recommendations for early education.

Requirements and Guidance (Updated)

With the Emergency Regulations (effective 8/16/21), what requirements are still in place for ECE settings?

For the winter of school year 2021-2022, everyone kindergarten age and up in an ECE facility **must** wear a face covering when children are present in the building. DPH recommends that children between ages 2 to 5 wear face coverings if they are able. Additionally, all adults and children kindergarten age and up must wear face coverings while riding on buses or ECE-affiliated transportation. Children kindergarten age and up and staff must wear face coverings except when eating or drinking. Persons who have a medical condition or disability that prevents that person from wearing a mask can request a reasonable accommodation from the child care facility. These accommodations must be available for Office of Childcare Licensing (OCCL) review if requested.

Masks are not required in licensed child care homes or facilities in the following instances:

- When seated at a table to eat or drink
- When asleep or napping
- When engaged in any activity that makes wearing a mask not feasible, such as swimming
- When a person is in a personal space (i.e., single office) and others outside of that person's household are not present
- When outdoors
- When children are not in the building

In addition, child care homes/facilities must continue to engage in practices that facilitate and support contact tracing and quarantine of close contacts and isolation for positive cases.

Is social distancing still required?

Although distancing requirements are no longer in place, ECE providers should continue to encourage distancing children at least 6 feet while masked in classrooms and 6 feet in all other places to the extent practicable.

Do children still need to be 6 feet apart while unmasked and eating?
Children should be seated a minimum of six feet apart when eating, as 6 feet is ideal when individuals are unmasked. Three feet of separation is acceptable if children are not seated directly facing one another (i.e. all facing the same direction or alternating sides of a table). Face coverings, for children kindergarten age and up, should be worn until children begin eating and replaced when they are done eating.

What are the requirements for buses or other ECE-affiliated transportation?
All child care facilities that provide transportation services to and/or from the child care facility shall recommend mask use by children ages 2 through pre-kindergarten and shall require mask use by children in kindergarten through 12th grade, staff, and visitors riding transportation vehicles, regardless of vaccination status. Providers can refer to the CDC guidance on school buses when transporting children.

CDC recommends that ECE providers create a minimum of 3 feet of distance between children on transportation *when possible*. Providers or buses should minimize child contact to the extent possible, such as loading the bus from back to front, and opening windows to increase ventilation when possible, and may consider assigning seats to be able to better conduct contact tracing if necessary.

Do children need to wear face coverings during outdoor recess or outdoor activities?
No. Face coverings are not required while playing outside.

What are the best practice recommendations for masks in children?
CDC advises that face coverings should cover the mouth and nose and fit snugly against the sides of the face. Single-layer cloth face coverings are not recommended. A reusable mask should be washed whenever it gets dirty or at least daily. A disposable mask should be thrown away after use or anytime it gets dirty. Individuals should always wash hands after handling or touching a used mask.

Will I be cited by OCCL if a parent is not wearing a mask properly while inside my child care home/center?
Yes. It is the provider's responsibility to ensure that the DELACARE Regulations and any emergency regulations are followed.

How could ECE centers or homes increase ventilation?
Good ventilation is a critical component of mitigating the risk of COVID-19. CDC recommends opening windows or increasing airflow as much as possible in indoor spaces and allowing children to be outside as much as possible, such as for lunch or snack time. Other options may include improvements to a building's HVAC system, adding specific types of air filters in rooms, placing fans near windows to increase circulation and air exchange (but out of children's reach), and other approaches outlined in the link above.

How should we be cleaning our facilities, including indoor and outdoor spaces?
Additional, enhanced, or specific cleaning is not necessary, as recent research demonstrates that the COVID-19 virus is rarely transmitted via surfaces. Providers should clean and disinfect frequently touched surfaces according to best practices/DELACARE Regulations using an EPA-registered product, a commercially prepared product, or a bleach and water solution according to manufacturer's directions. The CDC and Environmental Protection Agency (EPA) have guidance

for cleaning and disinfecting child care facilities and a simple decision tool for assistance. For more information on cleaning and disinfecting practices, please see: https://www.cdc.gov/coronavirus/2019- ncov/community/schools-childcare/clean-disinfect-hygiene.html.

Outdoor areas such as playgrounds require only routine cleaning but not disinfection. Based on current CDC guidance:

- Spraying cleaning products or disinfectants in outdoor areas – such as on sidewalks, roads, or groundcover – is **not** necessary, effective, or recommended.
- High-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly.
- Cleaning and disinfection of wooden surfaces (such as wood play structures, benches, tables) or groundcovers (such as mulch and sand) is not recommended.

For additional information on cleaning, please refer to CDC's resources at: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html .

ECE providers should promote and facilitate routine handwashing to children and staff throughout the day and comply with DELACARE requirements. (Family Child Care and Large Family Child Care Regulation #38; Center Regulation #59).

How can I continue screening people entering my child care home/facility?
This may be done by actively monitoring a person's temperature by (ideally) using a touchless thermometer before they enter your facility or by asking staff and children (or a parent/guardian on behalf of the child) to report their temperature upon arrival. Personnel screening for fever should consider wearing gloves and face masks.

- If a staff member or child reports or is noted to have body temperature at or above 99.5°F., discuss if there is an underlying cause. The person may be admitted but increased monitoring throughout the day must follow to ensure the temperature does not increase or additional symptoms do not develop.
- If the person has a temperature at or above 100.4°F, 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°F, they should continue to follow their policy, as well as DELACARE Regulations, on child health exclusions.
- If providers wish to further screen individuals before admitting them to the facility, they could ask, "Do you have any of the following symptoms: fever, cough, shortness of breath/difficulty breathing, chills, repeated shaking with chills, muscle pain, 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 symptoms, ask if they have been in close contact with a person with confirmed COVID-19 infection while they were infectious (starting 48 hours prior to the onset of symptoms, or the date of the test for those without symptoms, until the end of the person's isolation period).
    - If no, admit the person.
    - If yes and the person is fully vaccinated (2 weeks after second Pfizer or Moderna or following the one Johnson & Johnson vaccine), and has received all recommended doses, including booster doses (5 months after second Pfizer or Moderna or 2 months following the one Johnson & Johnson vaccine), admit the person. Children under the age of 17 who are fully vaccinated, but have not yet received a booster dose can also be admitted. (NOTE:

As of 1/31, ages 5-17 who are not boosted when eligible may not be admitted) In both cases, the individuals must wear a mask for 10 days after their last contact with an infected person.
    - If yes and the person is not fully vaccinated, do not admit the person. They must quarantine at home through the end of their quarantine period (5 days from date of last exposure to the positive case, then wear a mask for an additional 5 days) if allowed by ECE home/center policy. Monitor daily for symptoms.
- If YES and they have symptoms, but symptoms have a known cause (asthma, COPD, chronic sinusitis, etc.), the provider should weigh the risks for COVID-19 exposure and decide if the person should be admitted.
- If YES and there is a fever of 100.4 or higher, or the person is otherwise symptomatic and considered at risk for COVID-19 exposure, the person should not be admitted and should be advised to consult a health care professional for further guidance, and/or obtain a COVID-19 test.

Are field trips allowed?
Providers may consider field trips on a case-by-case basis. To reduce the risk of transmission and viral spread, eligible participants, including children, staff, and any chaperones should consider being vaccinated and receive any additional recommended doses or booster doses as soon as possible. In planning potential field trips, providers should consider the number and age of children involved, transportation required that allows for maximum spacing, chaperones needed, and whether the children will be in crowded environments, especially indoors. CDC and DPH recommend that all unvaccinated individuals practice safe mitigation strategies, including social distancing and mask wearing.

Can ECE providers be more restrictive than the state's requirements?
Yes. ECE providers may be more restrictive than the state's requirements.

Positive Cases, Close Contacts, and Exposures

Who can work with DPH on reporting cases or close contacts?
DPH can only work on specific cases with designated staff at ECE facilities due to privacy constraints.

What is the difference between isolation and quarantine?
Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

> **Isolation** separates sick people with a contagious disease from people who are not sick. In the case of COVID-19, these are persons who tested positive for the virus even if they have no symptoms.
>
> **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These persons are also known as close contacts. Quarantine is a required precaution to protect others from exposure should the person become positive after an exposure. **Quarantine is considered a mitigation strategy; it is not just implemented during an outbreak situation.** *Source: https://www.cdc.gov/quarantine/index.html*
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> It is likely that more individuals will be *quarantined* – identified as close contacts of positive cases – rather than positive cases in *isolation*.

A positive case has been reported to our home/center. What are the first steps that providers should take?
ECE providers should have a process for receiving reports of positive cases from families and work with teachers and staff, if necessary, to gather as much information as possible including: name, date of birth, onset of symptoms or test date, date positive results received, the last date the person was at the ECE facility, and as many other details about the case as possible.

The provider should complete the DPH data collection form, which will greatly expedite the investigation and contact tracing process and submit the case report through the RedCap portal. Please do not use any other methods to submit case reports.

Providers should convey the following to the family of the positive case:

- If a child has a symptomatic POSITIVE case of COVID-19, the child must *isolate* for **at least 5 days from the onset of symptoms and be fever-free without the use of medications with improving symptoms for at least 24 hours before they leave isolation. They should continue to wear a mask for an additional five days in all settings when around others inside and outside of the home once their initial isolation period ends (loss of taste and smell may linger and should not delay the end of isolation).** Isolation may be ended after 5 days if the child is over age 2 and can effectively wear a mask for an additional five days. If mask wearing is not feasible, isolation should be continued for a total of 10 days.

- If a child has an *asymptomatic* POSITIVE case of COVID-19, the child should *isolate* for **5 days following the test date (specimen collection date) provided the individual remains without symptoms and continues to wear a mask for an additional 5 days in all settings**

when around others inside and outside of the home. Isolation may be ended after 5 days if the child is over age 2 and can effectively wear a mask for an additional five days. If mask wearing is not feasible, isolation should be continued for a total of 10 days.

- For children under age 2, or in any circumstances where mask wearing is not feasible, the child must isolate for 10 days.

ECE providers should convey the following to the *families of close contacts*:

- If an unvaccinated child or staff member is a close contact of a positive case, the individual should *quarantine* for **5 days from the date of their last exposure to the positive case and then wear a mask for 5 days. Testing should be done 5 days after exposure if possible.**
  - Although a fully vaccinated individual (over 18 with booster, if eligible, or ages 5 – 17 without a booster (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update) identified as a close contact does not need to quarantine, the individual should wear a face covering for 10 days. The individual should monitor symptoms for 10 days and get tested on day 5 if possible.
  - Staff and students who have tested positive for, and recovered from, COVID-19 within the last 90 days also do not need to quarantine. Individuals in this category should wear a face covering for 10 days, and monitor symptoms for 10 days. They do not need to test after day 5.
  - If unable to wear a well-fitting mask, such as child under age 2, the student should quarantine for the full 10 days.
  - The ECE provider should also convey that DPH may change the above advice on the number of close contacts once DPH has completed its contact tracing investigation.

Will DPH'S Contact Tracing Team issue "clearance" letters to families or staff specifying when they may return to ECE home/center?

No. Due to case volumes this process has been halted to allow resources to be focused on case processing and other priorities. DPH does not require return to work or clearance letters. In lieu of a clearance letter, the ECE provider, in consultation with the DPH COVID Epidemiology Team, may clear a child or staff after verifying that the below protocol has been followed:

- Asymptomatic positive cases may return to ECE setting after 5 days from the date of a positive test but must wear a mask for 5 days. If they are unable to effectively wear a mask, they must isolate for 10 days.
- Symptomatic positive cases may return to ECE setting 5 days from the onset of symptoms provided they are fever-free for 24 hours without the use of medication and have improving symptoms and they continue to wear a mask for an additional 5 days upon their return. If they are unable to effectively wear a mask, they must isolate for 10 days. ECE providers may choose to require a doctor's note before return to ECE home/centers for symptomatic positive cases.
- Close contacts who are unvaccinated, partially vaccinated or overdue for a booster dose may return:
  - **5 days from the date of their last exposure** to the positive case, but must wear a mask for an additional 5 days. If they are unable to mask effectively, they should quarantine for 10 days. Testing is recommended 5 days after exposure but may not allow an individual unable to wear a mask to return to the ECE prior to day 10 if negative.

If a positive staff person or parent/caregiver does not receive a call from DPH's contact tracing

team after 72 hours from the positive test result notification or after the ECE provider reported the case to DPH's COVID Epidemiology Team, they should reach out to the DPH Contact Tracing Team at 844-611-3231. Individuals should respond to calls from this number or from contact tracing.

Can an individual use an antibody test to be cleared from quarantine?
According to the CDC's guidelines, antibody tests should not be used to determine the need to quarantine after a close contact with someone who has COVID-19.

What is the protocol for siblings or other household members of a positive case?
If the siblings or other household members are fully vaccinated, with a booster dose, if eligible, they do not need to quarantine. If a person tests positive in the same household as an individual that is unvaccinated, partially vaccinated or overdue for a booster dose, the exposed child or staff member should quarantine immediately and should continue quarantining for 5 additional days from the date of the last exposure to the positive case. The quarantine period will last between 5 days but if the positive household member is unable to isolate away from others in the household, those exposed to the positive case would need to quarantine for an additional 5 days after the last exposure; this quarantine period may last up to 10 or more days. The exception to this policy is if the positive case is able to isolate within the house (e.g., separate bedroom and bathroom from others and they are able to have food provided to them without exposing anyone else in the household) and has no exposure to the other household members. In that case, the household member may return to the ECE home/center 5 days from their last exposure to the positive case.
Source: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

If my own school-age child is not vaccinated and is exposed to a positive case of COVID-19 (i.e. is a close contact), do I need to close my family/large family child care home while they are quarantining?
It depends on if the ECE provider can keep their own child away from the children in care so that there is no contact between them. Close contacts of close contacts do not need to be quarantined, so if your child was exposed but you were not, your child would quarantine but you would not have to. If you cannot separate your own child from the children in care, then the ECE care home would need to close.

I am a family child care provider and someone in my household tested positive for COVID-19. Must I close my family child care? If so, for how long?
If the individual can be isolated from the child care areas, then the facility may not need to close. However, if the ECE provider has been exposed and is not vaccinated, that individual would need to quarantine accordingly and if there are no additional providers, the ECE home care might need to close.

Who in the community gets told when there is a positive case?
- ECE providers should implement their usual procedures for notification of infectious diseases to the community, per state, local district, or DELCARE policy and practice for infectious disease management.
- ECE providers should notify the community when a person who tested positive was in the home/center while children were present.

What is Test to Stay (TTS)?

A district or school may be participating in a unique program that will allow individuals identified as close contacts to remain in school by testing daily Sunday through Thursday. As long as the individual does not become symptomatic or test positive during the quarantine period, the individual may remain in school. A district or school must be participating in the testing program and individuals must be registered for this testing service. More information can be found here: https://www.dhsscovidschooltest.com/.

Can Licensed Child Care Programs participate in TTS?
Currently, only before and after care programs located in schools participating in TTS are able to participate in the program and only for students from the school where the care programs are located. DPH is working with DOE on the implementation of the program in schools and once complete it will be determined if there is an opportunity to open the program to child care facilities.

Will DPH's COVID Epidemiology Team call the ECE provider to alert staff of a positive case?
It is more likely that the ECE provider will be notified by a child, parent or family member, or staff member that they are positive before DPH's COVID Epidemiology Team receives the lab results. ECE providers should encourage families and staff to report their positive test results and should not wait for DPH's COVID Epidemiology team to notify them before beginning its official investigation or contact tracing.

What should we do if we receive results of a positive case and that individual is at the ECE facility?

- Isolate the suspected case of COVID-19 in an area separated from other children and staff and notify parents/guardians to pick up the child as soon as possible.
- Compose a list of on-site close contacts to be quarantined, place those individuals in an area separated from other children and staff, and notify parents/guardians to pick up children as soon as possible. If more than one child is in isolation because of a confirmed positive test, but the status of a child is unknown, those children should be separated, even if the second child is exhibiting symptoms consistent with COVID-19.
- Limit movement among children and staff in the impacted area.
- Call 911 for any medical emergency.

How should we clean after having sick children or staff at the ECE home/center?
According to the CDC's cleaning and disinfection guidance, if a sick person or an individual diagnosed with COVID is connected to an individual office or other space within the previous 24 hours, you should clean and disinfect the spaces they occupied. Spaces should be closed off until the area is cleaned and disinfected, waiting for as long as possible (at least several hours) before doing so to allow the viral load to decline. While cleaning and disinfecting, ECE staff should open windows or use fans or HVAC to increase circulation, wear protective equipment, and use EPA approved cleaning and disinfecting products as directed on the label. Further:

- If the person has been in the space **less than 24 hours ago**, ECE staff should clean and disinfect the space.
- If the person has been in the space **more than 24 hours ago**, cleaning will suffice, and the space may be disinfected according to everyday practices required by DELACARE regulations.
- If the person was in the space **more than 3 days ago**, no additional cleaning beyond regular cleaning practices is required.

Who needs to quarantine?
Anyone not fully vaccinated, and boosted when eligible, that is identified as a close contact with a person with confirmed COVID-19 infection while they were infectious (starting 48 hours prior to the onset of symptoms, or the date of the test for those without symptoms, until the end of the person's isolation period) would need to quarantine. A close contact is defined as someone who:

- Was within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period;
- Provided care at home to someone who is sick with COVID-19;
- Had direct physical contact with the person (hugged or kissed them);
- Shared eating or drinking utensils; or
- The positive individual sneezed, coughed, or somehow got respiratory droplets on you.

If a person is NOT a close contact (none of the above apply), the staff member or child may proceed with work or may receive child care at the facility.

If a person IS a close contact as defined above, but you have been fully vaccinated, received all recommended vaccine doses, including booster doses if 18 and older, or are ages 5-17 (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update) and fully vaccinated even without a booster and are not showing symptoms of COVID, you may proceed with work or may enter the child care facility, but you must wear a mask for 10 days and monitor for symptoms.

If a person IS a close contact as defined above but is not fully vaccinated, the person will be required to stay at home and maintain social distance through the end of their quarantine period (5 days from the date of their last exposure. Individuals must wear a mask for and additional 5 days after their initial quarantine period and should monitor for symptoms daily. If symptoms develop, the individuals should contact a health care provider or test for COVID-19. In addition, you should continue to strictly adhere to prevention recommendations—wear a face covering, wash hands frequently, social distance by staying 6 feet away from others, and avoid gatherings with persons outside their household. If the person is unable to wear a mask, they should quarantine for the full 10 days.

If the test is positive, the individual must isolate for 5 days following the test or from the first day of symptoms (whichever came first) AND self-isolate until fever-free for 24 hours without the use of fever-reducing medications.

Do individuals still need to quarantine if they have been confirmed positive for COVID-19 in the past or are fully vaccinated and are up-to-date on recommended booster doses?
No. Individuals who have tested positive in the previous 90 days for COVID-19 do not need to quarantine during this period; the ECE facility and/or family would need to track or document these cases. Likewise, a fully vaccinated individual (who is two weeks post their second dose of Pfizer or Moderna or only one dose of the Johnson & Johnson vaccine, and has received a booster dose if eligible) does not need to quarantine after a known or suspected exposure to a positive case. Children under 18 who are fully vaccinated also do not need to quarantine, even if they have not received a booster when eligible (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update). They should still wear a mask for 10 days and monitor for symptoms of COVID-19 following an exposure.

If someone is currently COVID-19 positive, they should isolate for 5 days, regardless of their vaccination status. They should remain in isolation until they are fever-free for 24 hours without the use of fever-reducing medications. They should continue to wear a mask for five days after they leave their initial isolation. They do not need to test on day 5 after exposure.

ECE providers might ask for confirmation of the positive case or vaccination record to verify that the individual would not need to quarantine.

What should you do if you are a parent (or teacher) and think you or your child(ren) have been exposed or receive information that you are a close contact of a positive individual?
The parent/teacher should contact the ECE provider. Once the case who exposed the person has been interviewed, contact tracers will reach out to anyone identified as a close contact and conduct an interview and recommend quarantine. The ECE provider ***does not*** need to contact DPH's COVID Epidemiology Team for exposures unrelated to the ECE facility, as these cases will be identified by contact tracers. An individual who becomes symptomatic following a suspected exposure should consult a health care provider and consider being tested for COVID-19 if possible.

How would parents or staff find out if they are a close contact?
Individuals who test positive will receive a call from the DPH Contact Tracing Team, usually within 24 hours or as soon as possible after DPH receives the positive lab results. During their interview, the positive case will be asked to name all of their close contacts whom they may have exposed while they were contagious. The Contact Tracing Team will then call any close contacts who were named usually within 24 hours or as soon as possible. Cases and close contacts should expect a call from the DPH Contact Tracing Team at 844-611-323.

Returning to ECE/Work Process and Letters

When can children or staff return to work/ECE following quarantine or isolation?
Individuals who tested positive are asked to isolate for 5 days from the positive test or the onset of symptoms. The individuals should also be fever free, without the use of fever reducing medication, and show an improvement of symptoms for a minimum of 24 hours before returning to work or child care. They should wear a mask for another 5 days. If unable to wear a mask, then the child or staff member should isolate for 10 days. If a child or staff member is a close contact of a positive case, the child, if unvaccinated, partially vaccinated or overdue for a booster dose should *quarantine* for **5 days from the date of his or her last exposure to the positive case and wear a mask for an additional 5 days. Testing should be done 5 days after the exposure**. If unable to wear a mask, they should quarantine for the full 10 days. Individuals should continue to monitor symptoms for 10 days after exposure. DPH is unable to provide letters clearing individuals to return to work or school and does not require them.

How will ECE providers know when children or staff are "cleared"?
The ECE provider, in consultation with the DPH COVID Epidemiology Team, may clear a child or staff after verifying that the below protocol has been followed:

- Asymptomatic positive cases may return to ECE setting after 5 days from the date of a positive test but must wear a mask for an additional 5 days.
- Symptomatic positive cases may return to ECE setting 5 days from the onset of symptoms provided they have seen 24 hours of symptom improvement without fever while not on fever-reducing medication and they wear a mask for 5 days upon their return. ECE providers may choose to require a doctor's note before return to ECE home/centers for symptomatic positive

cases.

- Close contacts may return:
  - **5 days from the date of their last exposure** to the positive case but must wear a mask for an additional 5 days and should get tested 5 days after exposure.
- **Children unable to wear a mask must isolate or quarantine for the entire 10 days.**

Should we require a negative test before we allow a child or staff member back to ECE/work?
DPH currently uses a symptom- or time-based method for deciding the duration of isolation periods, as some individuals may continue to test positive for COVID for 90 days without being infectious. If a child or staff member is a close contact of a positive case, the child or staff member should *quarantine* for **5 days from the date of their last exposure to the positive** case and wear a mask for 5 days upon their return. Testing on day 5 after exposure if possible, is recommended for close contacts.

COVID-19 Testing

Where can children, families/caregivers, and staff be tested in the community?
Testing for COVID-19 is available statewide. To find the best option for you, please visit: https://coronavirus.delaware.gov/testing/.

Should ECE staff continue to participate in routine surveillance testing if they are fully vaccinated?
Fully vaccinated people generally do not need to continue routine testing for screening purposes but may consider continuing to participate in screening tests, based on individual risk assessment and should be tested if they have symptoms of COVID-19.

What is antigen testing and how does it work?
Rapid antigen tests use a quick analysis to detect active virus in individuals, returning results as quickly as 15 minutes. In school settings, antigen tests can be used on-site, sometimes referred to as "point-of-care" for the asymptomatic population without known exposure to detect previously unidentified positive individuals. If an individual does test positive, the school can quickly isolate that person, quarantine close contacts, and thereby reduce the risk of viral transmission. In ECE settings with over 20 people on-site, antigen testing may be provided via Quidel and used as a screening tool to identify potentially positive individuals, not as a diagnostic tool as it might be used in healthcare settings. Modeling studies have demonstrated that point-of-care or self-administered surveillance tests with fast turnaround time or frequent testing have high epidemiological value and can significantly mitigate transmission of cases in schools. These high-frequency tests of asymptomatic populations hold significant promise in stopping the spread of disease.

How can my ECE facility sign up for the Quidel school-based antigen testing?
If your early childhood center has not yet indicated interest in participating in the school-based testing program, please contact Nick Conte (nicolas.conte@delaware.gov).

What is the difference between an antigen and PCR test?
Although both types of tests are designed to detect the presence of the COVID virus in individuals, they function in different ways. The antigen test uses a nasal swab and detects surface proteins; results are typically available within 15 minutes. A PCR test uses a nasal or an oral swab and analyzes for the presence of viral genetic material (RNA). Results are usually sent to a lab for a molecular analysis and results can take anywhere from 12 hours to several days, depending on lab capacity. Both are considered accurate at detecting virus in symptomatic individuals, though there is

a risk of false negatives with both types of tests.

Can at-home antigen tests be used to clear an individual from quarantine or to screen for potential positive?
ECE providers have the discretion to accept negative results of an observed antigen test for confirmation of clearance from quarantine. Specimen collection should be observed by a community medical provider, testing sites, or other clinician.

Positive antigen tests (including home tests) on symptomatic individuals should be used to initiate isolation of the positive case and contact tracing of close contacts, even before a confirmatory test is done and/or while awaiting confirmatory test results.

Where can I get an at-home antigen test?
Individuals may purchase at-home antigen testing kits at most pharmacies.

Where can I find fixed testing locations in the community?
For information on a range of testing options, including fixed locations and pop-up sites, please see: https://coronavirus.delaware.gov/testing/.

Vaccines and Vaccination

What does it mean to be "fully vaccinated?"
An individual is considered "fully vaccinated" two weeks after receiving the second dose of the Moderna or Pfizer vaccines or two weeks after the single dose of the Johnson & Johnson vaccine. Before the two-week period, an individual is not considered to be fully vaccinated and should continue to practice all mitigation strategies in all settings. However, since immunity wanes over time everyone is encouraged to get a booster as soon as they are eligible.

What does it mean to be "up to date" on vaccination?"
Up to date means that you have completed the primary series of vaccinations and received additional doses and/or a booster once you are eligible. Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Do individuals still need to quarantine after an exposure to COVID-19 if they are fully vaccinated and asymptomatic?
According to CDC's current guidance, if the fully vaccinated (2 weeks after the second dose for Moderna or Pfizer, one dose of Johnson & Johnson vaccine and a booster if eligible) individual, is 18 or older and remains asymptomatic, there is no longer a need to quarantine after an exposure provided they remain asymptomatic. This is also true for students 5 -17 who are fully vaccinated even if they have not received a booster yet. (NOTE: As of 1/31, ages 5-17 who are not boosted when eligible are to quarantine for 5 days per CDC update) However, individuals should test 5 days after the exposure, wear a mask in public or around vulnerable individuals for 10 days and continue to monitor for symptoms for 10 days following the exposure and if they experience symptoms, should isolate, consult with a healthcare provider, and consider being tested for COVID.

Can an individual who has had COVID-19 in the past 90 days receive the vaccine?
A person may and should receive the vaccine after having COVID-19, as long as that individual has been cleared from the 10-day isolation period and been fever- and symptom-free for at least 24 hours.

What does the new vaccination requirement for teachers mean?
As of November 1, 2021, under the current regulations, educators, school staff, contractors, and volunteers who work in K-12 public and private schools must get vaccinated for COVID-19 or undergo weekly testing. Although most ECE providers are not included in this requirement, ECE teachers who are employed by districts, charter, or private schools must adhere to this requirement.

How to Respond to Positive COVID-19 Tests & Close Contacts in Child Care

Delaware Department of Education

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

What is the definition of a close contact in child-care?

Close Contacts: In child care, any child or adult within 6 feet sustained for 15 minutes or more regardless of mask use.

Not Close Contacts: Anyone more than 6 feet from an infected child or adult.

TEST POSITIVE FOR COVID-19

ISOLATE – For 5 days, regardless of vaccination status

- Report positive case to facility COVID coordinator.
- Provide information for any close contacts from the child care environment.
- **With Symptoms:**
  1) You can end isolation **5 days after** symptoms first appeared
     - **IF**: 24 hours with no fever without the use of fever-reducing medications
     - **IF**: Other symptoms of COVID-19 are improving (loss of taste/smell may last weeks and should not delay end of isolation)
     - **AND**: You must wear a well-fitting mask for the following 5 days when around others, both at home, and outside-of-the home.
- **Without Symptoms:**
  - **Isolate for 5 days** since your positive COVID-19 test. You must wear a well-fitting mask for the following 5 days when around others, both at home, and outside-of-the home.
- **If you are unable to wear a mask, isolate for 10 days**

CLOSE CONTACTS

IF YOU:
- Are **up to date** with your vaccines.
- You had a viral-test confirmed case of COVID-19 within the last 90 days.

*__Up to date:__ means received all vaccines including 3rd doses for immunocompromised, plus boosters when eligible (5 months after 2nd dose of Pfizer/Moderna or 2 months after J&J)

THEN:
- **No quarantine** is necessary
- **Wear a well-fitting mask for 10 days** around others both at home, and when not at home
- Test on day 5 after your exposure if possible (not required if positive COVID—19 test in last 90 days)
- If symptoms develop, isolate at home immediately and get a test.

IF YOU:
- Are unvaccinated, or partially vaccinated
- You are **NOT up to date** with vaccines.

THEN:
- Stay home **(quarantine) for 5 days**.
- **Wear a well-fitting mask** around others at home and outside of home for **another 5 days**
- Test on day 5 after your exposure ifpossible
- If symptoms develop, isolate at home immediately and get a test.

IF YOU:
- Are unable to wear a mask, such as if under age 2

THEN:
- Stay home **(quarantine) for 10 days**.

Read Updated CDC Guidance on Isolation and Quarantine
https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#closecontact

Social Distancing in Child Care Facilities

CDC recommends **child care facilities maintain at least 6 feet of physical distance between children, combined with indoor mask wearing** to reduce transmission risk. When it is not possible to maintain a physical distance of at least 6 feet, such as when facilities cannot fully re-open while maintaining these distances, it is **especially important to layer multiple other prevention strategies.**

**These procedures outline general guidelines, but each case is assessed based on the facts of each unique situation.

Design based on document issued by Haines Borough, Alaska: https://www.hainesalaska.gov/covid19

Issued: Jan. 31, 2022

ECE Provider Call
Meeting Minutes
January 27, 2022 – 1:30pm

QUESTIONS & ANSWERS
PURCHASE OF CARE

Q – Can you provide any information regarding plus fees? Is it up to the provider to determine if they will charge plus fees each week regardless of absences? Or is there a policy that dictates what can and can't be done regarding this?
A – Tom Hall, DHSS – POC plus question: POC+ is an agreement between the family and Child Care provider, there is not State policy regarding the structure of that agreement, typically the POC+ charge is an additional daily charge, The POC team would be happy talk through individual circumstances

Q – Why is it not possible for POC to check on our licensing status without asking us to send a paper copy of our license? Don't your computers talk to each other?
A – Tom Hall, DHSS – Good question, we will explore that possibility.

STABILIZATION

Q – When can we expect the next round of Stabilization funds to be released?
A – Kristy Sheffler, DIEEC – Stabilization Grants for Round 4 will begin to be distributed in February.

COVID

Q – Two different centers called on the same day, 1 center was told to quarantine for 5 days the other was told to quarantine for 10 days. What should they be following?
A – Jamie Mack, DPH – that could very well come down to the difference in the mask wearing where, maybe 1 of our folks is assuming based on the population or asked some different questions. And they result that resulted in a 10 day quarantine because they recognized that the children involved may not be able to wear a mask. Whereas the other situation may have been a little different, there may be some kids that are comfortable wearing masks for full results in 5 day quarantine. There's a few providers that reach out to me anytime they have questions. I'm always happy to be kind of that extra voice to clarify things. So, if you're ever in that position, where you've gotten 2 different sets of advice, feel free to reach out through your licensing specialist, or directly to myself. But in general, the quarantine isolation advice at this point is 5 days with an additional 5 days masked when in the facility.

Q – When does the quarantine start? The day symptoms started or the day of the actual positive test.
A – Jamie Mack, DPH – if they're symptoms followed by a test, the clock would start on the day of the symptoms. If the test is done. 1st, it would start on the day of the test. The return date essentially, if you do a test, that would be day zero, the next day would be day 1 and then you would count out your 5 days based on that and you would return on day 6. If there are symptoms involved, the clock is basically the same, but we want 24 hours without a fever reducing medication and all of the symptoms improving. So we have that minimum 5 days and depending on symptoms it could be a few days more.

Q – Do we need to report if the families are going through a Curative site to test, which also reports to it would be double reporting?
A – Jamie Mack, DPH – no, you're always welcome to report to make sure that we have the information, but the providers, whether it's curative or primary care provider should be doing the reporting the difference is, if you're aware of this test, then we would ask that you report that information because we want to make sure that we have that.

Q – Is there any conversation about mandating masks for children over the age of 2 in order to increase mass compliance and allow for early returns?
A – Jamie Mack, DPH – I have not seen any conversations in the last 2 years about that and there's certainly nothing that I'm aware of right now.

Q – Someone can return after day 7 with a negative test?
A – Jamie Mack, DPH – Correct.

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Q – Is it appropriate to accept results for Covid testing with an antigen home test? Or should we only be accepting testing?
A – Jamie Mack, DPH – previously when a rapid test for an antigen testing's done, especially at home we had suggested a PCR as a follow up. Given the positivity rates we've seen over the last few weeks, we've kind of stepped away from that, both because so many people were positive as well as, resources to get the tests and the wait times. So, if someone tests positive on a rapid antigen test at home, we're just encouraging everyone to assume they're positive and move into the installation guidelines.

Q – Can we get in with school districts to have children that are being quarantine due to close contact to also be tested at district locations?
A – Jamie Mack, DPH – we're working on test to stay for childcare we should have more information about that probably next week.

Q – I tried to enter close contacts from reporting a positive case in the classroom, but the spreadsheet was not there. Do we? No longer have to report close contacts.
A – Jamie Mack, DPH – At the moment, the spreadsheet doesn't allow it, so I would say, no. I know that part of the reason may be that we've been encouraging people to do their own contact tracing at this point again, with the number of cases we've seen over the last few weeks resources got stretched a little bit. We were encouraging everyone to not wait for contact tracing to just simply once you have the positive test or symptoms and assume your positive, then begin reaching out to those in close contract to spread the word. But I am checking with our folks on my side to see if that can be added back into the spreadsheet.

Q – If we have a child in care who, obviously is not going to wear a mask while they're eating or while they are napping but can wear it at other times, can they not still participate in the 5 day quarantine?
A – Jamie Mack, DPH – this applies to really anyone whether it be a staff member or a child, if they are required to wear a mask, there still are the allowances to remove a mask for eating drinking or activities where it's not feasible. Example is, I think, given in the guidance there is swimming, but obviously napping and things like that.

Q – Is there info on how to contact Quidel and will family childcare providers be included in Quidel testing?
A – Jamie Mack, DPH – we are having those conversations today and tomorrow. So again, I should have much more information on that next week.

Q – Do we have to close a whole classroom if just 1 child test positive? But we know the source was from someone outside the center. Let's say the child was in care, but in a fully masked preschool classroom.
A – Jamie Mack, DPH – it would depend on whether we would consider other kids in the classroom, close contacts generally with the nature of, you know, play and the other activities in child care it's very hard to have a class that is not close contact. To use this school environment to, as kind of a delineation. In a school environments, they're fully masked, they're sitting at desks, and they're all facing in the same directions there is some ability to determine that not everyone in the class to be in close contact, but in the less structured more play based environment, that's typical of child cares, I think it's much harder to make that delineation. So it's more common that an entire class is considered quarantined.

Q – So, even if they eat in close proximity to one another at tables, the positive case could take their mask off and be directly next to another child on day 6 they would be sitting within 3 feet for 15 minutes or more.
A – Jamie Mack, DPH – when we talk about eating and napping and the activities when we remove masks, especially in child cares, those are really the only times where we do go back to the social distance, and some of those recommendations so, that would be for napping things, like not putting kids, head to head spacing as much as you can. When we talk about lunch and eating, try, not to sit them directly across the table from each other and try to space out as much as we can, and just do what we can to increase distance and decrease restrict transmission.

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Q – What if a family that tests positive through a PCR test is not contacted by public health? What are they supposed to do?
A – Jamie Mack, DPH – So the 1st thing would be to immediately identify and notify close contacts about the positive so that everyone is aware. They would follow the typical isolation quarantine guidance, but if they have any questions, you know, they can reach out to DPH via DPHCall@delaware.gov

Q – What about when a parent is positive at home and the child is not social distancing from the parent. The guidance used to be to wait for the parent's quarantine period and then start the child's quarantine period. So basically, 17 days with the test to return option, what is the current guidance with CDC guidelines?
A – Jamie Mack, DPH – it's the same situation, but the timeframes have been shortened. Now we have reduced the base quarantines to 5 days. Instead of 17 days, it would be a 10 day and then the child could return if they can wear a mask.

Q – What happens if a child continues to test positive after the 10 days of quarantine?
A – Jamie Mack, DPH – One thing to clarify is that if it's a positive case, it's not a quarantine it's an isolation. It's important to recognize that after a positive test, an individual can continue to test positive for up to 90 days. And that's 1 of the reasons that public health discourages the idea of a negative test return to care because that can simply extend the time that they're out. An individual falls into the same category as someone who's fully vaccinated because of natural immunity from the infection as well as what the problem is continuing to test positive.

Q – Is there any discussion on getting childcare back to normal operations with limited testing and quarantining?
A – Jamie Mack, DPH – I'm assuming that's touching on the idea of test to stay and allowing returns faster. And again, those conversations have picked up momentum in the last couple days, so I should have more information on that next week.

Q – Is considered a communicable disease yes or no?
A – Jamie Mack, DPH – Yes.

Q – What if they cannot be fully vaccinated and continue to test positive such as infants and toddlers?
A – Jamie Mack, DPH – if an individual test positive, they could continue to test positive for up to 90 days.

Q – If the person continues to test positive for a period of 90 days, does that mean that they are still contagious for that period of 90 days?
A – Jamie Mack, DPH – no, and that's the idea behind the allowances to not test for 90 days after a positive and being discouraged from testing.

Q – Is it possible to get this new variant back to back if so, isn't this why we should require a negative test to return?
A – Jamie Mack, DPH – Based on what we know it's unusual to get a variant back to back to have 1 active infection be followed by another active infection. We know that there is some natural immunity that develops. So that's why we go back to that 90 days where we recommend against testing because of the ability to continue to test positive.

Q – Is the mask mandate for children, kindergarten and up, including staff and parents written in a permanent regulation or could this be lifted in the near future if cases continue to fall at the rate of which they are currently doing?
A – Betty Gail Timm, OCCL – It is not written in a permanent regulation. It is not going to be in a permanent regulation when the next rules revision goes in. So if and when the governor lifts the mask mandate, Public Health and OCCL will be talking and determining when it's appropriate to lift it, but it does not require a rules change to do that.

Q – Is there a conversation regarding requiring childcare providers to be vaccinated?

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A – Betty Gail Timm, OCCL – No.

Q – Is it best practice to default to longer quarantine and isolation, say 10 days when kids and staff cannot socially distance or mask for periods longer than 15 minutes for example meals and nap?
A – Jamie Mack, DPH – Yes, regardless of our guidelines providers always have the discretion to be more conservative if they choose to use the 10 days versus 5 days, they certainly have the ability to do that. If it's a question of masking, that's a requirement of the 5 day warranty that 2nd of 5 days you would have to be masked. If it's a child or someone, they can't wear a mask they would need to quarantine for the 10 days, other than that, if they are only removing the mask for naps and meals and things like that, then they could come back after the 5 days and wear the mask for the additional time.

Q – Are individuals exempt from quarantine after an exposure regardless of vaccination status if they have tested positive within 90 days?
A – Jamie Mack, DPH – Yes.

Q – The governor had lifted the mask mandate up until recently again, but to my knowledge, we were still required to wear them in child care, was this not the case?
A – Jamie Mack, DPH – No, that's correct, when the governor lifted the mask mandate over the summer, then regulations were put in place for K12 schools as well as child cares that required continued mask use in their facilities. Then what happened was more recently, the governor reinstituted the indoor mask mandate on a more statewide basis and that's where we are now that most facilities indoors, everyone's required to wear.

Q – In a setting where children are too young to mask and are not able to social distance, will a child who has already had Covid in the last 90 days need to quarantine if a classmate tests positive?
A – Jamie Mack, DPH – they shouldn't, I think we have an updated infographic for the childcare's. It's going to go out, if it hasn't already that provides the different criteria for requiring the quarantine after a positive or other circumstances.

Q – In family child care, if a child tests positive, does the program close for at least 5 days because the children aren't vaccinated even if the provider is fully vaccinated?
A – Jamie Mack, DPH – That's really more of an operational decision, I'm not aware of any requirements to close, but I know a lot of facilities and classrooms do simply because there's not enough staff to keep it running during those 5 days.
A – Betty Gail Timm, OCCL – We follow the recommendation of public health and if public health does not have that requirement then OCCL would not have that requirement either.

Q – Why is mask use not considered protected, guidance says you should still be considered close contact even with a mask?
A – Jamie Mack, DPH – Because of the close contact, if you're within the 6 feet or the 15 minutes, even if you're wearing a mask, there's enough concern of an increased risk of transmission.

Q – How should we handle someone who has symptoms, but tested negative for several days before testing positive? Example, someone who had a fever stuffy nose and tested negative via PCR twice before testing positive do we still use the date of symptoms or date of test as day zero?
A – Jamie Mack, DPH – we would use the date of symptoms, if a provider wanted to be a little more conservative and require a few additional days based on that, they would have the ability to do that.

Q – So for clarification, we are not required to close a classroom with a positive case in a child care center?
A – Jamie Mack, DPH – Correct.

Q – Is it okay for a child care to un-enroll families from the center or home because they & their children are old enough for the vaccine but are not vaccinated?
A – Betty Gail Timm, OCCL – That is a legal question that I certainly cannot answer. You would have to consult your legal counsel to see, if that's something that you can do.

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Q – Where can someone find data on Covid cases in childcare?
A – Jamie Mack, DPH – So that is a little tough to come by right now. I'm working to see if I can get some summaries for the child care community and hopefully, in the next week or 2 I'll be able to share some information.

Q – Can we use an at home test to be in compliance with Covid position for 90 days not needing to quarantine? Asking because DPH says it has to be a lab test.
A – Jamie Mack, DPH – If you've had a Covid positive within the last 90 days, we wouldn't recommend an at home test. If you test positive on an at home test, we would encourage you to just consider yourself positive and not wait for the results of the PCR test as a follow up.

Q – Does a report from a parent that their child tested positive within the past 90 days with an at home test allow them to avoid a quarantine?
A – Jamie Mack, DPH – I would say that at the discretion of the provider but when we talk about positive tests, we're walking about ones that were performed by a provider or had an observed component/recorded in the state system.

Q – If a child's parent tested positive, sent the child home to be tested how do we handle the classroom while waiting for the child's test results? The child also struggles with keeping their masks on and was in close contact with all of the other students.
A – Jamie Mack, DPH – If the parent is positive than the child would be considered a close contact and would have to quarantine, which would mean they would likely leave the center for the minimum of 5 days. But at that point, the other children in the class staff members, they are only considered a contact of a contact. So, at that point, they're far enough removed from the positive case that the risk is low enough that we don't recommend any further steps at that point, other than to monitor for symptoms and things like that.

Q – Parents aren't quarantining at home, this is extending length of quarantine. Please help with guidance we can give around that.
A – Jamie Mack, DPH – There are some FAQs and infographics that we're just working through our last couple of final details on so we should be able to share that today or tomorrow.

Q – If a child and family child care tests positive, why is it up to the provider if they want to close or not?
A – Jamie Mack, DPH – I think it's up to the provider, because different providers are going to have different situations. If you have a child that test positive, but is in 1 classroom and had no contact with others. It may be necessary to quarantine everyone in that classroom and have another classroom open. If you've had a positive, but have had other kids out for vacation or 1 reason or another, it could be that the timing will allow the operation to continue with those, those kids that we're not close contacts.

Q – If a staff member test positive, should you close the classroom?
A – Jamie Mack, DPH – If there are children that would remain in the classroom because they're not close contacts you wouldn't have to, but if you chose to close a classroom because of a staff member testing positive, we certainly wouldn't discourage you from being more conservative and more protective.

Q – If a positive teacher or child comes back on day 6 with a mask, not everyone else is wearing one what advice can you give? Are they no longer contagious?
A – Jamie Mack, DPH – they're no longer contagious enough that we consider it high enough risk for them not to be there. The risk of transmission drops significantly over those 5 days, and the science shows us that a s long as they're wearing a mask that the risk is low enough for everyone to return it on day 6 at this point.

OCCL

Q – Are there any restrictions for summer camp this year or are the guidelines the same as last year?
A – Betty Gail Timm, OCCL – If an already licensed facility is going to be offering a summer program it's not any different than what they would normally be doing under their regular license. If they are a

youth camp that's going to be receiving purchase of care and operating under the youth camp regulations, then they have to get licensed and receive a license from us based on the youth camp regulations. Contract your licensing specialist and tell us what your situation is, and we can tell you if you need to get licensed or not. But if you do get purchase of care, you will need to be licensed.
A – Jamie Mack, DPH – just from the public health standpoint, the only restriction we have in place at this point is the indoor mask mandate. It's hard to say if anything's going to change between now and when we get into summer camps, but certainly will keep folks updated as things progress.

Q – OCCL does require that we report communicable diseases to DPH so just to clarify, if a child test positive outside of our care, or on a lab do we have to report that?
A – Betty Gail Timm, OCCL – they need to get reported to public health. If it's already happening in another area then I don't think that it needs to happen from our point of view.
A – Jamie Mack, DPH – But if they know that the test was done at a medical provider, curative location or another testing site, my thought would be that they can assume that the provider has the responsibility to report with them.

Q – Aren't providers required to report any and all communicable diseases to DPH?
A – Betty Gail Timm, OCCL – No, there's a listing on the public health Web site, and we have a link in OCCL regulations that states what has to be reported. Typically they are, with some exceptions, a vaccine preventable thing, but you wouldn't be reporting every single contagious condition.

Q – Lead levels are only tested around 1 year of age or is this a yearly thing we should be discussing with parents?
A – Jamie Mack, DPH – they should be tested at around 12 months and they should be tested at around 24 months.

Q – Is there documentation needed for lead levels at 24 months?
A – Kimberly Garvey, OCCL – According to the regulations, we're only checking once at the 12 month mark we're looking for that, but we're not looking for updates at the 24 month mark.

Q – Please confirm the allowed use of interns?
A – Betty Gail Timm, OCCL – Nothing has changed with interns currently. So they have to be determined eligible by their criminal background check and have to be qualified; actually qualified by DEEDS Early Learning or Delaware 1st as an intern. They have to have worked for your center for at least 1 month they have to be acclimated to your policies and procedures as well as OCCL regulations. At this point then they can be alone with any age child.

Q – Are there any restrictions at this point for field trips for summer camps?
A – Betty Gail Timm, OCCL – There are guidelines for transportation.
A – Jamie Mack, DPH – Transportation guidelines would be the only things I could think of, there's nothing specific to field trips and certainly nothing that would prevent them.

Q – If a summer camp is not accepting purchase of care, what is the fingerprinting requirement for adult staff?
A – Betty Gail Timm, OCCL – That would depend on whether they were operating under their license. If they were, it's the same as for any other staff member. If they are not a licensed camp, then I can't respond to that. That would be something that you could direct to the criminal history unit.

UPCOMING PROVIDER CALLS

February 24 at 1:30pm
March 24 at 1:30pm
As these dates get closer a reminder email will go out along with WebEx links