REACH
a newsletter for Delaware's Early Childhood Professionals

Message from the Director

Spring and optimism are in the air! May 7th is Provider Appreciation Day - but here at DIEEC, we will be celebrating early childhood professionals all month long. We are excited and energized to honor the work of Delaware's early care and education community during this month. Please look for gifts and giveaways on our social media accounts to lift up the critical work you do.

In this month's REACH newsletter, we spotlight Kimberly Colder, an administrator from the Precious Knowledge Early Learning Center, as she shares her perspectives on the new administrator professional modules. If you are interested in learning more about these administrator opportunities, please contact the Institute, institute-early-childhood@udel.edu. We also spotlight updates from a number of our initiatives, including the QRIS revision and the Blueprint for Reopening. We are excited to announce a number of new professional development opportunities with a focus on outdoor learning and community resources. Finally, we look back on Week of the Young Child in April – please check out our No Small Matter webinar if you missed it last month.

Let's celebrate May and the early childhood community together as we look forward to sunnier days.

Rena Hallam, DIEEC Director

Week of the Young Child Wrap Up

DIEEC celebrated Week of the Young Child, an annual initiative from the National Association for the Education of Young Children (NAEYC), with various activities to bring awareness to the importance of early childhood. We hope that you connected with our social media platforms where we provided resources for each year of the first five years of life. Additionally, we reached out to four area shelters and provided bags of supplies to share with the program's young children and their families.

We anchored the week with a webinar that featured a panel discussion on the film "No Small Matter", a groundbreaking documentary that examines the impact of providing quality early childhood education. More than 100 community members joined our discussion with esteemed panelists that included: First Lady Tracey Quillen Carney; Dean Gary T. Henry, College of Education and Human Development, University of Delaware; Dr. Whitney Williams, Principal, Stubbs Early Education Center; Lucinda Ross, Executive Director, St. Michael's School and Nursery; Dr. Alicia Salvatore, Director of Community-Engaged Research Value Institute, Christiana Care, and Dr. Kimberly Krzanowski, Executive Director, Delaware Office of Early Learning.

The webinar recording and all the resources that we shared during the week are included here. https://www.delawarestars.udel.edu/week-of-the-young-child-2021/

News & Updates

Pregnancy, Fertility, and the COVID-19 Vaccine

The Delaware Division of Public Health (DPH) released a new flyer, https://bit.ly/3fbKcqJ that reports that the COVID-19 vaccine is safe for pregnant and breastfeeding women as well as women considering pregnancy, according to the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). Pregnant women are at increased risk for severe illness and hospitalization from COVID-19. Vaccination can significantly reduce or even prevent these risks.

Getting vaccinated is a personal choice that can be discussed with your health care provider who can answer any questions you have.

Flyer traducido en Español https://bit.ly/33yy79o

QRIS Revision Update

We continue to make headway in transitioning to the revised Delaware Stars. Currently, we are meeting with family child care professionals to focus on and discuss adjusting the pathways for the revised standards.

Our group discussions include large family child care professionals, family child care professionals, all Star levels, and non-Stars programs.

In April, we held three discussion groups to get feedback on the pathways for the revised standards "Business Practices" and "Professional Growth and Well Being." The groups were well attended with about 30 family child professionals participating.

In May, the focus is on "Relationships with Others" and "Relationships with Children."

Your input is vital. Keep watching your email for opportunities to sign up. If you have questions please email us, delawarestars@udel.edu
.

Re-opening Delaware Early Care and Education Safely Blueprint Update

This past summer, we provided you with the document "A Blueprint for Supporting Our Early Childhood Professionals During COVID-19."

We've continued to update it to keep you apprised of the latest information from the various agencies.

Another round of changes was recently made that are now included in this updated version, https://bit.ly/3obwjNi

We've highlighted the changes in orange at the beginning of the "Blueprint" for your easy reference. Additionally, the "Navigating COVID-19 Graphic" has been modified. https://bit.ly/2SA4TER

As always, please reach out to us with your questions at delawarestars@udel.edu.

Get on Board with Dolly Parton's Imagination Library

As Zero to Three https://www.zerotothree.org/resources/1833-read-early-and-often points out, we should read "early and often" to children for many reasons. Research indicates that reading lowers blood pressure, relaxes children for sleep, reduces stress and anxiety, promotes empathy, and builds vocabulary and comprehension.

You can help your families promote literacy by giving them access to free books through Dolly Parton's Imagination Library. This program is brought to you by Delaware Libraries, a program of First Lady Tracey Quillen Carney's First Chance initiative. https://governor.delaware.gov/first-chance-delaware/

By simply registering, children under five will receive a FREE book every month. The first book is "The Little Engine That Could."

And don't forget about all the great resources our libraries offer for early childhood. From virtual story times to books and activities, the library can support your families and their children's development.

Registration Information https://lib.de.us/imagination/

New Professional Development Offerings

We've included exciting new professional development opportunities in May:

Parent Voice (Live on Zoom)

You can gain so many insights from getting to know the families of the children in your care. This partnership is absolutely essential for healthy child development. This workshop will explore family culture, struggles, and keys for successful family engagement.

Outdoor Classrooms: Wonder, Explore, Learn (Virtual)

In this workshop, participants will explore these benefits and learn about ways to use the outdoors as an extended classroom.

Videos featuring programs and teachers describe the process of shifting from primarily indoor classrooms to outdoor classrooms and highlight the positive impacts on development and learning.

Authentic Community Engagement

Hear from early childhood education programs about how they achieved fruitful and reciprocal relationships with community partners, benefiting all - children, their families, and themselves!

Gather real-life tips and reflect on your program's guiding principles to take your community engagement to the next level.

Register Here https://dieecpd.org/registry/calendar

Voices from the Field

Kimberly Colder: Administrator, Precious Knowledge Early Learning Center
on finding purpose and "re-igniting the fire" through professional development

https://www.youtube.com/watch?v=UlgqwqpCbEI

We recently sat down with Kimberly Colder of Precious Knowledge Early Learning Center in Newark to talk about her experience from taking Strengthening Business Practices training module.

Be sure to watch the full interview to learn about Kimberly's impactful experience and why she highly encourages all early childhood professionals to take this training.

Delaware Stars | University of Delaware, 125 Academy Street, Newark, DE 19716

PREGNANCY, FERTILITY, AND THE COVID-19 VACCINE

FACTS ABOUT THE COVID-19 VACCINE

If you are pregnant, you should consider being vaccinated for COVID-19.
According to both the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG), it is safe for pregnant and breastfeeding women as well as women considering pregnancy to be vaccinated for COVID-19. However, getting vaccinated is a personal choice and should be a decision made after discussing it with your health care provider.

CURRENT FACTS ABOUT THE COVID-19 VACCINE AND WOMEN WHO ARE PREGNANT OR BREASTFEEDING:

Currently, there is no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta.

While limited, current safety data on the use of COVID-19 vaccines in pregnancy does not indicate any safety concerns.

Through the v-safe safety monitoring system, the CDC is observing pregnant women who have received the vaccine. To date, more than 77,000 pregnant women have been monitored, and no issues have been reported.

Breastfeeding is rarely a safety concern with vaccines, and the three authorized COVID-19 vaccines are not thought to be a risk to a breastfeeding infant. Also, according to ACOG, when breastfeeding mothers get vaccinated, they produce antibodies that can be passed through breast milk and help protect their children from the virus.

Pregnant women are at increased risk for severe illness and hospitalization from COVID-19. Vaccination can significantly reduce or even prevent these risks.
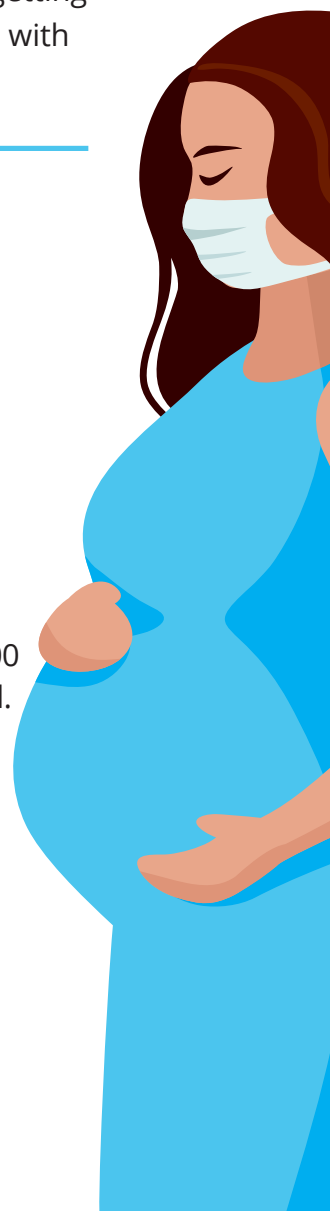
FOR COVID-19 UPDATES: Visit **de.gov/covidvaccine,** call **1-833-643-1715,** email **vaccine@delaware.gov,** and follow the Delaware Division of Public Health (DPH) on social media.

WHAT IF I'M NOT PREGNANT NOW BUT WANT TO BE AT SOME POINT IN THE FUTURE?

- **No loss of fertility has been reported** among vaccine trial participants or among the millions who have received the vaccines since their authorization, according ACOG.

- ACOG also says there is no evidence that the vaccine can lead to loss of fertility, saying **"it is scientifically unlikely."**

IF YOU RECEIVED A COVID-19 VACCINE WHILE PREGNANT, CONSIDER PARTICIPATING IN THE V-SAFE PREGNANCY REGISTRY.

If you received a COVID-19 vaccine while pregnant, we encourage you to enroll in v-safe. It's the CDC's smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after vaccination. A v-safe pregnancy registry has been established to gather information on the health of pregnant women who received a COVID-19 vaccine. If those enrolled in v-safe report that they were pregnant at the time of vaccination or after vaccination, the registry staff might contact them to learn more. Participation is voluntary, and participants may opt out at any time. **REGISTER ON YOUR SMARTPHONE AT vsafe.cdc.gov/en/.**

AFTER GETTING VACCINATED, CONTINUE TO FOLLOW SAFETY RECOMMENDATIONS.
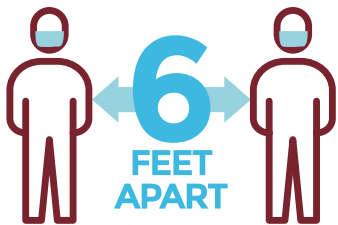
Maintain social distancing by keeping 6 feet or more apart.
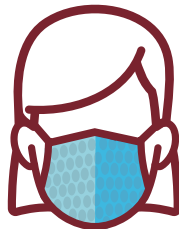
Wear a face covering over your mouth and nose, and make sure it fits snuggly over the mouth and nose.

Wash or sanitize your hands frequently.

EMBARAZO, FERTILIDAD Y LA VACUNA CONTRA EL COVID-19

Si estás embarazada, deberías considerar vacunarte contra el COVID-19.

Tanto los Centros para el Control y la Prevención de Enfermedades (CDC) como el Colegio Americano de Obstetras y Ginecólogos (ACOG) afirman que la vacuna contra el COVID-19 es segura para las mujeres embarazadas, las que están amamantando y las que están considerando un embarazo. Aun así, la vacunación es una decisión personal que deberías tomar después de haber hablado con tu proveedor de atención médica.

DATOS SOBRE LA VACUNA CONTRA EL COVID-19 Y MUJERES EMBARAZADAS O LACTANTES:

Por el momento, no hay evidencia de que la vacuna contra el COVID-19 cause algún problema en el embarazo, incluido el desarrollo de la placenta.

Si bien los datos actuales son limitados en cuanto a la seguridad del uso de las vacunas contra el COVID-19 en embarazadas, no indican ningún problema de seguridad.

Mediante el uso de v-safe, un sistema de monitoreo continuo de la seguridad, los CDC hacen un seguimiento de las mujeres embarazadas que se han vacunado. A la fecha, se han monitoreado más de 77,000 embarazadas, y no se han informado problemas.

En cuando a la lactancia, las vacunas rara vez son motivo de preocupación, y ninguna de las tres vacunas autorizadas contra el COVID-19 se considera un riesgo para un bebé lactante. Además, según el ACOG, cuando las madres lactantes se vacunan, producen anticuerpos que pueden transmitirse por la leche materna y ayudan a proteger al bebé del virus.

Los riesgos de síntomas graves y hospitalizaciones a causa del COVID-19 son mayores en las mujeres embarazadas. La vacunación puede reducir considerablemente o incluso prevenir estos riesgos.

¿QUÉ SUCEDE SI NO ESTOY EMBARAZADA PERO QUIERO EMBARAZARME EN EL FUTURO?

- **No se ha informado ninguna disminución de la fertilidad** entre las mujeres que participaron en los ensayos de las vacunas o los millones que se han vacunado desde su autorización, según el ACOG.

- El ACOG también afirma que no hay evidencia de que la vacuna pueda reducir la fertilidad, y que es **"científicamente poco probable"**.

SI TE VACUNASTE CONTRA EL COVID-19 ESTANDO EMBARAZADA, PUEDES PARTICIPAR EN EL REGISTRO DE EMBARAZOS DE V-SAFE.

Si te vacunaste contra el COVID-19 estando embarazada, te invitamos a registrarte en v-safe. Es la herramienta para smartphones de los CDC que utiliza mensajes de texto y encuestas en línea para ofrecer controles de salud personalizados después de la vacunación. Se ha establecido un registro de embarazos en v-safe para reunir información sobre la salud de las mujeres embarazadas que se vacunaron contra el COVID-19. Si las mujeres registradas en v-safe informan que estaban embarazadas al momento de vacunarse o se embarazaron después, el personal del registro podría comunicarse con ellas para obtener más información. La participación es voluntaria, y los participantes pueden cancelarla en cualquier momento. **REGÍSTRATE CON TU SMARTPHONE EN vsafe.cdc.gov/en/.**

DESPUÉS DE VACUNARTE, SIGUE RESPETANDO LAS RECOMENDACIONES DE SEGURIDAD.

6 PIES

Respeta el distanciamiento social manteniendo una distancia mínima de 6 pies.
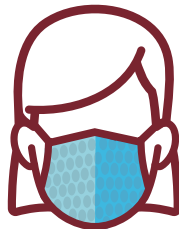
Cúbrete la nariz y la boca con una mascarilla o un cubreboca, y asegúrate de que queden bien ceñidos.

Lávate o desinfecta las manos con frecuencia.

Re-Opening Delaware Early Care and Education Safely:

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

Revised April 21, 2021

DELAWARE INSTITUTE FOR
Excellence *in*
Early Childhood

Delaware
Department of Education

DELAWARE STARS
Young stars.
Shining futures.

RE-OPENING DELAWARE EARLY CARE AND EDUCATION SAFELY: A BLUEPRINT FOR SUPPORTING OUR EARLY CHILDHOOD PROFESSIONALS DURING COVID-19

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 under current regulations and as potentially more children and staff return. 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 4/21/2021. 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.

4/21/21
- Physical Distancing; Activities – Field trips are now permitted, with specific guidance

4/15/21
- Financial Resources to Assist Child Care Programs – updates to current programs and additional opportunities
- Facility Access – who is permitted to enter the facility
- Screening Procedures – for vaccinated individuals
- Guidelines for Cleaning and Disinfecting the Environment – sand play and use of pools
- Physical Distancing – who is permitted to enter the facility
- What Should I Do If Someone In My Program Gets Sick? – reporting requirements and procedures

3/12/21
- How Should I Change My Operating Procedures? – CDC guidelines regarding protecting your child care center; children and COVID-19, including updates for children with special needs and disabilities
- Revised Group Size, Ratio Requirements, and Staffing; Minimize Risk at Drop Off and Pick Up Times; Physical Distancing – CDC guidance for cohorts and staggering strategies
- Revised Group Size, Ratio Requirements, and Staffing – CDC guidance for protections for staff at higher risk
- Facility Access – CDC Guidance for Direct Service Providers (DSPs)
- Screening Procedures – CDC updates
- Guidelines for Cleaning and Disinfecting the Environment – CDC resource on ventilation; CDC updates to water systems; CDC guidelines for communal spaces
- Handwashing – CDC Warning about hand sanitizers
- Outside Play – CDC updates on cleaning and staggering schedules
- Meals & Snacks – CDC updated guidance
- What Should I Do If Someone In My Program Gets Sick? – CDC resources
- Appendix – Vaccination Information

2/25/21
- Financial Resources to Assist Child Care Programs – updates to current programs and additional opportunities

The following updates are effective March 1, 2021
- Revised Group Size, Ratio Requirement, and Staffing – CPR certification requirements
- Facility Access – additional entities allowed access; guidance for in-person tours
- Screening Procedures – clarification of quarantine directions for positive test results
- What Should I Do If Someone In My Program Gets Sick? – revised public health reporting guidelines

1/22/21
- Revised Group Size, Ratio Requirements, and Staffing – "School-Age" added to exception for Interns
- Facility Access - expectations and exiting requirements
- Screening Procedures - quarantine directions; close contact definition
- Healthy Hygiene Practices - face coverings expectations

9/22/20:

Facility Access – Option allowing families to enter the facility during drop off and pick up; access for CACFP
<u>9/2/20</u>:
- 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

<u>6/22/20</u>:
- Revised Group Size, Ratio Requirements, and Staffing - parameters for early childhood interns; Fingerprinting requirements

<u>6/16/20</u>:
- Facility Access - outside contractors, enrichment programs, and entertainment
- Screening Procedures - temperature requirements and implications; close contact requirements
- 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

As your program adjusts to the additional restrictions and requirements as part of operating during the COVID-19 pandemic, 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.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, signed into law March 27, 2020, and the America Rescue Plan (ARP) Act, signed into law March 11, 2021, allow States to provide economic assistance to businesses and workers for certain purposes related to pandemic relief. The list below reflects programs that are in place as of the release of this document, although information and opportunities continue to be updated.

Child Care Stabilization Grants

As announced on April 9, 2021, the Delaware Early Education and Child Care Stabilization Fund will provide direct grants to cover eligible expenses from the COVID-19 pandemic, to help child care programs stay in business and make child care more affordable for families. Additional information, and the application, will be posted on the Delaware Department of Health and Social Services website as it is available.

Paycheck Protection Program (PPP)

According to the Small Business Administration (SBA), "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 is currently offering PPP loans until May 31, 2021.

Emergency Economic Injury Disaster Loan (EIDL)

Covid-19 Economic Injury Disaster Loans are available to small businesses to cover operating costs, including paid sick leave, payroll, and rent or mortgage payments.

Minority Business Development Agency

The MBDA provides grants to SBA resource partners such as Small Business Development Centers and the Women's Business Center and waives the non-federal match.

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). This opportunity has been extended through September 6, 2021.

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 15, 2020, 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: Existing youth/summer camps may continue operations to serve remote learners, if approved by OCCL, according to the youth/summer camp's approval letter for limited/temporary continuation.

Licensed Child Care Partnerships with Districts/Charters: 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, if approved by OCCL, according to the licensed child care provider's approval letter for limited/temporary continuation.

All licensed child care (LCC) providers, including those already operating as an Emergency Child Care Site prior to June 15, 2020, 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.
The CDC also provides the following:
- Quick Guide: Help Protect your Child Care Center from COVID-19 [1 MB, 2 pages]
- Quick Guide: Help Protect your Family Child Care Home from COVID-19 [2MB, 2 Pages]

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, Center Regulations
Modify 87.D.1 School-Age Intern, Center Regulations
Guidance: Staff with a valid intern qualifications certificate (early childhood or school-age) 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 (Center Regulations)
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.

Modify 35.A.2 (Center Regulations) and Modify 56.A and 70.A (Family and Large Family Child Care Homes Regulations) First Aid and CPR Training
Guidance: Due to the limited number of classes and to prevent the spread of COVID-19, the requirement for "hands-on CPR skill demonstration" is temporarily suspended and is not required when CPR recertification is due. **This means that expiring CPR certifications must be renewed.** CPR may be taken online without a hands-on skills demonstration and be accepted as meeting the OCCL regulation until the State of Emergency is lifted. Certifications completed online during the State of Emergency will be valid until the expiration date listed on the certification. If the certification of a child care provider or staff member has expired, he or she is required to be certified within one month of this updated guidance.

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

- Place children and child care providers into distinct groups that stay together throughout an entire day.
    - If possible, your child care groups should include the same children each day, and the same child care providers should remain with the same group of children each day.
    - Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.
    - The number of cohorts or groups may vary depending on child care program type (centers versus homes) and size, with smaller programs having fewer cohorts than larger ones.
- Consider whether to alter or halt daily group activities that might increase risk of COVID-19 transmission.
    - Keep each group of children in a separate area (classroom or outdoor area if weather permits).
    - Limit the mixing of your children, such as staggering your playground times and keeping groups separate for special activities such as art, music, and exercising.
    - If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible. Consider placing children (or infants in cribs) head to toe in order to further reduce the potential for viral spread.
- Staff who are at increased risk of exposure to patients with COVID-19, such as those caring for sick family members, increase the risk of spreading COVID-19 in your facility. To minimize the likelihood of infecting others in the facility, consider implementing flexible sick leave policies and practices that enable your staff to stay home when they are sick, have been exposed, or are caring for someone who is sick.
- Develop plans to cover your child care classrooms in the event of increased staff absences.
- Designate someone to be responsible for responding to COVID-19 concerns. Make sure staff and families know who their designated person is and how to contact them. In a family child care home, the provider is the designated contact person.
- Put systems in place for staff and families to self-report to your child care program if a staff member, child, or household member has symptoms of COVID-19, tests positive for COVID-19, or was exposed to someone with COVID-19 within the last 14 days. See additional information regarding communication here.
- Support coping and resilience among employees and children.
- Train your child care program staff on all COVID-19 safety protocols and ensure they understand and can implement your new policies or procedures. Conduct training virtually or ensure that prevention strategies to reduce the risk of COVID-19 spread, including physical distancing is maintained during in-person training. Additional information is available here.
- Protections for Staff at Higher Risk for Severe Illness from COVID-19

- Offer modified job responsibilities for your staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions or disabilities) that limit their exposure risk.
- Encourage staff to talk to their healthcare providers to assess their risk and to determine if they should stay home, and to get a vaccine when it is offered.
- Consistent with applicable laws, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

- Reports have shown that children in child care settings can become infected and spread COVID-19 to others in the child care program, at home, and in the community. For more information, visit COVID-19 in Children. Some staff and household family members might be at increased risk of severe illness. For example, people who are older and have underlying medical conditions are at increased risk for severe illness from COVID-19. For information about who is at increased risk, visit People at Increased Risk. The benefits of keeping child care programs open should be weighed against the risks posed by COVID-19 spread in the child care program and community.
- Consider needs of children with disabilities, children with healthcare needs, children experiencing homelessness, migrant children, and other needs of your families and children.
- Provide accommodations, modifications, and assistance for children with disabilities and special needs. See additional information here.
- Additional information has shown that a comprehensive, multipronged approach for COVID-19 prevention strategies might help slow transmission in the early care and education setting. Child care programs should make decisions about reopening and continuing operations based on available data including levels of community COVID-19 transmission (spread) and the child care program's ability to implement appropriate prevention strategies (risk reducing actions) to stay open safely and protect children, staff, and administrators.

Minimize Risk at Drop Off and Pick Up Times

<u>Facility Access</u>

What are Delaware's required practices?

Adults who drop off and pick up children may do so at the entrance to the facility or to the foyer area, not the classroom, depending on the preference of the child care facility. If families do not walk children to their classrooms, staff will receive the children and see that they arrive safely in their classrooms.

You may permit a family member to enter your building to escort their child to their classroom if these provisions are followed:
1. Health screenings of the individuals must continue before being admitted to the building.
2. All persons, adult and child, other than children below the age where they are required, must wear face coverings at all times to be admitted, in accordance with <u>Healthy Hygiene Practices</u>.
3. Family members escorting their child to their classroom may not actually enter the classroom. Programs must enforce this provision.
4. People in hallways must maintain social distancing as much as possible with at least three (3) feet of distancing maintained. Programs may wish to place indicators to help people maintain the required social distancing but this is not required.

The use of all outside contractors, enrichment programs, and entertainment, both indoors and outdoors is permitted. The child care program must permit entry to the following persons after conducting the health screening:
- Individuals providing services contained in a child's IFSP or IEP;
- Early Childhood Mental Health Consultants;
- Officials from OCCL and other State and local agencies, including but not limited to the Fire Marshal's office, Office of Drinking Water, Purchase of Care, and the Child and Adult Care Food Program (CACFP);

Admitting other individuals into the child care facility during child care hours is optional and at the discretion of the provider. However, these guidelines must be followed if a child care facility permits entrance by non-staff members:
- A complete health screening must be conducted at the facility entrance before permitting a visitor to enter;
- Visitors must wash or sanitize their hands upon entry; and
- Masks shall be worn over the mouth and nose by all persons, except young children if prohibited; and
- Social distancing must be maintained.

What are additional recommended practices?

From [Centers for Disease Control and Prevention](#)
- Hand hygiene stations should be set up at the entrance of the child care center or family child care home, so that staff and children (over age 2) can use hand sanitizer 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 or the door to the home. Keep hand sanitizer out of children's reach and supervise use for

children under 6 years old. If possible, place sign-in stations outside and provide sanitary wipes for cleaning pens between each use.

- Stagger child arrival, drop-off, and pick-up times or locations by group, or put in place other plans to limit contact between groups and to limit staff's direct contact with parents, guardians, and caregivers.

- Consider going outside your child care center or family child care home to pick up children as they arrive. A plan for curbside drop-off and pick-up should limit direct contact between parents/guardians and staff members and ensure 6 feet distance between adults. You can transport infants in their car seats and then store car seats out of children's reach. If curbside, outdoor, or staggered pick up and drop off are not feasible, consider how you limit or decrease direct contact between parents, guardians, and caregivers to ensure physical distancing when possible.
  - Guidance for Direct Service Providers (DSPs)
    - Direct Service Providers (DSPs) include direct support professionals, paraprofessionals, therapists, early intervention specialists, and others. DSPs should be allowed into your facility to provide important services to children, and there are several steps you can take to make sure they do so as safely as possible.
    - Ask DSPs before they enter your facility if they are experiencing any [symptoms of COVID-19](#) or if they have been in contact with someone who might have COVID-19. If DSPs provide services in other programs or facilities, ask specifically whether any of the other places have had positive COVID-19 cases. For guidance related to screening of staff (including DSPs), please refer to CDC's [Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019](#) and the Prevent Transmission Among Employees section of [CDC's Resuming Business Toolkit [1.15 MB, 22 pages]](#).
    - If space allows, limit the interaction of the DSP to only the child(ren) they need to see and utilize mask wearing and physical distancing as much as feasible.
    - When developing cohorts, it is important to consider services for children with disabilities, so that they may receive services within the cohort if feasible.
    - CDC has developed guidance for [DSPs](#). Child care providers should review the [DSP guidance](#) and ensure that DSPs that need to enter your child care program facility are aware of those preventive actions.
    - Child care programs can work with families and healthcare providers in the community to help keep children and families healthy during the pandemic. Children should continue regular well-child visits for [routine immunizations](#) and preventive screenings, such as [screening](#) for autism and [lead poisoning](#), during the pandemic. Adults and children should get a flu vaccine before or during the influenza season (fall–winter; usually November–March). Children younger than 5 years old – especially those younger than 2 – are at higher risk than some other populations of developing serious flu-related complications. Currently, COVID-19 vaccines are not yet approved for use in children under 16 years old. However, [CDC recommends an annual flu vaccine for everyone 6 months and older.](#) Child care programs can also share information with families on [child development and positive parenting](#).

Screening Procedures

What are Delaware's required practices?

Providers must adhere to the following screening practices for adults and children entering the facility:

- 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, 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 child must isolate at home for 10 days following the first diagnostic test **if asymptomatic**. If the person was symptomatic, *or symptoms develop while isolating after a positive test*, isolation would be required for 10 days after the first day of symptoms and the individual has been symptom-free for at least 24 hours without the use of any medication to reduce symptoms.
- If a COVID-19 diagnostic test is taken after day 7 of the quarantine and has a negative result, quarantine can end after Day 7 as long as no symptoms were reported during any of the previous daily monitoring. This means that the person can obtain a test as early as Day 5 of quarantine but cannot end quarantine until a total of 7 days have passed no matter when the results were received.
- Close contacts should continually monitor for symptoms after an exposure to a COVID-19 positive person. If any symptoms develop, immediately self-isolate and contact your health care provider or DPH to report the change in symptom status. 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 gathering with those outside their household.
  - 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 child will not develop COVID-19 in the future.
  - o If an individual is fully immunized against the COVID-19 virus, self-isolation as a close contact is not required. Full immunization means at least two weeks have passed since receiving the second COVID-19 immunization (Pfizer and Moderna) or the one-dose Johnson & Johnson vaccine.
  - 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* 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)?
Close contact means:

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period;
- You provided care at home to someone who is sick with COVID-19;
- You had direct physical contact with the person (hugged or kissed them);
- Your shared eating or drinking utensils; or
- They sneezed, coughed, or somehow got respiratory droplets on you.

- If NO, the staff member or child may proceed with work or may receive child care at the facility.
- If YES, and you have been fully vaccinated (see description above), you may proceed with work or may enter the child care facility.
- If YES, the staff member who is not fully vaccinated or child who are close contacts of a confirmed COVID-19 case will be required to stay at home and maintain social distancing through the end of their quarantine period (10 days from the date of their last exposure to a positive case or a 7-day quarantine with a negative test on or after Day 5 of quarantine. In these cases, a PCR (nasal swab) test is recommended if used to end quarantine. If a rapid test is used, it should not be done before Day 7. Monitor yourself daily for symptoms, including checking your temperature. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. If you develop symptoms, contact your health care provider to see if you should be tested 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.
- Quarantine can end after 10 days from the date of your last exposure as long as no symptoms have developed OR after Day 7 of quarantine with a negative test result taken on or after Day 5 of quarantine as long as no symptoms have developed. **While the test can occur on Day 5 or later, quarantine cannot be discontinued earlier than the end of Day 7.**
- If your test is positive, you must isolate for 10 days following your first test or your first day of symptoms (whichever came first) AND self-isolate until it has been a least 24 hours since you have had a fever without using medications to decrease fever.

What are additional recommended practices?

From Centers for Disease Control and Prevention

- The best way to prevent the COVID-19 spread is to keep the virus from getting into your child care program in the first place. It is important to communicate to parents, guardians, or caregivers to monitor their children every day for signs of infectious illness including COVID-19. Children who have symptoms of any infectious illness or symptoms of COVID-19 should not attend your child care program. The length of time the child should stay out of child care depends on whether the child has COVID-19 or another illness.

- Conduct [daily health screenings](#) for any person entering the child care facility, including children, staff, family members, and other visitors, to find those with symptoms, diagnosis, or exposure to COVID-19. People with COVID-19 can have symptoms ranging from mild symptoms to severe illness. Symptoms can appear **2–14 days after exposure to** COVID-19. See [Symptoms of Coronavirus](#) and [COVID-19 in Children](#) for more information.
  - Screening for symptoms and for possible exposure to the virus are important COVID-19 prevention strategies. However, given the wide range of symptoms and the fact that many people, especially children, with COVID-19 illness have no symptoms at all, screening will not identify everyone who has COVID-19.
- The overlap between COVID-19 symptoms with other common illnesses means that some people with symptoms of COVID-19 could be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. For example, it is common for young children to have up to eight respiratory illnesses or "colds" every year. Although COVID-19, colds, and flu illnesses have similar symptoms, they are different diseases. For some children, COVID-19 can have serious complications. Download this [table comparing symptoms of COVID-19 with other common illnesses [579 KB, 1 page]](#).
- Examples of daily health screenings include self-checks for symptoms by staff and families before arriving at the child care facility, answering screening questions upon arrival, and performing daily temperature checks. All child care providers should consider putting into practice a daily routine of conducting a brief verbal health assessment as your children are dropped off, before the parent or caregiver leaves. See [here](#) for examples of what to ask about and when someone should not be admitted.
- There are several methods your facility can use to protect child care program staff while conducting temperature screenings. The most effective protective methods incorporate maintaining physical distance (using a no-contact remote thermometer) and keeping screening interactions brief to minimize exposure due to close contact to a child or adult during screening.

Screening Method 1: Parent or guardian takes temperature while staff physically distance

1. Maintain 6 feet distance from families and wear a mask, no personal protective equipment (PPE) necessary.
2. Parents/guardians take their children's temperature either at home before coming to the facility or upon arrival at the facility using a no-contact thermometer.
3. Make a visual check 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.
4. Parent/guardian confirms that the child does not have fever, shortness of breath, cough or other symptoms of COVID-19.

Screening Method 2: Staff take temperature

1. Stand behind a physical barrier (such as a glass or plastic window or partition) that can serve to protect the staff member's face, mouth, and nose from respiratory droplets that can be produced if the child being screened sneezes, coughs, or talks.
2. Make a visual check 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.

3. Conduct temperature screening (follow steps below) using a no-contact remote thermometer, while wearing disposable gloves. Always make sure your face stays behind the barrier during the screening. If you did not have physical contact with the child, you do not need to change gloves before the next check and you do not need to clean a no-contact remote thermometer with alcohol after each child.

- If your program chooses to conduct symptom screening, they should be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations (for example, Americans with Disabilities Act and the Health Insurance Portability and Accountability Act (HIPAA).
- The guidance detailed here are intended for children, but a similar process can be followed for screening staff. For specific considerations related to screening staff, please refer to CDC's Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 and the Prevent Transmission Among Employees section of CDC's Resuming Business Toolkit [1.15 MB, 22 pages]
- The CDC also has the following resources:
  - Child Care Providers Quick Guide Symptoms of COVID-19 at Child Care[5 MB, 1 page]
  - COVID-19 Child Care Symptom Screening Flowchart [56 KB, 1 Page]

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:

- Use of outside sandboxes may be resumed. Maintain social distancing, if possible.
- 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.
- Use of outdoor pools is permitted if public health guidance is followed.
  Visit: https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2021/04/COVID-19-Community-Pool-Guidance.pdf
- 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.

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, and disinfecting at child care settings. In addition, the CDC provides a resource in ventilation for child care settings.

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.
- Ventilation is one component of maintaining healthy environments, and is an important COVID-19 prevention strategy for schools and childcare programs. Good ventilation is another step that can reduce the number of virus particles in the air. Along with other preventive actions, ventilation can reduce the likelihood of spreading disease. Below are ways you can improve ventilation in your school or childcare program, whether in a large building or in a home. More detailed information for each can be found here.
    - Bring in as much outdoor air as possible by opening windows and doors, if safe to do so. Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms). Use child-safe fans to increase the effectiveness of open windows. Consider having activities, classes, or lunches outdoors when circumstances allow.
    - Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
    - Filter and/or clean the air in your school or childcare program.
    - Use exhaust fans in restrooms and kitchens.
    - Open windows in transportation vehicles.
- To minimize the risk of lead or copper exposure, Legionnaire's disease, and other diseases associated with water, when reopening facilities after prolonged closure, take steps to ensure that all water systems and features (for example, sink faucets, drinking fountains, showers, decorative fountains) are safe to use after a prolonged facility shutdown, and follow EPA's 3Ts, (Training, Testing, and Taking Action) for reducing lead in drinking water. It may be necessary for you to conduct ongoing regular flushing after reopening. For additional resources, refer to EPA's Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use.
- Drinking fountains should be cleaned and sanitized. Encourage staff and families to bring their own water to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.
- The use and number of communal spaces may vary by child care program type.
    - If your child care program does have communal spaces that are used by multiple different groups of children throughout the day such as dining halls, multi-purpose rooms, and playgrounds, stagger their use and properly clean and disinfect between groups. Ensure

proper hand hygiene is practiced by children and staff before and after each use. Closing communal spaces may be considered if you are unable to maintain cleaning and disinfection.
- ○ It is important that adults consistently and correctly wear masks and maintain a distance of 6 feet from each other, especially for longer interactions.
- ○ Child care programs interested in outdoor learning may benefit from reviewing CDC's COVID-19 guidance on Considerations for Outdoor Learning Gardens and Community Gardens.

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

Warning: Hand Sanitizers Packaged Like Food or Drinks
The U.S. Food and Drug Administration (FDA) is warning consumers about alcohol-based hand sanitizers that are being packaged in containers that may appear as food or drinks and some that contain food flavors. Eating or drinking these products can cause serious injury or death. FDA Warning

- Ensure that children and staff wash their hands with soap and water for 20 seconds or use a hand sanitizer that contains at least 60% alcohol before and after handling, preparing, serving or eating food. 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?

Providers must adhere to the current requirements for cloth face coverings, distancing and other DPH requirements. For child care businesses, these practices include:

- All child care providers and/or staff working in child care facilities must wear cloth face coverings covering the nose and mouth at all times while at work except;
  - 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

- The following categories of people are exempt from the requirement to wear a mask:
  - A child under the age of 2 years;
  - A person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability;
  - A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the workplace risk assessment.
- Everyone 2 years and older should wear a mask covering their mouth and nose when around people who do not live in their household, except when eating or sleeping.
- Teach and reinforce the consistent and correct use of masks for all staff and children aged 2 years and older.
- A mask is NOT a substitute for physical distancing. **Masks should still be worn in addition to physical distancing.** Wearing a mask is especially important indoors and when physical distancing is difficult to implement or maintain while providing care to young children.
- Learn from CDC about How to Select, Wear, and Clean Your Mask.
- After touching or removing your mask, wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
- CDC recognizes there are specific instances when wearing a mask is not be feasible. In these instances, consider adaptions and alternatives.
- CDC **does not recommend** using face shields or goggles as a substitute for masks. Do NOT put a plastic face shield (or a mask) on newborns or infants. For more information, visit Considerations for Wearing Masks.
- Store cloth masks properly and wash them regularly to keep them clean. Have more than one mask on hand so that you can easily replace a dirty mask with a clean one. Make sure to remove your mask correctly and wash your hands after touching a used mask. When reusing your mask after a break, keep the same side facing out.
- For more information on washing masks, visit How to Wash Masks.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

- Find freely available CDC print and digital resources on CDC's communication resources main page. CDC also has videos including one with American Sign Language related to COVID-19 and other communication tools.
- CDC has also created several resources and infographics for child care providers available at CDC's toolkit for child care programs.

Physical Distancing

What are Delaware's required practices?

- Adults who drop off and pick up children may do so at the entrance to the facility or to the foyer area, not the classroom, depending on the preference of the child care facility. If families do not walk children to their classrooms, staff will receive the children and see that they arrive safely in their classrooms.
- You may permit a family member to enter your building to escort their child to their classroom if these provisions are followed:
  1. Health screenings of the individuals must continue before being admitted to the building.
  2. All persons, adult and child, other than children below the age where they are required, must wear face coverings at all times to be admitted, in accordance with Healthy Hygiene Practices.
  3. Family members escorting their child to their classroom may not actually enter the classroom. Programs must enforce this provision.
  4. People in hallways must maintain social distancing as much as possible with at least three (3) feet of distancing maintained. Programs may wish to place indicators to help people maintain the required social distancing but this is not required.
- 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 may conduct off-site field trips, if desired. Bus transportation is permitted if a minimum of three (3) feet of social distancing is maintained on the bus and, as feasible, while on the trip.

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).
- Stagger child arrival, drop-off, and pick-up times or locations by group, or put in place other plans to limit contact between groups and to limit staff's direct contact with parents, guardians, and caregivers.
- Consider going outside your child care center or family child care home to pick up children as they arrive. A plan for curbside drop-off and pick-up should limit direct contact between parents/guardians and staff members and ensure 6 feet distance between adults. You can transport infants in their car seats and then store car seats out of children's reach. If curbside, outdoor, or staggered pick up and drop off are not feasible, consider how you limit or decrease direct contact between parents, guardians, and caregivers to ensure physical distancing when possible.
- Place children and child care providers into distinct groups that stay together throughout an entire day.
  - o If possible, your child care groups should include the same children each day, and the same child care providers should remain with the same group of children each day.
  - o Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.
  - o The number of cohorts or groups may vary depending on child care program type (centers versus homes) and size, with smaller programs having fewer cohorts than larger ones.
- Consider whether to alter or halt daily group activities that might increase risk of COVID-19 transmission.
  - o Keep each group of children in a separate area (classroom or outdoor area if weather permits).
  - o Limit the mixing of your children, such as staggering your playground times and keeping groups separate for special activities such as art, music, and exercising.
  - o If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible. Consider placing children (or infants in cribs) head to toe in order to further reduce the potential for viral spread.
- Pursue virtual group events, gatherings, or meetings involving families, if possible, and promote distancing of at least 6 feet between people if events are held in person. Avoid events that involve mixing children or families from different cohorts. Limit your group size to the extent possible.
  - o Limit any nonessential visitors, volunteers, and activities involving external groups or organizations.

- For family child care homes, consider minimizing contact between children in your care and others who are not a part of child care program.
    - If there are other people living in the home who are not part of the child care program, consider having them stay in a different part of the home. If they will need to be in shared areas, have them wear a mask and maintain as much physical distance as possible. Limit or avoid having nonessential visitors enter the family child care home during child care hours.
- While limiting the number of people entering your facility, it is **important not to limit access for mothers who are breastfeeding** to meet the nutritional needs of their infants.

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?

- 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

- If your child care program does have communal spaces that are used by multiple different groups of children throughout the day such as dining halls, multi-purpose rooms, and playgrounds, stagger their use and properly clean and disinfect between groups. Ensure proper hand hygiene is practiced by children and staff before and after each use. Closing communal spaces may be considered if you are unable to maintain cleaning and disinfection. Outdoor spaces reduce risk of spreading COVID-19, but still require preventive behaviors (staying home when sick, physical distancing, avoiding crowds, wearing a mask, handwashing, cohorting, and cleaning and disinfection).
- Communal outdoor spaces, such as playgrounds (play structures, jungle gyms, swing sets) and play spaces with shared toys or equipment (for example balls, tricycles, toy cars) are important for healthy child development, but can pose a risk for spreading COVID-19. Even though outdoor spaces reduce risk of spreading COVID-19, the virus can still spread when young children touch contaminated objects, and then touch their eyes, nose, or mouth. Preventive behaviors such as wearing a mask, handwashing, and cohorting are needed.
- Based on existing prevention strategies implemented and the needs of your children and families, it is important that you carefully consider the use of your playground, play spaces, toys, and equipment. See Playgrounds and Outdoor Play Spaces for additional details.
- Outdoor areas generally require normal routine cleaning and do not require disinfection. Do not spray disinfectant on sidewalks and in outdoor play areas as it is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19. You should continue existing cleaning and hygiene practices for outdoor areas.
  - Routinely clean high touch surfaces made of plastic or metal, such as grab bars and railings.
  - Do not clean and disinfect wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand).

Consider restricting your use of play structures or equipment that position children close by one another (for example facing each other on a tire swing, crawling close together in tunnels, or enclosed with one another in fort-type structures.)
  - Stagger your use of playgrounds and play spaces by reducing the group size in the play area at one time or remaining in cohorted groups while sanitizing shared objects and high touch surfaces between groups.
  - If multiple cohort groups need to be in your play area at the same time, consider using fencing or another barrier to designate separate areas for each cohort.

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

- While there is currently no evidence that ingesting food is associated with spreading COVID-19, it is possible that a person can get COVID-19 by touching a surface or object, including food or food packaging, that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not the main way the virus spreads.
- Use a mask or require staff to wear a mask and continue using prevention strategies like physical distancing, hand hygiene, and proper ventilation when preparing and serving meals.
- As feasible, have children and staff eat meals outdoors or in well ventilated classrooms or spaces within the family child care home while maintaining distance as much as possible. Masks should be stored in a space designated for each child that is separate from others when not being worn (for example, in individually labeled containers, bags, or cubbies) and put back on when not eating.
- If cafeterias or communal dining halls will be used, ensure separate "classrooms" or cohorts remain 6 feet apart while eating and faced in the same direction. Consider staggering when classrooms eat, so children can maintain their small groups. Clean and disinfect tables, chairs, and highchairs between each use. Surfaces that come in contact with food should be washed, rinsed, and sanitized (using EPA List N: Disinfectants for Coronavirus (COVID-19)) before and after meals.
- If feasible, remove or limit additional staff coming into classrooms during mealtimes. All staff should wear a mask covering their mouth and nose and wash their hands for 20 seconds with soap and water before entering the room where meals are being served.
- Ensure that children and staff wash their hands with soap and water for 20 seconds or use a hand sanitizer that contains at least 60% alcohol before and after handling, preparing, serving or eating food.
  - Staff should always wear gloves when preparing food.
  - Where feasible, food preparation should not be done by the same person who diapers children. If you are the only person available for both diapering and food preparation, consider meal preparations that can be done ahead of time or choose food with minimal preparation.
  - Avoid offering any self-serve food or drink options. Instead, serve individually plated or pre-packaged meals and snacks while ensuring the safety of children with food allergies.
    - If your meals are typically served family-style, identify one employee to place food on plates so that multiple staff and children are not handling serving utensils.
  - Use disposable food service items (for example, utensils, trays).
    - If using disposable items is not feasible or desirable, ensure that all non-disposable food service items and equipment are handled by staff with gloves and washed, rinsed, and sanitized to meet food safety requirements.
  - Everyone should wash their hands after removing their gloves or after directly handling used food service items.

- Avoid holding any in-person events that includes family members or other adults who do not work in the child care program.
- Avoid using cloth table coverings or other hard to clean table covers.
- Avoid group type activities for taste testing, cooking demonstrations, and other food sampling.
- Utilize no-touch or foot pedal trash cans, if available.
- Of note: USDA has issued the COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs, such as the Child and Adult Care Food Program (CACFP).
- It is important that you comfort crying, sad, or anxious infants and toddlers and they often need to be held. To the extent possible when holding, washing, or feeding young children, protect yourself by:
  - Washing your hands frequently.
  - Wash your hands, neck, and anywhere you have been touched by a child's body fluids.
  - Avoid touching your eyes while holding, washing, or feeding a child.
  - If body fluids get on the child's clothes, change them right away, whenever possible, and then your hands should be rewashed.
  - Wash your hands before and after handling infant bottles prepared at home or in the facility.

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 may conduct off-site field trips, if desired. Bus transportation is permitted if a minimum of three (3) feet of social distancing is maintained on the bus and, as feasible, while on the trip.

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 positive COVID-19 cases (staff or children) 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. After reporting a positive case of COVID-19 to DPH, **reporting this information to your licensing specialist is also required.** This report must be made within 24 hours of learning of the positive case of COVID-19 in your child care home or center.
- To report new positive COVID-19 cases to DPH, use the revised, *fillable data collection form 3.5* and submit it through DPH's NEW online system, available now: https://redcap.dhss.delaware.gov/surveys/?s=9HK8A4J4AX. Through this form, you can report a case, request a clearance letter, and request a call back from an epidemiologist.
  - Alternatively, continue to submit the data collection form via Fax (302-223-1540) or Email (reportdisease@delaware.gov) and indicate if you need a call back.
  - If you have a question, please call 888-295-5156 and leave *only one message*.
- *Please do not report close contacts to DPH* who were not in the early childhood education setting (for example, a child who is being quarantined because a parent tested positive if that parent had not been in the early childhood education setting). Please ask that the positive case (i.e. parent or staff) share that they are connected to an early childhood education setting when they speak with contact tracers. If families or staff do not hear from a contact tracer, please advise them to call 844-611-3231.
- 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

- Your children or staff might begin to have COVID-19 symptoms while at your facility. You should take action to isolate people who begin to have these symptoms from other children and staff. Plan to have an isolation room or an area, preferably with access to a separate restroom, you can use to isolate a sick child or staff member. Ensure that isolated children are still under adult supervision. Arrange safe transportation home or to a healthcare facility (if severe symptoms) for the child or staff if showing symptoms of COVID-19.
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area, if applicable.
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible and increase ventilation in the area. You should ensure safe and proper use of cleaning and disinfection products, including storing products securely away from children.
- See CDC's Toolkit for Child Care Programs for more resources on what to do if a child becomes sick while at the child care program.

- Sick staff or children should not return to your child care program until they have met CDC's criteria to discontinue home isolation. If they have met all the CDC criteria for ending isolation, then no additional testing is needed in order to return to the facility. If staff, children, or family members have or think they might have COVID-19, it is important to stay home and away from other people.
- In accordance with state and local laws and regulations, your child care program should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) or any other applicable laws and regulations.
- Inform those who have had close contact with a child or staff member diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if they have COVID-19 symptoms. You will need to maintain confidentiality as required by the Americans with Disabilities Act (ADA) or and other applicable laws and regulations.
- Your child care program might need to implement short-term building closure procedures **if an infected person has been at the facility** during their infectious period and has close contact with others. If this happens, **work with local public health officials to determine next steps.**
- Visit the CDC site for additional information on recommended procedures.
- The CDC offers the following resources:
  - What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis in your Child Care Center Flowchart [55 KB, 1 Page]
  - What to Do if a Child Becomes Sick or Receives a New COVID-19 Diagnosis in your Family Child Care Home Flowchart [50 KB, 1 page]
  - A Child is Showing Signs of COVID-19 in my Child Care Program: What Should I Do? Quick Guide for Providers [4.9 MB, 1 Page]

Where can I find information about vaccines?

Vaccines are an important tool to help stop the COVID-19 pandemic. Early care and education providers hold jobs critical to the continued functioning of society and are at potential occupational risk of exposure to SARS-CoV-2. As frontline essential workers, child care providers have been prioritized nationally to receive vaccination. More information can be found here.

Should I get vaccinated?

Getting vaccinated as soon as the opportunity is available is an important way for you and your staff to stay safe and reduce the risk of getting seriously ill from COVID-19. Review CDC's COVID-19 Vaccination Information or talk to your healthcare provider for more information.

Where can I get vaccinated?

https://coronavirus.delaware.gov/vaccine/
https://coronavirus.delaware.gov/vaccine/vaccine-planning-for-agencies-organizations-businesses/
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

What can I share with staff and families about the vaccine?

The COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers webpage provides school and childcare staff with the latest information about where and how to book an appointment.

The COVID-19 Vaccine Toolkit for School Settings and Childcare Programs provides schools and childcare programs with ready-made materials they can use to communicate with staff about COVID-19 vaccination. CDC will continue to add more materials to this toolkit. Please check back frequently for updates.

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 Early Care and Education 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?
	   o Who is responsible for the additional cleaning throughout the day?
	   o 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