

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

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DELAWARE INSTITUTE FOR
Excellence in
Early Childhood



Delaware
Department of Education



A BLUEPRINT FOR SUPPORTING OUR EARLY CHILDHOOD PROFESSIONALS DURING COVID-19

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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 **3/18/2022**. 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.

3/18/22

- How Does the State of Emergency Influence Child Care in Delaware? - Mask requirements
- Financial Resources to Assist Child Care Programs – Emergency Economic Injury Disaster Loan
- How Should I Change My Operating Procedures? – Added multi-layered approach recommendations; CDC updates
- Facility Access, Screening Procedures – Mask requirements
- Screening Procedures – Close contact update; CDC updates
- Guidelines for Cleaning and Disinfecting the Environment – Ventilation recommendations
- Healthy Hygiene Practices – Masks are no longer required
- What Should I Do If Someone in My Program Gets Sick? – Update to reporting, close contacts, quarantine, isolation, and outbreak response; CDC guidance
- What Should I Know About COVID-19 Vaccinations? - CDC Updates

1/20/22

- Screening Procedures – Update to vaccination status & length of quarantine
- What Should I Do If Someone In My Program Gets Sick? – DPH guidance with update to vaccination status & length of quarantine; updated graphic

12/1/21

- How Should I Change My Operating Procedures? - CDC multiple prevention strategies
- Revised Group Size, Ratio Requirements, and Staffing – Update to CPR & Intern requirements; CDC considerations for workers; CDC distancing & nap
- Minimize Risk at Drop Off and Pick Up Times – CDC mask recommendations regardless of vaccination status; CDC Access for direct service providers; CDC screening testing; CDC symptoms; CDC getting tested
- Guidelines for Cleaning and Disinfecting the Environment – CDC water systems
- Handwashing and Respiratory Etiquette – Expanded the heading; CDC resources
- Healthy Hygiene Practices – CDC mask recommendations regardless of vaccination status; CDC safety while in close contact
- Physical Distancing – CDC vaccination status and transportation
- Outside Play and Physically Active Play – CDC vaccination impact on guidance
- Meals and Snacks – CDC safety while in close contact update; CDC toothbrushing
- What Should I Do If Someone In My Program Gets Sick? - CDC guidance based on vaccination status
- What Should I Know About COVID-19 Vaccinations? – CDC updates on eligibility and tracking

8/26/21

- How Should I Change My Operating Procedures? – Registering for weekly COVID-19 testing
- Screening Procedures – OCCL/DPH recommendations
- Healthy Hygiene Practices – Mask requirements for families/drop off/pick up; CDC recommendations for when masks should be worn regardless of vaccination status
- What Should I Do If Someone In My Program Gets Sick? – updated process/contacts for reporting to DPH/OCCL; CDC guidance for quarantine

8/16/21

- How Does the State of Emergency Influence Child Care in Delaware? – Latest update from the state

- All sections have been updated to reflect that all Delaware programs must follow the current DELACARE Regulations
- All sections have been updated to reflect the latest CDC guidance. Be sure to check with the CDC directly for the most up-to-date guidelines.
- How Should I Change My Operating Procedures? – CDC link
- Revised Group Size, Ratio Requirements, and Staffing – Update to Intern requirements and reminders of current regulations for fingerprinting and CPR requirements
- Facility Access; Screening Procedures – Reminder of current regulations and mask wearing requirements
- Guidelines for Cleaning and Disinfecting the Environment – Reminder of handwashing requirements when using playdough/clay
- Handwashing – Reminder of handwashing regulations and recommendation to continue to wash hands when moving between classrooms
- Healthy Hygiene Practices – Face covering requirements, effective 8/16/21
- Physical Distancing – No longer required, but recommended when possible
- Activities – Reminder of screen time requirements in current regulations
- What Should I Do if Someone in My Program Gets Sick? – Updated vaccine email for DPH

5/13/21

- Revised Group Size, Ratio Requirements, and Staffing; Healthy Hygiene Practices; Physical Distancing – Physical distancing reduced to 3 feet
- Facility Access; Physical Distancing – Adults may enter classrooms at drop off/pick up; Hallway recommendations
- Screening Procedures – Self-checks may replace on-site checks
- Guidelines for Cleaning and Disinfecting the Environment – Clarification on cleaning expectations

5/3/21

- Revised Group Size, Ratio Requirements, and Staffing; Physical Distancing – Group sizes returning to pre-COVID-19

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

9/2/20:

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

- How Can I Make Sure My Program is Ready - reflects updates; new remote learning section

6/22/20:

- Revised Group Size, Ratio Requirements, and Staffing - parameters for early childhood interns; Fingerprinting requirements

6/16/20:

- Facility Access - outside contractors, enrichment programs, and entertainment
- Screening Procedures - temperature requirements and implications; close contact requirements
- Guidelines for Cleaning and Disinfecting the Environment - use of water tables

HOW DOES THE STATE OF EMERGENCY INFLUENCE CHILD CARE IN DELAWARE?

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 were 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" were no longer applicable. As part of Phase 2, licensed child care programs were permitted to open and serve all families seeking child care. Open licensed child care programs were 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.

On August 10, 2021, Governor Carney announced that everyone kindergarten-age and older in child care homes and child care centers must wear face coverings indoors effective Monday, August 16, regardless of vaccination status. Emergency child care regulations were posted on the Delaware Department of Education (DDOE) website.

Effective 6:00 pm Tuesday, March 1, 2022 the State of Emergency, including the masking requirement in K-12 public and private schools and child care facilities was terminated. Masking in schools or on buses for students, staff, and visitors is no longer be required by the State of Delaware.

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

WHAT FINANCIAL RESOURCES ARE AVAILABLE IN DELAWARE?

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 can be found on the Stabilization Fund webpage <https://www.delawarestars.udel.edu/delaware-early-education-and-child-care-stabilization-fund/>.

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.” PPP ended on May 31, 2021. Existing borrowers may be eligible for [PPP loan forgiveness](#).

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. **As of January 1, 2022, COVID EIDL is no longer accepting new applications but will continue to accept requests for increases, reconsideration, and appeals.**

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.

[Pandemic Unemployed Assistance \(PUA\)](#), a program for independent contractors and self-employed individuals, ended September 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 found on the [Division of Social Services Child Care webpage](#).
- **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](#).

WHO CAN I PROVIDE CARE FOR?

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).

All Delaware programs must follow the current DELACARE Regulations.

HOW SHOULD I CHANGE MY OPERATING PROCEDURES?

What are Delaware's required practices?

All Delaware programs must follow the current DELACARE Regulations.

The Center for Disease Control and Prevention (CDC) will provide updates as needed at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>. Please follow their guidance regarding COVID-19 recommendations.

It is recommended that all types of early learning facilities register to have weekly testing of staff and children (with parental permission). More information can be found at <https://coronavirus.delaware.gov/testing/>.

Quidel will continue operating its testing sites through the rest of the school year. This includes the weekly in-school surveillance and the Test to Stay testing sites. Additionally, the Test to Stay sites will no longer be limited to unvaccinated students and staff seeking to remain in school or child care facilities. All students and staff enrolled through Quidel will be permitted (and encouraged) to use these sites for routine asymptomatic testing.

Multi-layered approaches emphasizing vaccination and a variety of mitigation strategies like mask-wearing, testing, distancing, ventilation, quarantine and isolation, taken together or separately, offer strong layers of protection against the spread of COVID-19 within your schools and child care facilities.

As case rates continue to fall and vaccination rates increase, schools and child care facilities can consider transitioning toward a more routine infection control model. However, as layers of mitigation strategies are removed, we encourage schools and child care facilities to monitor infection rates in their settings and communities and, when necessary, consider temporary measures to reduce the spread of COVID if infection rates spike.

Risk of outbreaks in the school or child care facility is increased with low vaccination rates and high community transmission. Vulnerability of the population should also be taken into account. Schools interested in including additional infection prevention measures may work with their DPH school liaison for additional advice. Child care facilities should designate a COVID coordinator to reach out to DPH via hspcontact@delaware.gov.

A school nurse, designated child care facility representative or COVID coordinator may contact the Division of Public Health if there are concerns about in-school spread or localized outbreaks. Concerns might include 2 or more cases in a classroom, sports team or extracurricular group or an increase in cases or absenteeism in the school or child care facility. Depending on the findings, DPH may recommend that schools consider

implementing temporary masking and testing for classrooms, schools, extracurricular groups or teams in this case. DPH and DOE are available to work directly with schools and child care facilities facing outbreaks to develop plans and strategies to lower transmission. The Outbreak Response flow chart can be used as a guide for these temporary measures.

What are additional recommended practices?

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

ECE providers should implement these strategies to the extent possible in consultation with regulatory agencies and state and local public health departments. However, when making decisions about implementing prevention strategies, ECE programs should consider the educational needs and social and emotional well-being of children and the importance of children's access to learning and care. Localities should also monitor local policies and regulations to guide decisions on the use of multiple prevention strategies.

The CDC also provides the following:

- While fewer children have been sick with COVID-19 compared with adults during the pandemic, children can get sick with COVID-19 and can spread the virus to others. CDC's [science brief on transmission in schools and ECE programs](#) includes information on scientific evidence on the spread of the virus among children and in school and ECE settings.
- Generally, ECE programs serve many children who are not yet eligible for vaccination. Therefore, this guidance emphasizes using multiple prevention strategies together, including vaccination of staff, families and eligible children, to protect people. The guidance is intended to help programs and local health officials select appropriate, layered prevention strategies. This guidance is based on [current scientific evidence and lessons learned](#) from schools and ECEs implementing COVID-19 prevention strategies.
- CDC recommends universal indoor masking in ECE programs for everyone ages two and older and other strategies to prevent spread of COVID-19, regardless of vaccination status.
- CDC's Science Brief on [Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs](#) summarizes evidence on COVID-19 among children and adolescents and what is known about preventing transmission in schools and ECE programs.
- ECE programs should work with [local public health officials](#), consistent with applicable laws and regulations, including those related to privacy, to determine the prevention strategies needed in their area by monitoring [levels of community transmission](#), local [vaccine coverage](#) rates, the occurrence of outbreaks, and local policies and regulations. ECEs should communicate their strategies and any changes in plans to staff and families, and directly to older children, using accessible materials and communication channels, in a language and at a literacy level that staff, families, and children understand. See CDC's feature on [helping young children and parents transition back to school](#).

Revised Group Size, Ratio Requirements, and Staffing

What are Delaware's required practices?

All Delaware programs must follow the current DELACARE Regulations.

These include:

- New staff must be fingerprinted for a Delaware SBI and FBI check **before the start of employment**. The fingerprint verification form must be provided to the employer before working with children.
- Effective January 1, 2022, all CPR (cardiopulmonary resuscitation) initial certifications as well as renewal certifications must contain the hands-on skill demonstration component to be acceptable to OCCL. Refer to Center Regulation #35 A 2 and Family/Large Family Regulation #56A. The temporary waiving of this requirement will no longer be in place as of January 1, 2022. Any certifications issued prior to January 1, 2022 and already submitted to OCCL without the hands-on skills demonstration will remain valid until they expire.

Use of Interns in Centers:

OCCL is temporarily granting a variance to all child care centers on the possible use of interns (center regulations 24K and 87D). How interns will be used in an individual child care center is the decision of each facility until the variance is withdrawn by OCCL. Providers will be informed at least 30 days in advance of any change. A licensed child care center may follow the current *DELACARE Regulations* regarding the use of Early Childhood or School-Age Interns or may follow the modified requirements shown below.

An intern may be alone with children after meeting these requirements:

- Is qualified as at least an early childhood or school-age intern by Delaware First or DEEDS Early Learning;
- Is at least 18 years old;
- Has been determined eligible by the Criminal History Unit after completion of a comprehensive background check; **and**
- Has at least one month of employment at the current center and has been oriented to the policies and procedures of that center and *DELACARE Regulations*.

It is recommended that centers place their more experienced staff with the younger children they serve. Remember, an Early Childhood or School-Age Aide may never be alone with children.

What are additional recommended practices?

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

- Workers at increased risk for severe illness from COVID-19 include [older adults](#) and people of any age with [certain underlying medical conditions](#) if they are not fully vaccinated. Workers who have an underlying medical condition or are taking medication that weakens their immune system may not be fully protected even if fully vaccinated. Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems. Policies and procedures addressing issues related to workers at higher risk of serious illness should comply with applicable federal, state, local, tribal, and territorial laws and regulations, and be developed in consultation with occupational medicine and human resource professionals, keeping in mind [Equal Employment Opportunity concerns and guidance](#). Employers should also understand the potential mental health strains for workers during the COVID-19 pandemic. See [here](#) for more information.

- ECE employers should engage and train all workers on potential workplace hazards, what precautions should be taken to protect workers, and workplace policies for reporting concerns. Workers in ECE settings have the right to a safe and healthful workplace. See [here](#) for more information.
- Maintaining physical distance is often not feasible in an ECE setting, especially during certain activities such as diapering, feeding, holding/comforting, and among younger children in general. When it is not possible to maintain physical distance in ECE settings, it is especially important to layer multiple prevention strategies, such as cohorting, masking indoors, improved ventilation, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission risk. Mask use is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between adults who are not fully vaccinated.
- For [people who are fully vaccinated](#), maintaining physical distancing is not necessary unless required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. Distancing should still be maintained, when possible, between individuals who are not fully vaccinated.
- **Cohorting:** Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, particularly in areas of [moderate-to-high transmission levels](#). The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. When determining how to ensure physical distance and size of cohorts, ECE programs should consider education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend ECE programs in person.
- Place children and child care providers into distinct groups that stay together throughout the 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 ECE program type, such as centers versus homes, and size, with smaller programs having fewer cohorts than larger ones.
 - Maintain at least 6 feet between children and staff from different cohorts.
 - Separate children's naptime mats or cribs and place them so that children are head to toe for sleeping with as much distance as possible between mats. Masks should not be worn when sleeping. Layer additional strategies such as improved ventilation if possible.
 - Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
 - Stagger use of communal spaces between cohorts.
 - Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
 - In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.
 - Prioritize [outdoor activities](#). When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces. Masks should not be worn when swimming or playing in water.

- Provide accommodations, modifications, and assistance for children and staff with disabilities or special healthcare needs when implementing COVID-19 safety protocols. Access additional information [here](#).
- ECE programs should have an Emergency Operations Plan (EOP) in place to protect children, staff, and families from the spread of illness and other emergencies. Further details can be found [here](#).

Minimize Risk at Drop Off and Pick Up Times

Facility Access

What are Delaware’s required practices?

All Delaware programs must follow the current DELACARE Regulations.

For the health and safety of staff and children in your care, the following practices are strongly recommended but are no longer required:

- Health screenings of children and adults entering your facility is no longer required. Unless they are ill, families may enter the child care facility at any time while their child is in care. See *DELACARE Regulations* 23 (centers) and 13T (family/large family).

What are additional recommended practices?

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

- When people wear a mask correctly and consistently, they [protect others as well as themselves](#). ECE program staff can model consistent and correct use for children aged 2 or older in their care. [Consistent and correct mask use](#) by all people, especially those who are not fully vaccinated, is especially important indoors and when physical distancing cannot be maintained.
- **Indoors:** CDC recommends universal masking in ECE programs for everyone two years of age and older, regardless of vaccination status.
- **Outdoors:** In general, people do not need to wear masks when outdoors. CDC recommends that people age 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained [close contact](#) with other people. Fully vaccinated people might choose to mask outdoors regardless of the [level of transmission](#), particularly if they or someone in their household is immunocompromised, at [increased risk for severe disease](#), or if someone in their household is unvaccinated.
- Set up hand hygiene stations at facility entrances.
- Review rules for visitors and family engagement activities.
 - Limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas when there is [moderate-to-high COVID-19 community transmission](#).
 - Continue following ECE program visitor policies and restrictions, while allowing for safe access to Direct Service Providers and mothers who are breastfeeding their infants.
 - Develop plans for meeting new families that allow family and staff to gather while maintaining prevention strategies.
 - Develop plans or procedures for parents and/or guardians to visit their children while maintaining prevention strategies.

- Home-based ECE programs with people living in the home who are not fully vaccinated should require mask-wearing for unvaccinated persons and keep as much physical distance as possible while children are in their care.
- Home visitors should consult the Health Resources and Services Administration’s [Home Visiting Information During COVID-19](#).
- Help provide access for [direct service providers](#) (DSPs) such as paraprofessionals, therapists, early intervention specialists, mental health and healthcare consultants, and others.
 - If DSPs are not fully vaccinated or provide services at more than one location, ask whether any of their service locations have had COVID-19 cases.
 - Ensure direct service providers are following prevention strategy guidance including vaccination, COVID-19 testing, contact tracing in combination with isolation/quarantine.
- Please see [Guidance for Direct Service Providers](#) for resources for those serving children with disabilities or other health care needs during COVID-19.

Screening Procedures

What are Delaware’s required practices?

All Delaware programs must follow the current DELACARE Regulations.

For the health and safety of staff and children in your care, the following practices are strongly recommended but are no longer required:

- Health screenings of children and adults entering your facility is no longer required. Unless they are ill, families may enter the child care facility at any time while their child is in care. See *DELACARE Regulations* 23 (centers) and 13T (family/large family).
- If you have questions about routine testing for COVID-19 for staff and/or children, please contact dana.carr@Delaware.gov.
- If you choose to continue screening, this may be done by actively monitoring a person’s temperature by (ideally) using a touchless thermometer before they enter your facility or by asking staff and children (or a parent/guardian on behalf of the child) to report their temperature upon arrival. Personnel screening for fever should consider wearing gloves and face masks.
 - If a staff member or child reports or is noted to have body temperature at or above 99.5°F., discuss if there is an underlying cause. The person may be admitted but increased monitoring throughout the day must follow to ensure the temperature does not increase or additional symptoms do not develop.
 - If the person has a temperature at or above 100.4°F, they must be sent home. If a provider has a policy that requires staff or children be excluded for a temperature lower than 100.4°F, they should continue to follow their policy, as well as DELACARE Regulations, on child health exclusions.
 - If providers wish to further screen individuals before admitting them to the facility, they could ask, “Do you have any of the following symptoms: fever, cough, shortness of breath/difficulty breathing, chills, repeated shaking with chills, muscle pain, sore throat, vomiting, nausea, diarrhea, headache/congestion/runny nose with no known underlying cause (such as seasonal or chronic allergies), fatigue, or new loss of smell or taste? “
 - If NO, ask if they have been in close contact with a member of their household 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).

o If no, admit the person.

- If YES, when someone is a household close contact who is up to date with their COVID vaccine, those individuals should wear masks for 10 days following the last date of exposure in the household and get tested on day 5 following the last date of exposure.
 - o If unable to wear a mask, individual may return to school or child care if participating in Test to Stay on days 1-10.
- If YES, when someone is a household close contact who is not up to date with their COVID vaccine, schools and child care facilities can consider the following options:
 - o Return on day 6** after a negative test on day 5 if able to wear a mask in school for an additional 5 days or
 - o Return on day 6** after a negative test on day 5 and participate in Test to Stay on day 6,7,8,9,10 if unable to wear a mask or
 - o Participate in Test to Stay to remain in school or child care facility as long as masks are worn in school for the full 10 days or
 - o Stay at for home 10 days following the last date of exposure in the household

**Count the days from first day following the last date of exposure to a positive person.

- If YES, but symptoms have a known cause (asthma, COPD, chronic sinusitis, etc.), the provider should weigh the risks for COVID-19 exposure and decide if the person should be admitted.
- If YES and there is a fever of 100.4 or higher, or the person is otherwise symptomatic and considered at risk for COVID-19 exposure, the person should not be admitted and should be advised to consult a health care professional for further guidance, and/or obtain a COVID-19 test.

What are additional recommended practices?

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

Screening Testing

- Screening testing identifies people with COVID-19, including those with or without symptoms who are likely to be contagious, so that measures can be taken to prevent further transmission. In ECE programs, screening testing can help promptly identify and isolate cases, [quarantine](#) those who may have been exposed to SARS-CoV-2 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education.
- People who are fully vaccinated do not need to participate in screening testing and do not need to quarantine unless they have symptoms or are a [close contact](#) to someone with COVID-19. Decisions regarding screening testing may be made at the state or local level. [Screening testing](#) may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in ECE programs where other prevention strategies are not implemented.

More frequent testing can increase effectiveness, but feasibility of increased testing in ECE programs needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect staff privacy.

- Screening testing can be used to help evaluate and adjust prevention strategies and provide additional layered prevention strategies and provide added protection for ECE programs that are not able to provide optimal physical distance between students. Screening testing should be offered at any level of community transmission and, to all staff who have not been fully vaccinated to help interrupt transmission. ECE programs should offer screening testing at least once a week.
- Testing in low-prevalence settings might produce false positive results, but screening testing can be an important prevention strategy to limit the spread of COVID-19 in in-person education settings.

Staying Home When Sick

- Children and staff who have symptoms of infectious illness, such as [influenza](#) (flu) or [COVID-19](#), should stay home and be referred to their healthcare provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of programs and prevent spread to others. It also is essential for people who are not fully vaccinated to [quarantine](#) after a recent exposure to someone with COVID-19 and get tested. ECE programs should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment. Employers should ensure that workers are aware of and understand these policies.
- 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. Although COVID-19, colds, and flu illnesses have similar symptoms, they are different diseases. Children who have symptoms of infectious illness or certain symptoms of COVID-19 should not attend your ECE program. Encourage your families to be on the alert for [signs of illness](#) in their children and to keep them home when they are sick.
 - Fever, temperature 100.4 °F or higher, or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Diarrhea, vomiting, or stomachache
- People who have a fever of 100.4 °F (38.0 °C) or above or other signs of illness should not be admitted to your facility.
- The length of time the child should stay out of an ECE program depends on whether the child has COVID-19 or another illness. In most instances, those who have COVID-19 [can be around others](#) after
 - **5 days** since symptoms first appeared **and**
 - 24 hours with no fever without the use of fever-reducing medications **and**
 - Other symptoms of COVID-19 are improving

Children who test positive for COVID-19 but do not have symptoms can be around others **5** days after their first positive COVID-19 test.

Getting Tested for COVID-19

[Isolate](#) when you are sick or when you have COVID-19, even if you don't have symptoms.

Day 0 is your first day of symptoms or a positive viral test. **Day 1 is the first full day after your symptoms developed or your test specimen was collected.** If you have COVID-19 or have symptoms, isolate for at least 5 days.

If you tested positive for COVID-19 or have symptoms, regardless of vaccination status:

- Stay home for 5 days and [isolate](#) from others in your home.
- Wear a [well-fitting mask](#) if you must be around others in your home.
- [Do not travel](#).
- [End isolation after 5 full days](#) if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.
- [End isolation after at least 5 full days](#) after your positive test if you did NOT have symptoms.
- If you got very sick from COVID-19 or have a weakened immune system, you should isolate for at least 10 days. [Consult your doctor before ending isolation](#).
- Take precautions until day 10.
 - Wear a [well-fitting mask](#) for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
 - [Do not travel](#) until a full 10 days after your symptoms started or the date your positive test was taken if you had no symptoms.
 - Avoid being around people who are [more likely to get very sick](#) from COVID-19.
 - If an individual has access to a test and wants to test, the best approach is to use an [antigen test](#)¹ towards the end of the 5-day isolation period. Collect the test sample only if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a [well-fitting mask](#) around others at home and in public until day 10. Follow additional recommendations for masking and [avoiding travel](#).
 - ¹As noted in the [labeling for authorized over-the-counter antigen tests](#) Negative results should be treated as presumptive. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. To improve results, antigen tests should be used twice over a three-day period with at least 24 hours and no more than 48 hours between tests.
 - Note that these recommendations on ending isolation **do not** apply to people who are moderately ill or very sick from COVID-19 or have weakened immune systems. See [this section](#) for recommendations for when to end isolation for these groups.

Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread, especially if key prevention strategies of masking, distancing, and cohorting are not in use.

- Encourage families to monitor children at home for [signs of infectious illness](#) including COVID-19 to decide when to seek testing or medical care.
- Develop policies that encourage sick staff to stay at home without fear of negative consequences. Ensure policies are clearly communicated to staff. CDC’s criteria can help inform when children and staff who are not fully vaccinated can return if they have recently had [close contact with a person with COVID-19](#). CDC also has [guidance for symptoms monitoring, isolation, and quarantine for fully vaccinated persons](#).
- Develop and communicate with staff and families about your policies for returning to your ECE program after COVID-19 illness. CDC’s [criteria to discontinue home isolation and quarantine](#) can inform these policies with specific [guidance for fully vaccinated people](#).
- Offer referrals to [viral testing](#) to any child or staff member who is exhibiting [symptoms of COVID-19](#) in the ECE setting.

Guidelines for Cleaning and Disinfecting the Environment

What are Delaware’s required practices?

All programs must continue to follow DELACARE Regulations.

- Play dough and clay may be shared among different children. (*DELACARE Regulations* require handwashing after using shared clay/dough.)
- **In an environment without masks, maintaining good air circulation becomes an even more important tool for reducing transmission of COVID-19. Schools and child care facilities should continue taking steps to improve ventilation by opening windows when possible, upgrading HVAC systems, purchasing air filters readily available online, and spending time outdoors. Specific guidance for improving ventilation in schools and child care facilities can be found [here](#) and [here](#).**

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](#)

- In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. However, in addition to cleaning for COVID-19, ECE programs should follow recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids). See [Caring for Our Children](#). For general information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick,

safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).

- **When Someone is Sick:** If someone in the ECE program is sick or someone who has COVID-19 has been in the facility in the last 24 hours, [clean and disinfect your facility](#). For more information on cleaning and disinfecting safely, see [Cleaning and Disinfecting Your Facility](#).
- Additional considerations for cleaning and disinfection:
 - Ensure that personal items such as masks or [toothbrushes](#) are used only by one child and stored safely while not in use, for example, in individually labeled containers, bags, or cubbies. Ensure that children and staff wash hands after handling these personal items.
 - Follow recommendations on [cleaning and sanitizing toys](#).
 - Learn how to [reduce the chance of an asthma attack while disinfecting](#).
 - Consider contacting the state ECE office to see if additional resources are available to obtain cleaning and disinfecting supplies through the [Federal Emergency Management Agency](#) or [Child Care Resource and Referral Agency](#).
- Ensure [safe and correct application of disinfectants](#) and keep products away from children.
- Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with [other preventive strategies](#), including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.
- During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.
- For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, refer to:
 - [Ventilation in Schools and Child Care Programs](#)
 - [Ventilation FAQs](#)
 - [Improving Ventilation in Your Home](#)
- Following reduced operation or temporary building shutdown check for hazards such as mold, *Legionella* (bacteria that causes [Legionnaires' disease](#)), and from plumbing that has corroded. Refer to guidance from [CDC](#), [American Society of Heating, Refrigerating and Air-Conditioning Engineers \(ASHRAE\)](#), and the [Environmental Protection Agency](#).

Handwashing and Respiratory Etiquette

What are Delaware's required practices?

All programs must continue to follow DELACARE Regulations.

For the health and safety of staff and children in your care, the following practices are strongly recommended but are no longer required:

- Staff and children do not have to wash hands upon entering and leaving a classroom but this practice is encouraged. You must comply with hand washing requirements in *DELACARE Regulations* (regulation 59 in centers or 38 in family/large family homes).

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](#)

- People should practice handwashing and [respiratory etiquette](#) including covering coughs and sneezes to keep from getting and spreading infectious illnesses including COVID-19. ECE programs can monitor and reinforce these behaviors and provide adequate handwashing supplies.
 - Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds.
 - Remind everyone in the facility [to wash hands frequently](#) and assist young children with handwashing.
 - If handwashing is not possible, use hand sanitizer containing at least 60% alcohol with staff and older children that can use it safely. Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
 - Post [signs and graphics](#) that describe how to stop the spread of germs in important facility locations such as entrances and restrooms. Signs should be easy to understand, use pictures, and be in primary languages spoken by your staff and families.
 - Set up hand hygiene stations at facility entrances.
 - Wear gloves when cleaning and disinfecting or when caring for someone who is sick with COVID-19, but otherwise proper handwashing is sufficient.
- Resources on handwashing and respiratory etiquette
 - [COVID-19 Communication Resources](#)
 - [Resources for Schools and ECE Programs](#)
 - COVID-19 [videos](#) including one with [American Sign Language](#) and other [communication tools](#)
 - [Coughing and Sneezing](#)

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](#).
- Where feasible, diapering should not be done by the same person who prepares food. If you are the only person available for both diapering and food preparation, use additional prevention strategies (such as handwashing) between diapering and food preparation.
- After diapering, take off gloves and wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free disinfectant on the [EPA List N: Disinfectants for Coronavirus \(COVID-19\)](#) as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
- If reusable cloth diapers are used, do not rinse or clean them in your facility. Place the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents or guardians or laundry service. (Download posters with [diaper changing procedures](#))

Minimize Risk While Caring for Children

Healthy Hygiene Practices

What are Delaware's required practices?

All Delaware programs must follow the current DELACARE Regulations.

- Child care center and family/large family child care educators are strongly encouraged to require masks for children 2 years old to kindergarten inside their facilities/homes to prevent spread of COVID-19.
- Children younger than 2 years old should not wear masks due to risk of suffocation.
- **For schools and child care facilities that choose not to implement their own mask requirements, families and individuals who choose to continue wearing masks should be permitted and encouraged to do so.**
- It is recommended to routinely clean masks. A reusable mask should be washed whenever it gets dirty or at least daily. A disposal mask should be thrown away after use, but should be changed daily or anytime if gets dirty. Always wash your hands after handling or touching a used mask.

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](#)

- When people wear a mask correctly and consistently, they [protect others as well as themselves](#). ECE program staff can model consistent and correct use for children aged 2 or older in their care. [Consistent and correct mask use](#) by all people, especially those who are not fully vaccinated, is especially important indoors and when physical distancing cannot be maintained.
- **Indoors:** CDC recommends universal masking in ECE programs for everyone two years of age and older, regardless of vaccination status.
- **Outdoors:** In general, people do not need to wear masks when outdoors. CDC recommends that people age 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained [close contact](#) with other people. Fully vaccinated people might choose to mask outdoors regardless of the [level of transmission](#), particularly if they or someone in their household is immunocompromised, at [increased risk for severe disease](#), or if someone in their household is unvaccinated.
- The following is a possible exception to the universal masking recommendation for everyone ages 2 and over in ECE settings:

- A person who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of reasonable accommodation with workers who are not fully vaccinated who are unable to wear or have difficulty wearing certain types of masks because of a disability.
- To facilitate learning and social and emotional development, consider having staff wear a clear or cloth mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips.
- **During transportation:** If transport vehicles such as buses or vans are used by your program, drivers should practice all safety actions and protocols as indicated for other staff, for example vaccination, hand hygiene, and mask use. To clean and disinfect buses or other transport vehicles, see guidance for [workplaces and businesses](#). Create distance between children on transport buses; for example, seat children one child per row, and skip rows when possible. However, children from the same home can be seated together.
- As with indoors, passengers ages 2 years and older and drivers must wear a mask on buses and vans, including on buses operated by public and private school systems and ECE programs, regardless of vaccination status, subject to the exclusions and exemptions in [CDC's Order](#).
- Schools should provide masks to those students who need them (including on buses and vans), such as children who forgot to bring their mask or whose families are unable to afford them.
- When masks are worn by child care providers and staff in the workplace, the masks should meet one of the following criteria:
 - [CDC mask recommendations](#)
 - [NIOSH Workplace Performance and Workplace Performance Plus masks](#)
- Resources on masks
 - [How masks control the spread of SARS-CoV-2](#)
 - [How to select, wear, and clean your mask](#)
- 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](#).
- It is important for you to 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.
 - Washing your hands and anywhere you have contact with a child's body fluids.
 - Avoiding touching your eyes while holding, washing, or feeding a child.
 - Changing clothes right away if body fluids get on them, whenever possible, and then your hands should be rewashed.
 - Washing your hands before and after handling infant bottles prepared at home or in the facility.

Physical Distancing

What are Delaware's required practices?

All Delaware programs must follow the current DELACARE Regulations.

For the health and safety of staff and children in your care, the following practices are strongly recommended but are no longer required:

- Social distancing between adults and children is recommended when possible but not required.

What are additional recommended practices?

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

- Maintaining physical distance is often not feasible in an ECE setting, especially during certain activities such as diapering, feeding, holding/comforting, and among younger children in general. When it is not possible to maintain physical distance in ECE settings, it is especially important to layer multiple prevention strategies, such as cohorting, masking indoors, improved ventilation, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission risk. Mask use is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between adults who are not fully vaccinated.
- For [people who are fully vaccinated](#), maintaining physical distancing is not necessary unless required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. Distancing should still be maintained, when possible, between individuals who are not fully vaccinated.
- If transport vehicles such as buses or vans are used by your program, drivers should practice all safety actions and protocols as indicated for other staff, for example vaccination, hand hygiene, and mask use. To clean and disinfect buses or other transport vehicles, see guidance for [workplaces and businesses](#). Create distance between children on transport buses; for example, seat children one child per row, and skip rows when possible. However, children from the same home can be seated together.
- As with indoors, passengers ages 2 years and older and drivers must wear a mask on buses and vans, including on buses operated by public and private school systems and ECE programs, regardless of vaccination status, subject to the exclusions and exemptions in [CDC's Order](#).

Outside Play and Physically Active Play

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](#)

- In general, children and adults do not need to wear masks when participating in outdoor play. CDC recommends that people, 2 years and older, who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised, at [increased risk for severe disease](#), or if someone in their household is unvaccinated. When physically active play is held indoors, people who are not fully vaccinated should wear masks and maximize distance when possible.
- Physically active play is a daily part of ECE and provides children with enrichment opportunities that supports physical development and can help them learn and achieve, and support their social, emotional, and mental health. Some [physical activities](#) are more likely to increase exhalation for a sustained period of time and can put people who are not fully vaccinated at [increased risk](#) for getting and spreading COVID-19. Other indoor activities, such as singing, chanting, and yelling, can also increase exhalation.
- Preventing COVID-19 for those who are not fully vaccinated in these activities remains important. Children who participate in indoor physical activity and other higher-risk activities should continue to wear masks and remain in their cohort and keep physical distance from other cohorts as much as possible.
- ECE providers who are planning structured physically active play including sports activities should also consider risks for people who are not fully vaccinated:
 - **Setting of the event or activity.** In general, the risk of COVID-19 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the event.
 - **Physical closeness.** Spread of COVID-19 is more likely to occur in physical activity and sports that require sustained close contact.
 - **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of participants.
 - **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the physical activity.
 - **Duration of time.** The risk of COVID-19 spread increases the more time participants spend in close proximity or in indoor group settings.
 - **Presence of people more likely to develop severe illness.** [People at increased risk](#) of severe illness might need to take extra precautions.

Meals and 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?

All Delaware programs must follow the current DELACARE Regulations.

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](#)

- Maximize physical distance as much as possible between people who are not fully vaccinated while eating, especially indoors. When possible, consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces.
- Given very low risk of transmission from food, food packaging, surfaces and shared objects, there is no need to limit food service operations to single use items and packaged meals.
- People should wash hands with soap and water before and after meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals.
- Promote hand washing before, during, and after shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and eating areas.
- 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.
 - Washing your hands and anywhere you have contact with a child's body fluids.
 - Avoiding touching your eyes while holding, washing, or feeding a child.
 - Changing clothes right away if body fluids get on them, whenever possible, and then your hands should be rewashed.
 - Washing your hands before and after handling infant bottles prepared at home or in the facility.
- Toothbrushing is an important component for many ECE programs. Because toothbrushing can cause droplet spatter and potential contamination of surfaces and supplies, programs should follow [these steps](#) for [hygienic toothbrushing in group settings](#). For more information, see CDC's [Use & Handling of Toothbrushes](#).

Activities

What are Delaware's required practices?

All Delaware programs must follow the current DELACARE Regulations.

This includes, screen time activities require written parent/guardian permission and are limited to one hour or less per day, unless a special event occurs. Children younger than two years are prohibited from participating in screen time activities. Assistive technology is not included in screen time restrictions.

WHAT SHOULD I DO IF SOMEONE IN MY PROGRAM GETS SICK?

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 recommended.** This report must be made within 24 hours of learning of the positive case of COVID-19 in your child care home or center.
- Inform Public Health of the positive case by contacting 302-741-2987/2988 to receive guidance on cleaning and other issues.
 - If you have a COVID-19 related question, please email vaccine@Delaware.gov.
- **School nurses and facility COVID coordinators may discontinue in-school contact tracing.**
- **Parents should report household contacts to the school nurse or facility's designated COVID coordinator (i.e. when the parent or sibling of a student tests positive).**
- Steps for child care programs to respond to positive or possible COVID-19 cases are outlined in the [How to Respond to Positive COVID-19 Tests & Close Contacts in Child Care](#) 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.
- **When someone tests positive they should:**
 - **Isolate at home for 5 days*** and, if symptoms have resolved, return after day 5 and wear a mask in school for the next 5 days. Or,
 - **Isolate at home for 10* days**

***Count the days from first day after symptoms or the first day after a positive test, whichever is earlier. Return date must be at least 5 days after start of any symptoms, with at least 24 hours fever-free without fever reducing medication.**

- **Schools and child care facilities may discontinue quarantine for close contacts except household contacts.**

- Any individual with COVID symptoms should stay out of school or child care until they have tested and have received the results.
- When someone is a household close contact who is up to date with their COVID vaccine, those individuals should wear masks for 10 days following the last date of exposure in the household and get tested on day 5 following the last date of exposure.
 - If unable to wear a mask, individual may return to school or child care if participating in Test to Stay on days 1-10.
- When someone is a household close contact who is not up to date with their COVID vaccine, schools and child care facilities can consider the following options:
 - Return on day 6** after a negative test on day 5 if able to wear a mask in school for an additional 5 days or
 - Return on day 6** after a negative test on day 5 and participate in Test to Stay on day 6,7,8,9,10 if unable to wear a mask or
 - Participate in Test to Stay to remain in school or child care facility as long as masks are worn in school for the full 10 days or
 - Stay at for home 10 days following the last date of exposure in the household

**Count the days from first day following the last date of exposure to a positive person.

[Outbreak Response: Temporary Testing and Masking Recommendations](#)

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

Preparing for When Someone is Sick

Your ECE program should implement multiple COVID-19 prevention actions to prepare for when someone is sick with COVID-19. [Take action](#) to [isolate](#) children or staff who begin to have COVID-19 symptoms while at your facility to protect 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.

What to do for isolation

- Monitor your [symptoms](#). If you have an [emergency warning sign](#) (including trouble breathing), seek emergency medical care immediately.
- Stay in a separate room from other household members, if possible.
- Use a separate bathroom, if possible.
- Take steps to [improve ventilation at home](#), if possible.
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils.
- Wear a [well-fitting mask](#) when you need to be around other people.

Learn more about [what to do if you are sick](#) and [how to notify your contacts](#).

Consult resources on what to do if a child becomes sick while at the ECE program:

- [School and ECE Settings](#)
- [Child Care Providers Quick Guide Symptoms of COVID-19 at Child Care](#)
- [Quick Guide: Help Protect Your Family Child Care Home from COVID-19](#)
- [Quick Guide: Help Protect Your Child Care Center From COVID-19](#)

Exposure - Contact with someone infected with SARS-CoV-2, the virus that causes COVID-19, in a way that increases the likelihood of getting infected with the virus.

Close Contact - A close contact is someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes. People who are exposed to someone with COVID-19 after they completed at least 5 days of isolation are not considered close contacts.

Quarantine is a strategy used to prevent transmission of COVID-19 by keeping people who have been in [close contact](#) with someone with COVID-19 apart from others.

Isolation is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, or wear a [well-fitting mask](#) when they need to be around others. People in isolation should stay in a specific "sick room" or area and use a separate bathroom if available.

Getting Tested for COVID-19

[Isolate](#) when you are sick or when you have COVID-19, even if you don't have symptoms.

Day 0 is your first day of symptoms or a positive viral test. **Day 1 is the first full day after your symptoms developed or your test specimen was collected.** If you have COVID-19 or have symptoms, isolate for at least 5 days.

If you tested positive for COVID-19 or have symptoms, regardless of vaccination status:

- Stay home for 5 days and [isolate](#) from others in your home.

- Wear a [well-fitting mask](#) if you must be around others in your home.
- [Do not travel](#).
- [End isolation after 5 full days](#) if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.
- [End isolation after at least 5 full days](#) after your positive test if you did NOT have symptoms.
- If you got very sick from COVID-19 or have a weakened immune system, you should isolate for at least 10 days. [Consult your doctor before ending isolation](#).
- Take precautions until day 10.
 - Wear a [well-fitting mask](#) for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
 - [Do not travel](#) until a full 10 days after your symptoms started or the date your positive test was taken if you had no symptoms.
 - Avoid being around people who are [more likely to get very sick](#) from COVID-19.
 - If an individual has access to a test and wants to test, the best approach is to use an [antigen test](#)¹ towards the end of the 5-day isolation period. Collect the test sample only if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a [well-fitting mask](#) around others at home and in public until day 10. Follow additional recommendations for masking and [avoiding travel](#).
 - ¹*As noted in the [labeling for authorized over-the-counter antigen tests](#) Negative results should be treated as presumptive. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. To improve results, antigen tests should be used twice over a three-day period with at least 24 hours and no more than 48 hours between tests.*
 - Note that these recommendations on ending isolation **do not** apply to people who are moderately ill or very sick from COVID-19 or have weakened immune systems. See [this section](#) for recommendations for when to end isolation for these groups.

Getting tested for COVID-19 when symptoms are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread, especially if key prevention strategies of masking, distancing, and cohorting are not in use.

- Encourage families to monitor children at home for [signs of infectious illness](#) including COVID-19 to decide when to seek testing or medical care.
- Develop policies that encourage sick staff to stay at home without fear of negative consequences. Ensure policies are clearly communicated to staff. CDC's criteria can help inform when children and staff who are not fully vaccinated can return if they have recently had [close contact with a person with COVID-19](#). CDC also has [guidance for symptoms monitoring, isolation, and quarantine for fully vaccinated persons](#).

- Develop and communicate with staff and families about your policies for returning to your ECE program after COVID-19 illness. CDC’s [criteria to discontinue home isolation and quarantine](#) can inform these policies with specific [guidance for fully vaccinated people](#).
- Offer referrals to [viral testing](#) to any child or staff member who is exhibiting [symptoms of COVID-19](#) in the ECE setting.

Exposure to COVID-19

- Staff, families, and children who are **not up-to-date** on COVID-19 vaccinations and were exposed to COVID-19 need to [quarantine](#).
 - They should:
 - Stay home and [quarantine](#) for at least 5 full days.
 - Wear a well-fitted mask if you must be around others in your home.
 - [Do not travel](#).
 - Get tested - Even if you don’t develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.
 - **After quarantine:**
 - Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.
 - [Avoid travel](#) - It is best to avoid travel until a full 10 days after you last had close contact with someone with COVID-19.
 - If you develop symptoms - [Isolate](#) immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.
 - **Take precautions until day 10**
 - Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
 - If you must travel during days 6-10, [take precautions](#).
 - Avoid being around people who are at high risk.
- Staff, families, and children who are **up-to-date** on COVID-19 vaccinations and were exposed to COVID-19 do **not** need to quarantine.
 - They should:
 - You do not need to stay home **unless** you develop symptoms.
 - Get tested - Even if you don’t develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.
 - Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.
 - If you develop symptoms - [Isolate](#) immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.
 - Take precautions until day 10.

- Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
 - [Take precautions if traveling](#)
 - Avoid being around people who are at high risk
- If you were exposed to COVID-19 and had confirmed COVID-19 within the past 90 days (you tested positive using a viral test)
 - You do not need to stay home **unless** you develop symptoms.
 - Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.
 - If you develop symptoms - [Isolate](#) immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.
 - Take precautions until day 10.
 - Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
 - [Take precautions if traveling](#)
 - Avoid being around people who are at high risk
- For more information, please visit CDC's [Toolkit for Responding to COVID-19 Cases](#) for resources on contact tracing, quarantine, and isolation as well as sample letters for parents and caregivers.
- During times in the ECE day when children 2 years of age and older or staff members may typically remove masks indoors, such as during lunches and snacks, have a plan for them to adequately distance from other cohorts and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating).

Resources on isolation, quarantine, and testing:

- CDC's [Toolkit for Responding to COVID-19 Cases](#)
- [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)
- [When to quarantine](#) and [COVID-19 testing](#)
- COVID-19 information for [Workplaces and Businesses](#)
- [Quarantine and Isolation Calculator](#)
- [How to Determine a Close Contact for COVID-19](#)
- [How To Talk To Your Close Contacts](#)
- [Covid-19 Quarantine vs. Isolation](#)

Where can I find information about vaccines?

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination among all eligible individuals can help Early Care and Education (ECE) programs protect staff and children in their care, as well as their families.
- [COVID-19 vaccines](#) available in the United States are effective at protecting people from getting seriously ill, getting hospitalized, and even dying. As with vaccines for other diseases, people who are [up to date with their COVID-19 vaccines](#) are optimally protected. However, [scientific evidence](#) suggests that infected persons, even if vaccinated, can spread virus to others.
- Most ECE programs serve children in an age group that is not yet eligible for vaccination. Therefore, this guidance emphasizes using multiple COVID-19 prevention strategies together to protect children and adults in ECE programs.
- CDC recommends universal indoor masking in ECE programs for those ages 2 years and older*, regardless of vaccination status.
 - The [following](#) is a possible exception to the universal masking recommendation for everyone ages 2 and over in ECE settings.
- Layered COVID-19 prevention strategies remain critical to protect people, including children and staff, who are not [up to date](#) or not eligible for COVID-19 vaccines, especially in areas of moderate-to-high community transmission levels.

ECE programs can [promote vaccinations](#) among staff and families, including [pregnant women](#), by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. Some ECE programs have requirements for COVID-19 vaccinations for staff.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Additional information can be found [here](#).

CDC resources on vaccination:

- [Vaccines for COVID-19 | CDC](#)
- [Stay Up to Date with Your Vaccines | CDC](#)

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>

Visit vaccines.gov to find out where staff and families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the ECE program.

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

- Visit [vaccines.gov](https://www.vaccines.gov) to find out where staff and families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the ECE program.
- Encourage staff and families, including extended family members who have frequent contact with children in the ECE program, to get [vaccinated as soon as they can and get a booster when eligible](#).
- Identify potential barriers to getting vaccinated that may be unique to the workforce and implement policies and practices to address them. The [Workplace Vaccination Program](#) has information for employers on recommended policies and practices for encouraging COVID-19 vaccination uptake among workers.
- Use or modify [key messages](#) to [help families and staff become more confident about the vaccine](#) by using the language, tone, and format that fits the needs of the community and is responsive to concerns.
- Use CDC COVID-19 [Vaccination Toolkits](#) to educate members of the ECE community and promote COVID-19 vaccination. CDC's [Workers COVID-19 Vaccine Toolkit](#) is also available to help employers educate their workers about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns.
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccines. ECE staff and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.
- Offer flexible, supportive sick leave options, such as paid sick leave, for employees to get vaccinated or who have [side effects](#) after vaccination. See CDC's [Post-Vaccination Considerations for Workplaces](#).
- Promote vaccination information as part of enrollment activities for families entering the ECE program.
- Remind families that children should get all [routine vaccinations](#) to help protect themselves and others from [vaccine-preventable diseases](#) in addition to regular well-child visits and preventive screenings, such as [screening](#) for autism and [lead poisoning](#). Remind staff and families about [routine vaccinations for adults](#).

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.

Existing laws and regulations require certain vaccinations for children attending ECE programs. ECE administrators regularly maintain documentation of children's immunization records. Recommended prevention strategies vary by COVID-19 vaccination status. ECE administrators who maintain documentation of children's and workers' COVID-19 vaccination status can use this information, consistent with applicable federal, state, local, tribal, and territorial laws and regulations, including those related to privacy, to inform masking and physical distancing practices, testing, contact tracing efforts, and quarantine and isolation practices. Visit [here](#) for more information.

APPENDIX: HOW CAN I SUPPORT THE SOCIAL AND EMOTIONAL NEEDS OF EVERYONE IN MY PROGRAM?

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](mailto: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>

- Office of Head Start
 - *COVID-19 Check-In:* <https://eclkc.ohs.acf.hhs.gov/blog/covid-19-check>
- 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:
 - 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.
 - 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](#)

APPENDIX: HOW CAN I MAKE SURE MY PROGRAM IS READY?

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. See CDC’s feature on [helping young children and parents transition back to school](#).

Preparedness and Planning	
Recommendations	Considerations
<i>Follow the current recommendations for cloth face coverings</i>	<ul style="list-style-type: none"> • 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
<i>Practice every day preventative measures</i>	<ul style="list-style-type: none"> • 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?
<i>Post DPH signage</i>	<ul style="list-style-type: none"> • How will I access printed copies of signage? • Where will I post signage, so it is visible to staff and families?
<i>Plan for staff absences</i>	<ul style="list-style-type: none"> • 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?
<i>Plan for if/when a child/staff member becomes ill while at child care</i>	<ul style="list-style-type: none"> • 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?

	<ul style="list-style-type: none"> • How will I ensure that I have an immediate substitute if a staff member falls ill during work?
<i>Encourage high-risk staff to contact their health care provider</i>	<ul style="list-style-type: none"> • 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?
<i>Plan for a positive case of COVID-19</i>	<ul style="list-style-type: none"> • 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

Recommendations	Considerations
<i>Adhere to screening practices for adults and children entering the facility</i>	<ul style="list-style-type: none"> • 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?
<i>Remind staff to stay at home if they are sick</i>	<ul style="list-style-type: none"> • Under what circumstances should staff stay home? • How should staff communicate their symptoms to the facility? • When are staff permitted to return to work?
<i>Remind parents to monitor children for signs of illness and keep them home if they are sick</i>	<ul style="list-style-type: none"> • 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?
<i>Stagger arrival/drop-off times and pick up times</i>	<ul style="list-style-type: none"> • 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

Recommendations	Considerations
<i>Follow DELACARE Regulations regarding ratios and group size, while practicing social distancing to the extent practical given the age, ability, and social and emotional needs of the children in care.</i>	<ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> ○ 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?
<i>Stagger the use of shared spaces (playgrounds, cafeterias, etc.)</i>	<ul style="list-style-type: none"> • 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?
<i>Cancel large group activities where children cannot be at least 6 feet apart</i>	<ul style="list-style-type: none"> • 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?
<i>Ensure that children’s naptime mats or cribs are spaced out as much as possible and/or placed head-to-toe and follow DELACARE Regulations for spacing</i>	<ul style="list-style-type: none"> • How can I use the floor space to spread children’s cots throughout the room? <ul style="list-style-type: none"> ○ 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](#)

Sanitation and Cleaning Practices

Recommendations	Considerations
<i>Adhere to the recommended cleaning, sanitizing, and disinfecting practices</i>	<ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> ○ Who is responsible for the additional cleaning throughout the day? ○ When will daily cleaning take place? • How will I support and track that the additional cleaning is being completed? • Who is responsible for cleaning the common areas?
<i>Clean all toys at the end of each day following CDC recommendations</i>	<ul style="list-style-type: none"> • 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?
<i>Ensure that meals, if served, are individually plated</i>	<ul style="list-style-type: none"> • How is this different from our normal mealtime? • Who will be responsible? • Are there other alternatives? (Children bring their own food from home?)
<i>Minimize the use of soft toys or other toys that cannot be easily cleaned or laundered</i>	<ul style="list-style-type: none"> • 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](#)