



*Engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment and rehabilitative services.*

## **COVID-19 Child Care Plan Template**

According to the “Phase 2 Requirements for Licensed Child Care,” all providers must develop and keep a written plan that addresses the prevention of and response to COVID-19. Providers may use this guide to satisfy that requirement. This guide contains practices that are recommended by national and state public health experts. Plan elements that are required according to the “Phase 2 Requirements for Licensed Child Care” are marked accordingly and **MUST** be followed; all other elements should be followed to the extent feasible in order to mitigate the public health threat of COVID-19.

This plan does not need to be submitted to the Office of Child Care Licensing (OCCL), but must be retained on the premises of the licensed facility and made available upon request by OCCL or other state agency.

To use this template as your written plan, please fill out the information below and **check all boxes** that apply to your facility’s COVID-19 Child Care Plan (all boxes marked “**REQUIRED**” must be checked):

**Facility Name:** \_\_\_\_\_

**Contact Name (if different from Facility Name):** \_\_\_\_\_

**Contact Information (phone and email):** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

## **Preparedness and Planning**

- My facility will encourage staff to practice every day preventative measures such as frequent hand washing, refraining from touching your face, covering a cough or sneeze with an elbow, and practicing social distancing (keeping at least 6 feet of distance between you and another person).
- My facility will [post signage recommended by the Division of Public Health](#).
- **(REQUIRED)** My facility will follow the current requirements for cloth face coverings. For child care providers, these practices include:
  - All child care providers and/or staff working in child care facilities must wear cloth face coverings while at work;
  - Providers must follow DPH guidance regarding face coverings for children;
  - Business owners must provide these cloth face coverings to staff if staff do not already have them;
  - Business owners must provide access to hand sanitizer for staff;
  - Business owners must deny entry to anyone over the age of 12 who is not wearing a face covering, if one is not available to be provided to that person.
- My facility will have a plan for staff absences.
- My facility will encourage staff who may be at higher risk for COVID-19 to contact their health care provider to determine whether they should stay at home.
- In the event that my facility experiences a positive case of COVID-19 in a staff member or child, my facility will contact the Division of Public Health within one business day of learning of the illness at 1-888-295-5156 or [hspcontact@delaware.gov](mailto:hspcontact@delaware.gov) to discuss next steps and cleaning guidance specific to my facility.

## **Arrival/Drop-off and Screening Procedures**

- My facility will remind staff to stay at home if they are sick, and remind parents to monitor children for signs of illness and keep them home if they are sick.
- My facility will stagger arrival/drop-off times and pick-up times to limit direct contact with parents as much as possible.
- **(REQUIRED)** My facility will adhere to the following screening practices for adults and children entering the facility:

- Adults who drop off and pick up children must do so at the entrance to the facility, not the classroom, unless the classroom has its own separate entrance where the child can be safely dropped off. Staff will receive the children and see that they arrive safely in their classrooms.
- Providers must ensure that staff and children do not have an elevated temperature before entering the facility. This may be done by actively monitoring a person's temperature before entrance to the facility, or by asking staff and children (or a parent/guardian on behalf of the child) to report their temperature upon arrival.
  - It is best to use touchless thermometers (forehead/temporal artery thermometers) if possible, but if you must use oral or other types of thermometers, make sure to clean the thermometers thoroughly between each person, as to not spread infection.
  - Follow the manufacturer's directions to disinfect the thermometer.
  - If no directions are available, rinse the tip of the thermometer in cold water, clean it with alcohol or alcohol swabs, and then rinse it again.
  - Personnel screening for fever should consider wearing gloves and face masks per CDC recommendations.
- If a staff member or child reports or is noted to have body temperature at or above 99.5 degrees Fahrenheit, a discussion must be had with the staff member or parent to determine if there is an underlying cause. The staff member or child may be admitted to the child care, but increased monitoring throughout the day must follow to ensure the temperature does not increase or additional symptoms do not develop. If a staff member or child reports or is noted to have a body temperature at or above 100.4 degrees Fahrenheit, they must be sent home. If a provider has a policy that requires staff or children be excluded for a temperature lower than 100.4 degrees Fahrenheit, they should continue to follow their policy, as well as DELACARE regulations, on child health exclusions.
- Providers must also ensure that each incoming staff member and child (or the child's parent may answer on their behalf) is screened with a basic questionnaire each time they enter the child care facility. The questionnaire shall include at least the questions below:
  - Do you have any of the following symptoms: fever, cough, shortness of breath/difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of smell or taste?
    - If NO, proceed to the next question.
    - If YES, but symptoms have a known cause (asthma, COPD, chronic sinusitis, etc.), the provider should weigh the risks for COVID-19 exposure and may consider sending the staff member or child home.
    - If YES (for fever of 100.4 or higher), or the staff member or child is otherwise symptomatic and considered at risk for COVID-19 exposure, the staff member or child may not be admitted to the facility and should isolate at home.
      - The staff member or child should remain at home for a total of 7 days after symptoms have resolved defined as resolution of fever without the use of fever-reducing medication **and** improvement in respiratory symptoms (e.g. cough, shortness of breath); **and** at least

10 days have passed since symptoms first appeared before being permitted to return to work or child care.

- Three days after symptoms resolve, patients are no longer required to self-isolate at home; however, they must continue to practice strict social distancing, avoid sustained close contact with others and maintain good hand hygiene, for the remaining four days (for a total of seven days) before returning to work.
- Staff or children who have been excluded may return after this 7 day period however should continue to recognize the risk of infectiousness and self-monitor for symptoms.
  - Staff members should consult medical professionals if desired or needed and should adhere to screening decisions made by the primary care provider or DPH medical personnel as appropriate.
  - If at any time a doctor confirms the cause of the staff member or child's fever or other symptoms is not COVID-19 and approves them to return to work or care, then the provider shall follow the appropriate DELACARE Regulations and their facility's policies in regard to return to work or child care.
- Have you been in *close contact* (e.g., within 6 feet for more than 10 minutes) with a person with confirmed COVID-19 infection?
  - If NO, the staff member or child may proceed with work or may receive child care at the facility.
  - If YES, the staff member or child will be required to stay at home for 14 days from the time they were exposed to confirmed COVID-19.

## **Stable Groups and Social Distancing**

- **(REQUIRED FOR CENTERS)** My facility will adhere to the following requirements for group size and mixing of groups:
  - a. **The maximum allowable group size is 15 children** (or smaller, if indicated by DELACARE regulations);
  - b. Groups should consist of the same children and staff each day, and mixing of groups should be restricted as much as possible;
  - c. Groups must be kept at least 6 feet apart if using shared spaces;
  - d. Providers may seek a variance from OCCL if they must have a group size larger than 15. Providers must follow the variance process outlined in DELACARE regulations.
- **(REQUIRED FOR FAMILY PROVIDERS)** My facility will follow DELACARE Regulations regarding the number and ages of children served, while practicing social distancing to the extent practical given the age, ability, and social and emotional needs of the children in care.

- My facility will avoid mixing groups of children, by staggering the use of shared spaces (playgrounds, cafeterias, etc), and by cancelling large group activities where children cannot be a minimum of six feet apart.
- **(REQUIRED)** My facility will suspend the use of all outside contractors, programs, and entertainment, both indoors and outdoors, except:
  - Contractors doing work outside of child care hours (ensure that proper cleaning/sanitizing has been conducted before children re-enter the facility or areas where work was being done)
  - Physical therapy/Occupational therapy appointments
  - Early Childhood Mental Health Consultants
- My facility will ensure that children’s naptime mats or cribs are spaced out as much as possible, ideally 6 feet apart. When a 6 feet distance cannot be maintained, children sleeping on mats or in cribs should be placed head-to-toe and follow current DELACARE regulations for spacing.

## **Sanitation and Cleaning Practices**

- **(REQUIRED)** My facility will adhere to the following additional cleaning and sanitizing practices:
  - Suspend use of sand and water table play (water tables may be used if proper social distancing can be maintained, such as only one child using the water table at a time, and the water tables are cleaned in between each child’s use and sanitized at the end of each day)
  - Suspend use of play-doh or other clay-like materials
  - Suspend use of toys that children wear on their faces such as masks and goggles, except masks or goggles that are worn by an individual child and stored separately for that individual child.
  - Staff and children must wash hands upon entering the classroom and upon leaving
  - All hard surfaces must be sanitized twice a day and as needed
  - Toys should be separated for sanitizing immediately after being placed in a child’s mouth
  - All frequently touched surfaces (doorknobs, light switches, faucets and phones) should be sanitized frequently throughout the day
  - Access to food preparation areas should be restricted to only staff who are essential to food preparation
- My facility will clean all toys at the end of each day following [CDC recommendations](#).

- My facility will ensure that meals, if served, are individually plated.
- My facility will minimize the use of soft toys or other toys that cannot be easily cleaned or laundered.

By signing below, I acknowledge the above requirements and shall ensure they are carried out in my facility. During the State of Emergency, if my facility cannot meet any of the requirements above, my facility will not operate.

\_\_\_\_\_  
**Facility Licensee Signature**

\_\_\_\_\_  
**Facility Licensee Printed Name**

\_\_\_\_\_  
**Date**