



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

June 1, 2020

Revised June 11, 2020

EFFECTIVE June 15, 2020

Phase 2 Requirements for Licensed Child Care Providers

Effective June 15, child care is no longer restricted to DSCYF-designated Emergency Child Care Sites, and may be provided to families seeking child care from a child care provider licensed by the Office of Child Care Licensing (OCCL). Child care providers who wish to reopen on or after June 15th do not need to submit an application to be designated as an Emergency Child Care Site.

Licensed child care providers who wish to operate on or after June 15th must adhere to applicable DELACARE regulations and the following additional requirements developed by OCCL and the Division of Public Health. All previously issued guidelines pursuant to Executive Order 38, the 8th modification to the Governor’s State of Emergency, and the “additional requirements for DSCYF-designated Emergency Child Care Sites” are no longer applicable as of June 15.

1. **All providers, including those operating as an Emergency Child Care Site prior to June 15, must have a written plan to address these requirements as well as additional practices to prevent the spread of and respond to COVID-19. Providers may use the “COVID-19 Child Care Plan” template developed by DSCYF. The written plan must be made available upon request by OCCL.**
2. **Providers must 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.

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

- a. The maximum allowable group size is 15 children (or smaller, as 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.**

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

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

5. **Providers must suspend the use of all outside contractors, programs, and entertainment, both indoors and outdoors, except:**
 - a. 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)
 - b. Physical therapy/Occupational therapy appointments
 - c. Early Childhood Mental Health Consultants

6. **Cleaning and sanitizing requirements in addition to those in DELACARE Regulations:**
 - a. Suspend use of sand and water tables (Water tables may be used if proper social distancing can be maintained, such as only one child using the water table at a time, and the water tables are cleaned in between each child's use and sanitized at the end of each day)
 - b. Suspend use of play-doh or other clay-like materials
 - c. Suspend use of shared 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.
 - d. Staff and children must wash hands upon entering the classroom and upon leaving
 - e. All hard surfaces must be sanitized twice a day and as needed
 - f. Toys should be separated for sanitizing immediately after being placed in a child's mouth
 - g. All frequently touched surfaces (doorknobs, light switches, faucets and phones) should be sanitized frequently throughout the day
 - h. Access to food preparation areas should be restricted to only staff who are essential to food preparation

7. **Providers must adhere to the current requirements for cloth face coverings. For child care businesses, these practices include:**
 - a. All child care providers and/or staff working in child care facilities must wear cloth face coverings while at work;
 - b. Providers must follow [DPH guidance regarding face coverings for children](#);
 - c. Business owners must provide these cloth face coverings to staff if staff do not already have them;
 - d. Business owners must provide access to hand sanitizer for staff;
 - e. 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.