



DEPARTMENT OF EDUCATION

Office of Child Care Licensing

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Current Requirements for Licensed Child Care Providers

Child care may be provided to families seeking care from a child care provider licensed by the Office of Child Care Licensing (OCCL).

Licensed child care (LCC) providers must adhere to applicable DELACARE Regulations and the following additional requirements developed by OCCL and the Division of Public Health (DPH). Language that has been revised after April 20, 2021 is underlined.

- 1. All providers 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 the Department of Services for Children, Youth and Their Families (DSCYF). The written plan must be made available upon request by OCCL or DPH.**
- 2. Providers must adhere to the following screening practices for adults and children entering the facility:**
 - Adults who drop off and pick up children may do so at the entrance to the facility or to the foyer area, not the classroom, depending on the preference of the child care facility. If families do not walk children to their classrooms, staff will receive the children and see that they arrive safely in their classrooms.
 - You may permit a family member to enter your building to escort their child to their classroom if these provisions are followed:
 - Health screenings of the individuals must be conducted before being admitted to the building.

- All persons, adult and child, other than children below the age where they are required, must wear a mask in accordance with #7.
 - Family members escorting their child to their classroom may not actually enter the classroom. Providers must enforce this provision.
 - People in hallways must maintain social distancing as much as possible with at least three (3) feet of distancing maintained. Providers may wish to place indicators to help people maintain the required social distancing but this is not required
- 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, sore throat, vomiting, nausea, diarrhea, headache/congestion/runny nose with no known underlying cause (such as seasonal or chronic allergies), fatigue, or new loss of smell or taste?

- If NO, proceed to the next question.
- If YES, but symptoms have a known cause (asthma, COPD, chronic sinusitis, etc.), the provider should weigh the risks for COVID-19 exposure and may consider sending the staff member or child home.
- If YES (for fever of 100.4 or higher), or the staff member or child is otherwise symptomatic and considered at risk for COVID-19 exposure, the staff member or child may not be admitted to the facility and should be advised to consult a health care professional for further guidance, and/or obtain a COVID-19 test. The staff member or child should not return until a health care provider has provided a return to work/child care document.
 - ✓ If a COVID-19 test was taken **and a positive result was returned**, the staff member or child must isolate at home for 10 days following the first diagnostic test **if asymptomatic**. If the person was symptomatic, or *symptoms develop while isolating after a positive test*, isolation would be required for 10 days after the first day of symptoms and the individual has been symptom-free for at least 24 hours without the use of any medication to reduce symptoms.
 - ✓ If a COVID-19 diagnostic test is taken after day 7 of the quarantine and has a negative result, quarantine can end after Day 7 as long as no symptoms were reported during any of the previous daily monitoring. This means that the person can obtain a test as early as Day 5 of quarantine but cannot end quarantine until a total of 7 days have passed no matter when the results were received.
- Close contacts should continually monitor for symptoms after an exposure to a COVID-19 positive person. If any symptoms develop, immediately self-isolate and contact your health care provider or DPH to report the change in symptom status. In addition, you should continue to strictly adhere to prevention recommendations—wear a face covering, wash hands frequently, social distance by staying 6 feet away from others, and avoid gathering with those outside their household.
 - Note that a negative test is relevant for the point in time at which the test was taken. It does not mean the staff or child will not develop COVID-19 in the future.
 - If an individual is fully immunized against the COVID-19 virus, self-isolation as a close contact is not required. Full immunization means at least two weeks have passed since receiving the second COVID-19 immunization (Pfizer and Moderna) or the one-dose Johnson & Johnson vaccine.

- Staff members should consult medical professionals if desired or needed and should adhere to screening decisions made by the primary care provider or DPH medical personnel as appropriate.
- If at any time a doctor confirms the cause of the staff member or child's fever or other symptoms is not COVID-19 and provides written documentation of approval for them to return to work or care, then the provider shall follow the appropriate DELACARE Regulations and their facility's policies in regard to return to work or child care.
- Have you been in *close contact* with a person with confirmed COVID-19 infection while they were infectious (starting 48 hours prior to the onset of symptoms, or the date of the test for those without symptoms, until the end of the person's isolation period)? *Close contact* means:
 - ✓ You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period;
 - ✓ You provided care at home to someone who is sick with COVID-19;
 - ✓ You had direct physical contact with the person (hugged or kissed them);
 - ✓ Your shared eating or drinking utensils; or
 - ✓ They sneezed, coughed, or somehow got respiratory droplets on you.
 - If NO, the staff member or child may proceed with work or may receive child care at the facility.
 - If YES, and you have been fully vaccinated (see description above), you may proceed with work or may enter the child care facility.
 - If YES, the staff member who is not fully vaccinated or child who are close contacts of a confirmed COVID-19 case will be required to stay at home and maintain social distancing through the end of their quarantine period (10 days from the date of their last exposure to a positive case or a 7-day quarantine with a negative test on or after Day 5 of quarantine. In these cases, a PCR (nasal swab) test is recommended if used to end quarantine. If a rapid test is used, it should not be done before Day 7. Monitor yourself daily for symptoms, including checking your temperature. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. If you develop symptoms, contact your health care provider to see if you should be tested for COVID-19. In addition, you should continue to strictly adhere to prevention recommendations—wear a face covering, wash hands frequently, social distance by staying 6 feet away from others, and avoid gatherings with persons outside their household.
 - Quarantine can end after 10 days from the date of your last exposure as long as no symptoms have developed OR after Day 7 of quarantine with a negative test result taken on or after Day 5 of quarantine as long as no symptoms have developed. **While the**

test can occur on Day 5 or later, quarantine cannot be discontinued earlier than the end of Day 7.

- If your test is positive, you must isolate for 10 days following your first test or your first day of symptoms (whichever came first) AND self-isolate until it has been a least 24 hours since you have had a fever without using medications to decrease fever.

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

- Effective immediately, group sizes are returning to the pre-COVID-19 number of children permitted by DELACARE Regulations and the measured space of your rooms;
- Groups should consist of the same children and staff each day, and mixing of groups should be restricted as much as possible;
- Groups must be kept at least 6 feet apart if using shared spaces;

	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	16
Young preschool child (3-year-old)	36 through 47 months	1:10	20
Older preschool child (4-year-old)	48 months or older and not yet attending kindergarten or higher	1:12	24
School-age child	Attending kindergarten or higher	1:15	30

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.

- In a family child care home, a provider’s own school-age children will not count in the licensed capacity.
- In a family or large family child care home (private residence or commercial setting) the school-age children of the provider and staff person will not count in the licensed capacity.
- A variance will not be issued by OCCL to exceed the licensed capacity of a family child care home or large family child care home.

5. The use of all outside contractors, programs, and entertainment, both indoors and outdoors is permitted. The child care provider must permit entry to the following persons after conducting the health screening:

- Individuals providing services contained in a child’s IFSP or IEP;

- Early Childhood Mental Health Consultants;
- Officials from OCCL and other State and local agencies, including but not limited to the Fire Marshal's office, Office of Drinking Water, Purchase of Care, and the Child and Adult Food program (CACFP);

Admitting other individuals into the child care facility during child care hours is optional and at the discretion of the provider. However, these guidelines must be followed if a child care facility permits entrance by non-staff members:

- A complete health screening must be conducted at the facility entrance before permitting a visitor to enter;
- Visitors must wash or sanitize their hands upon entry; and
- Masks shall be worn over the mouth and nose by all persons, except young children if prohibited; and
- Social distancing must be maintained.

6. Cleaning and sanitizing requirements in addition to those in DELACARE Regulations:

- Use of outside sandboxes may be resumed. Maintain social distancing, if possible. Water tables may be used if proper social distancing can be maintained, such as only one child using the water table at a time, and the water tables are cleaned in between each child's use and sanitized at the end of each day)
- Use of outdoor pools is permitted if public health guidance is followed. See attached or visit: <https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2021/04/COVID-19-Community-Pool-Guidance.pdf>
- Suspend use of shared Play-Doh or other clay-like materials
- Suspend use of shared toys that children wear on their faces such as play masks and goggles, except play masks or goggles that are worn by an individual child and stored separately for that individual child.
- Staff and children must wash hands upon entering the classroom and upon leaving
- All hard surfaces must be sanitized twice a day and as needed
- Toys should be separated for sanitizing immediately after being placed in a child's mouth
- All frequently touched surfaces (doorknobs, light switches, faucets, and phones) should be sanitized frequently throughout the day
- Access to food preparation areas should be restricted to only staff who are essential to food preparation

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

- All child care providers and/or staff working in child care facilities must wear cloth face coverings covering the nose and mouth at all times while at work except:
 - During nap time when children are sleeping, staff may remove the cloth face covering IF social distancing is maintained and the mask is readily available to reposition properly on the face when approaching children and others.
 - During outside play, staff may remove the cloth face covering IF social distancing is maintained and the mask is readily available to reposition properly on the face when approaching children and others.
- If a staff member or other adults in a child care facility cannot wear a face covering due to a medical condition, documentation from the individual's health care provider is required but does not require the health condition to be named. Documentation must be available for review upon request by DPH or OCC;
 - Individuals with such documentation are required to wear a face shield at such times that a facial covering would be required.
- Providers must follow DPH guidance regarding face coverings for children and the modifications to Delaware's State of Emergency due to a public health threat;
 - All children in kindergarten and above must wear face coverings at all times while inside child care centers and child care homes except for meals, naps, or when doing so would inhibit the child's health. If outside the child care home or center, face coverings must be worn by children kindergarten and above if social distancing cannot be maintained.
 - All children 2 years of age through pre-kindergarten are strongly encouraged to wear face coverings if they can do so reliably in compliance with CDC guidance on how to wear cloth face coverings while inside child care homes and centers, except for meals, naps, or when doing so would inhibit the child's health and outside, if social distancing cannot be maintained.
 - Any child under two years of age must not wear a face covering due to suffocation risk.
 - Child care homes and centers shall develop written procedures to respond to individual requests for reasonable accommodations or modifications to their face covering policy to allow a child who cannot wear a face covering because of their health or a disability to participate in, or benefit from, the programs offered or services that are provided by the child care home or center.

- Child care providers and staff at child care homes and centers must supervise use of face coverings by children to avoid misuse and monitor compliance.
- Facilities must deny entry to anyone in kindergarten or above who is not wearing a face covering in compliance with DPH guidance and the State of Emergency, if one is not available to be provided to that person;
- Business owners must provide cloth face coverings to staff if staff do not already have them;
- Business owners must provide staff and children with access to handwashing facilities and supplies and hand sanitizer. Children and staff must be allowed time to wash hands frequently throughout the day;
- Social distancing of 6 feet for school-age children shall be maintained with appropriate use of face coverings, as appropriate to the age and developmental levels of the school-age children in care and the activities being performed. Note: if the children are seated and facing the same direction, then 3 feet between students with use of face coverings is appropriate. Social distancing of younger than school-age children is not required but is encouraged where feasible;
- Child care homes and centers may conduct off-site field trips, if desired. Bus transportation is permitted if a minimum of three (3) feet of social distancing is maintained on the bus and, as feasible, while on the trip.

8. Reporting of positive COVID-19 cases (staff or children) to DPH is required. It is covered under the category of Severe Acute Respiratory Syndrome (SARS) – as SARS CoV-2 is the virus that causes COVID-19. A full list of notifiable diseases is [listed here](#). After reporting a positive case of COVID-19 to DPH, reporting this information to your licensing specialist is also required. This report must be made within 24 hours of learning of the positive case of COVID-19 in your child care home or center.

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

In addition, the Secretary of Education has the authority to suspend and/or modify existing DELACARE Regulations as needed to provide greater flexibility for child care providers. The following sections of “*DELACARE: Regulations for Early Care and Education and School-Age Centers*” are suspended and modified as indicated:

Modify 24.K.1(c) Staffing; Early Childhood Intern, Center Regulations
Modify 87.D.1 School-Age Intern, Center Regulations

Guidance: Staff with a valid intern qualifications certificate (early childhood or school-age) issued by Delaware First who are at least 18 years of age, have at least three months of experience at the child care facility at which they are currently working, and have been determined eligible as a result of their comprehensive background check by the Criminal History Unit, may be alone with children **ages three years and older**. Documentation of age, experience, and eligibility must be on site in the employee’s file. Staff qualifications for those working with infants and toddlers remain as found in *DELACARE Regulations for Early Care and Education and School-Age Centers*. Aides may not be alone with children at any time.

Modify 28.C General Qualifications (Center Regulations)

Guidance: A licensee shall ensure that a staff member **has a scheduled fingerprinting appointment** with Delaware State Police before the start of employment. This information shall be placed in the employee’s file. The staff member with a fingerprinting appointment may begin work while being supervised at all times by a person who has completed the background check process and been determined eligible and qualified at least as an early childhood assistant teacher or school-age site assistant. No staff member may be alone with children until after DSCYF’s Criminal History Unit reviews the comprehensive background check and determines their eligibility.

Modify 35.A.2 (Center Regulations) and Modify 56.A and 70.A (Family and Large Family Child Care Homes Regulations) First Aid and CPR Training

Guidance: Due to the limited number of classes and to prevent the spread of COVID-19, the requirement for “hands-on CPR skill demonstration” is temporarily suspended and is not required when CPR recertification is due. **This means that expiring CPR certifications must be renewed.** CPR may be taken online without a hands-on skills demonstration and be accepted as meeting the OCCL regulation until the State of Emergency is lifted. Certifications completed online during the State of Emergency will be valid until the expiration date listed on the certification. If the certification of a child care provider or staff member has expired, he or she is required to be certified within one month of this updated guidance.

Modify 76.D Activity Schedule (Center Regulations)

Guidance: A licensee shall ensure screen time activities, such as watching television, using a gaming device, tablet, phone, or computer, are supervised by a staff member, age-appropriate, and educational.

- a. Screen time activities for preschool age children require written parent/guardian permission and are limited to one hour or less per day, unless a special event occurs.
Exceptions to this can be requested by submitting a completed variance request to OCCL if a preschool-age child or younger has an IEP, IFSP, or attends a public/private preschool program that has remote learning requirements for that student.
- b. Screen time activities for school-age children do not require parent/guardian permission and are limited to one hour a day, unless connected with the school-age child's educational program.
- c. Children younger than two years of age are prohibited from participating in screen time activities.
- d. Assistive technology is not included in screen time restrictions.

Modify 52.J Activities and Interactions (Family and Large Family Child Care Homes Regulations)

Guidance: A licensee shall ensure activities, such as watching television or using a gaming device, tablet, phone, or computer, are supervised, age-appropriate, and educational.

- a. Screen time activities for preschool age children require written parent/guardian permission and are limited to one hour or less per day, unless a special event occurs.
Exceptions to this can be requested by submitting a completed variance request to OCCL if a preschool-age child or younger has an IEP, IFSP, or attends a public/private preschool program that has remote learning requirements.
- b. Screen time activities for school-age children do not require parent/guardian permission and are limited to one hour a day, unless connected with the school-age child's educational program.
- c. Children younger than two years of age are prohibited from participating in screen time activities.
- d. Assistive technology is not included in screen time restrictions.