

Suggestions for Implementing COVID-19 Policies and Guidance in Family Child Care Programs

Introduction

This resource provides strategies and suggestions to support implementing best practices that are aligned with COVID-19 guidelines and [DECE Early Childhood Framework for Quality \(EFO\)](#) requirements, such as frequent handwashing, the use of face coverings, and maintaining social distance (6 feet) when possible. Adults should maintain a physical distance of 6 feet from each other, whenever possible. For the most part, there is not an expectation that young children will maintain physical distancing within their small, stable group. However, during certain activities (e.g. meals, naptime), NYS health requirements mandate specific protocols to put more physical space between children. If you have school-aged children who come for after school care you should consider maintaining them in a separate group and encourage them to not mix with other groups of children, to the greatest extent possible.

This document is intended to supplement and not replace recommendations provided by city, state and federal regulations, such as NYS OCFS for family child care settings. Note that as COVID-19 guidance is frequently updated, the considerations provided in this document are based on current policy requirements. All content can be amended, edited, or supplemented at any time.

The guidance in this resource is informed by measures of quality, published resources, and high-quality practices used by the Division of Early Childhood (DECE), including the [EFO](#) and the Family Child Care Environmental Rating Scale (FCCERS-3). These markers of quality care can be a helpful reference point for decision making during these unprecedented times, particularly regarding the health and safety of children and providers.

In addition, to support planning for the 2020-2021 program year, the DECE encourages programs to refer to fall planning resources shared by the DECE [here](#), including the [Birth-to-Five Blended Learning Implementation Guidance](#) and [Health and Safety Guidance](#) relevant for family child care settings. Programs are also encouraged to reference [existing DECE resources](#), such as ["Let's Play At Home"](#), [Sample Schedule/Flow of the Day](#), [Let's Play! Introduction and Curriculum](#) and the [Family Child Care Network Policy Handbook](#). These can be adapted to ensure that COVID-19 guidelines are followed throughout the day.

[Trauma Informed Considerations](#)

Children and providers may have not been participating in in-person learning experiences for several months and may no longer be familiar with the normal routines that they previously experienced. Therefore, it will be important to be responsive to each child's needs by setting up routines and consistent schedules for them to experience a safe, nurturing, and supportive environment. This may include teaching children about face coverings and social distancing, as well as re-familiarizing them with routines, including where the home environment may have changed. The strategies and suggestions in this document can support planning for this with a trauma-informed lens.

Table of Contents

<p>Personal Care Routines</p> <ul style="list-style-type: none">● Arrival/Greeting Considerations● Mealtime Consideration<ul style="list-style-type: none">○ Handwashing○ Food handling○ Table sanitization● <i>How this might look</i>● Toileting/Diapering Considerations● Nap Considerations● Personal Care Routines Transition Tips	3
<p>Group Activities</p> <ul style="list-style-type: none">● Circle/Meeting Time Considerations● Singing Activities Considerations● Circle/Meeting Time Transition Tips● <i>How this might look</i>	10
<p>Purposeful Play/Choice Time</p> <ul style="list-style-type: none">● FCC Home Environment Considerations<ul style="list-style-type: none">■ Well-organized Interest Areas<ul style="list-style-type: none">● Reading● Cozy● Block Area● Dramatic Play Area● Table Toys (Fine Motor/Math)● Art/Writing Area● Nature/Science Area■ Home Arrangement■ Activities and Materials<ul style="list-style-type: none">● Considerations for providing soft furnishings in the home● Cleaning and sanitizing soft surfaces● Health and Safety Considerations● Interactions Considerations● Choice Time Transition Tips● <i>How this might look</i>	12
<p>Gross Motor Play</p> <ul style="list-style-type: none">● Equipment and Space Health and Safety Considerations● Gross Motor Play Transition Tips● <i>How this might look</i>	22

Table of Contents

<p>Outdoor Play (non-gross motor)</p> <ul style="list-style-type: none">● Outdoor Play Considerations<ul style="list-style-type: none">○ Large group meeting/games○ Activities/materials○ Health and Safety○ Interaction/Supervision● <i>How this might look</i>	<p>23</p>
<p>Teaching Routines and Transitions</p> <ul style="list-style-type: none">● Planning for the Transition● Teaching the Transition● <i>How this might look</i>● Transitions Tips and Considerations● Concepts that can be Integrated● Additional Ideas	<p>26</p>
<p>Additional Considerations</p> <ul style="list-style-type: none">● Face Coverings● Teaching Children about Face Coverings	<p>32</p>

Personal Care Routines

This section includes strategies and suggestions for the following areas:

- **Arrival/Greeting Considerations**
- **Mealtime Consideration**
 - Handwashing
 - Food handling
 - Table sanitization
- *How this might look*
- **Toileting/Diapering Considerations**
- **Nap Considerations**
- **Personal Care Routines Transition Tips**

Arrival/Greeting Considerations

- Stagger arrival procedures (10 minutes apart) to avoid crowding at the entrance to the home and better supervise/assist children and families with the storage of belongings and hand cleaning;
- Ensure that everyone (including provider's own family members) entering the home washes/sanitizes hands upon arrival. For additional support on how to support children in understanding handwashing expectations see the NYC [DOH handwashing protocol](#) and OCFS's ["Stop the Spread" poster](#).
- Display pictures/posters on the entry door to remind children upon entry to clean hands and/or wear face coverings;
- Keep children's personal storage spaces near the entrance of the home to minimize the need for families to enter the home;
- Assign spaces used for personal belongings so that children's belongings do not touch one another in storage;
- If individual storage spaces are not available, non-porous bags can be used to keep children's personal belongings (e.g., coats, face coverings) from touching one another in storage in order to avoid the spread of germs;
- Use masking tape (making smiley faces or colorful arrows) on the floor so children know where to stand while waiting in line (e.g., to store their belongings, use the toilet, wash their hands, or leave the home).

Mealtime Considerations

- Supervise children at all times to ensure that the following sanitary conditions are maintained in order to avoid the spread of germs:

<p>Handwashing</p>	<p>Children and providers must:</p> <ol style="list-style-type: none"> 1. Wash hands before eating (or sanitize hands once sitting at tables); 2. Wash hands after meals (to get rid of food residue); 3. Wash hands if they become contaminated during the meal (e.g., picking up plastic utensils from the floor, wiping their nose, touching toys or the wall as they walk to their table). <p>For additional guidance on how to support children in understanding handwashing expectations see Daily Routines pp 54 Let's Play!</p> <p>Providers must wash/sanitize hands before wearing gloves as outlined by the Center for Disease Control.</p> <p>If one sink in the home is used for all handwashing purposes, that sink should be disinfected before handwashing for meals as shown here.</p> <p>Hand sanitizer is allowed as an alternative for children over age 2 if a sink is not readily available before eating. Hands should always be washed after the meal.</p>
<p>Food handling</p>	<ul style="list-style-type: none"> ● Eating utensils should be placed on clean and sanitized surfaces; food should not be placed directly on tables or high chair trays; food should only be handled with clean hands/gloves and clean utensils; providers should wash hands before bottle feeding. ● Providers should wash hands and change gloves if they become contaminated (e.g., by touching their hair/glasses, wiping their nose, touching furniture, children's belongings, door knobs, a phone); ● Providers should wash/replace utensils if they become contaminated (e.g., falling on the floor or placed in the sink with other dirty items).
<p>Table sanitization</p>	<p>Before and after meals, tables and high chair trays should be:</p> <ol style="list-style-type: none"> 1. Sprayed with soap and water to remove germs and dirt; 2. Wiped with separate clean disposable towels (sponges or cloth towels should not be used); 3. Sprayed with a bleach and water solution or an EPA approved sanitizer (following manufacturer's instructions) to kill germs; 4. Wiped 2 minutes later with a clean disposable towel or let air dry.

- Engage children in conversation, finger play (e.g., Open Shut Them, The Itsy Bitsy Spider) or singing (as outlined in "Singing Activities Considerations" below) while they wait for their turn to wash hands;

- Serve food for children (**not family style**) and/or hand them their prepared lunch plate;
- Ensure that there is distance between children once they are sitting at the tables;
- Consider offering lunch in small rotating groups (instead of one large group) if space does not allow for necessary distance while sitting at the tables;
- Allow children to start eating once they have been served (instead of needing to wait for everyone to have their food before they can start) and provide activities for them to do once finished until everyone is done with the routine;
- Promote a positive and relaxed social atmosphere by, for example, pointing/talking about proper steps in a handwashing poster; having them pick a song and singing with them as they wash their hands (or count together); gently guiding them to clean up a spill;
- Engage children in conversation (while sitting from a distance, wearing a face covering and maintaining careful supervision) and encourage them to talk with each other while they eat. In addition to talking about healthy eating habits, they can talk about topics they are interested in, their favorite family activities, and/or caring for the environment as they recycle during cleanup. Engage infants by making eye contact and communicating while bottle feeding.

How this might look:

- 1) *In a home where there are 2 providers and enough space for all children (including infants and toddlers) to eat at the same time:*

While the group is listening to a read aloud in the meeting area (large enough for the whole group), a provider disinfects the sink/faucet, and cleans and sanitizes the tables/high chair trays. Then, the provider washes hands and sets the tables, placing a prepared meal at each spot (seating children apart from each other). Following, the provider calls small groups of children (2-3) to wash hands and supervises them to ensure they follow proper procedure.

Children wash their hands one at a time, and go to their table spots (children whose table spots are in sight of the meeting area are called first). Once seated, children can start eating. If their hands get contaminated before starting their meal (e.g., by touching furniture, toys, their shoes, the trash can), the provider would give children over the age of 2 years before they touch their utensils and begin their meal.

The provider who was reading the story washes his/her hands and then both providers assist children as needed, and, sitting on chairs distanced away from them while maintaining careful supervision, engages them in conversation about their day.

Children clean up their own plate where appropriate, go to the sink to wash hands or to the bathroom to use the toilet if needed. One provider supervises cleanup, toileting and handwashing while the other provider leads fingerplays in the meeting area.

How this might look:

2) *In a home where there are 2 providers and not enough space for all children to eat at the same time:*

While the group is listening to a read aloud in the meeting area (large enough for the whole group), a provider disinfects the sink/faucet, and cleans and sanitizes the tables. Then, the provider washes hands and sets the tables/high chair tray, placing a prepared meal at each spot (seating children apart from each other). Following, the provider calls small groups of children to wash hands and supervises them to ensure they wash properly.

Children wash their hands one at a time, and go to their table spots. Once seated, children can start eating. If their hands get contaminated before beginning their meal (e.g., by touching furniture, toys, their shoes, the trash can), the provider would give children over the age of two years hand sanitizer before they begin to eat. If applicable, one provider feeds an infant and assists children as needed; while sitting on a chair a reasonable distance away from them and maintaining careful supervision, they engage children in conversation about their day.

As children finish eating, they inform the provider who calls children one at a time to help clear their plate, go to the sink to wash hands or to the bathroom to use the toilet if needed as the provider engages the other children in conversation. Then, they join activities in the meeting area or prepare for nap time. The provider cleans and sanitizes the tables for the rest of the group to have their meal. The same procedure is followed.

The provider in the meeting area offers children other activities once the read aloud is done. This could be fingerplays, a music and movement activity, and/or choices of bins with toys that children can use on the rug/floor while keeping distance, such as puzzles, small blocks, Legos, books, or drawing materials.

In all these case scenarios, sinks are disinfected before children wash hands and tables/highchair trays are cleaned and sanitized before and after the meal.

How this might look:

3) *In a home where there is 1 provider:*

The provider can sing songs or offer children to look at books as they sit in the meeting area as she/he cleans and sanitizes the tables and high chair trays in preparation for meals;

The provider helps infant/toddlers wash hands and places them in their seats, ensures their safety and then calls preschool age children one at a time to wash hands and sit at the table. The provider washes their hands; uses hand sanitizer with preschool age children if needed and serves the meal/ bottle feeds infants.

After the meal, the provider calls children one at a time to clean up their own plate where appropriate, go to the sink to wash hands or to the bathroom to use the toilet if needed ; they then go to the meeting area where they can look at books, do fingerplays, or sing songs. The provider then washes hands, diapers or helps toddlers use the toilet and handwash and puts them in their cribs or on cots for nap. Once settled, the provider then assists preschool age children to set up their cots for rest.

Provider then cleans and sanitizes the tables and highchair trays.

Toileting/Diapering Considerations

- Supervise children at all times;
- Ensure that the following sanitary practices are properly and consistently followed:
 - Hand washing after toileting <https://www.cdc.gov/handwashing/when-how-handwashing.html>;
 - Wearing gloves when changing diapers and assisting children during toileting;
 - Disinfecting sinks after handwashing after toileting unless the sink is not used for any other purposes;
 - Sanitizing toilet bowls/floors daily and more frequently as needed (when there is urine on the seat/around the area).
- Assist children as needed; this may mean not maintaining physical distance when children need support using the bathroom;
- Take children to the bathroom as needed (avoid having "bathroom trips" when all children need to go and wait in line for their turn). See Toileting pp. 55 - 57 [Let's Play!](#) for additional support with children who are toilet learning;
- Have all necessary supplies readily available to use as needed (e.g., toilet paper, liquid soap, wipes, diapers);
- Have multiple changes of clothes for children available should their clothing become soiled;
- Properly store soiled clothing in sealed bags for families to take home at the end of the day.

Nap Considerations

- Label all cots/mats and cribs for individual use by the same child throughout the year;
- Label children's linens and the non-porous container (e.g., plastic bag or covered plastic container) they are stored in;
- Ensure children's bedding items are not touching in storage (e.g., placing mats in large plastic bags or, placing a plastic sheet between mats before stacking);
- Ensure each child has sufficient clean sheets and blankets (one to cover the sleeping surface, one for warmth and comfort, and an extra set per child to use as needed);
- Ensure linens are cleaned/washed at least once a week or more frequently as needed (e.g., if soiled with bodily fluids, food, or other residue);
- Move furniture to allow for at least 6 feet of distance between cots/mats and cribs;
- Ensure children are placed head to toe;
- Keep children's shoes by their cot/mat and not all together in a community "shoe bin;"
- Allow non-sleepers to look at books or play a quiet game;
- Offer quiet activities for those who wake up first.

Personal Care Routines Transition Tips

- **Arrival/Greeting:**
 - One provider greets children and families, performs daily health check and provides support as needed for handwashing and toileting; (if 2 providers, other provider supervises handwashing and toileting);
 - Children can have access to limited areas (e.g., table top toys and books) where materials are set up for play without having to wait.

- **Meals:**
 - Provider cleans/sanitizes the tables and high chair trays as children look at books;(If 2 providers, one provider reads to children while the other cleans/sanitizes the tables and then prepares for lunch;
 - Children sing or do finger plays while they wait, standing on floor markers (6 feet apart or as much distance as possible), to wash hands;
 - Providers and children discuss healthy habits while looking at the handwashing posters or counting at the sink;
 - Once done with hand cleaning, children go to their spot at the table and are allowed to start eating.
 - Use music to stagger how children move from one activity to another; for example, "When the music stops, Maria, James, and Fred go to wash hands and Elijah, Ava, and Marco please sit at the table."

- **Toileting:**
 - Engage children in social conversations, review daily activities from the previous day, or talk about the current theme of study;
 - Let children know what you are doing, "I am going to take off your pull-up now;"
 - Place colorful visuals as markers on the floor so children know where to stand if they have to wait their turn to use the bathroom.
 - Reinforce sanitary practices. Use visual displays to help remind children of handwashing steps.

Group Activities

This section includes strategies and suggestions for the following areas:

- **Circle/Meeting Time Considerations**
- **Singing Activities Considerations**
- **Circle/Meeting Time Transition Tips**
- *How this might look*

Circle/Meeting Time Considerations

- Avoid having meetings/activities where the whole group needs to be together if the space does not allow for children to be socially distant;
- If the area used for meeting cannot seat all children so that distance is maintained, there can be two meetings (one small group first and then another group) and/or two groups at the same time meeting in different areas (e.g., half of the group in the meeting area and the other half sit at nearby tables);
- If there is a need for an entire group gathering, use stickers, poly spots and/or large "X" masking tape marks to indicate where children can sit;
- Limit meeting time to no more than 10 minutes for pre-school age children (including transitions in and out); less for younger children;
- Be intentional with the types of activities planned for circle/meeting time. For example, attendance can be done when children are at choice time; helper jobs and/or the feelings chart can be completed as children arrive or by calling them individually during transitions, and the weather chart can be done in the Nature/Science area;
- Transition to the next activity when children start losing interest;
- Provide alternative activities, such as puzzles or books for children who become disengaged in group activities; provide board books, vinyl blocks for infants and toddlers;
- Use bigger books during read alouds so everyone can see it from a distance;
- Introduce or explain only one or two new choice time activities to limit the length of the meeting;
- Engage children in conversation about their choices/plan once at the areas and not during large group time.

Please see [Let's Play! Curriculum](#)

Singing Activities Considerations

- Utilize the entire space to maintain distance during large group singing activities;
- Keep voices low to avoid the spread of germs caused by droplets/aerosols from projecting voices;
- When children want to explore loud sounds, encourage them to do so by clapping, stomping, humming, or using instruments.

Circle/Meeting Time Transition Tips

- Play a song to indicate it is time to start Circle/Meeting Time;
- Initiate a music and movement activity while waiting for everyone to be ready for the meeting to start;
- Have Interest Area signs displayed at each area (instead of using a large chart);
- Tell children where each member of the teaching team will begin Choice Time. On the visual schedule, attach photos of the interest areas that are available or “open” each day. Let children choose where they want to play and accompany them to interest areas.
- Dismiss children to areas in small groups of 2 to avoid crowding while they place their names or decide on the area of their choice;
- Do finger plays with children waiting until everyone has been dismissed to areas.

[Refer to Transition Tips pp. 43 Let's Play Curriculum](#)

How this might look:

One provider reads a story, pausing a few times to discuss it with children, for approximately 5 minutes while the other provider engages with infants and toddlers who may no longer be interested in remaining with the group. Then, the providers lead a music and movement activity for 5 minutes. Next, one provider introduces one or two interest area activities, such as, “We have a new plant in the house. Maybe we can talk about what the plant needs to stay healthy, if you are interested?” as the other provider makes sure materials are accessible and prepared for the children to use.

The provider reminds children to sanitize/wash hands before they start playing at each area, to keep their face coverings on, and to do their best not to play too close to their friend.

If applicable, each member of the teaching team will begin Choice Time. On the visual schedule, attach photos of the interest areas that are available or “open” each day. Let children choose where they want to play and accompany them to interest areas. The other provider ensures that children clean or sanitize their hands before they start playing in each area. If children choose an area that is full, the provider uses the area sign to help the child count how many are allowed and may review the system in place to be placed on a waiting list in order to ensure those interested get a turn.

Please see pp: 44 [Let's Play](#) for additional suggestions.

Purposeful Play/Choice Time

This section includes strategies and suggestions for setting up the FCC Environment:

The way the home environment is arranged and organized affects how well providers can support and enhance children's learning and supervise them to protect their well-being. **If you have school-aged children who come for after school care you should consider maintaining them in a separate group and encourage them to not mix with other groups of children, to the greatest extent possible.**

- The home should have enough chairs and tables for each child to use during meals, whole group activities, and play time, with **limited seating around each table to ensure children do not sit closely together.**
 - For example, during meals, 3 children would sit at a table that would typically accommodate 6 and 2 children at a table that would typically accommodate 4.
 - There are no chairs placed in front of the shelves that house the materials to minimize crowding during play.
 - If needed, during Circle Time, children could sit farther apart in the Circle Time area to maintain some distance.
 - If possible, the high chairs can be moved to another area of the home when not in use.
- The shelving units in the home store the required materials in the various interest areas.
 - Having just enough toys to ensure that children have access to the variety of materials required at each area will ensure that children have gratifying experiences and develop different skills while having more space to freely access materials and move while they play.
 - Areas that require more space, such as the Block and Dramatic Play, are the largest in the space to accommodate building structures and more active play. This will also provide children with additional space to social distance.
- Carpets and/or rugs that cannot be easily cleaned and sanitized are not recommended to have in the home during the pandemic.
 - Carpets and/or rugs that cannot be easily removed should be vacuumed and sanitized daily. If rugs are heavily soiled and cannot be cleaned daily, they should be removed.
- Large soft furnishings, such as an adult size chair or couch should have a covering that can be laundered daily or use a vinyl or a soft plastic chair on rubber mats or a small rug (that can easily be laundered) as options for the cozy area that would surround children with softness when they relax in the space.

Additional Environment Considerations

Well Organized Interest Areas

Having well organized interest areas in the home ensures that children have a variety of places to play with little to no interruption from traffic going through the space, or other children playing in neighboring areas.

While there is no specific number of areas specified, FCCERS strongly encourages that materials within all Interest Areas are accessible when children are awake and ready to play.

A well-organized interest area includes:

- a space designated for one particular kind of play;
- sufficient space to allow the type of play encouraged by the materials;
- materials related to that type of play;
- materials organized and stored for children’s easy access;
- furniture needed to use materials in the space.

Below is a list of recommended areas with specific considerations for this time. For additional DECE guidance, please see Interest Areas pp. 10 - 30 [Let's Play Curriculum](#)

Interest Area	Considerations
Reading Area	<ul style="list-style-type: none">● Books organized on shelves and/or in bins;● Comfortable seating in a quieter space in the room;● Away from active/noisier areas (e.g., Dramatic Play, Block, Music);● Away from high traffic areas (bathroom, changing area) to avoid interruptions.
Cozy Area	<ul style="list-style-type: none">● An area with substantial amount of softness so that children can escape the hardness of the environment while having a designated space to relax and lounge;● Soft furnishings of non-porous materials that make them easy to clean and sanitize, such as vinyl child-sized sofas, vinyl bean bag chairs, and rubber mats or a small mat (easy to launder) for softness under children’s feet;● Seat covers on upholstered sofas/chairs so that they can be removed and laundered as needed. ● Toys and materials that cannot be sanitized in between uses should be removed from program space. This may include soft dolls, stuffed animals, dress-up clothes, puppets, pillows, etc.

Interest Area	Considerations
Block Area	<ul style="list-style-type: none"> ● A special block area large enough for children playing in the area to each build a sizable structure and move freely while keeping a distance; ● Sufficient space, blocks, and accessories for children to play without competition; ● Sets of blocks and accessories (enough to allow children to play without competition) can be made available on a rotating basis (e.g., a bin for Monday and a different one for Tuesday) so the same blocks do not need to be cleaned/sanitized on a daily basis; ● A flat surface that is suitable for building. <p>*Since wooden blocks have a porous surface, they require special cleaning procedures as outlined here.</p>
Dramatic Play	<ul style="list-style-type: none"> ● Large enough for the number of children allowed to play without crowding while keeping a distance; ● Furniture for meaningful housekeeping play, such as play kitchen cabinets, a table with two chairs, and a wardrobe, placed to create clear boundaries so play does not spill out of the space; ● Props for meaningful housekeeping play, such as hard body dolls, vinyl/plastic dress up items (e.g. purse, wallet, jewelry, shoes), play food, and cooking utensils (placing duplicates of popular toys on both sides of the space will help avoid children crossing into each other's play); ● A few additional small props (e.g., a doctors' kit, and/or a construction set of tools and a plastic hat).
Nature/Science Area	<ul style="list-style-type: none"> ● Well-organized materials for children's easy access; ● Furniture/space to use them in the center; ● Sand and/or water play with enough material and toys to dig, scoop, mold, fill, and pour.
Table Toys (Fine Motor/Math)	<ul style="list-style-type: none"> ● Well-organized and clearly labeled materials for children's easy access; ● Convenient/comfortable furniture/space to use them (tables/chairs that can be used for meals).

Interest Area	Considerations
Art/Writing Area	<ul style="list-style-type: none"> ● Well-organized and clearly labeled materials for children’s easy access; ● Furniture needed to use them (tables/chairs that can be used for meals); ● Close to a sink ● A separate container to place art materials after use for cleaning and sanitizing.

Room Arrangement Considerations

- To help children maintain their distance and move freely while they play, limit the amount of children that may play in each area; use signs to designate how many children can play in each area;
- Designate at least one area for no more than 2 children in order to offer them a **“space for privacy”** to play protected from intrusion while also maintaining physical distance;
- Ensure that quiet activities, such as the Reading and the Cozy Area, are not next to active/noisy activities, such as the Block, Dramatic Play and Music Areas. **Buffer areas**, such as Table Toys, Art, and Nature/Science can be placed between them to avoid interference;
- Limit furnishings at each area to what is needed for the specific kind of play (versus many additional pieces) to allow children to keep their distance and move freely while they play;
- Place furniture, such as shelves and cabinets, between areas to create a physical barrier. This helps to clearly define the area so the children playing can remain within the space and keep a distance while playing. This will also avoid “runways” and encourage children to walk in the room;
- Place interest areas away from high traffic areas, such as the bathroom, sink, and cubbies, to avoid crowding and interruptions to play;
- Make more room for gross motor activities in the room by using shelves/casters that are easy to move;
- If possible, do not store extra furnishings and additional materials inside the room in order to maximize space available for children to play;
- Use area signs with numbers to indicate how many children can play in that area to avoid crowding.
- Use cots/mats for children once they turn 1 as that can save space (and sometimes leads to better napping since the adults can more easily pat them/provide physical proximity)

Activities and Materials Considerations

Below are examples of FCCERS-required materials at the “excellent” level of quality that are typically accessible to children when awake and ready to play and are recommended for use during this time. This is not an exhaustive list. The types of materials recommended can be easily and frequently sanitized in order to reduce the spread of germs (e.g., vinyl and plastic soft toys). Therefore, for safety and to avoid compromising children’s access to a variety of materials at all times, providers are advised to **only put out materials that are required at each Interest Area, store the rest, and rotate them daily/weekly to allow time for sanitization**. Similarly, limiting furnishings in areas to just what is needed to store materials and for play, allows for more choices of activities during Choice Time and more space within each area for the number of children at one time (2 recommended) to move freely and keep a distance while they play.

The chart below outlines the specific materials required for various items in the FCCERS scale. These materials may be organized in a variety of areas throughout the room (e.g., measuring cups can be in a Math Area and/or in the sand table, and “Table Toys” may include various fine motor and/or math materials).

FCCERS Minimum Materials Requirement
<p>Item 15 Fine Motor Materials</p> <p>10 choices, at least 1 type from each of the following categories and including varied levels of challenge for all children enrolled. Some materials may be appropriate for more than one age group:</p> <ul style="list-style-type: none"> ● Interlocking building toys (e.g., Duplo, Bristle, Legos, Lincoln Logs) ● Manipulatives (e.g., links, beads, pegs and pegboards) ● Puzzles (e.g., floor, framed, knobbed, with images representing diversity)
<p>Item 18 Art</p> <p>5 different appropriate art materials representing at least 2 types ; must be accompanied by paper and/or another surface suitable for carrying out artwork:</p> <ul style="list-style-type: none"> ● Drawing Materials (e.g., crayons, markers, pencils, chalk) ● Paints (e.g., tempera, water color, finger paint) ● Three Dimensional (e.g., wood, pipe cleaners, cardboard boxes/rolls) ● Collage (e.g., yarn, textured paper, cloth) ● Tools (e.g., scissors, hole punch, dot paints, stamps and stamp pads, stencils)
<p>Item 17 Music and Movement</p> <p>10 Instruments, with more than 1 for each age group enrolled; at least 1 per participating child if used in group time:</p> <ul style="list-style-type: none"> ● Different types of instruments (e.g., bells, shakers, maracas, rhythm sticks, triangles). Should not be all of the same type. <p>*Recorded music (e.g., a CD player with CDs) counts as 1 type of music material if used.</p>
<p>Item 18 Blocks</p> <p>Many blocks (enough to build a sizeable structure) and at least 10 accessories for each age group (interlocking blocks not given credit here):</p> <ul style="list-style-type: none"> ● Infants/Toddlers (e.g., soft vinyl, cloth covered, sensory) ● Preschool, School Age Unit Blocks (e.g., wood, hard foam, plastic, hollow blocks) ● Accessories (e.g., small diverse people, vehicles, animals, road signs) <p>*Interlocking blocks not given credit here</p>

FCCERS Minimum Materials Requirement

Item 19 Dramatic Play

Many and varied props for each age group that also includes:

- Small dramatic play toys
- Some child-sized household furnishings (e.g., stove, sink, refrigerator, small table and chairs, small crib)
- Household props (e.g., hard plastic dolls, mirror, telephone, wood/plastic play food and/or utensils)
- Dress up clothing items that are non-porous and easy to clean (e.g., wallet, shoes, jewelry)
- Diversity, 4 examples (e.g., vinyl dolls representing different races and ages, cultural food and utensils, toy wheelchair or walker)

Item 20 Nature/Science

10 examples, some for each age group from at least 2 categories:

- **Living Things** (e.g., plants, pets, outside garden)
- **Natural Objects** (e.g., shells, rocks, seeds, leaves)
- **Factual Books/Pictures/Games**
- **Tools** (e.g., magnets with objects, magnifying glass with objects to explore, color paddles, microscope, prism)

In addition:

- **Sand and/or water** (both not required) with accessories (e.g., measuring cups, small pails, digging tools). Offering water play in individual smaller tubs/bins is encouraged in order to avoid the spread of germs. In addition, this makes it easier to set up and clean up (e.g., provider discards the water after a child uses it and refills it for another child). Handwashing is required after sand play and before and after water play.

Item 21 Math/number

4 appropriate materials for each age group that are specifically used for math learning:

- **Counting/Comparing Quantities** (e.g., unifix cubes, dominoes, dice, pegboards with numbers, objects to count in numbered trays)
- **Measuring/Comparing Sizes** (e.g., tape measure, thermometer, measuring cups, spoons, rulers, height charts)
- **Familiarity with Shapes** (e.g., shape sorters, shape puzzles, geoboards, attribute blocks, shape stencils)

Item 23 Promoting Acceptance of Diversity

10 Examples of diversity, including at least 1 in each of the following

- Books
- Displayed pictures

FCCERS Minimum Materials Requirement

- **Accessible play materials with at least 2 types of dramatic play props representing different races or cultures** (e.g., dolls of different skin tones; play foods such as tacos, sushi, pizza, a burger, a croissant; a wheelchair, a walker, a guide dog)
- Appropriate dolls representing at least 3 races

Materials must represent at least 4 of the 5 types of diversity (race, culture, age, ability, and nontraditional gender roles).

Additional Considerations:

- **Use non-porous vinyl/plastic** (instead of fabric/cloth) furnishings that can be easily cleaned (e.g. a seat cover can be placed on upholstered soft furnishings that are not vinyl so that it can be easily removed and laundered).
- **Provide individualized bins for popular toys** (e.g., manipulatives, art supplies) to avoid needing to share materials from the same bin
- Have bins with toys that can be used on a rotating basis (e.g., red bins used on Mondays and Wednesdays, blue bins used on Tuesdays and Thursdays)
- If children have a transitional toy from home, make sure it is not shared with other children.
- Use displays, books, dramatic play materials, and/or musical instruments (rather than clothing) that represent the different categories of diversity (race, culture, gender, age, and abilities).
- Organize materials for activities in labeled bins ahead of time so children do not have to wait (and the materials/bin can be cleaned/sanitized as needed as outlined here),

Considerations for providing soft furnishings in the classroom

Softness in children’s environment gives them an opportunity to escape the normal hardness of the environment. This means having a space with soft furnishings where they can relax, lounge, daydream, or read. To prevent the spread of viruses, especially during the pandemic, soft items used should be of non-porous materials, such as rubber mats and vinyl bean bags, so that they are easier to clean, sanitize, and/or disinfect.

Cleaning and sanitizing soft surfaces

Use non-porous vinyl/plastic (instead of fabric/cloth) furnishings that can be easily cleaned (e.g., a seat cover can be placed on upholstered soft furnishings that are not vinyl so that it can be easily removed and laundered).

Health and Safety Considerations

- Ensure children wash/sanitize hands before they go to play areas and, given the current situation, every time they switch to a different play area. For additional support on how to support children in understanding handwashing expectations see Daily Routines pp. 53 - 54 [Let's Play!](#)
- Have hand sanitizer handy (e.g., in provider smocks or pockets) to give children a squirt as they move from one area to the next (if hands are not visibly soiled), ensuring that it is not within childrens’ reach during play;

- Remove mouthed toys and place them in a labeled bin (at each area or by the sink) so they are sanitized before making them accessible to children. For proper procedures to sanitize materials, please see [here](#);
- Ensure that providers have an unobstructed view of all parts of the home at all times;
- Ensure that play areas are not placed behind or within the swing path of doors;
- Keep spaces regularly used by children clean and well-maintained (e.g. waste baskets emptied frequently, floors swept, spills/messy play cleaned up promptly);
- Ensure that adults who enter the home during Choice Time (e.g., therapists, provider family members who may interact with children) and throughout the day should properly wash their hands upon entry and change soiled clothing or face covering as needed;
- Store cleaning supplies away from children's reach during play, on high shelves or in locked cabinets.

Interactions Considerations

Providers may:

- Wear tags with pictures of themselves smiling, and/or fun transparent masks that could show their smile or have a smile on it;
- Engage children in individual/small group social conversations to give them an opportunity to ask questions/discuss what they may be feeling given the situation;
- Circulate around the room and spend time at each area to engage all children in conversations about the materials/activities, help them expand their vocabulary (using specific/new words and explaining the meaning), and encourage their logical reasoning;
- Use more non-verbal cues, such as sign language, flicking the lights, starting a song, and/or clapping, to redirect children (similar to children with IEPs);
- Use gestures for positive feedback, such as throwing an air-kiss, giving an air-hug/high five, and/or an elbow bump; funny playful voices.
- Use posters and/or other positive strategies to guide/encourage children with all necessary health/safety practices (harsh interactions and/or punitive discipline strategies should never be used if children forget or do not follow proper procedure);
- Maintain a soft/gentle/low tone and encourage the use of "quiet voices" to avoid the spread of germs caused by droplets/aerosols from projecting voices.

Choice Time Transition Tips

Choice Time begins when all children are able to use the space and materials and ends when the first child is required to clean up.

- **Choosing areas:**
 - Dismiss children in small groups instead of having them go to areas one by one;
 - Have signs at each area showing how many children can play there;
 - Have materials prepared ahead of time for each activity;
 - Engage children in conversations about their plans once already at the area so everyone can get an equal/similar amount of time to play;
- **During Choice Time:**
 - Allow children to move freely from area to area;
 - Remind children of the rules and assist them in picking an area once they are ready to move on;
 - Alert children when there are five more minutes left to play (e.g., flicking the lights or using a bell);
 - Pace transitions so that children do not feel rushed to finish one activity to start the next, such as cleaning after Choice Time to wash hands for lunch.
- **During cleanup time:**
 - Give children specific areas to clean up to avoid crowding and to maintain distance, for example, “Ronell, please put away the big blocks and Sally put away all the people figurines. Rose, can you please put all the constructions tools in the box?” (using songs, pictures, and/or pointing at the toys);
 - Provide storage with picture/word symbols within play areas for efficient clean up.

See Transition Tips pp. 43 [Let's Play! Curriculum](#)

How this might look:

Once all children are in areas, providers circulate around the room and spend time talking with them about the activities/materials they are using, new materials recently introduced, the names of the objects in a book children selected, and/or asking questions that will encourage conversations about activities.

For example, while sitting away from children:

How this might look:

- *At the Block Area, providers may ask them about the structures they are building, how to get the bridge to stay up, or why they thought the yellow cars went down the ramp faster. If children prefer to build a structure together, in order to ensure they keep a distance, providers may recommend they work on different parts of the same structure and have blocks meet in the middle.*
- *At the Fine Motor/Math Area, providers may guide children to look at the different colors and shapes in the puzzle pieces to decide which one fits in the space or count the dots and the apples to decide which two go together.*
- *At the Dramatic Play Area, providers may suggest that while one of them gets dinner ready the other may need to change the baby and then sing a lullaby or read to help the baby fall asleep.*

When children want to switch areas, providers will ensure that they wash/sanitize their hands and find another area to play. Providers and/or children will remove dirty or mouthed toys from play areas and place them in a "to-be-cleaned" bin to ensure they are sanitized.

Five minutes before cleanup time, providers may make an announcement and/or go around and let children know. Providers may recommend that children clean up different parts of the area so they are not close together. As children finish cleaning, they line up, keeping a distance, to wash hands and/or go to the bathroom to toilet and wash hands.

Gross Motor Play

This section includes strategies and suggestions for the following areas:

- **Equipment and Space Health and Safety Considerations**
- **Gross Motor Play Transition Tips**
- *How this might look*

Equipment and Space Health and Safety Considerations

- Use heavy duty masking tape or poly spots to indicate different areas or stations during gross motor play;
- Indicate the number of children allowed at each station/piece of equipment (with masking tape or chalk) to help with distancing and avoid crowding;
- Take action to minimize hazards in the space (e.g., closing gates, removing sharp objects/trash from the area where children play, ensuring all children can be seen during play).
- Set up a "Hand hygiene" station with wipes/sanitizer for children and providers to use frequently during play;
- Engage children in fingerplays or large group games (while keeping distance) as a provider inspects the space for safety;
- Ensure that portable gross motor equipment is cleaned on a daily basis, especially thoroughly cleaning all touched areas, such as grab bars and railings. Please note that it is not necessary to sanitize/disinfect outdoor gross motor equipment.

Gross Motor Play Transition Tips

Gross Motor Play begins when all children are able to use the space and equipment and ends when the first child is required to clean up.

- Make gross motor equipment (e.g., tricycles, balls) available when children enter the gross motor space so they can immediately play;
- Allow children to have free play;
- Allow providers-led activities to be one of several choices;
- Use poly spots, indoors and/or outdoors, to help children with distancing.

See [Let's Play! Curriculum](#)

Outdoor Play (non-gross motor)

This section includes strategies and suggestions for the following areas:

- **Outdoor Play Considerations**
 - Large group meeting/games
 - Activities/materials
 - Health and Safety
 - Interaction/Supervision

How this might look

Early childhood best practices include daily play opportunities both indoors and outdoors, weather permitting. Providers who wish to provide children with what they need for present well-being and future success need to be well informed about the choices they are making.

During the pandemic, providers may choose to spend more time outdoors. Below are ideas about how to best offer non-gross motor outdoor opportunities based on individual program variances, such as space and provider availability and other factors. For example, family child care programs can consider integrating one or more of the outdoor play options listed below, such as having outdoor play stations (with non-gross motor materials) in addition to indoor Choice Time and/or in addition to outdoor gross motor play; and this can be offered at the beginning and/or at the end of the day.

Outdoor Play Considerations

Large group meeting/games

- Limit meeting time to no more than 10 minutes for preschool age children (including transitions in and out); less time for younger children;
- Transition to the next activity when children start losing interest;
- Provide alternative activities, such as puzzles or books for children who become disengaged;
- Stand or sit (on the grass, on a nylon blanket, a parachute, or poly spots) maintaining distance when possible (chalk or tape markers on the floor), for a read aloud, a Freeze dance activity, or a sing along with or without instruments;
- Play scavenger hunt;
- Play with bubbles and chalk.

Activities/materials

- In addition to indoor access to materials, examples for outdoor play can include:
 - **Dramatic Play.**
 - Housekeeping furniture (e.g., kitchen cabinets, table and chairs, a baby stroller/crib, a shopping cart) and props (e.g., dolls, play food, play utensils).
 - **Blocks and accessories**

- Unit and hollow blocks and accessories, such as people figurines, animals, and vehicles.
- **Nature/Science**
 - Plants, shells, rocks, seeds, leaves, magnifying glass with objects to explore, color paddles;
 - Small water bins with toys (e.g., measuring cups, small pails, digging tools). Water is discarded after a child uses it and refilled for another child to use. Handwashing is required before and after water play.
- **Fine Motor**
 - Puzzles, matching games, Legos (on a table with two chairs or on the ground).
- **Art**
 - Drawing/writing materials, paint on a table with two chairs.
- **Books**
 - A basket with an assortment of books on various topics.
- *If access to materials is only provided outdoors, then the minimum materials list provided above should be accessible outdoors during play.*

Health and Safety

- Physical distance should be maintained during outdoor play and children should not be expected to hold hands during the walk to/from the space;
- Ensure that first aid supplies are readily available during outdoor play;
- Set up a "Hand hygiene" station with wipes/sanitizer for children and providers to use frequently during play if there is no sink available;
- Follow proper cleaning and sanitizing procedures. For guidance on proper cleaning and sanitizing/disinfecting procedures and frequency, see [here](#);
- Remove mouthed toys and place them in a labeled bin (at each area) so they are sanitized before making them accessible again to children;
- Minimize hazards in the space as much as possible, such as closing gates and removing sharp objects from the ground.

Interaction/Supervision

Providers should:

- Ensure that all children can be seen during outdoor play;
- Provide adequate supervision while a provider escorts children to the bathroom or needs to change a diaper;
- Circulate around the space and engage children in social conversations as well as discussions about materials/activities while they play;
- Indicate the number of children allowed at each play area (with masking tape or chalk) to help with distancing and avoid crowding;
- Use a song or a musical instrument to call children's attention when it is time to transition to another activity;
- If possible, set up activities in an area with plenty of shade.

How this might look:

- 1) *The group walks to the outdoor play space when the breakfast routine is finished. Once there:*
 - *One provider sets up a nylon blanket or a parachute on the ground (children sit down keeping a distance) and starts Circle Time while another provider checks the space for safety and sets up play areas.*
 - *Circle Time (10 minutes or less): A few children share how they are feeling or news from home and then the provider reads a book, pausing a few times to discuss the story. Then, the provider reviews the morning schedule, introduces one or two area activities and children choose where they want to play. Puzzles and/or books can be offered as an alternative activity for children who are not engaged during Circle Time.*
 - *Safety: A provider ensures the gates are closed and/or barricades are in place, checks the ground for sharp objects and trash, sets up "Hand hygiene" stations, and, using tape or chalk, and indicates the maximum number of children allowed in each play area at a time.*
 - *Play areas: A provider sets up play areas, which, based on the space and furnishings available, can consist of materials in easy to carry bins and/or storage bags from the materials stored in the home. Providers ensure that materials/equipment are cleaned/sanitized before children are dismissed to play. Examples of play areas include.*
 - *A table with paper, crayons, markers, glitter and color glue;*
 - *A basket with an assortment of books;*
 - *A bin with unit blocks and another one with block accessories separated by type (people, vehicles, animals);*
 - *A bin with puzzles, Legos, and math matching games;*
 - *A picnic set with play food, cooking utensils, dolls, and a purse.*
 - *Children are dismissed to play areas of their choice and providers circulate around the space engaging children in conversations and closely monitoring the health and safety of children during play (e.g., ensuring children keep a distance while they play, repositioning barricades that may be pushed out of place, redirecting smokers/strangers that may be close to children at play, replenishing supplies in "Hand hygiene" stations, closely supervising the use of hand sanitizer).*
 - *Providers announce "5 more minutes to cleanup time" and then they go around reminding children that they each can clean up a section of each play area so they can maintain a distance.*
- 2) *Children who already had an opportunity to engage in gross motor play can clean their hands and join a play area like the ones listed above.*
- 3) *Children have choices of play areas outdoors until cleanup time is announced. After that, they engage in gross motor play with access to equipment.*

Teaching Routines and Transitions

This section includes strategies and suggestions for the following areas:

- **Planning for the Transition**
- **Teaching the Transition**
- *How this might look*
- **Transitions Tips and Considerations**
- **Concepts that can be Integrated**
- **Additional Ideas**

With all of the specific safeguards providers will be putting in place to ensure children's health and safety due to the COVID-19 pandemic, it is important that children be taught routines and transitions to support these health and safety practices. As much as possible, providers should plan their schedules to limit the number of transitions in the day. While each provider may have specific ways of teaching transitions, below are suggested steps for teaching any transition to a child or group of children.

Planning for the Transition

- Identify exactly what will happen
 - Consider:
 - **Space/location:** Space specifics, ages and abilities and number of children to determine what you would like to have happen. For example, if planning how children will wash their hands, consider the space and logistics in your home (e.g. whether the faucet needs to be pushed down, location of trash can, whether the sink is in the bathroom or another location) and the flow of the transition (e.g., children may use the toilet, then put on their coats, and then go to the next spot in line).
 - **Providers:** What each provider will do during the transition, for example, while one provider stands by the bathroom door, the other provider sends children to the sink for handwashing.
 - **Activities:** What children can do, toys they can play with, while peers complete the transition/routine so they are not waiting in line with nothing to do?
- Determine when and how you will teach children:
 - Consider:
 - Which routine/transition they need to learn first in order to execute the next one. For example, they first need to learn procedures for lining up before they learn how to walk safely to the playground;
 - Time of day and when it would be best for children to receive the information. For example, immediately before or after nap may not be as successful. Also, it may be

best to introduce and practice one routine at a time, and plan for the next one once children can follow the steps;

- Size of group that may be best for instruction. When thinking about a multi-step routine that may be in a small space (like teaching handwashing in the bathroom), a small group may be best, while teaching the transition to line up may make more sense in a large group;
 - Flow of the day so children are not rushed. Allow for enough time in the daily schedule based on children's needs, for example, at the beginning of the year, it may take a longer for children to finish cleaning up after choice time than it may take later in the year;
 - Teaching and reinforcing the steps to complete routine/transition. For example, using visuals (e.g., pictures of children in the home) following the steps and repeating instructions can be a helpful reminder for children;
 - Gather all necessary items for the next activity before signaling a transition.
- Use of language and/or visuals to meet children's needs
 - Consider:
 - Having explicit steps written out to know what to say;
 - Saying and demonstrating the steps before practicing the routine/transition with children, for example, "Turn on the faucet;"
 - Brainstorming with children "what to do with our bodies while we wait;"
 - Prepare children by giving them a warning for how long an activity will last;
 - Using activities to keep children engaged while they wait, such as finger plays, singing a song, playing a game, and/or using breathing techniques to help regulate;
 - Using materials that may be helpful to understand and visualize the steps, such as a poster with their pictures demonstrating steps to follow, poly spots/markers on the floor for them to know where to form the line during transitions;
 - Using positive behavior strategies to support children's varying needs as they learn the routine/transition, such as first calling those children who may need more support/time, and calling out the way some children are following the steps, "I see enough space between our friends at the end of the line, thank you! When we have enough space between friends, we do not touch their bodies while we wait;"
 - Pointing to home rules and guiding them in a soft tone when children need clear reminders.

Teaching the transition

Providers should maintain positive affect and use an encouraging and warm tone while teaching routines/transitions so children are excited and engaged and feel supported in their learning. Positive behaviors should be reinforced with specific praise, such as, "You walked so calmly to your line spot!" "You're really listening and looking as I am showing you these important steps."

Throughout the steps below, we will use the example of teaching children how to wash their hands. This may look different depending on the ages of the children and the exact setup of the sink area (e.g. in a bathroom or kitchen, faucet type, paper towel set up)

Say it – Explain what you are about to teach, when it will be used, and why

- “During the day, we will need to wash our hands in order to keep our bodies healthy and safe so we don’t get germs all over. We are going to practice how to wash our hands. When we wash our hands, we have to follow the steps that I see on this chart (referencing chart that shows handwashing steps).”
- It is helpful to reference the times when children may use the routine or transition on the visual schedule that should be near the place where they would be meeting and learning.

Show it – Demonstrate how it will be done, narrating actions along the way and using the visual cues.

- When teaching most routines, it is helpful to use all providers in the home to teach the steps, so one can narrate and reference the visual anchor, such as posters and pictures, while the other models the steps.
- A provider may narrate actions as he/she does it or may narrate the actions of another provider as he/she takes the steps.
- Explain steps as they progress “I am going to show you how I do this. First, I turn on the water. *Turn on the water.* Then I get one pump of soap in my hands. *Take a pump of soap.* Next I will pull my hands away from the water and rub them together as I sing the ABCs. *Rub hands and sing the ABCs.* Then I will rinse the soap lather off of my hands. *Rinse lather off.* And grab a paper towel to dry my hands. *Dry off hands with a paper towel.* Once my hands are dry, I will use the paper towel to turn off the water and throw away the paper towel. *Model these steps.* If someone is in line behind me, I will leave the water on so they don’t have to touch the faucet.
- After a provider demonstrates it a few times, a child may demonstrate as well.
- It may then help to ask a child to follow the same steps and narrate that child’s actions as they happen “Jaden is turning on the faucet so that he can get his hands a little wet. I see that he’s grabbing one pump of soap so that he can start lathering his hands and making sure they are clean. Now he is rinsing off the suds and grabbing a paper towel to dry his hands. He’s all done with that, so he is heading to the bathroom door to listen to a story on the rug. Thank you Jaden for showing the class how to clean your hands so he and everyone else stays healthy, let’s all give Jaden a thumbs up!”
- You may wish to repeat with one or a few more children so they can practice and see the procedure multiple times.

For the first few times using or teaching a routine, it may help to reinforce the expectations and refer to the visual anchor of the steps. It may also be helpful to reteach or reinforce some of the expectations if you notice that steps are being skipped, there is a sudden change to the normal flow of the day or after some days off from the family child care environment (such as after a long weekend or a holiday break).

How this might look:

- *Engage children in a conversation about why handwashing and keeping our hands clean is important. This can also be a time used to teach them empathy; caring for their family, friends and community. Providers can say, "Washing and cleaning hands helps to keep us healthy and keep our friends and family healthy too." The class can then brainstorm ideas and make connections to how this can be done at home:*
 - *What are some things we can do to keep our friends and family healthy?*
 - *When do you think it is important to wash/clean hands? Why do you think so?*
 - *What should we use to clean/wash hands?*
- *At the end of the day or as part of a recap*
 - *What did you do today to help keep your friends healthy? (e.g. used hand sanitizer, washed hands, did not put toys in my mouth);*
 - *Showing those "happy eyes" affirm their answers and add information to affirm/expand what they said.*

Teaching and reviewing the steps to handwashing/hand cleaning

Using a simplified hand washing display, describe each picture and point to print/picture as you describe steps for handwashing as other providers model the procedure.

- *Encourage children to model your actions as you use self-talk to repeat and verbalize the steps;*
- *Consider singing the steps.*

Now, let's practice with soap and water...

- *Encourage children to use the picture display to practice;*
- *Encourage them to describe the steps as they are handwashing;*
- *Help child by using self/parallel talk to describe what child is doing.*

Let's practice with hand sanitizer...(for children over age 2)

- *Create a picture display similar to the handwashing display for using hand sanitizer;*
- *Encourage them to describe the steps as they are hand cleaning;*
- *Help children by using self/parallel talk to describe what they are doing.*

Consider taking pictures as each child washes their hands and display in the bathroom recording their responses

- *"When do I wash hands?"*
- *"How can I keep my friends healthy?" (e.g., I washed my hands after meals; I washed my hands after I sneezed).*

Post additional handwashing and hand sanitizer displays around the home to remind children of when to use (e.g., next to

How this might look:

the tissue boxes, as they enter the room).

Also consider reviewing the handwashing/hand cleaning steps as part of your daily morning circle time including using displays to remind children when to wash hands until it is embedded as part of their routines.

As children become more familiar with handwashing/hand cleaning routines, incorporate different concepts during small group or individualized interactions.

Transitions Tips and Considerations

Difficulty with transitions can occur for a number of reasons, such as when children are tired, hungry, confused, or not ready to end an activity. To support children with successfully navigating their day and moving from one activity to the next consider the strategies below:

- **Planning ahead**
 - Have materials and activities on hand to transform wait time into fun learning time;
 - Maintain consistency with the daily schedule and routines, as much as possible.
- **Preparation**
 - Prepare children by giving them a warning for how long an activity will last;
 - Gather all necessary items for the next activity before signaling a transition.
- **Using visual cues**
 - A visual schedule makes it clear what a child can expect and what is coming up next;
 - Picture cues can serve as reminders for children about what they need to do during a transition. For instance, a poster with pictures near the front door might contain photos of a coat, hat, and boots that could be referenced to prompt a child to get ready to go outside. Or a chart with the proper handwashing procedure can help children remember the order of steps when cleaning their hands;
 - Using a visual timer or countdown system allows children to visually see how much time they have remaining for an activity or transition;
 - Tape or markers on the floor help children to know where to stand when in line and supports maintaining social distance.
- **Using music, songs, or predictable noises to signal transitions**
 - A routine cleanup song can be used when it is time to pick up toys;
 - Set a timer to indicate that playtime is ending and soon it will be time to clean up for lunch.
- **Turning transition times into games**
 - Create a song and dance or engage in pretend play about what a child is going to do next. For example, children can be encouraged to “fly” to the sink like superheroes to brush their teeth.

Planning Transitions to Prevent Challenging Behavior

Concepts that can be integrated include:

Math

- Sequencing - What comes first, second, third?
- Counting - How many fingers are on each hand?
- Differentiating Left/Right
- Measurement -
 - Using markers on the floor to help children understand distance (# of tiles, etc.) if children have to wait on line to wash hands;
 - Using a timer to help children monitor time as they wait/wash their hands.

Dramatic Play

- Post the handwashing poster in the Dramatic Play Center and encourage children to discuss what they do at home to stay healthy;
- Consider using a medical kit to review what "Healthy" means and encourage discussion about all the ways we stay healthy?

Nature/Science

- Create a "I am healthy" theme box (e.g., books about health, pictures that show times to wash/clean hands, sequence puzzles showing the steps to washing hands, sorting healthy foods).

Additional ideas to remind children to wash/clean hands during the day

- Include pictures of hand washing/cleaning as part of the daily picture schedule;
- At arrival- Individually greeting child and include a thank you for cleaning hands and caring for friends;
- Upon re-entering after gross motor play- "Hands in the air and keep them way up there until our hands are clean for _____;"
- During choice time- Create a fun signal for children to use when they need a provider to help them wash hands or use hand sanitizer (e.g., "Put your hands in the air and wiggle your fingers").

Additional Considerations

Included in this section:

- **Face Covering Considerations**
- **Teaching children about face coverings**
- **Additional Considerations:**

Face Covering Considerations

Adults must wear face coverings at all times (clear ones are recommended but not required). Double face coverings and/or shields can be used for additional layers of protection if needed. All affiliated providers, network staff (and any other adults) must use a face covering while they are on-site at the affiliated program.

All children ages two and over who can medically tolerate a face covering should be expected to wear one. FCC staff can incorporate a wide variety of strategies to introduce children to this expectation, which may be accomplished over time.

Gloves and proper sanitation should always be used when touching a used or contaminated face covering/mask. In addition, hands should be properly cleaned every time face coverings are put on and taken off.

Children can be exempt from wearing face coverings if they have trouble breathing and/or suffer from a medical condition as documented by a physician.

Children cannot be isolated, suspended, or expelled from a family child care home if they do not wear a face covering.

Teaching children about face coverings

When talking with children about the need to keep face coverings on, consider:

- Explaining about the spread of germs;
- Modeling proper use of face coverings and using a doll to demonstrate for the process to be more fun and inviting;
- Individual social-emotional and developmental needs;
- Allowing them to select their own face covering;
- Using photos or illustrations in children's [books](#) and [videos](#).
- Use simple sentences to answer their questions, focus on the idea that a mask can keep them healthy and happy;

- Comment on how strong, brave, and helpful they look while wearing the mask.

For additional considerations on the use of face coverings see [here](#) and [Health and Safety Guidance](#).

Additional Considerations

- Store cleaning supplies away from children's reach, on high shelves or in locked cabinets, at all times;
- Follow cleaning, sanitizing, and/or disinfecting instructions as per manufacturer's label;
- Frequently sanitize "touch points" (e.g., door knobs, backs of chairs, table surfaces, center chart(s));
- Encourage children not to hold hands;
- Encourage providers to wear a clean smock/apron or an oversized button-down shirt throughout the day and to have spare ones available to change if it becomes dirty/contaminated (e.g., wiping nose on sleeve, with food during meals, saliva during nap);
- Share photographs and/or posters of proper procedures with families for them to be informed of how health practices are followed/reinforced in the home;
- Use an online app to communicate with families on a regular basis, such as on health and safety checks in order to minimize traffic at arrival.
- Affiliated providers must have a private area (such as an enclosed room, but at a minimum a cot in a private area) provided for separating symptomatic children under direct adult supervision until a family member can pick up the child, or symptomatic staff members until they can safely leave the facility.