Version7.30.2020

Modeling an Integrated Teams Approach to Supporting Programs				
Implementation Questions	**DCAP Considerations**	**Health Considerations**	**Certification Considerations**	**Social / Emotional Mental Health Considerations**
Masks and Other PPE (FIRST) *What methods of parent education on the importance of masks do you think would be most effective?* *How do you explain to a child why one must wear a mask (perhaps the parent is mandating it) and another child is not wearing one either because of an exception or they won't keep it on, etc.* *How do you keep masks from getting contaminated when they are off for meals and then back on for activities? Can I clip the mask to my children?*	Considering your particular group of parents, how can you figure out the best way to convey information? How do you convey other important news and information? How have you handled similar situations? For example, what have you said to a child who asks why someone has a special milk? Or, what do you tell a child is the reason someone still wears diapers? (Point: each child is different; each family wants different things. A mask is a great thing to encourage but it is not DCAP to force a child to wear one.) How have you handled the care of pacifiers, bottles, or other things personally owned by children? What do you think are some options for mask storage? What do you see are the challenges for storing them in a sanitary way? How have you handled soiled clothing, bibs, blankets without laundry facilities? What do you think would be the best option to ensuring that you have clean masks?	CDC Guidance: Staff should wear masks. Children over 2 should wear masks to limit spread of coronavirus. Other reasons: Research studies show masks are an effective strategy to protect individuals in the community from the coronavirus. Avoid choking hazards: strings, clips, lanyards. Masks are never considered to be sanitary. Masks can be "cleaned" by laundering them regularly (ideally, cloth face coverings should be laundered once a day), or at least when visibly soiled. Send masks home in a paper bag with	Regulations 3270.21. General health and safety 3270.103. Small toys and objects C-20-08 COVID-19 Operations for Licensed Child Care C-20-06 Interim Guidance for Certified Child Care Facilities operating during the Novel Coronavirus Pandemic Universal Face Covering Order by Governor Wolf and Secretary Levine	Reflect with the provider on ways that they typically teach new routines or activities to children. How might they use those strategies for mask wearing? (There are several social stories related to Masks that have been developed in state and across the nation. Sharing these stories with families and children could help to set the stage for mask wearing (also handwashing, etc.). Reflect with providers about how they might embed their identified strategies in the everyday routines within the classroom for reinforcement, discussion and practice. Reflect with the provider on ways that they might inform parents that you are implementing strategies to teach children a new task (for example, using a social story and how they might use it at home too). Developmentally, kids like to do what their peers are doing, discussing this with a parent who is hesitant for their child to wear a mask may open a door to "take the child's lead" if they show interest- if the parent is agreeable. Reflect with providers about how they are planning for children to struggle with touching and keeping mask on. How they might help their staff Monitor self-regulation in these instances as to not transfer adult anxiety/stress onto the child. How might adults provide positive attention to children when they are meeting mask expectation? cdn.vanderbilt.edu/vu-web/lab-wpcontent/sites/96/2019/02/04151313/Large-Stay-Calm-2.pdf challengingbehavior.cbcs.usf.edu/docs/Pandemic_Supporting-Yourself_tipsheet.pdf Reflect with providers on ways to embed practicing of taking mask on/off and placing in [container, location, etc.] with children in the context of

Modeling an Integrated Teams Approach to Supporting Programs

Implementation Questions	DCAP Considerations	Health Considerations	Certification Considerations	Social / Emotional Mental Health Considerations
How do we ensure they are sanitary if we do not have laundering facilities here at school?	Hanging the mask on safe hooks (separated), putting them in cubbies or even on a napkin next to them while eating is sufficient.	child's name on the bag to be laundered.		your natural routines in the classroom. Can a song be developed to help kids remember what to do? Regarding children not seeing adult facial expressions: NCPMI created a helpful resource titled *Helping Children Understand Emotions When Wearing Mask*. (challengingbehavior.cbcs.usf.edu/docs/Wearing-Masks_Tipsheet.pdf)

Modeling an Integrated Teams Approach to Supporting Programs

Implementation Questions	DCAP Considerations	Health Considerations	Certification Considerations	Social / Emotional Mental Health Considerations
Ratios and Group sizes/ Physical Distancing *How can I do large group teacher directed activities like circle time and still maintain social distancing? Is keeping my children in a large group okay with ratio and group size guidance?* *Can I use a larger room such as a gym or fellowship hall for nap time or play time to have more room or do we need to stay in our classroom?*	What do you like most about your circle time/group activities? What motivates you to have them be a part of your day/what are you trying to give the children through these gatherings? Is it possible to think through some alternative ways to accomplish the same goals? (Point: you can still accomplish the lesson plan goals in a different format with a smaller group of children or individuals.) If DHS has determined that you can use an alternate space, how do you plan on setting up the	CDC Guidance: keep groupings as small as possible and keep them intact with the same teachers/staff. Do not mingle groups. Do not congregate. Use physical distancing between the sub- groups; use physical distancing when children are napping and eating, filing out to the playground, waiting in line; do the best you can. **NOTE:** 6 feet physical distancing is most important at meals and nap time when masks are off. Also, when children and staff are outdoors and running or using pools or sprinklers.	Regulations 3270.51. Similar age level. 3270.52. Mixed age level. 3270.61. Measurement and use of indoor child care space. 3270.54. Minimum number of facility persons in the child care facility. 3270.62. Measurement and use of play space. 3270.113. Supervision of children C-20-04 Suspension of Regulatory Requirements for Certified Child Care Facilities During the COVID-19 Pandemic	Play is essential for social emotional development and the regulatory functions for children. Reflect with providers how they can incorporate play into their daily routines. Reflect with providers about their play centers and ways to reduce the number of children in each center. Reflect with providers about how they might organize their environment in a way that promotes smaller group play?

Modeling an Integrated Teams Approach to Supporting Programs				
Implementation Questions	**DCAP Considerations**	**Health Considerations**	**Certification Considerations**	**Social / Emotional Mental Health Considerations**
How do I manage staff schedules since we are open 12 hours without combining groups of children at the beginning and end of the day? *My kids love to play together, they need to socialize. How do I keep them 6 feet apart?*	space so not only you have the room for more physical distancing but also the necessary learning materials and furniture to meet the needs of the children that go beyond health and safety? Can I see your staffing schedule? Let's look at it together to see if we can lessen the amount of transitions and places children have to go throughout the day. Where do you think we can start with adjustments? Let's review what the CDC says about social distancing in child care centers. How can we lessen the large gathering of children for activities and free play? Do you limit the number of children who can play in an area? Are you concerned about crowding in any of your play areas? What do you think can be done so children can socialize but perhaps not be in larger groups?		-Measurement and Use of Indoor Child Care Space Regulations 3270.51. Similar age level. 3270.52. Mixed age level. 3270.61. Measurement and use of indoor child care space. 3270.54. Minimum number of facility persons in the child care facility. 3270.62. Measurement and use of play space. 3270.113. Supervision of children C-20-04 Suspension of Regulatory Requirements for Certified Child Care Facilities During the COVID-19 Pandemic -Measurement and Use of Indoor Child Care Space	

Modeling an Integrated Teams Approach to Supporting Programs

Implementation Questions	DCAP Considerations	Health Considerations	Certification Considerations	Social / Emotional Mental Health Considerations
Screening and Health checks/ Drop Off and Pick Up *How many symptoms do they need to have to be excluded?* *I am really struggling with Staffing and meeting the requirements for drop off and pick up. Help me!* *I am a FCC provider with infants and preschoolers. I am all alone. How can I manage drop off and pick up based on your guidance?*	Review drop off methods from the CDC. Ask which would be easiest for them. Work on that one. Then ask what are the challenges to meeting the expectation? Maintaining supervision while screening children can be time consuming. Is there a portion of these methods or a modification that would put less stress on the greeting teacher/provider, perhaps something the parent could do?	Focus is on the CDC and OCDEL Guidance: Only one symptom is all that is needed to exclude someone (i.e. fever of 100.4 or higher). NOTE: There are a few municipal health departments in PA which have their own symptom exclusion criteria, and some require a certain number of symptoms to be evident, so be aware of your jurisdiction. Those who staff the screening process: avoid assigning staff with underlying health conditions or over age 50 years, if possible, due to higher risk for serious illness with COVID-19. FCCH providers: stagger drop-off; parents stay in car until other parent drops off, taking turns; consider coordinating the screening process with parents prior to coming to the home by using FaceTime or Google Duo, etc.	Regulations 3270.51. Similar age level. 3270.52. Mixed age level. 3270.113. Supervision of children. 3270.136. Reporting diseases. 3270.137. Children with symptoms of disease. 3270.153. Facility persons with symptoms of disease. 3270.154. Facility persons with skin disorders. C-20-08 COVID-19 Operations for Licensed Child Care The childcare program must establish and implement a screening procedure to assess for symptoms of COVID-19 for staff and children prior to entering childcare space and mingling with others. CDC guidance should be followed in developing the screening procedure. *Note- the provider does not have to use one the CDC procedures* C-20-06 Interim Guidance for Certified Child Care Facilities operating	Reflect with the provider on ways to prepare and reinforce for children for what to expect during screening process (such as social stories or items in the dramatic play area). Reflect with the provider on ways to keep screening and health check process consistent so that the routine is reinforced and feels safe to the children and families. Reflect with the provider on what drop-off/pick-up routines can remain the same from before COVID and or what new hello/goodbye routines might work to support children feeling safe and in separating from their parents/caregivers Greetings via Social Distancing: challengingbehavior.cbcs.usf.edu/docs/Greeting-Board_EN-SP.pdf For hard conversations, such as number 4, reflect with the provider about who might be the best person to have this conversation with the parent? Who has the strongest or more trusting relationship, with the parent/guardian? Sometimes this might be the primary caregiver/educator and not the director.

			during the Novel Coronavirus Pandemic	

Modeling an Integrated Teams Approach to Supporting Programs

Implementation Questions	DCAP Considerations	Health Considerations	Certification Considerations	Social / Emotional Mental Health Considerations
Meals and Snacks *What do we do if we don't have seating in our room enough to feed lunch there?*	How many chairs and tables do you have? How many children are in your group? What do you think are some solutions for having less seats? How would a restaurant handle this when all tables are full and there are some waiting to eat? Can you think of some ideas to manage this?	Consider staggering groups to eat, take turns, shifts, etc. Consider eating outside at tables that can be opened and closed (portable). Provide shade over the tables (umbrellas). Follow strict handwashing and cleaning guidelines.	Regulations 3270.61. Measurement and use of indoor child care space. 3270.62. Measurement and use of play space	

Modeling an Integrated Teams Approach to Supporting Programs

Implementation Questions	DCAP Considerations	Health Considerations	Certification Considerations	Social / Emotional Mental Health Considerations
Communication with Staff, Families and Health professionals *How can I do this when the drop off time is supposed to be so short? What if the family does not have a computer/internet to really do a virtual meeting? How can I be sure to reach all families?*	This question is similar to the one above about how best to educate parents. Parents may desire an even greater working relationship with you than before. Did you think of some ways to promote communication? What were they?	Recommend using the telephone; most people have access to a telephone.	Regulations 3270.22. Communication with parents. 3270.23. Parent access and participation 3270.123. Agreement C-20-08 COVID-19 Operations for Licensed Child Care The child care program must have a written health and safety plan that aligns with CDC	Rebuilding upon Re-entry: challengingbehavior.cbcs.usf.edu/ docs/Rebuilding-the-Pyramid.pdf Reconnecting with Infants: challengingbehavior.cbcs.usf.edu/ docs/Reconnecting_Infants.pdf Transition back: Connecting with Families: challengingbehavior.cbcs.usf.edu/ docs/Transitioning-Back-Connecting-w-Families.pdf

			Modeling an Integrated Teams Approach to Supporting Programs	
Implementation Questions	**DCAP Considerations**	**Health Considerations**	**Certification Considerations**	**Social / Emotional Mental Health Considerations**
			guidance to minimize the risk of COVID-19. C-20-06 Interim Guidance for Certified Child Care Facilities operating during the Novel Coronavirus Pandemic	challengingbehavior.cbcs.usf.edu/docs/Connecting-with-Families_tipsheet.pdf