



SAFER SCHOOLS AND CAMPUSES **BEST PRACTICES CLEARINGHOUSE**

Lessons from the Field - Safe and Supportive Early Learning: Lessons Learned for the New School Year

Thursday, September 9, 2021 | 3:00 - 4:15 PM ET

Transcript

Tim Duffey:

Good afternoon, and welcome to today's Lessons from the Field webinar, Safe and Supportive Early Learning: Lessons Learned for the New School Year. On behalf of the U.S. Department of Education we're pleased you've joined us today. In fact, nearly 1,000 people registered for today's webinar, so additional people will likely join us as we kick off. Thanks to all of you who are already online with us. My name is Tim Duffey, and I am the training specialist at the National Center on Safe Supportive Learning Environments, or NCSSE, and I'm facilitating today's webinar.

NCSSE is funded by Safe and Supportive Schools within the Office of Elementary and Secondary Education. Our aim is to build the capacity of state education agencies, districts, and schools, to make school climate improvements, foster school safety, and maintain supportive, engaging, and healthy learning environments to support the academic enrichment and success of all students. To learn more about NCSSE, and to access a range of resources that address school climate and conditions for learning, we encourage you to visit our newly designed website. To give you a sense of what the website looks like, and what it includes, here we share some of our most popular products on the left of the screen, and an image of our home page on the right.

Please note that all materials that you will see today, including the slides, referenced resources, and the archived version of the recording of this live event, will be available on the event webpage within website. Now, some items, including the slides, and the bios for our speakers, in fact, are already posted there. Please also note you can access previous Lessons from the Field sessions by visiting the webinar series webpage, which is also listed here, and it will be posted in the chat for your reference. So, let's take a look at, next, at the agenda

for our time together. So, we're wrapping up section one of the agenda, the introduction and logistics. And following that there will be a brief word from a representative of the U.S. Department of Education, a word of welcome, and some context for today's event.

That will be followed by a representative from the Centers for Disease Control and Prevention, providing guidance for operating early childcare, and early education and childcare programs. Then, that representative from the CDC will be joined by a number of other participants that you probably identified in the announcement for today's event, for some Q&A and panel discussion, and that'll be the bulk of today's program. And then we'll have a few minutes at the end for some wrap-up and closing, and some announcements that will be in there about upcoming webinars, so please stay tuned with us through the end of that time. And so, with that, I would like to introduce you to the first speaker, Miriam Calderon.

Miriam is Deputy Assistant Secretary for Early Learning at the U.S. Department of Education. And Miriam will provide a welcome from the Department of Education, and introduce our other speakers for today. Miriam?

Miriam Calderon:

Thank you so much, Tim. I appreciate that. Good afternoon, everyone. On behalf the U.S. Department of Education, I want to thank you for joining us today. Secretary Cardona extends greetings to each of you as we gather to explore ways to strengthen our engagement and support for young children and families, given the challenges of the pandemic. Whether you're a parent, a child, an early learning professional working in a variety of roles or settings, such as school, or Head Start, or community-based childcare, which you saw from the poll, we know this has been a stressful time like no other to be able to deliver and provide access to high quality early learning, and other family supports for young children.

We are so appreciative of the incredible efforts you've made, and you continue to make, and I'm eager to continue to work closely with you and support you as we begin another school year. The department has established the Best Practices Clearinghouse as a resource for you. There you'll see that we showcase effective practices in response to the pandemic, including in early childhood. And the web address will be posted in this chat box if you're not familiar with that resource. Through the Clearinghouse, the department is committed to continuing to provide resources for communities, for schools, for early learning programs for educators, and for families as we work together to reopen schools and early learning programs this fall for in-person services. And support the needs of all children, particularly children with disabilities, and those who have been most impacted by the pandemic.

Today's Lessons from the Field webinar is part of a series to highlight effective tools techniques, and strategies employed by everyday practitioners to strengthen the resilience of the early care and education system. It's also an opportunity to share information about public health guidance and practices for

creating safe learning conditions. Today we are going to share lessons learned in BrightSpots on how to best support the health of young children, families, and communities, while providing access to essential early learning experiences and supports. I'm so pleased to be joined by an incredible panel of experts with decades of experience in this field. So, first we'll hear from Lara Robinson, for the Centers for Disease Control and Prevention.

And then we will transition, as Tim said, into a panel where you'll hear from Ron Herndon, Jenny Le, Sarah Walzer, and Dr. Chris Weiland, all who have incredible amount of important information to be able to share with us. There's a link to their bios in the chat, as well as to the resource page where you signed up for this webinar series. So, with that I'm going to turn it over to Lara, from the CDC to be able to get us started.

Lara Robinson:

Hello, thank you so much for inviting me here. It's an honor to be a part of this panel. I'm Lara Robinson, and I'm currently deployed to the State, Tribal, Local, and Territorial Support Taskforce of the CDC COVID-19 response. Please see the disclaimers listed on the slide, and visit us online for access to CDC's full suite of materials and resources for youth settings. Here is an overview of what I'll cover today. The early care and education, or ECE resources are intended for many types of ECE programs, including child care centers, home-based programs and family childcare, Head Start, and other pre-kindergarten programs. Here are the key takeaways from CDC's ECE COVID-19 guidance.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination among eligible individuals can help ECE programs protect staff, and children in their care as well as their families. COVID-19 preventions strategies remain critical to protect people, including children and staff who are not fully vaccinated, especially in areas of moderate to high community transmission levels. Masks should be worn indoors by all individuals ages two and older, who are not fully vaccinated. ECE settings may implement universal mask use in some situations, such as if they have increasing, substantial, or high COVID-19 transmission in their ECE program or community, and while they serve a population not yet eligible for vaccination.

Most ECE programs serve children under the age of 12 who are not yet eligible for vaccination at this time. This guidance emphasizes implementing layered COVID-19 prevention strategies, for example using multiple prevention strategies together to protect children and adults who are not fully vaccinated, especially in areas of moderate to high community transmission levels. The nine prevention strategies covered in the ECE, and K through 12 guidance, include promoting vaccination, consistent and correct mask use, physical distancing and cohorting, screening testing to promptly identify cases, clusters, and outbreaks, which is a prevention strategy recommendation included for K through 12, and ECE's can elect to use it. Improving ventilation, practicing hand washing and respiratory etiquette, staying home when sick, and getting tested.

Contract tracing in combination with isolation and quarantine, and cleaning and disinfection. Localities to monitor community transmission, vaccination coverage, screening testing, and the occurrence of outbreaks, and local policies and regulations to guide decisions on these of layered prevention strategies. Now I'll briefly cover some of the additional considerations for prevention strategies specifically relevant to ECE settings. Please view our guidance page online for a full list of additional considerations for ECE programs that also include information on diapering, cleaning and disinfecting, transportation, food service and meals, playground, and visitors.

The K through 12 guidance recommends at least three feet of physical distance between students within classrooms to reduce transmission risk. As you all know very well, maintaining physical distance is often not feasible in an ECE setting, especially during certain activities, for example diapering, feeding, comforting a child, and among younger children in general. When it's not possible to maintain physical distance, it's especially important to layer multiple prevention strategies. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it's challenging to maintain physical distancing. Place children and ECE providers into distinct groups that stay together throughout the entire day.

If possible, your ECE groups should include the same children each day, and the same providers to remain with the same group of children. Limit mixing between groups so that there's minimal, or no interaction between cohorts. Maintain at least six feet between children and staff from different cohorts. Separate children's nap-time mats, or cribs, and place them so that children are head to toe for sleeping. Masks should not be worn while sleeping. Maximize physical distance as much as possible between people who are not fully vaccinated, while eating, especially indoors. When possible, consider using additional spaces for mealtime feedings, including eating meals and snacks outdoors, or in well ventilated spaces whenever possible.

Provide physical guides, such as wall signs, or tape on the floors, to help maintain distance between cohorts and common areas. Stagger use of communal spaces between cohorts, and child arrival and drop-off times, pick-up times, or locations by cohort. Prioritize outdoor drop-off and pick-up. In transport vehicles, seat one child per row, or skip rows when possible. Although, children from the same home can sit together. Prioritize outdoor activity, maintain cohort if feasible in outdoor play spaces. It is really important for you to comfort crying, sad, or anxious infants and toddlers, and they often need to be held. To the extent possible, when holding, washing, or feeding young children, protect yourself by hand washing. Washing your hands frequently, wash your hands and anywhere you've been touched by a child's bodily fluids.

Avoid touching your eyes while holding, washing, or feeding a child. And if body fluids get on child's clothes, change them right away and then rewash your hands. Wash your hands before and after handling infant bottles prepared either at home, or in the program. Toothbrushing can cause droplet splatter,

and potential contamination of surfaces and supplies. It's recommended for program staff helping children with brushing to be fully vaccinated against COVID-19. To ensure each child has her or his own toothbrush make sure it's clearly labeled. To prevent cross-contamination of the toothpaste tube, use pea-sized amounts of toothpaste dispensed onto a piece of wax paper before dispensing any onto the toothbrush. Encourage children to avoid placing toothbrushes directly on counter surfaces.

After finishing brushing, ensure that they rinse their toothbrushes thoroughly with water, and store them in an upright position so they can not contact those of other children. Stagger the use of bathrooms, or other communal spaces used for toothbrushing. Allow one cohort to complete toothbrushing, and then clean and sanitize the area before another cohort has access to the area. Ensure that children and staff wash hands with soap and water for at least 20 seconds after brushing teeth. Additional guidance is available online from CDC on toothbrushing.

Before I wrap up, I will briefly mention some CDC resources relevant to ECE programs. Here are links to both the ECE guidance, and the guidance for K through 12 students. We also have information for direct service providers, and individuals caring for people with development and behavioral disorders. In addition, CDC's COVID-19 pages have FAQ's, resources on coping, managing stress, and finding support, along with child specific resources. Many children are returning after a long break, or going to in-person learning for the first time. To help children and parents with this transition we have a web feature with many helpful links, and a podcast by the Director of the National Center on Birth Defects and Developmental Disabilities, Dr. Karen Remley.

The web feature is also available in Spanish. CDC's pages on children's mental health provide information and resources about mental health, and mental disorders. The Learn the Signs program provides information for parents and early childhood professionals about monitoring children's' development, and acting early if there are concerns. My talk focused more on younger children, but the division of Adolescent and School Health has information for supporting mental health in older children and adolescents. CDC has also developed the COVID-19 parental resource kid, which includes recommendations and resources to help parents and children during the pandemic. These resources were developed to help encourage COVID-19 prevention practices, and taking steps to care for social, emotional, and mental wellbeing.

For example, staying connected, sleep and rest, and taking time for yourself. The resources and recommendations are age-group specific as well. Finally, we're really excited to announce that CDC's Early Care and Education Portal has just gone live. This is an access point to the latest early childhood resources from the CDC, and the portal includes tools and resources to help implement many early childhood health and safety standards that are a key part of federal programs. More resources will be added soon, so please check the website periodically. Educators in schools, and early care and education are truly

frontline public health workers, so thank you for all you do to protect, promote, and teach health so that children can grow up healthy, resilient, and thrive.

Miriam Calderon: Wonderful, Lara. Thank you so much for that, all of those resources and that overview. I would like to invite you now to respond to a few questions that we received from our participants in advance of the webinar. So, first, hoping that you can talk a bit more about this protection of staff who are not yet vaccinated, and working in early care and education settings.

Lara Robinson: Sure. So, when it's not possible to maintain physical distance, or wear masks, or for folks who are not vaccinated yet, it's really important to maintain as many possible other prevention strategies. So again, cohorting can be used to limit the number of children and staff who come in contact with each other, and then maintaining that six feet distance between cohorts, improving ventilation in the childcare, early care and education setting, practicing good hand washing and respiratory etiquette. Staying home when sick, and getting tested. Contact tracing in combination with isolation and quarantine, and then cleaning and disinfection are other strategies you can layer when other strategies can not be used.

Miriam Calderon: Great, thank you. We also got a question about clarifying the CDC's recommendation for quarantine period following a COVID exposure, and how this interacts with policies for when individuals are allowed to return to the school setting, or the early learning program instates.

Lara Robinson: Yeah, absolutely. So, I'll first mention a couple of definitions. Quarantine refers to when you have been exposed to the virus, and isolation refers to when you've been infected with the virus, even if you don't have symptoms. CDC guidance recommends children and unvaccinated staff, who had close contact with someone who has suspected or confirmed COVID-19 should quarantine for 14 days after their last exposure to that person. And in an ECE setting, close contact is defined as within six feet of an infected person for a cumulative total of 15 minutes over a 24 hour period, or more. And there is an exception for the K through 12 indoor classroom setting, where a close contact is defined as excluding students who are at least three feet away from the effected student, if both the infected student and the exposed student were correctly and consistently wearing well-fitting masks at the time.

So, both vaccinated and unvaccinated persons should monitor for symptoms of COVID-19 for 14 days following an exposure. But some localities may choose to use testing to shorten the quarantine. Your local public health authorities make those final decisions about how long to quarantine based on local conditions and needs, follow the recommendations of your local public health department if you need to quarantine, and there are options to shorten quarantine that may be considered, that include a 10-day quarantine, or a seven-day quarantine combined with testing, and a negative test result.

Miriam Calderon: Great, thank you so much for that. And final question, wondering if you could elaborate more on additional considerations and supports for children with disabilities, or children with complex medical needs.

Lara Robinson: It's really important to provide accommodations, modifications, and assistance for children and staff with disabilities, or special healthcare needs when implementing COVID-19 safety protocols. So, work with the families to better understand the individual needs of children with disabilities, help provide access to direct service providers, like paraprofessionals, therapists, mental health consultants, and think about access to services for students with disabilities when you're developing the cohort. You're going to have to adjust strategies as needed, so physical distancing and wearing masks can be difficult for young children, as we know.

And people with certain disabilities and those with sensory, or cognitive differences. For people who are not fully vaccinated, and are only able to wear masks for some of the time, prioritize them wearing masks during times when it's difficult to separate children and staff. Like during drop-off, or pick-up. Consider having staff who are not yet fully vaccinated wear a mask with a clear panel to allow interacting with young children, and children learning to read, or when interacting with people who rely on reading lips. And then, use behavioral techniques, like modeling, visual cues, timers, positive reinforcement to help all children adjust to transitions, or changes in routines.

Miriam Calderon: Great, thank you so much for that information, Lara. I think clearly the name of the game here is flexibility, layering, different prevention strategies as you talked about, really being able to do the best we can and implementing as many of these mitigation strategies are possible, and that are practical within the context of an early childhood education program. So, I really appreciate you acknowledging some of those realities around limitations around mask wearing, and physical distancing, that are just really the important realities in the context of early learning environments, and working with young children.

So, with that we're going to turn over now to a panel discussion where ... And hear from some experts who have been putting these strategies into practice, supporting children and families throughout this pandemic, and look to them for some additional insights and information. So, I would invite all of the speakers to join me, and turn on their cameras for this next segment. And we will dive into addressing some of the questions that we had submitted by participants on this webinar prior. So, we're first going to ask Ronnie Herndon, from Albina Head Start, to kick off this part of the discussion. So Ronnie, tell us about your program, and the community that you serve, and what really were the strategies that you've used to stay connected to families during this period of COVID?

Ron Herndon: Albina Head Start serves approximately 1,200 families, children, from birth through five years old. The majority of the families that we serve are either Latino or Black. Our staff mirror those numbers. When the State of Oregon

locked down in March of 2020, it had a horrible impact upon many of our families. They were thrown out of work, and did not have the resources to even buy the essentials. So, we quickly began to figure out how we could be helpful. And during that time we were able to make diapers available to families, hundreds of thousands of diapers, the same thing regarding infant formulas for families. Again, tens of thousands of infant boxes for families. And food. We made hundreds of thousands of food boxes available for families between that time and the summer, in addition approximately a half million dollars to help families pay the rent, cover utilities, to get essentials.

So, that was our major focus. We did not have any services, in-person services, during that 2019, 2020 school year. We were very fortunate Portland Public Schools made Chromebooks available for over 600 of our families. We have online school for children and families, and we can't thank Portland Public Schools enough for that, as well as the normal food lunches that they would provide for families they made available for our families also. So, that was our primary focus to meet the essential needs of children and families. And as you know, the families that we serve are from communities that have been hit hardest by COVID. And unfortunately the least vaccinated, the most infected, and suffered the most hospitalizations as well as deaths.

We thought we might be able to open up this school year, but since this past summer all the way up to now, at least 75 of our 300 staff people have been infected with COVID. Over 200, literally two thirds of our staff have had to quarantine because of COVID infection. So, we're hoping that because of the ... Pardon me, because of the vaccine being available, that we'll be able to open this coming October. But the lesson for us is that the communities we serve are reflected in our staff, and the vaccination rates that are low in the communities that we serve. Apparently our staff had reflected that. We're hoping that a lot can be done to encourage people to get the vaccine.

Miriam Calderon:

Thank you so much for that, Ronnie. And for all the work that you've done, I know, for your community, that you and your staff have led, as well as that understanding, and I think helpful context to help us look at really look at what the past 16 months have been like. And what you prioritized in terms of what was essential to support families and young children through the incredible resources of Head Start. That was, I think, a pivot in this time, and creativity is a big part of what we know had to happen to respond and deliver early learning, and family supports during COVID. So Jenny, I'm hoping you could tell us from a school experience, and a practitioner working as a school, more about the community that you serve.

I know you did some combination of in-person, as well as virtual supports. Please elaborate on that, and what challenges you faced, and how you overcame those.

Jenny Le:

Thank you. Thank you, I thank the Department of Education, and NCSSE for the opportunity to share a little bit about our early childhood education programs

here in Azusa. And our experience from the preschool perspective. And I know that there are other agency that went through similar experience that we did. Our ECE program includes the California State Preschool Program, Dual Immersion Preschool Program, Transitional Kindergarten and Dual Immersion at the program. We also provide special education preschool, which serves students with disabilities ranging from mild to moderate, and moderate to severe disabilities in our inclusive classrooms, and self-contained special education classroom as well as through mainstreaming.

We also support curriculum and instructions, and provide for professional development for our districts ETK/TK teachers. So, it's a small program with different types of needs because of the variety of the programs that we provide. As you can see from the chart, Longfellow school is considered the hug for the ECE program. But we do provide preschool at seven of our other elementary school. And we find it that children attending preschool at the homeschool allows them and their families the opportunity to get to know their school community, which helps to ensure a smooth transitions when they move into kindergarten. It also allows our teachers, our preschool teachers, to collaborate with TKs, kindergartens, and teachers at other grade level.

All of our ECE programs of course follow the California Preschool Learning Foundations and Framework. We provide opportunities for our teachers to be trained in class, in play-based math through the California Early Math Initiative, and through Sobrato Early Academic Language Project. Currently they are being trained on county collection, so we do take advantage of many of the grant opportunities out there to provide our teachers with the material and supplies that they need, as well as professional development so that they can be as effective as possible in that classroom, to provide supports in instructions to our students, especially students who are dual language learners. So, our focus when we are providing instructions is that we want to increase students opportunities to learn academic language.

On March 16th, a year and a half ago, the great change swept our nations, and as you know well what that was, or is, our early childhood education program closed our door to in-person learning, and transitioned to virtual learning. We remained on virtual learning until the following year, one year and one week later, when we transitioned to a hybrid model. That's on March 29th. The dates are very prevalent for me. Well, this fall the other agencies we opened to whole in-person instructions. Our challenges as we transition from one model to another was in meeting the needs and support, and being able to support children, our families, and our staff to be successful.

The short timeline, because the informations change, expectations shift quickly, the short timeline was a challenge in preparing our students, and our families, and staff, to shift to first the virtual learning, then to a hybrid model, and then to fully open this fall. And all at the same time trying to maintain a quality program that addressed the students developmental needs. What we found were some challenges, there were also learning opportunities, and we know

that some of the things that we learned we will continue to use after the pandemic. The distribution of material, and information in a timely manner was a priority each time we shifted it to a new model. So, as a district we conducted town hall meetings, videos, written directions on procedures, such as how to access technologies.

We follow up, ECE follows up with specific program information, site informations, and classroom informations. We want to make sure that our community receive more than enough information to be able to participate as smoothly as possible as we shift. We prepared students, parents, and teachers, to move into virtual learning with training videos on accessing and using Chromebooks. We provided Chromebooks, and hotspots to families who needed them. We provided student email accounts so that they could participate through Google Meet. And we trained parents and students on how to access their classroom sessions, and material, and resources online. Our teachers were provided an intensive week of virtual learning on technology that included Google Meet, classroom, Google Classroom, Seesaws, and other applications.

Then, in March, when we moved to a hybrid model, our virtual procedures were in place. But now our focus shift to students returning to school, and we established protocol that ensures students' safeties, and staff safeties. We follow the Department of Ed, the Los Angeles Department of Public Education, as well as licensing guidelines in studying those protocols. Personal protective equipment, school classroom setups. It was people who visit our sites at that time can see that our schools were like one big board game. There's arrows everywhere, arrows, and points, and signs. But all that was necessary to be able to guide our parents and our staff to be able to move safely within our facilities. Then we established schedules for in-person and virtual sessions, and proceeded with more communication to the community using the same systematic process that we had used when we shifted before.

Different programs, as you can see that there is a multitude of program that's on that slide require different schedules because of the differences in teachers' contract, service hours, instructional manage requirement, as well as the guidelines that is set in place for safety. We looked into play time, parent connection time, professional development, instructional time, we wanted to protect these times when we're building schedules for instructions. And also, we wanted to make sure that we carved out time so that our teacher will have a chance to meet, and to plan, and continue to learn together, and also to provide blocks in the schedule so that they have the opportunity to have those time to reach out to families who were struggling with participating, or struggling with other issues that are preventing students from learning.

We also work with our communities to access basic necessities that we have an opportunity to provide diapers to some of our families, shampoos, and little things that people were donating. So, we know that it's not just the learning ... Being able to access learning was the challenge, but also having access to basic

needs was a challenge for our families. So, we try to meet their families ... Their needs that way as well. Our teachers, before we began with virtual learning, our teacher had the opportunity to receive training in Sobrato Early Academic Language, or some of you may know it as SEAL. Before shifting to that virtual learning models, our teachers were using SEAL's unit to provide academic instructions that's rich in language. Something that are very beneficial, of course, to our dual language learners, to all learners.

We continued with SEAL's online and focused on language acquisition. And as a whole. And so, our practice shifted each time we changes the model. So, our teachers used a different variety of apps to communicate with our families, and our children as we moved from one model to another.

Miriam Calderon: Thank you.

Jenny Le: You're welcome.

Miriam Calderon: Jenny, thank you so much for that. It's clear we're seeing themes here already across use of technology, meeting the comprehensive needs of families, and again, that flexibility. I would want to turn it over to invite Sarah now, to talk about what this past 16, 17 months has been like as an early childhood home visiting program. We know that most home visiting programs across the country have remained virtual, and providing virtual services. Please tell us about how you made this quick pivot, tell us about your program, and what are some of the BrightSpots you've seen from having made the shift in the way you deliver services?

Sarah Walzer: Thank you Miriam, and thank you so much for including home visiting in this look at how early learning has been supporting families during the pandemic. Home visiting, and ParentChild+ I think provide unique early learning supports that make both families, and in the case of ParentChild+ also, formal and informal family childcare providers where they are, in their homes. And focus on supporting these adults in preparing the children in their lives for school success, and for the transition to the next educational step in their lives, pre-K, kindergarten. And we do this by ensuring that the adults caring for young children have access to the knowledge, skills, and materials that they need to support school readiness and school success in the home.

So, meeting providers and parents where they were during COVID meant meeting them in their homes, but it meant a quick pivot to virtual visits for ... Across the board for home visiting programs, and for most of us that's where we still are. And that meant figuring out technology access, and technology use for all of the ... Both our staff, and our families, and providers. It meant delivering the curriculum materials to homes, and then a broad array of other supports that home visitors were uniquely positioned to provide for families. But let me give you a quick description of ParentChild+'s work so you can see the unique way that we pivoted, and the supports that we were able to provide for families.

ParentChild+ has two models, one is the one-on-one model which works individually with families, providing 92 home visits over the course of 46 weeks. It's an intensive community-based model staffed by folks from the community who share a language and a cultural background with the families they're working with. Over 25% of our staff who went through the program as parents, and that's how we're able to do our work in 40 different languages across the country. So, the visits, these visits, became virtual. But the books and toys, and the learning materials couldn't be virtual. So, our staff was dropping them off at families' homes, on doorsteps, doing parking lot drop-offs to get materials in the hands of families.

And this became almost more important during the pandemic because we knew that for so many of our families who weren't able to get out, they weren't able to access materials. Nobody was going to the library. So, dropping these books off at home became a critical part of our home visitors work. Also, resource and referral work, and although we usually do community-based family gatherings, we've moved to doing those on Zoom as folks got used to the technology. And for our family childcare model, where we work with family childcare providers, both formal and informal in their homes through 48 visits over 24 weeks, we did much the same thing. Initially many of those providers were not caring for children in person in the first months of the pandemic, but we supported them on actually doing virtual learning for the families in their care, whether it was a virtual story time, or some one-on-one conversations with parents and kids, and getting materials out.

Dropping books off for the provider, and for the families of the children in their care. And then when the providers returned, or the kids returned to the providers. And as we all know many more families who are accessing both formal and informal family childcare over the months of the pandemic, when schools were closed, and parents needed to go back to work, we worked with the providers in supporting the remote learning of the older children in their care, and supporting the early learning of the younger children in their care. And one of the wonderful BrightSpots of that was the work that the creative staff and providers did at supporting the older children in supporting the learning of the younger children. So, wonderful reading partners, block building partners, art partners, that was I think incredibly supportive of the older children, and the younger children, and supporting the social emotional development of both.

So, the real challenge during COVID for our families, and for our providers, was, as previous speakers, and particularly Ronnie had noted, access to all the other things they needed. 69% of the parents that we work with were born outside of the U.S. 66% of our families speak a language other than English at home. These were families who were already isolated and suffering from the stress of being immigrants in this country over the last four years, and they were immediately even more isolated by the pandemic. They didn't have access to many of the government benefits, they were afraid to leave their homes, they didn't have transportation. So, the ability of home visitors to know these needs, and to start

doing not only deliveries of books and toys, but diapers, and food, rent support, technology, hotspots for internet access, devices.

Many of our families had one device, and were trying to have multiple children remote school on it while also doing the virtual home visits that were important to them, and their child's development. And lastly, we found enormous success with virtual visits. We actually completed more visits with families than their typical dosage in the program. And found that that was often because parents were able to reach out more often to their home visitor for those supports around how to ensure the healthy development of their child during these really challenging times. Thank you.

Miriam Calderon: Thank you so much for sharing that Sarah, and your work. I'm going to turn to Chris now. You recently co-authored a report that synthesized findings from numerous studies that looked at the impacts of the pandemic on young children's' learning, families access, and participation in early childhood programs. And the impact on caregivers and educators. What can you tell us about what you found? And what you see as the implications for this fall, and this new school year?

Christina Weiland: Yeah, absolutely. Thanks for having me. And Ron, Jenny, and Sarah really exemplify the kinds of efforts that we were trying to understand that are happening around the country in the report. So, this is a report that looked at over 300 studies that have been conducted since the pandemic began. And it brought together, on early childhood learning settings, and on teachers, and programs. And it brought together 16 experts and 10 policy and practice leaders from across the country to try to think together around what has been happening, and what might be some evidence-based solutions to all of the many, many challenges that programs, and families, and kids are confronting.

And so, this little map here just gives you a snapshot of for the program, the studies that we reviewed in-depth, that met our quality bar in the review, where that evidence is coming from. So, it should give you a sense that in addition to this there were 14 national studies. But some of the big takeaways from this on the kid level were just around how challenging a time it had been for families around just basic things like enrollment drops. And so, this underscores the point around what our teachers are likely to face as they get their new group of kids around the disruptions that have happened to families. So, you can see here, from here, this slide, this is from different states around the country that matches national data around how large the drops were.

So, if you're a preschool teacher, for example, in Florida, where enrollment was down by 34% last year, you will be confronting kids who, if you're a kindergarten teacher or a preschool teacher, who might not have experienced early learning who might be in the classroom for the first time. And you may have a wider range of skill levels, and just familiarity with routines that you'll have to accommodate coming in. We know, too, that remote learning was really challenging for families, despite all the many efforts that folks made. And so, we

saw wide reports that the quality, whether you were remote or in-person, declined as ... In addition to the amount of time kids were spending, which is also going to contribute to different skill levels that teachers and programs will be noticing in kids this fall.

And our best data show that kids suffered learning setbacks. And so, teachers are telling us that they saw this in their kids, as well as direct assessments that we have on kids from kindergarten through second grade. And some kids, the effects were not born equally. So, you hear from Ron just around how his community was really impacted. And so, what we're seeing is that kids of color to language learners, and children from families with low incomes in particular, have suffered more in the crisis than others. And when we look at teachers, and this is where we see an overwhelming message from them, that it's been tough. So, we know that their mental health and stress has been real issues for them, and we are also seeing that programs are now struggling to find teachers.

And so, when we think about what is priority number one in reopening, it's keeping teachers happy and in the classroom. And so, I think just knowing the amount of stress that folks have been under at the program level, and how much, just on a personal level there have been struggles, is really important. Family childcare centers, and childcare centers also, seem to have suffered more in the crisis than public schools and Head Start. So, we heard from Ronnie and Jen, but we have to think, too, about the programs that aren't at the table today, and how they've been affected by the crisis as well, as we look ahead to fall.

And in terms of implications here, I think we'll get ... If we have time we'll get into a little more about what can be done about this gloomy picture I've been painting from the national evidence. So, I think we have to think in terms of setbacks, and not permanent loss, but just thinking about how teachers are going to confront that wider skill range, and how we're going to support teachers, I would say are the two major priorities going into this fall.

Miriam Calderon: Thank you so much for that, Chris. So, Ronnie, Jenny, and Sarah, I'm going to just ask you quick one question. Clearly there's much creativity and flexibility that you exercised to be able to do your work, and provide services throughout this pandemic. What's one thing, if you could just take one minute each maybe, and say one thing that you already know, a practice or a strategy that you're committed to continuing and implementing this school year, and why? Ronnie, why don't you kick us off?

Ron Herndon: Well, I think making sure that we listen very, very carefully to what teachers are thinking, and what they're feeling. 70% of our 300 staff are either current, or former Head Start parents. So, it's very important to listen to what teachers and what the community's saying. And many of our teachers are very frightened about coming back in the classroom because there is no vaccine for children that we serve. And one woman has said, "Look, I'm pregnant. And I'm frightened about going back in the classroom with children who haven't been

vaccinated, and taking the virus back home." So, I think listening carefully to what teachers and parents are saying, the fears that they have, and trying to address them, and not blame people but help solve problems that we're all being faced with.

Miriam Calderon: Thank you so much for that, Ronnie. Jenny?

Jenny Le: As I shared that although we encountered some challenges this past year, there was some great things that came out of the pandemic. We saw an increase in teachers' collaborations, and a shift in how they collaborated. I'd like to see that to continue, because they had to collaborate more often, and definitely to ensure that there's cohesiveness in the program, in the program quality, and educational equity for all the children as we shift from one model to another. So, what we would like to continue to also do is to collaborate with other agency, and on looking for more opportunities to do so. We collaborated with the California Ed, which helped us to work on aligning our system with ... From preschool to third grade, and aligning the teaching strategies professional development, and that is something that is blossoming in Azusa, and I'd like to see that continue.

What we also saw was that the bond between ... Among teachers, were greater because they had to rely on one another to plan, and to create materials, and to share. And we want to make sure that we continue that bond, and that relationship they established throughout the pandemic, and to nurture that.

Miriam Calderon: Great, thank you so much Jenny. Sarah?

Sarah Walzer: I think some component of virtual home visiting is definitely here to stay. We saw three really important things that happened. One was that we enrolled families who had not been interested in in-person home visits. And there are lots of reasons why folks aren't comfortable having someone come into their home. But we enrolled those families, they engaged, they completed all their visits, they've graduated from the program. We saw more dads participating, because with virtual scheduling we're able to schedule more flexibly and adjust times to accommodate people's work schedules. And we saw parents seizing the opportunity to be their child's first and most important teacher faster, and more often, because they were the only adult in the room and there was no home visitor to defer to, or sit back to.

And we're really excited by that, and we think it means that some amount of virtual visiting, for at least some families, is a piece we're going to stick with.

Miriam Calderon: Thank you, Sarah. Chris, I want you to pick up a little bit where you were going there towards the end. As you think about this fall, what does the research tell us should be really the focus around supporting children as they come back into the classrooms, or programs in person?

Christina Weiland: Yeah. So, I think where I would go on this is really the primacy of first making them feel comfortable. So, a kid needs to feel safe, and really loved in a classroom for the learning to really stick. And so, especially for those where it's their first time, spending more time on that transitional phase, and getting kids eased into routines is super important. I think too, we know kids have experience learning setbacks. And so, as we think about new funding that's coming available from the federal level, that it's really important to take a hard look at what you're doing, and when things don't match the best evidence around how to support kids through curriculum. And teachers through professional development to try to make sure that you're using the new funding on high leverage practices because we just don't have time with the kids that we have, for the stuff that doesn't work as well or doesn't work as quickly, for getting their learning where it could be, and getting recovery from those setbacks.

And then finally, we can't think about the kids ever without thinking about their teachers. And for teachers, connecting them to mental health supports, making them feel acknowledged in the classroom. As Ron said, talking about how hard a time this is for them, and their fears is really important. And finally, with some of the additional funding too, looking at ways to compensate them better. Most of our early childhood professionals in the country are not paid at parity with K12, and so both to get them in the classroom, and keep them using some of those dollars directly to basically pay them fairly for the risk that they're taking on, and the important work that they do every day is critical.

Miriam Calderon: Thank you so much, Chris. Lara, I'd love to bring you back into this conversation now. And also have you speak to this transition back into classrooms, and programs, and in person, and elaborate more on what the CDC would recommend to support safe transitions back.

Lara Robinson: Yeah, as Chris mentioned with her data, transitioning back to the classroom may be a new experience for a lot of children and families this year. And transitions and masks, and physical distancing are extra hard. Teachers can provide virtual connections with parents, such as video calls, and phone meetings. They can provide virtual tours to give families a sense of the routine and expectations of the center. As Chris mentioned, routines and expectations are really important to help children and families feel secure. They can also share information with parents about connecting with other parents so they get a sense of what the program is like.

And really just, as Chris mentioned, making sure that caregivers and teachers have access to mental health resources and support, because we know when caregivers are better able to take care of themselves, they can take care of others. We have some more information on this in the web feature I mentioned earlier in my presentation.

Miriam Calderon: Great. Thank you for that, Lara. Jenny, wondering, as you alluded to earlier, you're back, have already been providing services in person. And you talked

about having a number of early childhood special education classrooms. Could you share a little bit more about what you've been putting into practice? And what you're seeing in your program in terms of supports for children with disabilities, and their families throughout this transition? Looks like you're ... There you go.

Jenny Le:

Since we opened to fully in-person we resumed services the way we had. So, what we do is we want to make sure that parents and children feel safe, and that their needs are met while they're at school. We began the process of identifying students with specific need by meeting with regional center before the child turns three. And at this meeting we get to know the families, the child, and determine what kind of services the child's going to be receiving. And what assessment that we would need to give the child to determine their eligibility as they transition to public school. Then we meet, of course, to discuss the assessment results, determine eligibilities, and determine placement.

The student could be receiving speech therapy, physical therapy, OT, other support services, or be placed into special education classrooms with our education specialist. Regardless of which classroom the children are in, they are learning the same thing that our other preschool children are learning. So, following the California Learning Foundations, the teachers have been trained to provide instructions in the same ... Using same strategies. It's just modified to meet their needs. We have, on staff, we have our health aide, or district nurse to provide services and care for children who have greater medical needs.

So, everything that the children needs are provided at the school site. We do notice that there is increase in the recommendations by parents, and by staff. And when I go into facilities I do see that we do need to recommend more children this year probably because they have not had a chance to come to school last year. So, our child find is really critical this time.

Miriam Calderon:

Thank you for that, Jenny. Ronnie, I know you're preparing to resume some in-person services later this fall. Can you talk about that? And given your comments earlier about your staff, and listening to your staff, how ... What you're putting in place to be able to support them to return to some in-person services.

Ron Herndon:

We spent a lot of time upgrading our HVAC systems. In addition to the normal routine cleaning that we have, we've contracted with a professional service to come in to all of our sites at least once a week for additional cleaning. We can do that. My primary focus is really the safety first of children and staff, and parents who come in contact with us, because as I shared earlier this virus is devastating the communities that we serve. And it's not an abstract discussion with three other staff people who contracted a virus this week. So, at this point we don't even have enough staff who can safely go into a staffroom and work ... I mean, a classroom, work with children.

So, for us, our primary focus is safety of staff, children, and parents before anything else. If we don't do anything else, we have to ensure that that's in place.

Miriam Calderon: Thank you for that, Ronnie. Sarah, best practices around children's social emotional learning, and mental health supports for families? We had a lot of questions about that from participants.

Sarah Walzer: Sure. Well, I mean, I think the key thing for the social emotional health of the young children who we work with, who are primarily two and three-year-olds, is really supporting their parents so that the home environment feels like a safe, secure place where there is a strong parent-child bond, or adult-child bond. And enough food, and not a fear of eviction, and all of the things that enable a parent to then convey that sense of social emotional wellbeing to their child. And we hope that our home visitors, through virtual visits, which with are still doing at this point, are able to support that social emotional wellbeing with books, and play activities, all of which again reinforce that parent child bond, and that sense of safety, and comfort, and confidence that make children feel good and secure now, but also prepare them to have that confidence to walk into the classroom settings that we've been talking about.

Miriam Calderon: Thank you, Sarah. And Chris, again, as you do this research and you look, and you've got such a good birds-eye view of all this work that's happening across the country, what are you seeing in terms of best practices for reengaging with families this fall? And communication?

Christina Weiland: Yeah. So, I think a lot of us had hoped back in May and June that we were going to be in this place where we would really be in person. And I think the struggles that Ron shared about reopening are just very accurate to what a lot of people around the country are facing. So, this learning that has happened around using technology to connect with families is going to be with us for a while. So, doing things like the Zoom calls, getting technology to folks when you do have to shut down, making sure that you can stay connected in that way so that parents who are feeling like they're suddenly disconnected when they have to stay home, if they're following the guidance that Lara was explaining about staying home for 14 days, that they can still feel like they can engage with their kids as a way of even really alleviating some of that stress.

And before the pandemic, we had an issue with engagement where it was really hard based on work schedules for some families to come in and engage in the way that they wanted to. And so, I think that this has been a real silver lining that we're hearing across the country around how this has enabled a higher level of family engagement in many cases, and hopefully it will have some staying power this fall, and beyond.

Miriam Calderon: Great. Thank you so much for that, Chris. I just want to thank all of you for sharing great information, your insights, your honesty, your incredible work that you've done. I think Lara said we're all as public health frontline workers, and

the work that you're doing in supporting your staff, and doing the same. I think this has been so informative, and again just want to appreciate, as busy as all of you are, for taking the time to be with us today. We have some selected resources as well. I know that we didn't get to cover a lot of the information that was provided, so I wanted to mention that there were lots of questions about Head Start, and other federal resources.

And so, please, if you have time, we've provided a lot of links and information here. Again, additional resources on supporting children's social and emotional development. There are, again, also resources here, a number of these, around use of ARP funds. So, I hope you will take some time and explore through these resources to get to some of the topics that we didn't have enough full time to be able to dive into. But thank you again to this wonderful panel. And with that, I'm going to turn it over to Tim, to wind us down.

Tim Duffey:

Thank you, Miriam. Appreciate that. We have just a few minutes remaining, in that time one of the things we would invite you to do is participate in one last, we'll call this a lightning poll. We'll do this really quickly, given where we are in time. We're curious, though, about what those of you who are involved with us today, would like to have more information on in future sessions like this. So, you'll see on screen a number of options, and the poll, if we can launch that poll, Shoshana, we invite you to select any and all of these. This is, again, another multiple choice option. So, you do have the opportunity to select more than one item.

And again, if your poll ends before all the selections, if you grab the bar on the side and scroll it down you'll see all of the response options that are available to you. And so, we're going to, again, do this fairly quickly. So, I'm giving you another maybe 30 seconds, let's say, to weigh in on which of these topics are of particular interest to you in terms of future sessions of this Lessons from the Field series. And it would be very helpful for us to know as we continue our planning, certainly through October, and perhaps beyond that depending upon interest. So, we have, again, 15 seconds or so to go. So, weigh in quickly. And also, by the way, if you're having difficulty getting through this list under my timeframe, you'll be able to respond to topics in our feedback form as well.

So, there will be another opportunity for you to provide information. All right, we'll end that poll. And so, there strong interest in most of these areas, which is no surprise to me. The winner overall would be mental health and wellness for faculty and staff. And I think we heard conversations about that today, from many of our presenters. And so, again, it's no surprise to me that that would be a top of order on your minds. All right. So, with that, speaking of future events, I want to mention that this Lesson from the Field series is continued after today, including topics that had been mentioned by previous attendees just as we asked you just now. The next session that we are planning is just two weeks from yesterday.

So, on September 22nd, and we'll focus there on nutrition and wellness, and the importance of that as we return to a post ... Well, mid-pandemic, or whatever stage we are in the pandemic schema here. And additional sessions, again, are being planned for October, and we welcome your input to precisely what you would like to have presented in those sessions. The way you can do that is on the next slide, through our feedback form. And so, both the link on screen, but Daniel's posting that in the chat function now for a link to the survey, and it will come up as we wrap up here for you as well. But we invite you to take a few minutes and provide us feedback about both what you thought about today's session and how we can improve items like this, but also what else you might like to hear about moving forward.

As a reminder, we'll be capturing all the questions that were posted in the Q&A box, and we'll make sure that those are shared with the department of education to inform upcoming events in this webinar series. And so, with that I really want to thank each of you as presenters for your content today, of wonderful information that was shared. And thank each of you, some 300 plus strong people who were actively engaged in today's session. We'll leave the Zoom room open here for about five more minutes. So, you can check the feedback link, you can complete that survey, and you can provide any additional questions in the Q&A box that you might wish to offer for us. So again, we greatly appreciate your time today, and thank you all for all you do to provide students with safe, supportive learning environments today, and every day.

And we hope to see you on September 22nd, for our next event. Have a great rest of your day.