

**Lessons from the Field: Guidance for Early Childhood Education Programs and Providers**  
**April 14, 2021**

Tim Duffy: Welcome to today's webinar, "Lessons from the field: Guidance for early childhood education programs and providers." Good afternoon, everyone, and thank you for joining today's program. On behalf of the US Department of Education, I would like to welcome you to today's event. Over 1,600 people registered for today's webinar, so, additional people are likely to be joining us here as we kick off for today. Thanks to all of you who have already joined us.

My name is Tim Duffy. I'm the Training Specialist at the National Center on Safe Supportive Learning Environments or NCSSE, and I'll be moderating today's webinar. NCSSE is funded by the Office of Safe and Supportive Schools within the Office of Elementary and Secondary Education, and, on this slide, you see an image on the left of our center website homepage, and, on the right, some of our key products. I invite you to visit the site after today's session using the link on the slide, or this will be posted in the chat. All of the materials that you will see today will be referenced, and an archived version of this webinar will be made available at this website.

Let's move to a couple of quick questions in a poll that we'd like to overview with you before we hear from the first speaker. So, most of these questions are contained in the single poll that's on screen now, and so, we'd like you, first of all, to let us know the role description, and the first question that best describes you, "Are you're a teacher, program staff member, an administrator of a program, education agency staff, a public health professional, or would you say that you best fit into the category of other?" If it is the last option, please let us know in the chat what better describes your position. Then, below that, there's a second question, and you may need to scroll to get all three answers, but, we're interested in knowing, "In your community, is instruction and support for your program being offered most directly in person? Is it a hybrid situation where someone is in person, and some is being delivered, virtually, or are you doing almost all of your program in the virtual space?" So, I'm giving you another minute, or so, for you to respond to these questions. Let us know, again, what role best describes you, and feel free to use that chat function if it's not listed there, and then, the way in which your program is delivering instruction and support, currently. So, this is really helpful information for our presenters to get an idea of

what the realities are of all of you there with us today. So, thanks for taking the time. All right, let's close that poll, please, tech team, and we can publicize the results. There we go.

So, the lead role identified is program administrator for today, followed by education agency staff, and you will see the distribution of the other roles, as well, there. Interesting, but that's very helpful. Thanks. The lead option, as far as how instruction and support is being delivered, is hybrid, right? Forty-two percent, followed by, virtually, and then, the smallest number in in-person. Interesting. Okay. Great. Thank you for that, everyone. All right.

So, with that, I'd like to introduce our first speaker for today, Christian Rhodes. Christian is Chief of Staff for the Office of Elementary and Secondary Education at the US Department of Education. As Christian comes online here to introduce the other speakers and give you a bit of overview of today's event, I just want to mention that bios for all of our speakers are archived on the event webpage, and that's listed on this screen right now, at the very bottom there, and it also will be posted in the chat box, so that you'll be able to access that information about all today's presenters. So, with that, Christian, I'll turn it to you.

Christian Rhodes: Thank you, Tim, and thank you for all the participants who have joined us today. We at the department don't imagine that you could have chosen many other things to do. Many of you are extremely busy, but you've chosen to spend a couple of minutes with us as we talk about two very important topics, such as how we continue to safely reopen and sustain our facilities, our providers, K-12 spaces, and higher ed. We're excited about today's discussion. There's a lot of interest and energy. To the 1,600 people who have registered, we really appreciate the opportunity just to share some of the best practices and thinking that are happening out there in the field, and look forward to a robust discussion and answering some of those questions. We have some outstanding experts who have dedicated their time, energy, and resources in really figuring out the best ways to support students and families across our country. I'm excited about Ms. Angie Claussen, who will be giving some additional detailed information from our Centers for Disease Control and Prevention in CDC, Christy Kavulic, who has, actually, agreed to be our moderator today as we go through the discussion with many of our partners at the local level, and has a wealth of experience around early childhood education and supporting students and parents in that space. Then, who I consider

the star with the show, frankly, our practitioners, the Secretary of Education really wants us to double click on those who are doing the work and hear from them, and I'm thankful for Dori Yorks from Washington County Family Support Center, and Mindy Zapata from the Early Head Start and Head Start program in Southwest Human Development in Arizona. They are going to provide some really good context, I think, that many of our participants today, and us who are on the panel, will be able to learn from.

As we go through today's discussion, and as we look at the agenda for today, it's important to recognize that this overall webinar series is, really, part of a larger effort, as we, at the department, are responding to an executive order from President Joe Biden, Executive Order 14,000, that speaks to one of the elements was building a Best Practices Clearinghouse for safer schools and campuses, and we want to make sure that they feel those who are doing the work every day have ample resources. So, if you're interested in learning more about the Best Practices Clearinghouse, and some of the content that will be available, you can visit our website. It's [bestpracticesclearinghouse.com](http://bestpracticesclearinghouse.com). I might be wrong on the actual location. I think it's [bestpracticesclearinghouse.ed.gov](http://bestpracticesclearinghouse.ed.gov). It's a landing page as we build out and look forward for a much larger launch later this month; but, most importantly, we want to make sure that we get to hear from you, participants, who were in the field doing the great work, and get submissions back so that we can post them and highlight them, and show the country what's happening, and that it's possible to sustain in-person instruction for our students and families. So, if you're interested in submitting a best practice, if you want to highlight your area, your sensor as a provider, if you're interested in highlighting some of that information, please make sure you submit those submissions to the [bestpracticesclearinghouse@ed.gov](mailto:bestpracticesclearinghouse@ed.gov). We'll include that in the chat, as well.

As we go through today, you'll hear some guidance on operating childcare programs during COVID-19 from the CDC. I mean, I did, really, engage panel discussion with the practitioners who I just mentioned, and we're going to be talking about it in the special context of early education settings, and we know a lot of discussion has been focused on K-12 and schools, but we know that many of our education centers, whether they are in-physical school buildings, or standalone centers, or even some that are licensed at home, have been engaged in this work the entire time of COVID-19. We want to make sure that we continue to just hear from practitioners. Towards that end, we'll have an opportunity for some questions and

answers, some of them submitted prior to today, and you'll also be able to submit some during. If we can't get to all, we want to make sure that we have an appropriate way for us a follow-up a broad feedback. So, with that, I am going to ask our colleague from the CDC, Angie Claussen, to kick us off and just talk a little bit about guidance for operating childcare programs during COVID-19. Angie?

Angie Claussen: Thank you, Christian. I'm Dr. Angie Claussen of CDC's COVID-19 Emergency Response Community Intervention and Critical Population Taskforce. Today, I want to highlight some of the recent updates to CDC's information for childcare, including early childhood education programs to consider when developing plans for continuing operation during the COVID-19 pandemic.

Now, before we get started, I want to acknowledge the importance of the childcare settings. Early childhood programs support children's social, emotional, behavioral and mental health while fostering early learning and development. They also serve children in need through nutrition programs, special-education services, and after-school programs. In addition, early-childhood programs support parents with reliable and safe care so they can return to work. We know the pandemic has been a very difficult time for early-childhood providers, and we hope this presentation will help providers understand actions they can take to reduce the risk of spreading COVID-19. Information covered in this presentation is not exhaustive. To review the full guidance, and to access the CDC's full suite of materials and resources, please go to a website called, Schools and Childcare Programs.

Now, we know children can become infected and spread COVID-19 to others in early childhood settings at home and in the community. Transmission can be slow using a comprehensive approach with multiple layers of COVID-19 prevention strategies. This includes universal and correct use of masks for all adults and children over two, physical distancing as appropriate, handwashing and respiratory etiquette, cleaning and maintaining healthy facilities, contact tracing in combination with isolation and quarantine, avoiding poorly-ventilated indoor spaces and coworking. Consistent and correct use of these strategies can lower the risk of transmission in early-childhood programs. Keep in mind that the level of community spread plays a part in overall risk to programs. So, what is new? [Pause] The guidance was expanded to align with what is, currently, known about COVID-19 and transmission in early-childhood programs. Today, I will focus on some of the

updated strategies, including vaccine information, ventilation, mask use in childcare settings, guidance for students with special healthcare needs and disabilities, and guidance for service providers. It also includes updated guidance on cohorting and staggering strategies, communal spaces, food service, playground, and play spaces, and recognizing signs and symptoms of COVID-19 and daily health screening. This guidance is meant to supplement, not replace, any public health and safety laws, rules and regulations that apply to childcare programs.

Now, some information about vaccinations. Getting vaccinated as soon as the opportunity is available is an important way for early-childhood staff to stay safe and reduce the risk of getting seriously ill from COVID-19. March was National School and Childcare Staff COVID-19 Vaccination Month, prioritizing childcare staff as frontline essential workers. Nearly 80% of school and early-childhood staff received at least one shot of COVID-19 vaccine by the end of March according to the CDC's latest data. There are CDC resources available to provide information about getting vaccinated. We have a website on COVID-19 vaccines for teachers, school staff and childcare workers and the vaccine toolkit. Even if active staff are vaccinated, prevention measures need to be continued for the foreseeable future, including wearing masks and physical distancing.

Next, some information about ventilation. The ventilation guidance describes how you can bring in as much fresh air into a childcare facility as possible. Bringing fresh outdoor air into a facility helps keep virus particles from concentrating inside. Caution is needed in highly-polluted areas. If it's safe to do so, open doors and windows as much as you can to bring in fresh outdoor air. If possible, open multiple windows and doors and open them wide, but even having a window slightly cracked can help. Use child-safe fans to increase the effectiveness of open windows to blow, potentially, contaminated air out and pull in new air. Fans and windows need to be safely secured. Consider having activities, classes and lunches outdoors whenever circumstances allow. Ensure that heating, ventilation and air conditioning HVAC systems operate properly, and provide acceptable indoor air quality given occupancy level for each space. Make sure your ventilation systems are serviced and meet code requirements. Consider running your HVAC systems at maximum outside airflow for two hours before and after the facility is occupied. Consider other approaches for reducing the amount of virus particles in the air, such as using air filtration and exhaust fans. Ventilation considerations in transport

vehicles are also important. More in-depth information about ventilation and airflow can be found on the ventilation in Schools and Childcare Programs page.

Next, some information about mask use. CDC recommends that everyone two and older should wear a well-fitted mask covering their mouth and nose when around people who do not live in their household, except when eating or sleeping. This includes the childcare settings. Childcare staff and families can teach and reinforce a consistent and correct use of masks. This is, especially, important when children and staff are indoors, and when physical distancing is difficult to implement or maintain. If possible, find a mask that is made for children, and be sure it fits snugly over the nose and mouth and under the chin. Do not put masks on children younger than two years of age. Please note, CDC recognizes there are specific instances where wearing a mask is not feasible. In these instances, consider adaptations tentative which are listed on the CDC webpage. CDC does not recommend using face shields or goggles as a substitute for mask. Do not put a face shields or masks on newborns or infants. [Pause] CDC recognizes that some groups of people may find it difficult to wear masks or get some children age two and older and people of any age with certain disabilities. To determine if a child, or person with certain disabilities, should wear a mask, assess their ability to use a mask correctly. Avoid frequently touching their face or the mask. Limit sucking, drooling or having excess saliva on the mask, and to remove the mask without assistance.

Now, some guidance for children with disabilities or special health care needs. It's important that early childhood education and intervention remains accessible for children with disabilities. Physical distancing and wearing masks may be difficult for young children with disabilities. For children who are only able to wear masks some of the time, prioritize having them wear masks are intact when it's difficult to stay separate; for example, during cub school drop-off or pick up or when standing in line. Many children require assistance of visual or verbal reminders to learn new behaviors. Behavioral techniques, such as modeling positive reinforcement, using picture schedules, timers, and visual clues can all help children adjust to changes in routines. These may be, especially, beneficial for some children with disabilities. If outside programs and services are necessary, allow direct-service providers into your facility.

Guidance regarding direct-service providers. Direct-service providers are to support professionals, paraprofessionals, therapists, early intervention specialists and others, and should be allowed into your facility to provide important services to children. There are several steps programs can take to make sure they do so as safely as possible. Ask providers before they enter your facility if they're experiencing any symptoms of COVID-19, or if they've been in contact with someone who might have COVID-19. If they provide services and other programs or facilities, ask, specifically, whether any of the other places had positive COVID-19 cases. If space allows, limit interaction of the provider to only the children they need to see and utilize mask wearing and social distancing just as much as possible.

Cohorting and staggering. Place children and staff into distinct groups that stay together throughout an entire day. If possible, cohort should include the same children and staff from day to day. Limit mixing between groups, so there's minimal or no interactions between cohorts. Consider whether to change or stop daily group activities that might increase the risk of COVID-19 transmission. Stagger child arrival drop-off and pick-up times, or locations, by group or put in place other plans to limit contact between groups and to limit staff direct contact with parents, guardians, and caregivers.

Quick guides for facilities. To implement strategies in facilities, I want to highlight some quick guides. These infographics are provided as quick reference documents that illustrate the key preventative behavior programs can take based on the CDC guidance. This first guide is for a center-based program. This guide shows how it applies to family childcare home. What to do if a child gets sick? On the CDC website, you will find a set of flowcharts that outline the actions childcare centers, or family childcare home providers, should take if a child in their care becomes sick or receives a new COVID-19 diagnosis. You will also find posters and guides for staff and families.

Conclusion. Many early-childhood programs have implemented prevention strategies to be able to operate safely. The CDC guidance presents a pathway to programs, and helps them remain open through consistent use of prevention strategies.

Just a reminder that this presentation only covered some of the guidance. CDC has numerous resources available for early-childhood providers to assist you with your

work for our communities, and it's updated when new science is available. You can always visit CDC COVID-19 schools and childcare programs for the latest information from CDC. For more information, you can contact the CDC. Thank you.

Tim Duffy: Thank you, Angie. That was great information from CDC as background. Christian, are you back to introduce the panel?

Christian Rhodes: Yes, I am. I'm back here. So, thank you again, Angie, for that great information. I think it's helpful to put it in the context that you did, and, I think, ultimately, I'm seeing some of the comments and chats that people are appreciative of the information.

At this point, I want to bring on Christy Kavulic, who, actually, works with me. In this virtual time is the first time I got a chance to meet her, but I'm thankful for the opportunity for her to just agree to moderate this discussion. She comes with a wealth of knowledge. You can see it in her bio, related to early childhood and also wants to bring on our panelists from the early-childhood providers and just have a good camp panel discussion about the work that we're doing. We've got some good questions that, I think, ultimately, will feed into a healthy discussion. So, Christy?

Christy Kavulic: Thank you, Christian. I'm excited to have our panel today. We have Dori Yorks. She is the Director of the Washington County Family Support Center in Maryland, and we have Mindy Zapata, Director of the Early Head Start and Head Start Staff Southwest Human Development program in Arizona. We asked them to start by sharing a little bit about their programs, and then, we'll go into a discussion about some of the specific strategies they've used to support young children and their families during this time. So, Dori, I'd like to start with you first to give us a little background on the program.

Dori Yorks: Sure. Thank you so much. I appreciate everyone being here this afternoon. So, the Washington County Family Center is one of many family support centers that's located throughout the State of Maryland and as part of the Maryland Family Support Network. Family support centers operate from a two-gen approach where our parents and our children are coming to the center together. The Washington County Family Center is located in the western part of the State of Maryland, and we have a population of approximately 150,000 people, with about six percent of our population being children under the age of five, and about 12% of our



population below the poverty line. The family center is physically located in Hagerstown, Maryland; however, we offer services for our entire county. Through our partnerships with the Washington County commissioners, our Department of Human Services, the Washington County Department of Social Services, Washington County Public Schools, and Hagerstown Community College, the family support center is able to offer adult education, ESL classes for adults, an alternative high school program for pregnant and parenting teens, and on-site early childhood care for the children whose parents are attending those classes. The center's target populations are expectant parents, parents with children under the age of four, young parents between the ages of 16 and 26, and fathers or those who are in a fathering role. The family center, typically, provides services to about 100 parents and children each year. Currently, under their COVID-19 mitigation measures, the center is providing center-based services to 11 high school students, six ESL parents, and two adult ed parents. There are currently 12 children in care, ranging in ages from six months to three years.

Just like everyone else in the country, the family center had to quickly adapt to the ever-changing circumstances of COVID-19. Soon after we closed for direct service in March of 2020, we realized that many of our families were being overwhelmed by virtual invitations to classes, texts from service organizations, their own worries over the virus, and their family stability. Once we understood what families needed, based on them reaching out to us to share, we realized that we needed to adapt our operations to continue to engage families while keeping ourselves and our families safe. We were able to meet their tangible needs of food and household items through some community grant funding, while beginning to work on a plan for returning to in-person services. We started our plan by utilizing the CDC's toolkit for child-care centers. We referenced it with the State of Maryland's Office of Child Care guidance, and then, we worked in conjunction with our local agency directive and our local health department directive. It was very overwhelming, to say the least. We did manage to develop a COVID-19 reopening policies and procedures manual specific to our center that incorporated all of the required mitigation strategies and environmental changes that would have to be made. We purchased PPE supplies, mass cleaning products, air purifiers, everything that was recommended by CDC in state and local guidelines. We updated our physical location by ensuring six-foot distancing in our classrooms and common areas. We rearranged seating in our vehicles to ensure the car seats were not shared between families, and we limited our routes to ensure no two families were

together for more than 15 minutes on a route. We incorporated our daily health screening tool and temperature checks into our transportation policy to ensure that families were healthy before boarding the van. We staggered lunchtime for education classes and began serving premade, single-serve items. Staff were committed to providing the safest environment possible for families and children to return to the center. Our child-development classrooms were viewed through a COVID-19 lens to ensure that we had set up an environment that would be the least restrictive for children, while allowing us to follow social distancing guidelines. It's not easy keeping children from interacting with each other, and, not necessarily do we want to, based on best practices for early childhood; however, role modeling of proper hygiene, consistency of staff, and redirection for children are, really, the best tools we have in our mitigation strategy toolbox.

The center was able to reopen in person to learning in November of 2020, with our high school students first, and then, with our adult education families. Implementing the policies and procedures in the manual, on a consistent basis, a lot of us were able to remain open until the end of December with no COVID-19 cases. At the time that we had to close in December, the state health metrics were such that the decision was made, in collaboration with our Washington County Public Schools, the Washington County Department of Social Services, Hagerstown Community College and the Washington County Health Department, to suspend all in-person learning in the county. So, during the time that we were closed, we continued to engage our families via home delivery of parents out activities, text messaging, virtual classes and programs, all the while reviewing and editing and updating our policies and procedures manual to reflect the most up-to-date information from the CDC, the Maryland State Department of Education, Department of Human Services and local government guidance. We were able to reopen, once again, in March of 2021. Since reopening, our families have expressed a deep appreciation for being able to be back at the center to resume their educational classes with in-person instruction, while their children are involved in our high-quality, early childhood programming. Parents have also indicated that they have a better understanding of the importance of routines and schedules for their children and feel that returning to the center benefits their children more than they had, originally, anticipated. While our work with parents and children looks very different now, our goal remains the same...to provide Washington County families with a safe, stable and healthy learning environment to ensure continued support for themselves and their child's development. The family center has been

fortunate to have this support of our county government, our state government, Maryland Family Network, guidance from the CDC, to ensure that we provide the youngest, most vulnerable citizens in Washington County the supports that they need to get through this pandemic. Thank you, Christy.

Christy Kavulic: Thank you, Dori. It sounds like you've really had to make a lot of adjustments and have been very thoughtful on how to do that to support the children and families in your program. I'd like to turn it over to Mindy to give us a little background on the program that she is in.

Mindy Zapata: Thank you, Christy, and thank you for allowing Southwest Human Development, Early Head Start, and Head Start to be part of today's discussion.

Similar to Dori's experience, we're a Head Start in Early Head Start provider. We are in urban Phoenix. We serve 1,112 pregnant women, infants, toddlers, and preschoolers. When our state shut down, we were able to pretty rapidly promote some adaptations that provided essential needs to our low-income children and families, such as diapers, formula, wipes, and meals. So, in total, in the first two months, we were able to provide 40,000, what we call, grab-and-go meals in partnership with some of our public-school partners. We were in our efforts to reopen as many states, and started to see a surge, again. I think we are, probably, most proud of some of the adaptations where we were able to partner with our public health entities Department of Health Services, and then, synthesize all of the resources that were coming from the CDC, and the American Academy of Pediatrics, and really took an approach to the way that we were adopting our services to reopen while under the construct of developing and innovating, and then, implementing. Really, three-prong approach is, really, around workforce development, first and foremost. This has been an unprecedented time when those who were providing early care and education services to our simultaneously experiencing community wide trauma, as those who they're serving, and so, we really wanted to make sure that our innovations were very well, and strategically, thought out so that the workforce that we were re-engaging to come back in and provide care understood the level of thought and strategic implementation that had gone into the COVID-19 response plan and action plans that we've put in place to mitigate the occurrence of COVID-19 in our schools. We, actually, are in 21 locations. We're still operating hybrid, but we're happy to say that we're serving exactly 562 infants, toddlers and preschoolers, fewer infants; and, because we're

following the guidance in the CDC, cribs have to be six feet apart, and you don't always have that much spare footing. So, we are hoping, in early summer, that we can reopen for a summer school program for all of our children.

In this last year, some other adaptations that we're, particularly, proud of is that we were able to prototype some software interface that I would love to set the timer, trying to work with our state economic security to prevent fraud. We're trying to do some kind of electronic patches that we had developed, a facial recognition software that was very, very handy in a time when we were trying to help parents sign in, in a socially distant manner into early care and education. So, we have developed a suite of software interface that has allowed parents to access information and communication that we had, typically, put in cubbies and backpacks, previously, that we are now able to put in a technological context. We also have been able to forge partnerships that open the door to allowing - particularly, many families have struggled with having consistent Wi Fi access, and, certainly, has been more impactful in low-income communities.

So, early on when many generous entities came forward, we were able, as a head-start entity, to cultivate collaborations with T-Mobile for devices that not only were supporting the hybrid service delivery for the preschool-aged child, but for the other children who were attending public schools, and not always having a consistent Wi-Fi. We were able to have a running program of over 1,500 Wi-Fi-enabled tablets for our families.

Then, I think, the third, and most important adaptation, would have to do with the way that we have completely re-conceptualized the pedagogical approach to the ways that we deliver early care and education. As Dori's program, she spoke to our commitment to wanting to still have a developmentally appropriate approach for children in group care and recognizing that children, particularly, young children, preschoolers and toddlers, don't really always have the context of social distancing, and so, we created learning hubs, and really integrated workforce development and parent understanding our commitment to evolve early care and education for this period of time that children needed to, and so, that they could still have those benefits of being back in group care, and still have the joys of their early childhood education experience. Thanks, Christy.

Christy Kavulic: Thank you, Mindy. I liked how you engaged with a lot of collaborative partners to really think about how you planned the reopening. Sounds like some innovative approaches with software and being able to implement these new practices that you could probably, now, have beyond the pandemic that will help support families and children in your programs. It sounds like, as both of you were describing how you've been approaching working with families, that you've had to make some changes, and throughout the pandemic, sometimes you've changed how the programs are operating, it sounded like.

I was wondering how you help children transition back into an in-person learning program, and were there specific things that you had done before they, actually, came into your program, and when they got into your program? Mindy, did you want to start, and then, we can go to Dory?

Mindy Zapata: Sure. So, we did many activities to prepare families to come back into the program. One that was, particularly, I think, helpful both for workforce development and for families was, we created a social script, and we did this by creating a children's book that we used open source. We created a book online, so we first provided it, and because we're in Phoenix, Arizona, and we don't have a lot of free - we do have some first graders. It was Lizard Lee Goes to School. So, it really told the story of that new curbside drop off, temperature-taking, their teacher is going to wear a mask, and it did so in a way that the parents had listened to the story with their child on these tablets that we had, it created a social script for both the family and for the child, and then, we facilitated individualized tours to allow our model classrooms that we created for the workforce to understand the healthy and safe protocols that we had put in place to mitigate the occurrence of COVID-19 as they reentered our classrooms, and, at that time, then, as that family had that individualized tour, because they were going to not come into our buildings like they had previously, we were able to give a hard copy, either board book or hardcover book, to the preschool-aged children, and, currently, encouraged the parents in anticipation of the children coming to school to reread that book over and over again. As we know, children like to have that experience in early childhood, so those were a couple of strategies that were really simple and proved to be a three-fold benefit to the workforce, our families, and to the children who had really been introduced to the new norms and the social scripts that they were going to experience as they separated and re-entered our classrooms.

Christy Kavulic: I like the idea of the books you created. The social stories sound like they will be very appropriate for families to use with their children. Dori, did you want to add some strategies?

Dori Yorks: Sure. So, because we're a two-gen model, and our parents and kids are here together all the time, we really wanted to reach out to parents, and talk about what their concerns with coming back and, really, have some really good conversation around their fears and concerns. We did some virtual tours of the center before they came, and we put them in the process the whole way through. So, they worked from day one. When we started talking about coming back in person, parents were involved in those conversations, and they were part of that process, as well; so, I think that that really helped alleviate any fear they had about coming back. Of course, it was optional. Our school district is still doing some virtual, so students could choose that, as well.

Christy Kavulic: Thank you. Dori, I wonder if you could expand a little more on how your program utilized some of the CDC recommended key mitigation and prevention strategies to successively support the in-person learning.

Dori Yorks: So, first, when we looked at our program, our family support center is a very welcoming, family-friendly environment. So, we have a kitchen where everybody eats together, and we have a large family room where we do some classes together. So, it really has a look at our whole physical space. We're only about 11,000 square feet, so we're not real big. So, we had to look at how we can adjust and move things around so that all of our families can come back safely. In our child-development programs, some of the things we did, of course is, we removed half of the materials that should be in there. The vans were huge for us. Transportation is a big issue in our county, and we do provide transportation. So, that took a lot of time to figure out how we are going to safely transport families. We also added some Plexiglas. We got some electrostatic cleaning machines. We bought wonderful family centered, logo'd face masks for everybody, but, those are the directions that I got from the toolkit, and then, along with the direction from the Maryland State Department of Ed, all the way down the line, really, helped form all of the decisions we made about how to use those CDC recommendations to open.

Christy Kavulic: Thank you, Dori. Mindy, did you have any specific strategies you'd like to share?

Mindy Zapata: We, similarly, adapted the environment, reduced the number, the quantity of equipment that we had in the classroom. We really thought through the equipment that the CDC had recommended to consider those things that aren't easily sanitized, and so, we were able to modify the classroom inventory to be reflective of the guidance that was coming from the CDC.

A few other things that are less classroom-centered, and more like programmatically policy-driven are, we adapted, or adopted, with the guidance from the CDC, a COVID-19 pledge. We were grappling with like some kind of reminder every morning when you turn on your computer or turn on your phone, and so, we were really trying to think of the best way to help our workforce, as well as our families to have a commitment to the protocols that we had put into our COVID-19 mitigation strategies. So, we came up with this COVID-19 pledge, which helped our families be informed of all the measures that we were putting in place to protect and reopen our school safely. It also created this community discussion about the shared responsibilities that would be beneficial, not only to what was happening in our schools, but in the larger community. It really opened up the opportunity for us to, then, formulate some additional partners, partnerships, such as, like, in January, we are starting to go up again in Arizona in our occurrence of COVID-19, and so, we partnered with public health to have one of the large public school locations that we're at to do, actually, a drive-through COVID-19 testing opportunity that was before families and the community. So, that journey all the way through, really integrating the CDC protocols have really, I think, helped us to wait open and stay open.

Christy Kavulic: Thank you, Mindy. Dori and Mindy, you both talked a lot about how you supported families in coming back into the program, and how you've also engaged them in thinking about the reopening strategies. I wonder if you have recommendations for programs about how they can engage both families and the providers within their programs to help come up with some of the reopening policies and reopening practices. [Pause] Dori, did you want to take that one first?

Dori Yorks: Sure. So, I really think that my first recommendation was, it will be overwhelming, and so, just prepare yourself for that, but it's doable, and families want to come back and children need to come back. I think that if you start with the basics from

the CDC, and then, go this way and make it very targeted to your agency, with your physical environment, then, it's going to be easier; but, I think, really the key things are the masking, the cleaning, and the social distancing, which are really the keys for being able to come back successfully.

Christy Kavulic: Thank you, Dori. Mindy, do you have any additional recommendations for programs, or just thinking about reopening?

Mindy Zapata: You know, I think, some recommendations - so I can tell you with the 50% of our programs, thank goodness, we have not had a child transmission of COVID-19. We have had to close a school because we had one of our staff who contracted COVID-19, and we've had to have another school where we had, following the guidance, somebody had had potential exposure; but, I think, the recommendation is if you're really used and have resources that have been put forth by the CDC, having that plan before you're experiencing the events, just like we all have had operating procedures in our schools prior to COVID-19, it allows you to have that triage. I think that Angie showed, today, that great resource of what to do when a child becomes sick. It creates that great decision and logic model to help your workforce make the decisions for inclusion, having a child, or professional isolate, quarantine, and it allows you to keep operating even if you have to have a pause due to an occurrence.

My strongest recommendation would be to use this incredible work that the CDC has put forward, and then, if you have those things in place, your ability to operate and maximize those operations will unfold. As Dori says, it won't be easy, but having that protocol, whether it's a COVID-19 action plan, or response plan, whatever your school calls it, and making sure it's widely understood by all those who are impacted by it, and then, partnering, again, with your public health entity when you have an area that you're not sure if you should go behind door number one or door number two. They've been incredibly helpful in helping interpret those best practices on the ground when you're trying to operate.

Christy Kavulic: Thank you. Another question I had is, I work at the Office of Special Education Programs, so I know children with disabilities, sometimes, have different health needs, or children with special health needs, and even staff, might have different health needs. How did you consider some of these equity durations as you were planning to safely sustain return to in-person learning? Mindy, did you...?



Mindy Zapata: Our Head Start program is in close proximity to the only pediatric hospital in the Phoenix metropolitan area, so, we do have a lot of children who are receiving services due to a disability that they have, or special health care circumstance, and so, before they can go back into a summer-based experience, we asked our families to do similar things with their pediatrician, and whether that was telehealth, and so, just having the pediatrician understanding the group size, and that they weren't in an in-home care situation, and that the pediatrician had felt that the inclusion into a center-based model with the safeguards that we put in place was in the best interest of that child in that special health care circumstance or in the best interest of their disability. So, we have found that we've had a fantastic response, and having that kind of pre-conversation before the child comes in and having that specific plan that, then, follows that child into its individual health plan, we're supposed to be doing those, and so, that has been a really great way to help make sure that there was health equity as children were coming back in, maybe, with special considerations into good care.

Dori Yorks: I would just like to add, very quickly, that a lot of our young parents live in extended-family situations, and so, one of the things that we are really trying to do and have been doing is, making sure that every day we are reading our health screening questions, specifically, to think about, "Have you been in contact with someone who's been in contact with COVID-19?" and go through that process, and so, we're asking those questions every day in their entirety. I think that really helps. We haven't had any COVID-19 transmissions at the center since either time we were open, and I really think that that's extremely important as far as making sure that everyone here is safe and healthy.

Christy Kavulic: Thank you both for all those strategies that you've provided. It's clear that you've been really thoughtful, and very intentional, in thinking about how you're both engaging families, engaging providers, and engaging other collaborators as you've reopened your program. I've seen a few questions come up, and I wonder, Angie, if I could turn to you for a second to ask, we know that young children often need nurturing and affection from the adults in their lives, but I wonder if you could talk about how teachers could implement and support young children when they do need that extra support in their classrooms.

Angie Claussen: Thank you. That's a good question, because some of the guidance has recently changed for younger children. CDC knows it's really important that early-childhood providers comfort crying, sad, or anxious children and toddlers, and they often just need to be held. So, we have new evidence that shows that, in childcare settings, where prevention strategies are used, six feet of distance is not necessary to reduce spread. So, the guidance is to physically distance child seating whenever possible, so if the children are sitting, try to make sure that they're sitting at a physical distance. Try to turn your tables to face the same direction rather than the children facing each other or have children sit only on one side of the table, spaced apart, particularly, at mealtimes. Then, you can modify your learning stations and activities to keep children physically distanced when possible. Again, cohorting and keeping a group together is a very key piece. That's something I mentioned.

So, the guidance does suggest to keep six feet of distance between the cohorts in groups of children, and we have information on how to have physical guides, such as tapes on the floor or sidewalks, or signs to make sure that staff and children maintain six feet of distance from other classrooms, or other cohorts, including if you have to share some common areas, so that for the children stay together, and then, for adults to have distance and six feet of distance and six feet of distance between the groups is, I think, a key piece. For those who care for younger and older children, please know that the guidance for teenagers is different than the guidance for children who are younger.

Christy Kavulic: Thank you, Angie. This was a really thoughtful conversation, and I appreciate you all taking the time to participate. I'm going to turn it over to Christian to lead us into some next steps.

Christian Rhodes: Thank you very much, and thank you all for the enriching discussion. I was just taking about when we put together this series, we were hoping that we would get an engaged back-and-forth discussion. Christy, I think your facilitation helps, but frankly, I also think, the way that the providers kind of fed off of each other, and frankly, just your real life experience. Dori, I appreciate an uplifted comment of, "It's a lot, and it's going to be tough", and, ultimately, there are going to be some mistakes. There are going to be some cases, Mindy, where you have to shut down because of the positive case, but what I heard in this conversation is, I think, many of the providers, and even in the comments and questions is, that's what this work

is. The Secretary calls it messy work, and it is. It's not always completely aligned as best as we would like for it to be, but, I think, I'm having guidance that is clear and cohesive from the CDC, which Angie went through; but then, also having hearing from practitioners of how you can implement and readjust, pivot when necessary. What I also heard is a clear communication with your educators, your teachers, but also what your parents and students makes a lot of sense.

So, as we think about how we close today's conversation, I just want to, again, thank the participants. I've done some of these before, and, ultimately, there's a pretty large drop-off of listeners from when you start to get an hour into a discussion. We still have almost everyone who, initially, signed on, which tells me that we were right in the right space on this. This is part of a larger series of just best practices and a clearinghouse that we're pulling together, and I do encourage all those who are listening and paying attention to visit the website, and also submit your best practices.

What we heard today is not uncommon across the country, and we want to source more information so that we can start to share it and create a space, or venue, in which people can provide the best practices, but also a professional learning community on how to sustain this effort. I saw some questions about transportation and other elements that we may not have gotten to directly today that, I think, I want to make sure that we provide a space for.

So, before we close, I do want to just thank all of our participants, again - Christy, Mindy, Dori, and Angie. Thank you so much for giving your time. Oftentimes, we just take for granted that people just want to hear us, or that the department convening will be a space in which we really can have great ideas, and I'm happy that we were able to exchange some of those today.

So, Tim, I'm going to turn it back to you for the final close out, but thanks to all the participants for participating, and look forward to our next session. We're doing it every two weeks. I look forward to our next one, as we engage in this work over time. Tim?

Tim Duffy:

Thanks, Christian. I really want to extend my gratitude and appreciation to Christian, Angie, Christy, Dori, and Mindy, all of you, for some excellent information that you've shared today. As we close, we were posting a link on the

slide right now, and also in the chat to our feedback from for today. So, I really encourage everyone who attended to take just a minute of your time to provide us with really valuable feedback about today's session. In addition, please visit our website where today's presentation will be posted, and you can listen to an archived version of this presentation if there's some things you'd like to move back to. So, our website is posted, the second one on the page right now, and it will be listed in the chat again, as well. Again, there, you'll also see the slides that the speakers shared today along with links to all the resources that were part of today's discussion. As a reminder, we'll be capturing all the questions that were raised today, so if they weren't, directly, asked to participants because I see them to the panelists today, we'll still be capturing those, and making sure that they're passed along, both to the CDC and to the Department of Education, for their consideration moving ahead.

So, as we wrap up, then, my sincere thanks, again, to today's presenters for all the information you shared, and many thanks to the over 850 people who were part of our presentation today as participants. Thank you so much for being here, and asking such great questions, as well. You all provided us with great information to inform webinars in the future, and just know that there will be upcoming events, moving forward, as Christian mentioned in this series. So, we will leave our Zoom platform open for about another five minutes, and that allows you a chance to click on this link and provide us with additional feedback. Also, if you have questions or comments you would like to make in the chat, you're more than welcome to do that in the next few minutes. We greatly appreciate your time today, and we thank you for all you do to provide children with safe and supportive learning environments. Thanks, and have a wonderful afternoon.