

## **Caring for Children in Group Settings During COVID-19**

Dr. Marco Beltran: Good afternoon and welcome. Good afternoon. My name is Marco Beltran, and I am the health lead for the Office of Head Start, and I would like to welcome you to "Caring for Children in Group Care During COVID-19" webinar. So, I wanted to start off with a couple of housekeeping priorities, targeting — getting into the webinar, because almost 19,000 people registered for this webinar and we have such a large group today. We are not going to be able to answer everyone's questions, but we do want to hear from you, so please use the "ask question" feature to submit your questions.

You can also download a PDF copy of the slides and a handout that includes the list of all the resources discussed today, and today's presentation. A recording of this webinar will be posted on the ECLKC, and you can also use the webinar link that you use to join this broadcast to watch the recording again for a month.

So, we know that many early childhood educators and teachers across the country are working hard to find ways to serve children and families while also trying to address and manage their own wellness. Many of you are performing your jobs in ways that have never been done before, and we want to thank you. We know that many early care and education and school age programs have many questions about how to keep children and staff healthy during the corona disease 2019 pandemic.

Guidance for open programs are now available from the United States Centers for Disease Control and Prevention and the American Academy of Pediatrics. This webinar highlights the guidance and best practices in preventing the spread of disease. I want to thank the presenters today in helping to make sure that the information provided during the webinar will apply to all early care and education and school age settings.

I first want to introduce Dr. Bergeron. Dr. Bergeron is the director of the Office of Head Start. Known that Dr. B. to former students and teachers, she has been a teacher at heart her entire life and has spent three decades in pre-K through 12 public education as a classroom teacher in elementary and a high school administrator. During her tenure as a school administrator, she specialized in school improvement.

At three different school systems, Dr. Bergeron used strategies around school climate and effective instruction to inspire staff. In turn, staff were able to provide students with programming and instruction that yielded significant gains, including reading, math, discipline, and graduation rates. Since joining the Office of Head Start in April 2018, Dr. B has used her experience as an elementary principal and her strong background in pre-K through 12 instructional leadership to provide unique insights into how Head Start can support our most vulnerable children to become school-ready.

She has focused her energy on improving the relationship between Head Start and the public school system and continues to work at both the national level and with education influencers at the state and local level to affect change. In January 2019, Dr. Bergeron was asked to broaden her leadership to include the Office of Early Childhood Development and the

Administration for Children and Families. Her vision for ECD is in conjunction with the work for the Office of Head Start is to transform how the nation prioritizes early childhood programming and to create a more collaborative, cohesive environment for early childhood education. Dr. Bergeron holds a bachelor's degree from Texas State University. She earned a master's in education leadership, and a doctorate in education policy from George Mason University. Dr. Bergeron?

Dr. Deborah Bergeron: Thank you so much, Marco, and I have to start by thanking Marco and his team for putting this webinar together. I think the fact that we had over 15,000 folks registered for this, this morning, I'm sure the count is higher now, only illustrates, more dramatically how important this issue is and how hungry folks are for information. So, I couldn't be more excited to see this put together.

Fine folks we have to present today, and I know we're not going to answer every question today, but hopefully we're going to address some of the big questions and clear things up to give people the confidence they need to move forward in whatever capacity that might maybe in the area of early childhood.

I do wear two hats, both the Office of Head Start and the Office of Early Childhood Development. From my role at Head Start from the very beginning here, I was very interested in looking at how Head Start could be a support on the ground for emergency child care without undermining the services that they needed to continue to provide to their families and their children. It's a little bit of a – of a tricky balance, but I know that Head Start has a presence throughout the country and that communities were suffering, and if there was something that we could do, we wanted to be a support.

So, we've been working pretty hard, over the last, well really since the very beginning here to come up with some guidance around, you know, what could Head Start programs do? I encourage everybody, we've got links that we're providing you here. Yesterday, in fact, we published the most recent guidance, and I think there is a lot of flexibility that we've provided so that if communities are in need of emergency child care, there are ways that Head Start can be a support in the community.

They can use their facilities; they can use their staff. There are, you know, some accountability that needs to take place. But overall, we think that Head Start can be a support. In addition to that, on our regular website ECLKC, we have a page devoted to the COVID-19 crisis and a lot of resources around, you know, planning, programming, reopening, cleaning, remote home visiting — all kinds of things.

Some are specific to Head Start, but the vast majority of these resources are really applicable to any early childhood program. And I encourage anyone out there who's listening, who has an early childhood program, who is looking for more resources to please take advantage ECLKC. It's yours; it's the public's, and we'd love for you to use it. So, without further delay, this is certainly not my meeting, I'm going to turn it over to Shannon Christian who is the director of the Office of Child Care, and she is going to give a short welcome and then we're going to move on to the real content, and we're so excited to have our panelists here.

So, Shannon?

Dr. Shannon Christian: Thank you, Deborah. I want to thank all of this giant audience for stepping up to learn more about the safety features that need to be in place to help children stay safe and deter the spread of COVID-19 in group settings now, and as the economy begins to reopen. As you likely know, Telecare is playing a critical role for the families of emergency workers on the front lines who are fighting the virus, as well as those who continue to work to support them in essential jobs outside the home.

We have provided additional funding to our grantees, states, tribes, and territories to support this effort through a \$3.5 billion supplemental appropriation approved by Congress and the White House. At this moment, I thought I would just take a second to highlight a couple of resources that are in place to help parents find child care during this crisis and to help parents and child care providers understand and address the safety issues.

So, the first thing is, yesterday we were able to get into our [childcare.gov](https://childcare.gov) national website and update it with some important information related to COVID-19. And this is a national website that we were asked to put together by Congress a couple of years ago that links to state-level information that's zip-code based that leads to child care options and related information for parents. It's mostly a parent-facing site, but because it's out there and it's the first thing that comes up on Google, if you put in, "find child care," we thought it ought to help with this crisis as well.

So, we have added a state-by-state resource to help emergency or essential workers find child care. And this includes state website resource and referral agencies and call lines that are all up and running now with various support to help in that search, and we're keeping that regularly updated for changes. So, all you have to do is go to [childcare.gov](https://childcare.gov). and you can find that. In that same area of the website is a set of links to the CDC guidance that Deborah and Marco mentioned for child care programs, including the new, more in-depth supplemental guidance for programs that remain open during the health emergency.

And for those of us who are familiar with that CDC guidance, it's going to be particularly interesting to see how today's presentations complement and possibly elaborate upon what we've learned already. And the third piece is a lot broader. It's a set of government links that are responsive to the coronavirus COVID-19 with a full range of resources listed across government agencies and programs for people who are thinking beyond child care, specifically.

And then lastly, for policymakers who are working with the Child Care and Development Fund, the big block grant that goes to states, tribes, and territories, with that additional funding. Lots of information about that is on our website, which is listed there, [www.acf.hhs.gov/occ](https://www.acf.hhs.gov/occ), Office of Child Care. So, now I'll turn this back to our moderator and Head Start Health lead, Marco Beltran. Thank you.

Dr. Beltran: Thank you, Shannon. Many of you have sent questions to our national center already, which we use to plan our "Ask the Expert Series" with pediatricians. Please check our upcoming page using the URL on this slide to find the dates and the registration links for each of these webinars. We will post this information on the events page as soon as it's available. I now want to introduce Dr. Margaret Fisher.

Dr. Fisher is a world renowned pediatric infectious disease consultant. She finished her residency and fellowship at Saint Christopher's Hospital for Children in Philadelphia and is a professor of pediatrics at Drexel University College of Medicine. Dr. Fisher's curriculum vitae includes chapters in Nelson's Textbook of Pediatrics, 18th edition, [inaudible] associated diarrhea and other anaerobic infections, and she served as editor-in-chief for Immunizations and Infectious Diseases, an Informed Parent Guide, at the American Academy Pediatrics, 2006. She also served on the Committee on Infectious Disease and wrote the chapter on "Infection Control and Prophylaxis" in the Red Book. Dr. Fisher?

Dr. Margaret Fisher: Thank you, very much. I'm really, it's such a pleasure to be here with you today, and to be part of this webinar. I want to start by acknowledging Florence Rivera who actually put this slide deck together for me, and it helped me a lot. As far as financial disclosures go, I have no financial disclosures, but I do have a very important disclaimer. Remember, that before January of 2020, no one had heard of COVID-19 disease or the virus SARS-CoV-2 that causes it.

There's been a really rapid increase in our knowledge about this virus and about the disease. Recommendations were, have been put out very frequently, and because these were based on limited knowledge, we've had to change these recommendations, sometimes day-to-day, sometimes even hour-to-hour. So, by the time I finished talking to you, and by the time this webinar ends, at least some of my comments will already be out of date.

So, I would encourage you to use credible websites to get new information. You've already been given a — given a few of those websites, and I'll give you some more. It's very important that we use credible websites.

There's all kinds of misinformation out there, conspiracy theories, home remedies, things that we don't want to become part of and that we don't want to be misinforming others. So, stick to the credible websites: the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the websites that you've already heard about on this program. So, let's start with one of those websites.

This is from the American Academy of Pediatrics and its guidance related to child care during COVID-19. This is the screenshot of that web page, and you can see there are 12 questions here, and if you click on the question, you get a detailed answer. I'm going to very briefly give you the answers to some of these questions, but I really recommend that you go to this website yourself, and it will be coming up on another slide, and that you look at their guidance and use the links that they give you to go to get more information and more details about why they've chosen to give you the advice that they're giving you.

So, let's start with the first question. How should I conduct a daily health check? In the past, you haven't been doing temperatures, but it is now recommended that you take the temperature of every staff member, as well as the temperature of the children. And Dr. Alkon, who's the next speaker, will really be talking about the details of temperature taking. Well, next question: What about staff ratios? You really need to follow the state and local health department guidance and keep them as small as you can, as small as possible.

And also, please try to keep the children in separate spaces as much as you can, so that we're limiting exposure and we're limiting the possibility of an ill child infecting — or an asymptomatic child infecting others.

Next question: How do I select appropriate sanitizer? Well, just about every EPA-registered product will work just fine and remember to read the directions about how to use them. You can make up bleach mixtures on your own. It's a third of a cup per gallon of water, or four teaspoons if you just are making up a quart solution, and those do need to be mixed daily because they will lose potency overnight. Remember to clean surfaces of dirt before you sanitize them.

Now, you've probably heard a lot about people closing schools and closing other places to do so-called, "deep cleaning." Deep cleaning is really not needed, not recommended by the Centers for Disease Control and Prevention or by the AAP. It's very expensive. Companies will really empty your pockets if you try to get this deep cleaning done and it really is not necessary. Routine cleaning is really just fine. Save that money to use to buy supplies and other things for your staff. Next question: How much physical space do I need per child?

Well, the recommendation is 42 to 44 square feet per child per child. What we're trying to do is physically distance the children, which I know sounds crazy, but it is necessary during this pandemic. So, we want to try to keep children's six feet away and that's when they're eating and when they're napping, and for napping position them so they're head-to-toe.

Next question is about PPE. PPE stands for personal protective equipment and it is, in fact, recommended for temperature checks, and in some cases for taking care of children of health care workers. And Dr. Alkon will address this more again during her presentation. The kinds of things you may need are a face mask and shields, goggles, and gloves. Gloves should be used for cleaning. Many people would use them now for diapering, and also, for preparing food. And obviously, you don't use the same gloves for diapering or food preparation.

Moving to the next question: What about well-child care? Should you be encouraging families to keep their well-child appointments? And I would say absolutely; you can help pediatricians very much by encouraging families to keep those well-child appointments. Many of them will be done by telehealth, but for the younger children, we want in-person visits so that they can get their immunizations.

How can you prepare families for telehealth? Well, first of all, reminding them that telehealth is now being used and that it is a great way to keep in contact with your doctor, your child's doctor, and to really let them be able to see how your child's doing in their home setting, and to figure out whether or not you need to come in for in-person visits or whether you need to go to an emergency room for further care. How can you keep yourself safe while caring for children? Well, the way to keep yourself safe is the same things that you've been doing all along and then a little more.

So, keep your groups as small as possible. Make sure that you're washing your hands and the hands of your children. Use respiratory etiquette, and what does that mean? That means that you cough into your sleeve or you cough into a tissue. If you're using tissues, then be sure you're discarding those tissues, throw them out – don't put them back in your pocket – and

then you have to wash your hands after you've touched the tissue. Disinfect surfaces but clean them first. And then a very important thing: Stay home if you're sick, and make sure you encourage your colleagues to stay home when they are sick.

And the next question here is, that someone's seeing communities, they're looking to match first responders with volunteer child care providers. And some of these volunteers may be getting very little formal training. So, how can we help them? Well, I would suggest that we refer them to the National Center on Early Childhood Health and Wellness, that we tell them about webinars such as this one, and all of the online resources that you're hearing about today. Because it is important that we train everyone who's going to be involved in child care.

Next question: Can I continue to feed children during the center closures? And this is a wonderful question and a wonderful thing for you to do. And yes, there are many centers that are providing takeout meals for families. And, in some areas, these centers can actually be reimbursed for making those meals and delivering them. So, make sure you know what your local resources are.

Next question: I was wondering what the protocol is regarding the use of hand sanitizers with 3 and 4 year olds due to coronavirus. We do not use hand sanitizers with the children at all; should they be used during this crisis? And the answer here is, soap and water is actually better. So, soap and water is preferred, but if there's a situation where there is no running water, then you can consider hand sanitizers. But remember to keep them out of the reach of children because if they ingest them, that can be toxic.

Finally, how do you develop a plan for a pandemic? Well, chapter seven of the latest edition, the 2020 5th edition of *Managing Infectious Diseases in Child Care and Schools*, is really geared at giving you a template for a pandemic plan. And also, you should be checking with your local and state health departments to be sure you're following their guidelines. So, that's a quick throughput of those 12 questions. Please go back to that website to get more details.

This is another American Academy of Pediatrics website, and this gives you an idea of what the Academy is telling our pediatricians. You can see that we're encouraging telehealth for many of the visits, but we're really asking pediatricians to prioritize those newborn visits and the infant visits to ensure that we're getting children immunized, and that wherever possible, we're using the fluoride varnish to keep their teeth healthy. So, this is the website that I mentioned and you will have access to these slides.

So, this is a great place to go for new information. There's information here on breastfeeding, on clinical care, information for families, telemedicine, newborn care, and lots and lots of resources that you may find helpful. Now, *Managing Infectious Diseases* is actually the name of that book, and this would take a five-week course, at least, to really go through all the details, but we're going to keep it relatively simple here and really just talk about coronavirus.

So, what do we need to do to manage an infectious disease? First, we should – what should you do? You should identify the sick children. You should use infection control to stop the spread of infection from one child to another, or from the child to your staff, and you should know where to refer that child for care. So, let's talk with a little bit more detail about the coronavirus. And this is an image of the coronavirus from the Centers for Disease Control.

And you can see there's all these little spikes on the surface. Those spikes have made someone think that this looks like a crown. It's a little fanciful. But the word for crown in Latin is "corona," and that's actually how these viruses got their name. There are many strains; four circulate every year, and then there are these novel strains – those four that circulate every year cause very mild, respiratory infections in children, but just like common colds. The novel strains are different.

These are a combination of the bats strain of coronavirus and the strain from a mammal, and those two virus strains get together, change their genetic makeup, and cause a new disease – a novel disease. The first novel disease was in 2003 and that was the SARS outbreak, and that involved the bat coronavirus and a civet cat coronavirus. The next one was in 2012, Middle East Respiratory Syndrome or MERS. And that involved, again, always the bat coronavirus and then the coronavirus of the camel. And finally, we have this latest outbreak, COVID-19, which is involved the bat coronavirus and the pangolin coronavirus and pangolins are spiny anteaters found in Asia.

This disease was first recognized just this past December in Wuhan, China. And, end of January, the World Health Organization had declared a public health emergency. The next day, the U.S. declared a public health emergency, and then, on March 11, the World Health Organization declared this a pandemic, meaning that there had been sustained spread of the virus in various parts of the world.

So, this is a new virus. Since it's new, people don't have any immunity. That is, everyone is susceptible. This is a virus that's very contagious, more contagious than the flu, but fortunately not as contagious as the measles virus. Most people who get sick will have mild illness. In a study of adults, about 80% of people had mild illness; only 15% required hospitalization, and unfortunately, 5% of those did require intensive care. In children, the vast, vast majority, more than 90% are either, have no symptoms at all, or they have very mild symptoms. And in some cases, children are just not getting infected.

In China, they were – the outbreak has been best described only 1 to 2% of cases were in children, and the same was true in Italy; only 1.2% were in children. And in the United States, the same is holding true; there are not many diseases in children, but it can cause disease in children. Of course, the people who are older or have chronic underlying health problems are at much higher risk for getting severely sick. So, what about this disease, if it gets into a child care center?

Well, we know that children are very good spreaders of germs. When they talk, they cough, they sneeze, they put the germs into the air, and then these germs fall to the ground within about three feet. Some of them fall onto surfaces, and the germs can stay alive on the surfaces for hours to days. When a child then touches that surface or when one of us touches that surface, if we then rub our eyes or pick our nose, we can put that virus into us and cause the illness. Now, there've been some studies to show that this is the way viruses get around.

There was a study in Rochester about respiratory syncytial virus where they had three groups of volunteers: the sitters, the touchers, and the cuddlers. The sitters went into a room with a child who had a respiratory syncytial virus infection, bronchiolitis, and they just sat in the room and

read a book. They were not close to the child, more than three feet away. The touchers went into the room, touched when the child had been removed from the room.

So, they touch the child's crib. They touched the blankets and everything and they rub their eyes and they pick their noses. So, they put whatever they touch into their own mucous membranes. And then, the cuddlers were the people who actually took care of the babies, fed them, cuddled them, et cetera. What did they find? None of the sitters got respiratory syncytial virus. It's not really airborne. It's droplet form. The touchers, about 40% of them got disease and the cuddlers, more than half of them got disease.

So, this is the close contact way that things are spread. Now, when Dr. Hall did that study, people said, "Yeah, but we don't go around picking our nose and rubbing our eyes." Well, in fact, we do. And there was a study published in the New England Journal of Medicine that looked at people in two settings. One was in a church where people were seated in a circle looking at each other, and they counted how often people rubbed their eyes or picked their nose. In that setting, people rubbed their eyes about twice an hour, but they didn't pick their nose at all. Then, they looked at a grand round setting, a medical conference, a big auditorium, a whole bunch of doctors and nurses sitting in the auditorium, and they found that nose picking was just as common as eye rubbing.

If you don't believe me, next time you're out in the community, look in the car next to you – some of us don't even have to look outside our own car – and you will see that nose picking is an adult behavior, as well as the child behavior. Now, we know from studies in young children in early childhood education programs that they are sick for a third to half of the days in the year because they get an average of six colds a year, sometimes many more, and three or four GI infections a year.

So, this is a grounds where viruses can spread quickly. So, what do we know about COVID and children? This is the really, really good news. The disease is mild even in infants; they may be more vulnerable, but they are not getting severe disease. We know that the virus can spread from a child to others. But in one study where they looked at how much virus was in the noses of children, it turned out to be much less than in the noses of adults.

So, we think, yes, they can spread the disease, but maybe not as effectively as adults do. And in general, it seems as though the child has gotten disease from the adults, not the other way around, but you are in contact with the parents of these children.

So, be aware of spreading from the parents and remember that every child might be infected and have mild symptoms. So, you need to be very careful and diligent with hand-washing. These are the states within the United States that are reporting COVID disease. The darker the state, the more disease that there is, and you can see the disease is pretty much spread throughout the country. This is updated every day on the Centers for Disease Control website.

So, how is it spread? We talked about the how viruses are spread in general. It goes from person-to-person, and it's coughed out into the air and then some of those droplets fall on surfaces. People touch the surfaces and then touch their hands or use their hands to touch their face and their eyes and their nose.

So, here are the roots. In the air, there are these droplets. Most of the droplets will fall to the ground within three to six feet, and although they may stay in the air for up to three hours, most of the time it's really less than five or 10 minutes. Viruses can live on the surface for a long period of time; on cardboard, it's about a day, but longer if plastic or stainless steel and in the refrigerator way more than six hours.

We also know that the virus can be found, rarely in the blood, but occasionally, and in the stool, in the feces. But we don't know whether that's a way that the infection is spread. The fact that it is in these bodily fluids does make it clear that it's appropriate for you to wear gloves when you may be in contact with those body fluids.

So, who is vulnerable to this disease? We know that anyone who has underlying disease, so not just a special health care need, but an underlying disease, particularly diseases of the immune system: cancers, heart disease, or lung disease. In adults, it's people with asthma, lung disease, heart disease, cancers, HIV, transplants, and obesity. Severe obesity is a risk factor for severe disease, diabetes, high blood pressure, kidney problems, liver problems, and then simply being older over 65 years of age, which to me, I don't consider particularly old. Fortunately, pregnant women are not at higher risk and infants are not at higher risk.

So, the good news is this disease is not hitting, primarily pregnant women and children. What are the signs and symptoms? Well, when you have symptoms, fever, cough, and shortness of breath are the main symptoms. There also can be aches and pains, sore throat, this weird loss of taste and loss of smell. And those are the major symptoms. Now, when should you go and seek health care?

Well, whenever you're having trouble breathing, whether there's pressure in your chest or confusion, if you're unable to arouse your child, or certainly if someone turns blue, that would be the time to get them to a physician. What about asymptomatic carriers? So, asymptomatic means you don't have any signs of the illness. So essentially, we can't tell who the asymptomatic carriers are, but we know they're out there and we know that they are shedding virus and we think that they can transmit the disease to other people. We don't have testing for everyone, but it means that we need to try to protect ourselves by physical distancing, keeping six feet away, by hand-washing, and by the use of masks.

So, what about this mask? This is a surgical mask and really is a mask that health care providers are going to be using and people who go for health care may be given that mask to wear when they're being taken care of. And the idea of the mask is to catch those droplets before they get to the air. So, the current guidance is that children and children over 2 and adults wear a cloth face covering when they're out in the community or when they're in a situation where it's difficult to distance yourself from six feet.

So to me, that would suggest that you should consider having masks in your child care center because sometimes it is going to be difficult to distance yourself the six feet. If it's not a problem, then you probably won't need the mask. A cloth mask is designed to prevent the spread of the virus from the person who's wearing the mask to another person, and it also has the added benefit that it doesn't allow the user to touch their nose or touch their mouth. So, it decreases their inoculating of themselves.

But the mask doesn't protect the wearer from droplets in the air that can drop onto their eyes or they could potentially get through the mask. We know that children may not be able to reliably wear the mask, remove them, or handle them. And in fact, for some children, if you try to put a mask on them, 2 or 3 year olds, they may actually touch their hands and face more and get that, take the mask on and off and on and off, and that's really not doing them any good, and in that scenario, the mask is doing more harm than good.

We know that you shouldn't wear the mask when you're engaging in vigorous physical activity. And we know that these, the mask worn in the community should be the cloth mask, not the medical mask, not the N95 mask. We're trying to save those for health care providers who need to protect themselves. What about different thermometers? Here you can see there are a variety of them. There are non-contact thermometers, which are ideal, but may or may not be as accurate as the other ones. Axillary thermometers where you put it in the armpit are fine, except sometimes those children are a little too squirmy for them.

And then, oral thermometers with disposable probes are used in – in older children. Whatever thermometer you use, the threshold for what we call fever is a 100.4 degrees Fahrenheit, which is 38 degrees Centigrade. So, over that temperature, those are the children who have fever and should not be permitted to come to your child care center or your staff with that kind of fever should also go home.

Well, what about families doing the temperature checks at home? When we think about this, we have to consider two things. First of all, do the families have access to a thermometer and do they know how to use it? And we know that in fact, about 30% of staff don't have thermometers and about 43% of families don't have thermometers, so they may or may not know how to use them, and they may misinterpret the numbers.

So, some people are sure that 99 degrees is a fever and that they should immediately take their child for care, and that is not the case. Hand-washing cannot be overemphasized. This is an important way to try to decrease your risk of getting infections from a whole variety of things. So, should we use hand sanitizers? We talked about this earlier, and these are not ideal for use in children. We would much prefer running soap and water, but if that's not available, then yes, you can use hand sanitizers.

But be sure you keep this bottle out of the reach of children. We don't want them to ingest this because it is a toxin. Well, what about diapering? So, you'll see this person is wearing gloves, and although that they are not necessarily recommended in the routine scenarios, now, during the COVID-19 outbreak, you should consider wearing them for diaper changing. And remember, you're going to do your usual things, assemble all the equipment you need, and then get the child there, change the diaper, take the child back, and then disinfect your area.

So, you're going to use your usual procedures for changing diapers. Before I turn this over to Dr. Alkon, I realized that I missed one aspect of this disease. And this disease, as many, many diseases, is targeting the most vulnerable of our citizens. And it's over-targeting the African Americans. We know that the incidence of severe disease in African Americans is far higher than it is in other racial groups. There's a variety of reasons that this might be true. We know that adverse childhood events are sometimes higher in different groups.

We know that adverse childhood events actually affect your health when you become adult and increase your chances of having chronic illness. So, we know that the most affected groups are sometimes those that are least able to handle the disease. So again, I want to thank you for attending this webinar today and for trying to learn more about this disease and what we can do to safely operate child care centers, which really are essential, so that are so that the parents, can perform the work that needs to be done. So thank you, and with that, I turn it over to, Dr. Alkon.

Dr. Beltran: Thank you, Dr. Fisher. Now, I want to introduce Dr. Abby Alkon. Dr. Alkon is a professor at the University of California at San Francisco School of Nursing, director of the UCSF California Child Care Health Program, and an investigator at the UC Berkeley Center for Environmental Research and Children's Health. She received her PhD at UC Berkeley and her MPH and MFN at Columbia University.

Dr. Alkon is a certified pediatric nurse practitioner and epidemiologist with over 20 years of clinical and research experience in the fields of pediatrics, public health, and epidemiology. She conducts and publishes studies on the effect of child care health consultation, on the quality of child care, written health and safety policies and children's health. She is also one of the expert reviewers of updates on Caring for Our Children, and she developed a health and safety checklist based on key Caring for Our Children standards. Dr. Alkon?

Dr. Abbey Alkon: Thank you very much. I also want to thank my CCHP staff, child care health consultants, and pediatrician colleagues who contributed valuable information for this talk. Today, I'm going to talk about the best practices that we all follow in early care and education and school-age programs. I'm going to cover what health practices are different now that we're living in the midst of COVID-19, and I will refer to the CDC guidance for ECE programs that remain open, and at the end, I'll talk about some emerging issues. The question I want to answer today is: How do we stay healthy and safe in an ECE program?

As we know, the Centers for Disease Control and Prevention has published a wonderful document that's called, "Guidance for Child Care Programs That Remain Open." It's updated regularly and even the slide has an old date. The latest update has been April 21. Today, I want to operationalize these guidelines with you. In addition to the CDC guidance, ECE programs must follow other best practices, standards, and regulations, including those that apply to their funding sources. Caring for Our Children is the National Health and Safety Performance Standards that are updated regularly.

During this time of COVID-19, we also want to make sure that ECE program staff are adhering to their state and local health departments' and state and local governments' recommendations or requirements. Caring for Our Children has the most up-to-date online database of their standards, and the website is listed here. I will refer to the CFOC standards since they have been our guide before and during the pandemic.

So, I want to review the best practices that we all adhere to even before COVID-19. These best practices are familiar to us and in this table, I listed the specific CFOC standards associated with each best practice. Each CFOC standard includes the best practices, rationale for the practice, and the references or evidence-based information to support the practice and the standard.

And as I mentioned, of course, they're available online. I want to first start with the general preparedness at this state where we are right now. The first thing you would do is determine if your program should remain open, and CDC provides a wonderful decision tree to help with that decision. It's also available in the Child Care Aware website.

Most programs are open to care for children of essential or emergency workers. The specific list of essential and emergency personnel differ by state, so check to see what your state is listing. Another is to say that visitors are no longer allowed in ECE programs because we want to minimize the number of persons in contact with the children and providers. There is an exception. If a child has a special health care plan that includes an individual education plan for an assistant to have to be available for that child that all times, that person is allowed in the facility.

Since there are many new and emerging health needs and questions that arise during this pandemic, it's also helpful to have consultants, like child care health consultants, mental health consultants, and coaches that are available to you. There are many consultants who are available virtually and online or by phone since they no longer can visit in-person. This is a stressful time for parents, children, and child care providers. We need to attend to our mental health needs and we should contact experts as needed. We also know that there's been a lot of concern about supplies in child care.

In the ECE programs that are in need of supplies, we recommend that you contact your local resource and referral agency, and in many areas, they've been very helpful in helping the ECE programs find the supplies that they need. Another thing that has come up for generally is good ventilation. We know that good air flow will decrease the risk of the spread of COVID-19, so we encourage good ventilation by opening the windows. Overall, we want to protect the health of our ECE providers because you're so essential to keeping our programs open. So, what practices are different now.

So, on the left-hand side, the best practices or what we have right now for CFCO. The new practices are the things that are explained in the CDC guidance. So, for drop off and pick up, what is different now is that the CDC guidance says to minimize contact, and for each of these practices, I'm going to go into detail in subsequent slides.

So, first I just want to give you an overview. In terms of communication with families, we all know that social distancing is considered six feet, so we want to maintain six feet distance when possible, but we also want to socially engage with our families. Health screening is something that we've always done, but now we have some new guidelines for screening children and staff. We've always wanted to have stable groups, but now it's more important than ever to maintain separate groups.

We've always had exclusion criteria in child care, and now we need to think about specifically for COVID-19 what are the guidelines that are used by CDC about fever, cough, shortness of breath. We've always had regular hygiene as a part of best practices. The CDC is now saying we need to be vigilant. We need to really keep to the 20 seconds for hand-washing for everyone, children, and staff. We've always gone by the guidelines of cleaning, sanitizing, and disinfecting, and now according to CDC, we're actually not sanitizing very much at all.

We're really cleaning and disinfecting. For food preparation and nutrition, the change from CDC is to serve children individually. For physical activity, we want to have more outdoor time and actually new activities. Make sure that we have a physical distance when possible. We want to support ECE providers. We want to identify vulnerable groups and provide PPE when available. So, what are the specifics for drop-off and pick-up protocols? According to CDC, it says to modify, drop-off and pick-up procedures.

One way to do that is to stagger the times that people arrive and drop off. You want to avoid large groups gathering at the ECE facilities. We want to plan arrival and drop off maybe being outside the facility, if possible. People are now putting up signs outside the facilities to give the families directions as to what to do for doing drop off and pick up outside. It's best that we can provide hand sanitizers for the sign-in and sign-out procedures. So, limit the direct contact with parents and guardians. It's important that each child has a designated parent or guardian or a person who can be that person to do drop off and pick up who is not considered a vulnerable person.

We want to refrain from hugging and shaking hands, as hard as that may be, but it's really important in terms of decreasing the spread of COVID. Through these difficult times, it's so important that we have good communication with families. One thing we want to make sure is in every facility we have updated emergency contact information, inform families about policies and procedures during COVID-19, and check-in with families.

It's so important to ask about their access to food, housing, and work. And for parents who are receiving unemployment insurance or stimulus checks, if they have a bank account or if they need help that the ECE providers and Head Start can help them with. Well, according to CDC, we know that six feet is the distance that they have mentioned in terms of social distancing. You've heard a lot about social distancing.

And this is the way we're told to reduce our exposure to droplets that could be infected with COVID-19. We actually realized that social distancing as a term may have unintended psychological implication. So, now I'm going to say we should reframe the message and the public health message has been changing because social engagement is so important. So, we really want to share that what we want to do is keep physically distant and socially engage. I've been talking about the CDC guidance and how these best practices should reduce our risk of getting COVID. So, what does it mean to reduce the risk?

We can't 100% prevent everyone from getting COVID-19. We practice physical distancing, vigilant hand-washing, and disinfecting to reduce our risk of getting COVID-19. We want the people in our communities who are ... We want to know who is sick in our community and who has COVID-19. So we know that we can't 100% stop the spread of COVID, but we can slow it down. We can focus on ECE best practices and guidance to reduce our risk and the risk of the children and the families around us from getting COVID-19.

The UCSF California Child Care Health Program has a poster on reducing the risk of COVID-19. It includes the key practices to reduce our risk by washing with soap, washing our hands with soap and water, avoid touching eyes, nose, or mouth, opening windows for ventilation, staying home if you're sick, covering your mouth and nose when you cough or sneeze, and eating

nutritious food, exercising, and getting plenty of sleep. These are the everyday best practices, but even more important now.

According to the CDC, we want to have stable groups, as much as possible. Child care classes should include the same group each day and the same child care providers should remain with the same group each day, if possible. Another way to reduce the risk of spreading COVID-19 is to have stable groups in ECE programs. We want to limit the mixing of children. So, if possible, we want to keep siblings together and keep the same children together with one provider and not mixed groups.

It's recommended that the largest group size should be 10 and that's the number of children, not including the provider. Infants and toddlers need to be comforted when they cry, are sad, and anxious. Infants under 1 year of age can be more vulnerable to any illness, so we want to make sure that they have the care that they need. It is true, as Dr. Fisher mentioned, that there isn't a higher mortality rate for infants, which is good news. It's possible to care for infants and toddlers from a distance — it's not possible to care for infants and toddlers we know, from a distance, so what CDC has recommended is to provide clean smocks for staff to change the children's clothing when they're soiled with secretions or body fluids, and of course, to vigilantly wash your hands.

So, one of the key things that we talk about during COVID-19 is to make sure that our daily health check is a bit more rigorous than it used to be. Daily health checks have always been a part of our care in ECE programs because it helps providers check in with the child and the family, it helps make the child comfortable to come into the facility, it fosters communication with our parents, and it slows the spread of disease by excluding children with illness.

So, now the CDC guidelines are clear: Do not admit children with a fever, which is over a 100.4 degrees Fahrenheit, dry cough, trouble breathing, or shortness of breath, and these are the same guidelines that we use for staff also. UCSF California Child Care Health program has a poster to remind providers and parents, "What are we including in our morning health check?" Provider observes for children's general mood, checking temperatures, rashes, or changes in skin condition, complaints, signs and symptoms of illness, and reported illness in a family member.

Today, we've actually updated this on our website to make sure that it's accurate about checking temperatures or having families check temperatures at home. So, what's new in the CDC guidelines about screening?

They've provided three different methods for ECE providers to decide which one works best in their facility. The first one is called "Social, Physical Distancing," and this is the one that includes most of the screening being done at home and less being done in the ECE program. So, the child's temperature is supposed to be taken at home, but as we mentioned by Dr. Fisher, not everyone has a thermometer at home, and maybe not everyone is as accurate as we would like them to be in telling us what the degrees are and being able to read it.

So, this might be an opportunity for us to provide thermometers or to give instructions about how to read a thermometer. The parent or the guardian confirms that the child does not have any of the exclusion criteria that I just talked about so that they would have to tell you that the

child does not have a fever, shortness of breath, or a dry cough. The ECE provider's job is to do the visual inspection, to look at the child for signs of illness, looking for flushed cheeks, rapid breathing, fatigue, or fussiness.

So, this is the method with the minimal physical contact with the child or the parent. Method No. 2 that CDC is recommending is called the "barrier partition control." It's where the child care provider in the facility would be standing or sitting behind a physical barrier. They would make a visual inspection of the child for signs of illness, conduct the temperature screening, and it's recommended that they move their arms around and reach out to the child to give – to put the thermometer under their arm or in their mouth.

The child care provider would use a clean pair of gloves for each child, unless they're using a non-contact thermometer. They would clean and disinfect the thermometer between each use. The third method is the one where you're screening the child, but you cannot keep a distance of six feet, so you would be closer to the child and that would require using personal protective equipment. You'd wash your hands, put on a face mask, cloth mask, eye protection, disposable gloves, and possibly if you have it, a smock or a gown. You would make a visual inspection of the child, take the child's temperature, and after screening, remove and discard or wash your PPE and wash your hands.

If you don't have experience using PPE, CDC has on their website some very specific information on how to put on and take off and clean PPE. So, although we have federal guidelines and best practices, we need to be aware of our local public health department policies and practices. You should contact the public health department if you are aware of any COVID case for your staff or your children.

Your local public health department provides guidance on when the infected person can return to the facility and if the facility would need to be closed. So, what else is new? And there's been, as I mentioned, the CDC's exclusion criteria is very clear about what's new about our exclusion criteria. It also talks about if a child or a staff member becomes ill, we need to provide a separate space for them, or if possible, in other rooms.

If it's possible and the child is amenable and able to put a mask on and off, the sick child should be wearing a mask. The provider should stay with the sick child, and they themselves, if they have a cloth mask, should wear it and protective clothing, like a smock. As always, we should all be washing our hands often, but especially in the situation where somebody is ill. We should ask the parent or guardian to come immediately to pick up the ill child. Physical distancing is not only a thing that we think about in the playground and outside, but also inside. So, inside we want to provide space for the children to be able to move around and have space between them and between the provider.

So, we'd like to arrange the furniture to give children more space. Sometimes that might mean removing furniture and storing it for a while, opening the windows for fresh air, and as Dr. Fisher mentioned during nap time, the CDC is recommending to place the cots and cribs about six feet apart, if possible. They're also considering placing the children head-to-toe in order to further reduce the potential for the virus to spread. And as we know, the CFOC standards have always been three feet apart, so, this is different; it's now talking about six feet, if possible.

Cleaning and disinfecting. What's new? We're not going to be talking much about sanitizing anymore. We're really talking about cleaning first and then disinfecting. The definitions for cleaning, just to review, is to physically remove dirt, debris, and sticky film by washing, wiping and rinsing. Disinfecting is to kill nearly all the germs on a hard, non-porous surface. What the CDC says is intensify the cleaning and disinfecting effects.

So, oftentimes just to say sanitizing and disinfecting are terms that are used interchangeably, but they're very different. So, this is one time we're going to talk a little bit more about what it means to disinfect. First, we start with cleaning. Before you disinfect, you always clean. What surfaces should be cleaned? Toys, bedding, floors, clothing, cribs, cups, mats, play equipment, refrigerators, and as the CDC says, of course, the high touch surfaces are the ones that we're concerned about.

So, what surfaces should be disinfected? It's the drinking fountains, doors, cabinet handles, surfaces that had been soiled with body fluids, mouthed objects like collecting mouth toys, and putting it in a tub during the day and disinfecting them at night. Toileting and diapering areas are really areas that we focus on all the time, but this time, even more so: the diaper changing tables and diaper pails, countertops in the bathroom, potty chairs, hand-washing sinks and faucets, toilets, and bathroom floors.

And remember to always use an EPA-registered disinfectant. One of the most common disinfectants that's been talked a lot about now is bleach. It's low cost and effective, and if used correctly, it's really very effective and it's easily available. And probably one of the most common ones, as we've talked about, it is an EPA-registered disinfectant, but there are others. So, you can actually, when you're shopping, look for any EPA-registered disinfectant. If you are using bleach, these are the instructions that we really recommend. It needs to be mixed daily and you have to follow the directions on the label for disinfecting.

Bleach now comes in very different concentrations, and so the mixing solutions and the concentrate, the amount of water to be added to bleach does vary depending on which concentration you buy. So please, follow the directions for any EPA-registered disinfectant. After you've mixed it, label the bottle with the date and the product, wear gloves and protective eyewear when you're diluting, and mix in a well-ventilated area. One of the greatest recommendations that I think has really helped is to use a funnel when mixing to decrease the amount of bleach that's inhaled.

We want to protect your health. Mix the bleach into cool water to reduce the fumes rather than the water to the bleach. Always use caution with disinfectants. As we talked about, providing ventilation is important. Holding the bottle at a safe distance away from your nose and mouth, when spraying. And as we talked about with Dr. Fisher's talk, keeping products away from children's reach is so important for safety. Always use caution with disinfectants. Never mix ammonia or vinegar with bleach; wear gloves and eyewear; disinfect while children are not in the area.

The surface should be dry by the time the children return to the area. And do not mix products or reuse bottles for different products. Food preparation and mealtimes. So, what's different now? In center-based programs, food preparation should be done by the same staff who diaper

– should not be done by the same staff who diaper children, and this is important because it's now one of the CDC guidances. And we know that in family child care, that's not usually possible. Providers wash their hands before prepping food and after helping children eat. They sanitize food surfaces before eating, wash the children's hand before and after eating meals, and if possible, it is recommended that children be seated six feet apart and each child should be served an individual plate, that you should be wearing gloves when you're serving the food, and that multiple children should not use the same utensils.

We're not going to be passing around food anymore like we used to. But it really is important during mealtime to continue to encourage conversation, to have adults sitting with children and enjoying the mealtime together. During this time, we want to also think about reducing clutter and not having shared toys in an ECE program. We keep surfaces clear so that you can clean and disinfect them easily. Store items you don't use, provide as much open space as possible, and discourage or really eliminate items coming from home. Limit sharing toys to items that can be cleaned and disinfected easily. We all know that physical activity is so important for children's well-being.

So, during this time, CDC talks about in their guidance to keep groups separate in the outside area. So, this is going back to the same ideas, stable groups. It's best to remember to keep them separate in the playground so that they're not sharing the same viruses. We want to provide more time to be outside because, as I mentioned, ventilation and air is so healthy and so important. Maintain distance between children at six feet, if possible. And so, this might be creating some new activities that are different so that kids can play, but in parallel, so they were about six feet apart.

You can plan activities that limit physical contact, sharing equipment, and waiting in line. And there's some wonderful ideas in this website, that is CACFP has some slides, and within the slides they have some really fun activities of what you can do with children outdoors to keep them six feet apart. One other point to mention is just, if possible, it is recommended to disinfect the outdoor equipment so that we're not transmitting the virus through the equipment.

Another question comes up, "Should tooth brushing continue in an open programs?" To reduce the risk of COVID-19, we recommend that tooth brushing be suspended until it is considered safe again. To continue to promote good oral health and the prevention of tooth decay, programs should continue to encourage parents to brush their children's teeth with fluoride toothpaste before they come to the ECE program and before bedtime. The programs can also share resources about tooth brushing with their families.

So, what's on hold now? What we're thinking about right now is that we've mentioned bringing toys from home is not OK. Unfortunately, the hugs for the older children is something we're putting on hold. And one wonderful YouTube video that I recommend is one from Sesame Street, and it's by the character Abby Cadabby, and she shows how you can do a "self-hug" and just a wonderful warm way that only Sesame Street can show us.

So, what are some of the emerging issues and some of the questions that have come up? I'm going to address a few of them and then we'll have time for a little bit of a Q&A after. So, when

can a person would COVID-19 return to their program and for programs that are currently closed, what may be different when programs reopen? And just to mention a few others that I know, Dr. Fisher mentioned, we really want to encourage that children get their immunizations. It's so important as we have herd immunity in our communities so that children do not get measles, mumps, rubella, and other infectious diseases.

We also want to make sure that children with special health care needs have the updated health care plans that they need to be in ECE programs. So, what can a person with COVID-19 think about in terms of when you can return to your program? So, the guidance right now is that a person was COVID-19 must be isolated for a minimum of seven days after the symptom onset and 72 hours after their fever resolves without fever reducing medication. So for example, if the fever and symptoms resolve on day seven, the staff person could return on day 10. A big question that keeps coming up now is, "What may be different when programs reopen?"

We do know, as Dr. Fisher mentioned, that things are evolving and changing all the time because COVID-19 is a new virus. And since COVID-19 is still in our communities and some areas of the country are going to be reopening, we need to think about what is the guidance and what is different now. At this time, I would say that we need to still follow all of the CDC guidance that I just went over. We need to go by our state and local guidance that is in place today. We still need to think about all of the ways to reduce our risk to COVID-19. We don't want to put the children or staff at risk of getting COVID-19. We have to maintain the ratios and staffing that's recommended in our state licensing.

We want to keep our stable groups. We want to think about physical distancing, but social engagement. We want to maintain the vigilant hygiene that we've put in place. We want to have available personal protective equipment for child care providers and for children, if needed. We want to maintain the exclusion criteria that we just talked about on this webinar and maintain the daily health checks, and as CDC has recommended, they're three different methods and different ways that we can do health checks.

We also need to have space for ill children and staff. And we want to make sure that during meals that children are served individually. As many people have been concerned about supplies, this is something that we need to make sure that we have supplies, and as I mentioned, local resource and referral agencies are very helpful in helping ECE programs get the supplies that they need. Thank you very much.

Dr. Beltran: Thank you, Dr. Alkon. Before we turn it over to Dr. Sangeeta Parikshak, we have an opportunity for some questions that are coming in. We know that there's a lot of interest and a lot of questions that have been popping up in our question chat. We're going to try to figure out a way to answer some of those questions.

We know that a lot of the questions we're going to be able to answer them through the "Expert Series" that we're going to be advertising in the future, but for right now, we're just going to ask a couple of questions of some of our presenters. The first question is for Dr. Fisher. "For asthmatic child – or for an asthmatic child or staff, what changes are needed to prevent risk of getting sick with COVID-19?"

Dr. Fisher: So, the precautions that you would take would be the same that you'd take for influenza or any other illnesses. So again, it's hand-washing; the distancing will work for just about any viral infection, and good asthma control. So, make sure that the child is taking their medications as directed. One of the things that we've tried to use is more aerosol products, the inhalers as opposed to the nebulized treatment because the nebulized treatment does create aerosols, which could aerosolize whatever other illness the patient may have. But other than that, I think it's very important that children understand their asthma, take their controllers, and that their parents are communicating closely with their pediatricians.

Dr. Beltran: Dr. Alkon, "For schools that do not have a sink, and/or changing table in the classroom, how are we to wash children's hands all the time now?"

Dr. Alkon: So, the question is about washing hands? I'm sorry, I missed part of it 'cause I was unmuting myself.

Dr. Beltran: It's about washing hands when you don't have a sink in the classroom.

Dr. Alkon: So, we all know that running water with soap and water is going to be the best way to wash hands, but as CFOC says, too, the guidance is, if you don't have running water, that to use a hand sanitizer that's at least 60% alcohol. And it can be used safely with children. So, if you don't have running water, that is going to be the best thing to do. The one thing about sanitizers, we've always said that you need to have clean hands for it to be effective. So, if a child's hands are very dirty, there would need to be some way to clean their hands first, to get the dirt off, and then to use the sanitizer.

Dr. Beltran: I have a question for Dr. Fisher. Dr. Fisher, "How can we keep babies safe, since to attend to their needs we need to have contact with them at all times and we cannot put a mouth covers on them?"

Dr. Fisher: So, I think the ways to keep the babies safe, again, are the things that we've tried to do before. The younger the baby is, the higher the risk, and, you know, then you have to think about whether child care is the right place for them to be. But we can do things, like the caregiver can wear a mask to decrease the contact in that way. And I would agree with you, children certainly need touch. They need our presence. They need us to talk to them, to sing to them, to do all those kinds of things. Read to them. But we need to just try to do it in a way that doesn't put our droplets onto them.

Dr. Beltran: Dr. Alkon, as you were referencing the CDC guidance, one question came up related to, "If a child or staff gets sick with COVID-19, do they have to quarantine the entire school and close for two weeks?"

Dr. Alkon: That's a good question about if there is a positive case. There is guidance that says that you don't have to always close a program. That sometimes sounds like, "Oh, that would be obvious," but it's not, and it really depends on when the person got sick and how long they were actually in the program.

So, I would actually refer you to your local public health department because it does ... The guidance around what to do when someone is sick differs and if the program should remain open or not. But the majority of times, if one child, one person is sick, it does not usually

require them to be closed. For some places will have you closed for 24 hours, and then disinfect and reopen. So, I'm just going to say that's just one option that I have read about. But I do know that this does vary in different states and different localities, so to check with your local health department.

Dr. Beltran: Dr. Fisher, "In one of your slides, you mentioned that the virus can live longer in a refrigerator. Is there any information about freezing or heating items that kills the virus?" The person who asks a question is thinking about dramatic play toys, if she washes them in hot water or puts them in a plastic bag in the freezer will that kill whatever virus was on the items?

Dr. Fisher: So, it really depends on the virus, and, I am not aware of, specifically, information about the COVID-19 virus, whether it's how, you know, whether it's sensitive to freezing. In most cases, viruses freeze just fine. And when they're unfrozen, they're just as active as they were when you put them in the freezer. So, I would be surprised if freezing would kill the virus, or at least freezing at, you know, the temperatures that we have in local refrigerators. Heating: Most viruses are heat sensitive.

So, heating generally does work, but you know, you're not totally trying to kill the virus, you're just trying to wash it off the surface. So, for those toys and things, as long as they can be washed with soap and water, you can just do it that way. Many child care centers use just a dishwasher and put a lot of their toys into the dishwasher to be cleaned, and that often works very well also.

Dr. Beltran: I'm going to follow up with another question. "Is it possible to minimize germs in the air?"

Dr. Fisher: So, there are things like a HEPA filters that actually filter your air. In general, they aren't really necessary for a place like a child care center. We do use them in the hospital setting, in an adult who has severe disease and is, you know, it requires procedures that are likely to aerosolize the virus. But in general, we don't think that this virus really hangs out in the air all that long. Although you're going to hear very different, depending on who you listen to or which articles you read, it is possible to keep the virus in the air for a few hours, but that's not the way it generally works.

So, in the laboratory, you can make things into aerosol — you can make almost anything into an aerosol, but in real life, it doesn't generally work that way. I did want to say one other thing. I noticed there were a lot of questions in the chat box about pregnant women and infants. So, for pregnant women, the information now is that surprisingly, surprisingly, pregnant women do not appear to be at higher risk than women who are not pregnant, so, of the same age. So, that's an unexpected finding of this virus.

And as far as infants, go for the regular coronaviruses, in fact, young infants were at higher risk. We don't have a lot of information on COVID-19. People are, of course, worried that there might be increased risk in the younger infants, but the information that we have so far from China and Italy do not suggest that this is a problem. And, I practice in New Jersey, and in New Jersey we have not seen that COVID-19 is causing severe disease in infants. We are seeing some teenagers, particularly those who are vaping, who are getting in trouble with the virus, but we have not seen a problem in young infants.

Dr. Beltran: Great, and one final question up for Dr. Alkon. "What are the recommendations for using common playgrounds where multiple classes may be present at one time?"

Dr. Alkon: The recommendations are that if a common playground is used with multiple ages, it is better to stagger the use of the playground. So, it is better to have just the same, stable group in the playground at the same time, and to then have those children go inside. If possible, disinfect the equipment and then have the next group come out. So, it is not recommended that all ages and all children be on the playground at the same time, just because of all the issues that we talked about in terms of sharing the germs. It's better to have staple groups. So, that would be the recommendation, right now.

Dr. Beltran: Thank you, Dr. Fisher and thank you, Dr. Alkon. At this point, I want to turn it over to Dr. Sangeeta Parikshak from the Office of Head Start.

Dr. Sangeeta Parikshak: Thanks Marco. Hi, everybody. My name is Sangeeta Parikshak, and I'm the behavioral health lead for the Office of Head Start. I wanted to take just a few minutes to address mental health and highlight some related events available for ECE programs that are coming up relatively soon.

So, we know that there are mental health consequences and psychological impacts of the COVID-19 pandemic and Dr. Alkon mentioned one when she discussed the change in thinking from social distancing to physical distancing. And she talked about social engagement being so important for our health and wellness. We also know that there is uncertainty and anxiety about the day-to-day and what's to come. And there's also tremendous grief as well that people are experiencing, certainly around the country, if not around the world.

So, to that end, we are looking to add a mental health focus to the "Experts Series" that Marco highlighted at the beginning of the webinar today. So, you know, that's in the works right now and stay tuned for that. We also have other initiatives going on through our office to address adversity that children, families, and early childhood staff may be facing even more acutely during this time.

So, one of those initiatives is "Head Start Heals," which you can see on, we have a slide here for that. And the focus of this initiative is how early childhood programs such as Head Start can promote resilience and wellness for children and families. We have a landing page for Head Start Heals, which you can access through our website, which is the Early Childhood Learning and Knowledge Center or the ECLKC, and we have a section on trauma and recovery which is highlighted here.

There's a link at the bottom. If you go to that section, you can find our Head Start Heals page. We're recording all of our webinars and "office hours" and posting them there, and we have a few office hours coming up which are open to anyone in the early childhood field who would like to join. The first one is coming up on May 4, from 1 to 2 p.m. Eastern standard time. We take questions in real time around the different topics that you see outlined here and expect that many questions that come through will be related to how to address the impact and consequences of COVID-19.

So, if you're interested in receiving information about those events, you can go to the ECLKC website and hit the "subscribe" link at the bottom of the page to get Office of Head Start updates and you can get all of that information. We're going to be having different topics as you can see here, one related to building resilience, another addressing domestic violence issues, a third around child welfare, and a fourth around supporting families impacted by substance use disorders.

So, we certainly hope you will join us for those that are coming up. Thanks Marco.

Dr. Beltran: Thank you, Sangeeta. At this point, I want to introduce you to MyPeers. MyPeers is a collaborative platform for ECE programs to ask questions and share resources. Our national center regularly posts information in the "Health, Safety, and Wellness" community and many other communities, on MyPeers. If you're not a member of MyPeers, you can use the link on this slide to set up an account.

This information is also on the resources handout that you can download during this presentation. And, before we conclude, we just wanted to also remind folks and let folks know that this webinar was recorded and it will be posted on the ECLKC. Also, the webinar link that was used to join the broadcast can also be used later to watch the recording again, and that's going to be available for up to a month. And in conclusion, I just wanted to conclude the presentation and I want to thank you for joining us today, and please continue to reach out to us with your questions and concerns.

Stay healthy and safe.

Thank you.