

Social Distancing in Early Care and Education: Feasible or Impossible

Marco Beltran: Good afternoon and welcome. My name is Marco Beltran, and I am the Health Lead for the office of Head Start. I wanna start with some housekeeping prior to starting the webinar. We really want to hear from you, so please, use the "Ask a Question" feature to submit your questions. We will try to answer as many questions as we can. You can also download a PDF copy of today's presentation. A recording of this webinar will be posted on the ECLKC. You can also use the webinar link that you used to join the broadcast to watch the recording again, for a month. And before you get – before we get started, I want to recognize the National Center on Early Childhood Health and Wellness. The center is jointly administered by the Administration for Children and Families, Office of Head Start, in partnership with the Office of Child Care and the Health Resources Services Administration, Maternal and Child Health Bureau. For participants that are seeking a certificate for participating in today's webinar, you will receive an email with the link to download the certificate of attendance at the end of the live event or on the demand viewing. To receive the certificate, please watch the event until it ends, by itself, or click on the "X" located on the top right corner to close the player if you have to leave before the ending. If you have questions related to certificates, you can send an email to the email address on the slide.

Once again, good afternoon. My name is Marco Beltran, as I indicated earlier, and I'm with the Office of Head Start, and I would like to welcome you to "Social Distancing in Early Care and Education: Feasible or Impossible?" We have received many questions related to how can you really practice social distancing with children, and what does it look like with very young children? I think that, as we move forward in thinking about what things look like, it is important to be nimble and to be ready to adjust as we realize what we have planned really does not work. For many of us, it's super difficult to do, it's hard to change. We have perfected how we want our environment to look. But for the sake of minimizing risk, we have to change. Keep children safe within our – keeping children safe within our programs is a concern for all of us, and many of us are seeking strategies and recommendations to be able to do that through social distancing. And I'm so pleased to have Dr. Danette Swanson Glassy here with us to help us think through this. Dr. Glassy is a Primary Care Pediatrician and Child Advocate. For 31 years, she has been a managing partner, practicing at Mercer Island Pediatrics and as a Clinical Professor of Pediatrics at the University of Washington. Dr. Glassy, is the co-chair of the executive committee for "Caring for our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs," third and fourth editions, and is the editor of PedFACT, "Pediatrics First Aid for Caregivers and Teachers," in Academy – in an American Academy of Pediatrics publication. Dr. Glassy is also a passionate child advocate at the national, state, and local level, involved in the promotion of access to health care for all children and quality early learning. Now, I wanna turn it over to Dr. Glassy.

Danette Glassy: Thank you so much and thank you all for joining us today during these very, very stressful times. I know you and your families are committed to staying healthy and safe while supporting the young children in your care. On top of the coronavirus pandemic, we are

all devastated by the tragedy of George Floyd's murder, and I ask you to remember your own self-care. We need you for the children. Thank you again for joining us. Let's get started. So, we've all heard the words "social distancing." It's been taken up by our society as how we are going to stay away and prevent the spread of COVID-19. But really, it's physical distancing that we are talking about. How do we physically distance ourselves from this terrible virus? Children need social interaction. They need, and we all do, need to be still very socially connected, and not socially distanced. So, when you hear "social distance", do that translation in your head and think about physical distancing. There are many ways that you can maintain your social connection even before your program opens, and I think that's very important as you get ready. And, as Marco mentioned, being nimble, and as you maybe change your practices and procedures to keep everybody safe and healthy, I'd encourage you to meet with the children now, maybe with an online platform, if that's available to you. Maybe the via phone. Even sitting down with your staff and sending staff's photos and letters to your families and children to reach out to them now to not be socially distant. This is also going to be a very useful tool as you set expectations for school, and the way it's going to run when everybody comes back. You can let people know ahead of time, and that's very helpful for people to know what the expectations are and to reduce their anxiety. Now, I did say "when everybody comes back", but we also know that not everybody maybe will be able to participate in Head Start and Early Head Start in the way that they were before. And so, acknowledging that when you are reaching out and setting children's expectations, so they know that perhaps not all of their friends will be there. We know we have a very powerful tool of communication, but also, within that, the idea of using social stories of how this particular child in this particular family is going to join in with Head Start. So, starting to collect these creative ideas for how you can maintain your social connections while physically distancing is what we are going to be talking about today.

I wanted to back up and again go over some of the features about this COVID-19 or coronavirus. Why are we in this stew that we are in here? Well, remember this is a completely new virus. None of us really have ever seen this. Our immune systems have no memory, or any way to start to manage it when we are infected, and it's uniquely awful and that it is very contagious. And, for some people, it's very deadly, as we've heard. The ... You – I think you need to always think about how this can be spread. And, in this slide, I put the two main ways that it is spread that we know of at this time, because being nimble, we are learning more all the time. And so, this could change. One is through droplets; you've heard of this. Those are those little bits of virus and mucus and spit that fly out when we cough and sneeze. They even are flying out when we talk and sing. And most, it turns out, the experts are saying and telling us that most infections are spread this way. There is also touch; you can touch a surface that has recently been touched and some droplets maybe have been left there. And we now know bowel movements or feces, carrying the virus as well. So, through touch we can spread this. So, how do we prevent this spread? That's what we are talking about. We want children and their families to participate in Head Start and Early Head Start again, in a robust way, but we don't want to spread the virus. So, thinking about these two ways that we know the virus can get to us, we think about ways that we can distance ourselves from them. So, for the droplets, we are using masks. Cloth face masks are good enough. We wanna leave those medical grade masks for the medical setting or for other situations. And so, having cloth masks. Now, being creative

about where you get them, you can buy them. There are online and very expensive. I have an aunt who is going crazy in quarantine and shopping a lot, and she found an artist who made a beautiful cloth mask and sent it to me. You don't have to go so fancy. But of course, it gave her joy to be able to do that for me. Cloth masks, there's many YouTube and online instructions on how to do that. And you can ask your community, to ... seamstresses to sew these for you if you need to have them for your families. In my office, we have had many families sew us cloth masks for our families as they come into my medical primary care office, and we're able to give them masks because some still don't have any. Physical distancing, social distancing. What we are talking about more today, the ideas that people have come up with in early care and education settings is to limit the size of your groups, try to have children stay at least six feet apart for much of their play, and, of course, fresh air, outside if possible. You can open windows, if you have that ability, and that fresh air reduces the spread of droplets, but also just being outside. We'll get back to that later. There's also, then to reduce the spread of through touch, and that's your hand hygiene. It turns out there's nothing remarkably new about hand hygiene. It's what we've always been teaching. When to wash your hands, how to use soap and water for 20 seconds, and how to help children do that and when to do that. It didn't change with COVID. We've known how viruses are spread and illnesses spread, and how you can prevent that through hand hygiene. And it turns out, just like our recommendations have always been, soap and water is a much preferred way to do that, but when you do not have that available, alcohol-based hand sanitizers, of course, supervised with small children is an alternative. And of course, you are disinfecting high touch surfaces. Even in my office, we are unable to get fancy disinfecting wipes anymore and are happy to have our bleach solution to be able to disinfect our rooms and our surfaces in between each patient. And so, nothing different about disinfecting, and the way you've done that in the past. Just being diligent about doing those high touch surfaces. So, that's what we know about it.

I also wanna step back and touch on the importance of support. We know how stressful this all is and change is hard. Being nimble is exhausting. Every day we're thinking – we're finding out new things and having to correct and change how we approach and deliver our care. And teaching, for you, and care in my office. So, I think it's very important one of the ways we support each other is through good communication and good setting of expectations. So, please, go through the steps you need to complete before opening. Think about every single procedure you do, write it down. It's easier to see it when it's written down and just start to plan. And begin to create those communication tools. It's important to recognize that your staff is quite stressed out by all of this, and to understand what you can do to help and support them. It's important to recognize the stress of the families, including your own family, and what you can do to reassure and to support them, and to recognize the stress of the children and the needs that they have as we go forward. These stresses may be the novel. ... COVID-19 is new, but things like this trigger people's old traumas, and the stress of the – the racial biases that have been going on is also very triggering for most of our families. So, understanding how communication is very reassuring to them, partner with your family support staff, and prioritize and individualize the support you are going to give to families who have special struggles, and understand their struggles ahead of time. Try to head that off with your support. And of course, children with special health care needs, whether they are developmental or physical, may need

different accommodations. And so, understanding how they are going to join back at school ahead of time, and have all these resources and communication plans ready for each group. Because, as we socially gather but physically distance, I think you are going to find that it's going to relieve a lot of anxiety for people to know that you've thought about this and you're keeping them – their health and safety first and foremost and help them to participate in a safe and healthy way. All right, so, one of our ideas, of course, for physically distancing, is to keep everybody together in a small group, including their teacher. This way, if someone did come down with COVID who attends school, it is a smaller group that's been exposed – potentially exposed – because the other things you are going to do will even reduce that risk of spread within that small group. You have to think about these small groups moving through their whole Head Start experience. From transportation, to check in, and include eating. I heard about a school that was doing small groups, but then the teachers gathered in the teacher lounge, and all would eat together. And, of course, without masks, because you have to eat without a mask. And so, be sure and think about ways that you are going to teach your – keep your teachers physically distant, but to allow them ways that they can join together and support each other without coming within six feet or without masks.

So, remember thinking about that droplet spread. Small groups can be managed, also, with your space. So, we know what evidence-based teaches – what the evidence-based evidence says about space. What's the best practice for space for children? And you can even review that in "Caring for our Children" standards. The link is in your handout, and Standard 6.1 talks about how much space do children need in a play area and playground sizes. Even Standard 5.4.6 talks about space for ill or injured children, maybe special children with special health care needs. But on top of that, how do you keep your small groups and keep in mind adequate space, and one of the most – one of the ways to do that is to think about more time outside. We know that droplets don't spread as easy, we know that children can – are – it's easier for them to stay farther apart during their time outside, and those droplets don't spread as easy. So, think about, where can you access outdoor space? Is it near or close by? Partnering with neighbors or your city and local parks. Finding ways to access that outdoor time will be important. More nature play is definitely going to be in your future. And finding curriculum, including at the early – the ECLKC website, just ... We'll have that in your handouts as well. Another way to have small groups in indoor space is to think about play hubs, and encouraging children in their play hubs, or to create their own play hub in a way that you – that they want and the things that they want in their own play hub. That might be created through the creative use of your furniture, or different rooms or tape on the floor, and having children help you create their own play hub. These have been creative ideas that people have had. Again, our creativity is going to help us be nimble. How do you use time and space to create these physical distances? Well, using all of your space available, indoors and outdoors. Staggering the time that children are in the playground, or coming and using, and coming to Head Start and Early Head Start. Staggering your playground times your nap time mats and cribs should be six feet apart. Maybe think about head to toe to get that six feet from face to face. Maybe your admin is still going to work from home and use their offices for some of the space that you can use to separate your small groups. And, of course, your curbside drops offs: Staggering the times that families come do that. So, there is not a great group arriving at the same time. So, using all of our creativity in

this. Sharing ideas for plays, for display, and the games. It's going to take all of us and all of our creativity, and then, I encourage you to share this: your wonderful and creative successes, and maybe failures too, because we learn from all of that.

I want to step back. We'll get back to sharing our creativity in a minute, but I also want to take another detour back to health disparities in our vulnerable populations. We all know that the stress and the way that the illness has spread from COVID-19 is just another example of how health disparities unfairly disadvantage our vulnerable populations. It's ... This virus is infecting and impacting African American, Latin and Native American populations at disproportionate rates, at higher rates, and these vulnerable populations have been more likely to be part of the workforce that's been deemed essential and have not been able to stay at home and work from home, nor to have access to adequate personal protective equipment and strategies within their workplace to reduce their risk of catching it at work. These long-standing inequities, of course, just make this crisis in our vulnerable populations even worse. And I would add that the stress from family members becoming sick, the stress from understanding this unique risk, also disadvantages vulnerable populations, and activates past traumas to visit upon them as well. Head Start programs, of course, is this shining beacon, and we have this important role to play in addressing these disparities and to be part of the healing and the social coming together. And so, I'm so proud of all of you for coming on this and all of our webinars that have helped us understand how can we do this in a way that keeps children healthy and safe, and spreads those messages of hope back to their families. So, our resources; of course, you know about the Early Learning Child Knowledge Center, ECLKC. This is what people call it around the American Academy of Pediatrics. There've been many blogs and webinars and old – even old trainings that are still applicable today. So, I highly recommend you look at these that we have curated for you, and that you go back and look at things, including the nature-based curriculum and the social emotional development and support, that have always been there. Of course, the Centers for Disease Control tell us ... gathered credible experts' advice and put it out for all of our health departments and for all of us to take a look at. There is new guidance on there about what to do when a child or teacher or staff has been at school and has come down with COVID, and how to have them be separate as soon as this is recognized. How to let the school know in a private sort of way, keeping confidences, and also alerting your local health department, and gathering their help. The CDC talks through some of those steps as well, that's new. And then, Autism Research Institute. One of the difficult ways to reduce the spread of droplets is wearing a mask and having children from two or older wear those masks, if that's what your school is doing. In my ... In Seattle, we have – we are still even in lockdown, but we are seeing children in our office, and we are, in our county, required to have people wear masks when they are within six feet of each other, and children over the age of two. So, even small children in my office are, for the first time, some of these children have been at home until they had to come and see me, wear a mask, and it's hard for them, it is hard, no matter what their developmental struggles are.

And so, kindly and gently making it as a game practicing at home. I often tell the families, "Take this mask home and practice." They may need it when they go back to school. Asking parents to set a good example, letting them know the struggle I had when I first began wearing masks all

day long, and how it became easier later. So, setting good examples and providing that empathy. Your staff and teachers, if masks are used, are going to need to be reminded not to reprimand children if they struggle with this, but to help them embrace it. And I think the use of social stories for children who have developmental struggles or autism. On the resource page, you'll find the example of an "I can wear a mask" social story, which I think will be very helpful for all children as you help model that behavior. I would also recommend you look to your local Child Care Aware, as they are helping child care providers also do this important work and are coming up with creative trainings and ways to accomplish it. And of course, your local health department. They know best what your risks are in your area or in your, perhaps, even in your school or your population, and I'm hoping that they have the resources to help you. But if not, you know, you have the Office of Head Start and the ECLKC staff to help you with your questions. All right, I want to thank you for listening to me this morning. I want to thank you for the great work you do in helping our next generation be the best that they can be, and I want you to recognize that it is a stressful time, and remember your own self-care. Thank you so much for listening this morning.

Marco: Great. Thank you, Dr. Glassy, and we are getting so many questions, so I'm am going to start off with some of the questions that we are getting to see how we can answer them, but .. So, I'm really glad you ended up with the – with the piece around the mask. We've received a lot of questions related to the masks. Some of the questions include, "What age should a child wear a mask?" Some of the questions are related to the importance of a mask. So, can we just [Inaudible] ... You talked about on the last slide, and the last point that you are making with the autism resource, but can you speak to the importance of it again and the age or years to when a child should start wearing a mask?

Dr. Glassy: Sure, and a little bit about why. So, if you remember my slide about COVID, we think most of the spread is through droplets, and even talking and singing, that can happen. And so, if your program is choosing to reduce that risk with a mask, the Injury Prevention Pediatricians have said, from two and older, children are safe to use a mask. Under two, they're a little worried about the safety of a child using a mask, so, would not recommend anyone under the age of two using it, but children two, three, and I have to tell you, even 11 years old when they come into my office, struggle with using a mask for the first time. And if any of you are starting to use your mask, you know how difficult it was at first, it is something to get used to. For any of you out there who have worn glasses or had to start wearing glasses when you were a young child, if you can remember that feeling of being uncomfortable and not liking it and feeling sad and a little out of control because the people in your life kept telling you had to wear them. That's what I would equate this to. And so, it's going to ... And when kids come to your program, they might not have ever, ever worn a mask. If you are asking them to do it, like in my office, when they come in and they are sad faces and they are pulling at it and pulling it down. And so, you – I think being prepared and – and training your staff on how to be compassionate about that and empathetic to model good behavior with your own mask and wearing it properly. The CDC has actually a pretty funny poster about how proper wearing of a mask and how not to wear a mask that we copied for our office staff as we struggled with wearing them. We ... And then, you know, using all of your tools that support good social emotional learning,

including social stories about wearing a mask. I think will be helpful in that resource for children who struggle developmentally to understand our words and actions, and their own self control and sensory issues will make it very uniquely difficult for them. Remember, also, I mentioned, as you think about the students who are coming, there are going to be those who have special needs, and I think really thinking about your plans from starting at home to the end of your day for each one of those, because they are all unique, and how you're going to make your care plan work for them will be very important.

Marco: Thank you, do you have any ... So, there's been some questions that are coming around related to feeding and masks ...

Dr. Glassy: Mm hmm. [Laughs]

Marco: having to, you know, what do you do? And also, not just for children, but then also is the same question for staff, like, during times where they have to eat, and they have to take the mask out or they have to drink water or something like that, like what should they be concerned about, or what should they be thinking about?

Dr. Glassy: Right. Well, for teachers, I think, for sure, being at least six feet apart from each other when you take off that mask and you eat, is going to be important. It's not just being, you know, in the teacher lounge or where the teachers eat. But, if teachers are eating separate from children, and teachers want to eat together, of course, they have to take off their masks, but maintain at least six feet apart during that time. Now, when you think about your small group that's going to eat together, one of the things also to remember is that you are not going to serve family style anymore. We know how important that is for social emotional learning, and healthy active living, but for now, each child gets their own portions. And whether you want to be – you want them to all sit six feet apart, or if you say to yourself, "Well, here we are, we are a small group and we've maintained our small group status." Of course, when they play, then they're less than six feet apart. I think it's gonna be your individual program, and what your possibilities are. You might not have the ability to have each child eating six feet apart with the staff helping and promoting good, healthy eating habits. So, I urge you to really think through what you can do. But if you are in an area where there is a lot of COVID spreading, you should think about ways that you could, maybe when the children are unmasked, be six feet apart.

Marco: Following up on the feeding theme, one of the questions ... Well, as you indicated for us, family serving meals is like a hallmark of what we do and – and how we engage during, as it relates to children eating. Another hallmark, especially for Early Head Start programs, is the feeding of very young children. So, there is a lot of concern around what that social contact means. And there are still some questions around, should we be propping bottles up for children to feed?

Dr. Glassy: Oh, please, no. Thank you, Marco, for bringing this up, because children under two, remember, are not even going to be wearing a mask and need touch and interaction and close touching interaction. And so, I know on previous webinars we've talked about wearing a smock

between each child as you touch and hold them, and you would continue to feed that baby and not prop that bottle. There needs to be eye to eye contact and murmurs and interaction while you are feeding. The staff should be wearing a mask, and that you can do and the smock. But touch, this is very, very important that you feed a baby and hold them and not prop a bottle. Second then, is in feeding a small child. There are solid foods, if you are going to be doing that at Head Start, again, it has to be in an interactive way and in a certain return way. You probably read those words or heard that in trainings around social emotional development. When you are feeding a child, you watch for their cues. Did they open their mouth? Are they excited for the next bite? Or are they turning away and pushing it away and all done eating? This takes close-up interaction, and you need to honor that child's cues as you are feeding them, even when you are feeding them solid food. And so, again, your smock, your mask, and the good hand hygiene before and after.

Marco: So, this next set of questions are really interesting, and they're at the center of the webinars. [Inaudible] What does it mean and is it feasible or not feasible? What are some of the expectations that we should be having, especially for very young children as it relates to social distancing?

Dr. Glassy: Very young children won't know to socially distance. I think we entice them to do that. So, of course, for babies, that means having enough space to spread out the interesting play areas for them to interact with the – in different parts of a room or outside. For toddlers who have their own ... They're walking and getting around the room on their own again, enticing them with this idea of play hubs. So, some of their play is separate from each other. But your go to again, then, is that it is just that one small group that has been together. And then, any time you can do outside, throw down a big blanket and the non-crawling babies and the crawling babies on blankets out there. The toddlers in safe areas where they can run and play. And again, reminding families to end or providing them with proper clothes to spend more time outside and having cover from rain. And, in the winter, maybe you know, for cold weather, if that's a possibility in your area. And then on days when it's too hot this summer in your area, again, understanding what those who are caring for our children have a good discussion of when is it unhealthy to be outside And it's surprisingly, shockingly high, high hot temperatures and very, very low temperatures. In my state, there's many outdoor preschools where children are outdoors the whole time. They never are inside, except to use a restroom, and we have a little more temperate weather than some parts of the country, but it is doable to spend a lot of your time outside. Marco, did I help with that one? I kind of got off on my outdoor thing, okay?

Marco: [Laughs] No, you did, and this is kind of a follow up, because I know that this is, and you kind of indicated with your example of going outside and, you know, with setting the blanket for, you know, non-mobile children, and then for your toddlers to be able to run, but there – there seems to be a lot of concern, especially for our Early Head Start programs that have mixed-age groups or – or multi-aged children from zero to three. Is there any other recommendations or strategies that you can provide or think about, related to that population?

Dr. Glassy: Yes, I think, you know, create – this is creativity. I am not the most creative person. So, this is where I would be looking: to Child Care Aware, to the outdoor preschools, to your parks and recs and other programs that have had Zero to Three programs to see what they've do – done with mixed age groups. I know my science center, my aquarium, my zoo have all had zero to three-year-old programs that involve some outdoor time and have solved these mixed age group things very – in very creative ways. So, please be looking to your community partners for ideas about that. And, of course, your childcare brothers and sisters who are also trying to solve these problems.

Marco: So, just to point that out, at your one of your earlier slides when you were talking about COVID-19 and, you know, that is a new virus and our immune systems aren't just haven't just recognized it yet. Thinking about that, just as – as we progressed throughout this series of webinars, there's things that have shifted or changed. So earlier on, there were – part of the guidance was that anything that involved a lot of close contact had to just be taken off the books. For example, do not engage in particular activities. Around that time, there was a lot of questions that were coming in, and they are still coming in on this webinar, related to sensory play, and it be so vital. So, originally the thought was, "Let's strip all of this and nobody does it." What do you ... Just kind of thinking about how we've progressed over this time period, what are your thoughts about sensory play since we know that it is so vital to children this age? Thinking about water play and working be playing with rice and kinetic sand, like playdough, that kind of stuff.

Dr. Glassy: Right. So, this idea of small groups, I think, is going to be the thing that will reduce people's anxiety if it's this only your, you know, the odds of you coming down with it, being only exposed to whatever your small group number is going to be, is reduced if it's only that small group you're inter – you spend time with. And then reducing the amount of time that those children are actually close to each other, and if you can have them wear a mask. These are all odds reductions. They're reducing the odds that the virus will spread within this group that is closer than six feet and out of their own home. You know, we are in this opening up phase, and truly, the only way you will never be exposed to COVID is in your own home and not going out ever, and we know we can't do that. But as we open up and there are fewer cases in the community, we are starting to interact more, but at – in that interaction, that's not our usual, it's doing it in ways that reduce the time [Inaudible] exposure. So, for sensory play, you know, this idea of – of hubs of interest [Inaudible] "Though two kids can be over there now, but the rest of you go do this over here" or "Go to your own play hub." Or – and [inaudible] They're really up next to each other, only two at a time. You know, something creative, like anything, you [Inaudible] time that they do that and the space that they're doing it in will help. But also, you are – if you are good about your small group clustering – you've also reduced that risk. And if you are good about your kids wearing their mask, because they are starting to do that better and better and better, you are also reducing the risks of the spread. And if you are compulsive, [Laughs] like, you hear about people who are compulsive about hand washing, if you are compulsive about when and how and how long to do that hand washing and then disinfecting, you, again, are reducing the risk of that spread, even having sensory play. I hope by ... Reduce the anxiety around that.

Marco: And I'm gonna keep with this anxiety kind of theme real quickly. So, you indicated, in one of your slides related to stress, and we were talking about stress a little bit earlier, and we know that we're gonna have a series or an expert webinar at the end. The last one will be addressing mental health needs of ECE staff during COVID. But I found this question and it's gonna go a little bit off topic, but I found it to be really interesting, and I'm not sure if you can help answer it, but it's this notion of concern about returning to work. And then, also, like the staff members concerned about returning to work, but they are also concerned about translating job stress and concern over to the children in their care. So, they were just kind of wondering if there is anything or any thoughts related to that.

Dr. Glassy: Well, I'm glad they are recognizing that, because when the other first thing I mentioned ... We could talk to this – like this for hours. [Laughs] I know but is to think through the steps of the day, and what has to happen. And making sure that your staff understands why you are doing it, and how they can protect, and that is a protection for themselves, and the support for them, and the training and support that they need even before the children come, so that they are confident and and feeling like a good role model to the children and families as they come. So, I can't emphasize enough, when we learned about COVID, and we continue to see sick and healthy children in our clinic, and Seattle was one of the early hotspots, every morning we would have a huddle with our staff and tell them what we've learned, and how we were gonna keep each other safe and healthy, and how we were gonna reduce the spread from the germs that were coming in. Cause, guess what, in a pediatric clinic, we know COVID is coming in, but we still feel like everybody there, our staff, and our children and the other families are safe, and that we're not spreading it, because we've thought through every single step in our own physical space and how to keep that safe for each of our patients, and that's what I think helped our staff to be confident. They were worried. We have at least one doctor who is over 65. We have a couple of nurses who are. We have staff, even young staff, who have some significant health risks, but by being very mindful and very careful about what steps you take and why, and supportive of them as they express their concerns and learn the new steps, They are confident and healthy, and I can tell you, Marco, now three months into it, absolutely not even one of my staff has gotten ill. So, I think that – I think it's possible in early care and education as well. But I really want to emphasize how important it is to plan and to address these with good training, that includes support for the anxiety. We had one staff member whose anxiety was so high, she chose not to come back to work, but the rest have been able to. And we still check in with her from time to time; she is staying at home.

Marco: So, this ... Thank you for that. This question is really interesting because it's, you know, as an ECE provider, it's something that we constantly think about, this whole, you know, social engagement, social emotional kind of support for children. But the social engagement pieces is one of the things that we try to create environments for. It's appropriate for a learning environment or existential for learning environments, right? I've really struggled with ... I keep on, in the back of my head, thinking how to do this and social distancing. I just kind of have this fear that we are gonna negatively impact that opportunity of learning and social engagement. What are your thoughts?

Dr. Glassy: I think your tone of voice and your eyes, and your body language communicate a whole lot more than – than we realize. I've been shocked, because we are wearing these masks for, you know, months now, and even babies who are starting with their social smile, they're just getting to be that two to four months old and doing a reciprocal smile with us. I had babies where I've been looking right after them with my big old, you know, mask on, and I'm smiling big, and I am chatting with them, and all they can see are my eyes and hear my voice and see my body moving, and they smile. So, I was so worried that a mask would ruin that reciprocal social smile, the first sort of evidence of – of language and emotional connection. And I have to tell you, it's – it's more complicated than just there's our lips. And so, I don't want people to be afraid to express their social connectedness with the children and that it's coming through in other ways. And that with your mask on, and washing your hands and maybe a smock [Laughs], you will be able to be socially engaged and to share that joining, and be a better teacher through that, even during this COVID time. I am convinced, I was truly worried about the mask [Laughs] and smiling and babies and their social interaction. But I don't know, there was a model who talked about “smize”, you know, making your eyes smile, and we must do that, because these babies know you are smiling.

Marco: I know, I've spotted that fact a lot, and that it's a really – it's a mind bend, right? This is like trying to figure out how – how is that actually gonna work out, I loved that example. This is a really good question, because I think it goes back to one of the things you indicated earlier related to, like, hand hygiene is nothing new. We've been doing this for a long time. One of those other topics that I think it's nothing new is this idea of what to do when a child gets sick in the program. So, what would be ... So, thinking about the isolating a child or a sick child while in the program, can you detail that a little bit more? Like, is there ... What would you say to that?

Dr. Glassy: Well, first of all, arm yourself with knowledge. So, go to the CDC guidance on this, that's just come out. Go to "Caring for Our Children" and read through the standards that talk about when a child becomes ill at early care and education programs. If you are lucky enough to have the AAP publication, "Managing Infectious Diseases in Child Care and Schools," it details, again, what to do when a child becomes ill, and you would not know at that point what it is they have. Remember, there are still many normal colds and childhood illnesses, but in the time of COVID, we are going to ask that children who have any symptoms, any fever, any cough, any congestion to not be at school. And so, when that starts up at school, trying to have a separate place, and think about where that might be, where they can be separate from their small group that they were in, and who is going to supervise them, and yet still supervise the rest of their small group, and how to contact their family, and to follow up to ask them, you know, about staying home until the quarantine time has passed, till their symptoms passed, and if they've been tested. In our area now, our county is lucky enough that every single citizen who has any symptoms is highly encouraged to get tested and has access to that, either through their primary care provider or through drive by testing sites. So, if your area is lucky enough to have that, the child could be tested possibly and know whether it is COVID or not. But there are protocols for, whether you know it or not, and then alerting the families in the school, and particularly the families and staff who are in the small group, that someone has become ill, and what you are going to do about that. So again, this is just one of those things that you know will

happen. It might not be COVID but it might – it's gonna be some other illness. And so, you really, again, need to think through the steps.

Marco: So, this next question is really interesting, cause it is tied to – it's tied to what you were talking about, the importance of having small groups and what that means for social distancing. But one of the strategies that is – that we've had prior to COVID, was this notion of having other folks from the center come in to provide classroom support for staff. And well, during the day, and that kind of – it kind of pits that whole small – keeping small classroom together, right? What would you say to that – to that strategy, or what are your thoughts about it?

Dr. Glassy: Boy, you know, that's gonna be tough. Or what about your enrichment teachers and things like that? Could it be that the person who comes in is there ... who does the breaks – covers for breaks or whatever is ... while the children are sleeping so that there is no – so that this covering person is more than six feet away from the children at all times. You know, could be that they wear more PPE for the short time that they are covering. You know, if you have one N95 for your roaming teachers or whatnot, I think those are the things that your child care aware people might have good suggestions for you. And, please, in your own physical space and how your program runs, again, contacting your health service – health services advisors, and they are getting together and sharing ideas. And so, they can be very helpful in that those staffing questions and understanding your physical space and your staff needs, and they can bring that to their MyPeers group. They get together and share best practices as well. It's gonna to be so individual for each group, for each school. I think it's hard to go into any more detail.

Marco: And this is the last question, just ... I think looking at the time, but ... So, one more question that came in was related to play hubs, and there was a strategy that was – that you presented, or you talked about when you were talking about our outdoor play. They are asking if you can do it a little bit more of a description to it.

Dr. Glassy: So, I got this from a very smart person. So, I have not seen it in practice, but the description to me was that your play hub could be for playing various kinds of pretend play. So, the play hub for the kitchen is separate from the play hub for the baby dolls, versus the trucks, versus the, maybe the sensory table for your indoor play. The other idea of a play hub is a personal play hub, so that you mark out with furniture or a blanket or putting tape on the carpet, "This is Rachel's play space or her hub and she can put in that space whatever she wants, and she can go there to play." And everybody, Tom has his, and, you know, all the kids have their various little spaces that they could go to play, that are enticing not like you go there, "You have to go to your play hub" or "All children must play in their play hub." No, but they're enticing in some way, and that you set up your outdoor play somewhat that same way. So, we are doing, you know, the garden and the worms and the mud and whatever, and, you know, separate six feet away from each other so that when the kids are interacting, they're much further away. And I would encourage you to go to the ECLKC website, and that some of the trainings for more information on this idea of play hubs. And I hope I explained it correctly.

Marco: Dr. Glassy, that was the last question, and I just really want to thank you for taking time and answering our questions, and helping us kind of think through and hopefully providing ... We ... Some of our takeaways would hopefully get us a little bit more prepared, and as we move forward to opening up centers, either now or in the fall, so, thank you.

Dr. Glassy: Thank you.

Marco: Oh, you're welcome. I wanna talk a little bit about the Expert Series that we've been doing. So, many of you have sent questions to our National Center already, which we use to plan our expert – our "Ask the Expert" series, like this particular webinar that we did. So, please check our upcoming events, we have one last event that's coming up on June 9th, and that's gonna be focus on addressing the mental health needs of ECE staff during COVID-19. That ... Please, sign up for that. That information should be coming out soon if it hasn't already have been e-blasted or been released. So, as many of you know, we have our MyPeers space. MyPeers is a collaborative platform for ECE programs to ask questions and share resources, and I think this particular topic is a great topic to engage others through MyPeers. So, I would love to see this conversation kind of take off in that space. So, our national centers regularly post information, and you can also post information in the Health, Safety and Wellness Community and many other communities on MyPeers. So, if you're not a member of MyPeers, you can use the link on the slide to set up an account. This information is also the resource – in the resource handout that you can download during this presentation or through this presentation. So, this slide contains the information for the National Center on Early Childhood Health and Wellness, and you can find resources about COVID-19 and many other health topics on our website. You can also submit questions to our info line using the center's e-mail address that's located on this slide. And then, for ... You can view the webcast on-demand, starting 30 minutes after the live event ends until June 15, 2020. On-demand viewing is available 24/7. You can use the same registration and access link. There is no alternate phone line for on-demand events For those interested in certificates, as I indicated at the beginning of the webinar, you'll receive an email with a link to download the certificate of attendance at the end of either the live event or the on-demand viewing. For questions about certificates, you can send an email to the email address on the screen.

You know, and finally, I know that many of you are worried about providing safe services to children and families, and many of you are concerned for the well-being of children, and are doing everything that you can to ensure that they are connected, and that their needs are being met, thank you for doing that. Thank you for doing the work that you do. I wanna thank you all for participating and asking questions. And I would also like to thank Dr. Glassy for helping to address questions, and for sharing her expertise, and for allowing me to put her on the spot with some of the questions, but I love her frankness and her ability to just be creative and helping us think through some of the questions that were coming through. At this point, this concludes our presentation. Thank you for joining us today, and please, continue to reach out to us with your questions and concerns. Stay healthy and safe.