

Keeping Our Children Well During COVID-19: Tips for Early Care and Education Professionals

Marco Beltran: Good afternoon and welcome. I want to start with some housekeeping prior to starting the webinar. We really want – 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. In addition, we want to let you know that your questions become foundational for us in future websites, webinars, so please make sure that you ask questions that way if we do not answer them now we are going to use them for our future webinars. You can also download a PDF copy of today's presentation. A recording of this webinar will be posted in the ECLKC. You can also use the webinar link that you used to join the broadcast to watch the recording again for up to a month.

And 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 and Human Services Administration Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood System. So, once again welcome. My name is Marco Beltran and I am the Head Lead for the Office of Head Start, and I would like to welcome you to Keeping Our Children Well During COVID-19 – Tips for Early Care and Education Professionals webinar. We have received many questions regarding well child visits and immunizations. And many of you are worried about how children will be brought up to date, related to both well child visits and how to support families to connect with the pediatrician. These types of questions are the foundation for this webinar. In addition, you will hear about recommendations from AAP on maintaining immunizations during COVID-19, strategies for using telehealth services and how to support well child visits once the EC programs open.

At this point, I want to introduce Dr. Colleen Kraft. Dr. Kraft is currently the professor of pediatrics of Children's Hospital in Los Angeles. She is the 2018 House President of the American Academy of Pediatrics. Dr. Kraft is a graduate of the first Head Start class of 1965. She went on to receive her undergraduate degree at Virginia Tech and her MD from Virginia Commonwealth University. She completed her residency in pediatrics at Virginia Commonwealth University. Dr. Kraft recently completed her MBA from the Lindner School of Business at the University of Cincinnati. Dr. Kraft experience includes working primary care pediatrics, pediatric education, and healthcare financing. She cared for patients in the community pediatric practice in Richland Virginia. In 2009, she became the founding pediatric program director at the Virginia Tech Carilion School of Medicine. Dr. Kraft has the medical – was the medical director of the Health Network by Cincinnati Children's Pediatric Population until 2017. She was president of the AAP's Virginia Chapter from 2006 to 2008 and was best known for working with the legislation to improve Medicaid payment rates for pediatric services. Dr. Kraft is co-author of the book, *Managing Chronic Health Conditions in Childcare and Schools*. She has been actively involved in pediatric engagement in school and childcare for children with special health care needs. Her work in early childhood and population seeks to

translate the goals of equity in the medical practice. At this point I want to welcome Dr. Kraft and turn it over to her.

Dr. Colleen Kraft: Thank you so much, Marco. I appreciate the introduction and welcome to all 5,092 people who are on the broadcast right now. We are going to talk about topics of keeping well. And that is going to include well care. What is the state of well care during COVID-19? Who are taking care of the kids and doing the screenings and immunizations? We are going to talk about: Where do you go if your child is ill? And I will break this down into COVID-19 symptoms, which are fever, and difficulty breathing, and respiratory symptoms. And then other conditions, because as you know kids get sick with lots of things that are not COVID-19, and many of our families have had concerns about: How do I access services during these times? We are going to talk about services for kids with special health care needs, much of which has been interrupted and some of which is actually happening by telehealth. And then finally, what are the tips for new routines and new memories? Where does the new normal come in through here? What is the silver lining that our families can find during this time that's brought so much anxiety to people?

So, first I am going to start talking about well visits and the recommendation for the American Academy of Pediatrics. Our priority here is going to be for children less than 24 months of age. And that's going to be because that is where development is so rapid. And that is where the bulk of the immunizations are given, and the bulk of screenings. So, we want these kids to come in, in person, as much as possible. We want to be able to do their screenings, including vision, and hearing and anemia and lead screening, and developmental screening. We want to monitor their growth, and they should be receiving their normal immunizations.

I am going to talk a little bit about telehealth. Because there are some practices that are using telehealth for some of the anticipatory guidance and some of the screenings that go on and then seeing kids later on in person as a way to help to diffuse some of the fears that our families have about coming to the doctor's office. Let's go to the next slide.

This is kind of a busy slide with our Bright Futures recommendations for pediatric preventive health care. And really the point of this is that there is a lot that we do when we see children for health visits. There is a lot that we do in terms of measuring things like anemia and lead in their blood. But we are looking at what is happening with their development. We are looking to see what is going on with their families. We are checking their vision. Lots of different things that happen that we, that have been interrupted, and we are really figuring out ways to try to get kids in and catch them up. A word about immunization. There is lots of evidence that the rates have been falling during COVID-19. And we worry about the rise in vaccine-preventable illness. And what we are seeing right now as the kids are social distancing and not coming into programs, we are actually seeing a little bit of a fall in acute illness. But we worry now with so many states reopening that we got to get these kids up to date on their immunizations, and there are some really good ways to do that. So, I am going to talk about some options on how you can get kids immunized.

And then our next slide is really looking at the 2020 recommended immunizations for children from birth through 6 years old. And again, as you see this you see that the bulk of those immunizations are generally going to be completed by 24 months of age, which is why we're telling our families that you really should bring your child in, and that our pediatric offices are going to do the best they can to try to keep this safe for you and your child.

So, how are our pediatricians responding? What many of the offices are doing is they're now separating out their day where the morning is for infants and toddlers only ... For well children, for those babies to come in without the fear of being exposed to COVID-19 in the office. And we're looking to try to get those babies scheduled in person and in the office. We've actually been proactively going through our list of children who have not been in for their recommended well visits and really reassuring these families that it will be safe, there will be fewer kids around, fewer families around, and that we're prioritizing these morning visits for them. We are screening for illness in both the children and parents, prior to visits because what traditionally had happened is that you bring your child in for a well visit and they may have a cold or even a fever, and we will still see them for the well visit. But right now, what we're doing is first saying: If your child is sick with anything at all, please, don't come. We'll figure out a way to reschedule and to see them. Because we're just being, making it so that those morning appointments are really very safe for these children. And then, we found that we have to ask the same thing of the parents as well. Let me give you a concrete example. We had one morning where we had a child who was coming in for a well visit, a 6-month-old, and the child was well. But her father who brought her in worked for Delta Airlines and had a fever. And, you know, unfortunately, you know, he had the best intentions, but we couldn't see that child that day because the parent was ill. And we care about our families and our family units, but again, to try to keep that prioritized for well babies, well visits. We're doing a lot of screening with both the kids and the parents to make sure that everybody is well if they come into the office during that time. Many places where I work, at the Children's Hospital Los Angeles, they are doing screenings in terms of temperature and questions for every staff member coming through the office as well too. So, I actually have to wear a band on my stethoscope every day that's a sign that I have been screened and that I'm OK to be seeing my babies. And let's see. We can perform all of those screenings and immunizations in our office for those children who come in. Most pediatricians are keeping the early afternoon for mild illnesses that need a physical exam. So, a child with an earache, they may not have URI symptoms but their ear hurts. That's a child that we would actually see in the office because we really can't tell what is going on with them without actually seeing them in the office. A child with a rash ... Now, we're doing a lot of those by telehealth, but sometimes we have people who want to come in and have us take a look at their child as well too. We are doing a lot of telehealth for kids with mild illness. And telehealth works really well for things like pink eye, for many rashes, for many questions about certain things for a lot of basic advice. If you have a child with a fever, often through telehealth we can look and see what that child's respiratory rate is or have a parent take a look at a heart rate and see the activity of the child and really screen to see: Is this an illness that can be taken care of in the home? Or is this something where that child absolutely has to be seen? And so, we are leaning a great deal about what telehealth can and cannot do for our kids. A drive-through visit. I have that on there, and it sounds a little funny to hear about

that, but we are starting to do drive-through visits. For those kids that have fever and cough and URI and that we are concerned might actually have COVID because the kids can then be seen, and they can stay in their car, and they can actually have the screening test done to see if they have COVID. And it actually has worked pretty well. We are also doing drive-through clinics for immunization. So, I talked about doing well visits via telehealth. We have families that really don't want to come into the office, and that's okay. We can actually do some things with that, where we can do a telehealth visit and go through some of the developmental screening, and answer those parents questions, and give the anticipatory guidance But then, have them come through a drive through clinic to get their immunizations, to get a height, a weight, a temperature and in some cases to be actually doing some of the lead and anemia screening. I'm going to show you some pictures of what this actually looks like, and again, we're doing mornings for those well care and immunizations: temperature, height, weight, necessary screenings. Afternoons or the evenings: fevers, URI, and cough. And then, the last thing that we are doing is that we are doing a lot of outreach for chronic conditions. Because we know that not all of our families of kids who have asthma, or developmental concerns, or attention problems are following up with those visits because it's hard to get off of work. It's hard to actually get to the office with transportation issues, and so we're doing outreach to see what we can do via telehealth. And I'll show you. This is what I look like when I'm in the clinic now. It's a little scary if you are a baby. I mean, this is why babies do not like this at all because we look like space people, but this is how we protect ourselves. We have ... You'll see that underneath my face shield, I've got a mask, and then I have an N-95 mask underneath that as well too. And we have gowns and gloves, and many of us have disposable stethoscopes even. So, when we are seeing those kids that might have COVID-19, we are well protected ourselves. But we have protective equipment that we can then take off before we see the next patient or before the next morning when we see a well child. This is a picture of the drive-through area that we have in one of the offices, where there is a locked door, and parents are able to come in and we can assess some of those children that have URI or cough. And in some cases, we actually do much of this within the car. This is actually a scenario where we are seeing some of those well babies that want to do the telehealth visit, where we do all the screenings. And then, they come in and they get their height, and weight, and immunizations.

So how about services for children with special health care needs? Children still should be receiving their Part C services, their early intervention services. And what we are finding is that they are less home based or centered based, and we're doing a lot more remote and a lot more coaching. Special education services, again, have been transitioned to remote. Some of the challenges here have been, first of all, not all of our families have great access to broadband internet or cell phone service. And some of our families are on services where they have to pay for every minute they're on there. So, that becomes a challenge. And then, some of the other things is that many of our therapist who are not used to using telehealth ... They're used to doing all in-person services are having a little bit of difficulty with that transition, but some of the resources that you can use, through the Head Start Early Learning Center in response to COVID-19, they've got some resources on programming during remote service delivery. And this is really something that I found very useful with my families with children who have special health care needs to look at: What are some of those resources that might actually be available

to a family who has a child with special health care needs? Particularly if they don't have great access to broadband services or if there is not the telehealth capability immediately but it is ongoing within the Early Intervention regional centers.

Another resource is the Early Childhood Technical Assistance Center, and particularly through here, they got some great links to the American Occupational Therapy Association telehealth resources and the physical therapy and speech language therapy. One of the things that I've really been doing with some of our local regional centers is connecting them to some of these national sorts of services and organizations because, again, we are therapist who are used to working in person with some of our families have to transition to a telehealth or a remote and it's a difficult transition. And in some cases, it's tough to do that via telehealth. And so, what some of our therapist are doing is even calling and coaching some of our parents of kids on what activities that they might be able to do.

The other resource that I look at here is the Division of Early Childhood and the promoting policies and advancing practices because they also got some great resources to support early intervention and early childhood special education.

So, we know that there are health disparities and vulnerable populations, and I already mentioned some of the special needs services that are really tricky if you don't have broadband internet or a computer in your home. But COVID-19 is definitely another example of how health disparities play out in the United States. And we know from our data that COVID-19 is impacting our kids from vulnerable populations at a disproportionate rate, and probably even more importantly, it is for the direct illness impacting the parents. And so we've had lots of concerns about parents who've been getting ill, and what we are telling our families is that we know that COVID-19 tends to not cause as much severe illness in young children, but young children can get sick with them. And there is an evolving set of diagnostic criteria where kids are showing a type of an anti-inflammatory or an inflammatory reaction to COVID-19 that is very different to what the adults are getting sick from. So, the best we can do is to talk with our children and families. A number of these kids, we're seeing them by telehealth, and then they are recommending to go to one of our drive-through services to get the testing, and the first thing that we do is recommend the kids self-quarantine at home with their families, that they are treated symptomatically with anti-inflammatory medication, and fluids, and rest, and looking for now the signs of severe illness, which include respiratory distress, difficulty breathing, but with many of this other kids, rashes and persistent fever. We know that longstanding inequities contribute to the crisis in vulnerable populations. And that one of our roles in Head Start is really looking at what's specific and what are some of the issues that happen in our vulnerable populations with our kids and their families that could help us get through this crisis quite a bit better? So, some of the tips that I have for families during this time ... You know, many of my families are so concerned because they've got their preschool kids at home, they've got their school age kids at home, some of my families have telework, and some of my families have lost jobs. And what I tell them is that if you are looking at productivity in terms of your kids getting all their lessons and you getting all your work done, that's not going to happen during this time. That really, to focus our attention to resilience, and the lesson

that they are going to teach their children is: How do we get through a stressful and scary time and be able to survive through it, and thrive through, it and come out? And the best way to do this is to start with routines, with some flexibility to that we've got time for sleeping, we've got time for meals, that maybe we incorporate some meal prep with our young children. You can lay out the baby carrot and the celery. You can help to mix something up. I mean, really to help do that and to be part of it is really going to be something important. What's our active time? One of the big problems that we've seen with COVID-19 is that kids are not able to get out, and you know young children really need that kind of activity. So, what are we going to do for active time? Is there going to be the ability to have some outside time? In Los Angeles, we can do this. We ... I see lots of kids outside just bouncing a ball with a parent or drawing a hopscotch or doing sidewalk chalk. But if you live somewhere like Chicago or New York City, where is still cold and you cannot really get out, what are some of the things that you can do with your child? Some of the "I am moving, I am learning" things you can do indoors that are going to promote activity. And then beyond active time, look at interactive time. What are you going to do with reading? What are you going to do with building blocks, or playing with playdough, or washing dishes together, or doing some cooking together? Where is that interactive parent-child time? Because one of the things that we are seeing here is that, with everybody home, there is more opportunities for doing this. And if you are structure it so that parents know between 4 and 5 in the afternoon is going to be that interactive time, or before bed. And you can find activities that you can do together and really help to enrich that parent-child relationship in ways that often weren't possible before COVID-19 because parents were working, and kids were busy. So, what are the new routines that I'm recommending? A great time to start back with reading, and if parents haven't been reading, to get them to read. I have had, in a number of my families, where they are school-age kids ... I'm getting the school age kids to be the reader for evening and to take turns, and I've had some dyads where I've had a school-age child and a preschool age child become the "readers." And the preschooler can point out pictures, or can point out letters, or can do a few things that in the context of working as a family become a new memory. Meal prep and cleaning – really good new memories that can happen through there. It's been a time where people can take a look at starting, trying a different vegetable or piece of fruit or maybe different people have, get to pick what's on the shelf and what dinner is going to be that night. Very aware that food insecurity is an issue right now, and many of our families are having difficulty with it, but as they are able to get what is there, they can make a game out of picking what we're going to have tonight. And cooking is a neat thing to do. And I have my families look at and mention: What was the one good thing about today? Because when you're working together as a family and you're focusing on each other, there's always one good thing, and to try to speak that out, have parents model it for the kids and then I've had a lot of my kids tell me what the one good thing that happened that day. This is from one of the resources that I mentioned earlier, but these are some activities that you could be doing with your children and things that our Head Start teachers can be talking about that to help to improve language, and play, and interaction. So, copying a child's words to see what is going on there, taking what they are doing and describe it and talk back with them about it, and improving on their language. So, this mentions here if a child says, "Car," you're going to say, "It's a fast car," And start to help to improve their vocabularies in those ways. This is also from the Division of Special Education website. But they have a whole group of stories for children, and my families have really liked

looking at these. There are stories that have everything to do with "why is my school closed?" A little bit about taking time to think. A lot of these have social-emotional lessons in through them, but a lot of them actually address some of the fears that our children have, and often what I am seeing is the youngest kids are ... If they're fearful, they tend to be more clingy, they may be a bit more emotional. And routine helps out, but the stories help out too. These are particularly good also for school-age kids. So, I'm finding my families telling that kids in homes where they have school aged and preschool aged kids that the school-age kids will be anxious about something or upset about something, and it will affect the younger child as well too. So, this where some of these stories may actually be really good. There are some great resources from the American Academy of Pediatrics on the healthychildren.org website. There are some great tips on parenting in a pandemic, tips to keep calm at home. And then there are also tips in things like simple ways to entertain and boost your baby's development at home. And this, again, is really low-tech stuff. This is something that everyone of us could do with thing that you may have just in the home, and with some of that parent-child relationship building, the interaction, with saying words out for kids, reading a book together, with pointing out colors, or pointing out sounds, or making animal noises, or doing things that really help to solidify that parent-child relationship, but not something that costs a lot of money or something that takes too much time to do. Because if we look at the silver lining. The silver lining is really in what can we be doing to build resilience? What can we be doing to help to improve and build on that relationship between the parent and child? Because as I tell many of my families: You build your baby's brain by talking to them, by singing to them, by reading to them, by that interaction with them. And you could build your baby's brain, and your toddlers' brain, and your preschoolers' brain better than anybody else can because you are the parent. And you're the caregiver and you are the one person in their life that they really look to and need. And really is important. So, with that, I'm going to finish up my formal presentation and we'll move on.

Marco: Thank you, Dr. Kraft. We've actually been getting a lot of questions, so before we get to the Ask the Expert series, the first question that's coming up is ... Some of the people on the phone are asking about tips for families as they're working with the families, whether they are home visitors or family services workers in the Head Start program, how ... What are some of the tips that they can relay to the family to make them feel secure and/or encouraging them to continue with the well child visits and making sure that they're up to date with on immunizations?

Colleen: OK, so I think that ... Some of this is the information that, first of all, your pediatrician's office is open for business, and that your pediatrician really recommends that if your child is under 24 months of age that you make that visit in person. And your pediatrician is going to be changing things up so that, that office will be very, very safe, that the parents who come in, the children who come in will be well, that the staff who come in will be well, and that there is protection throughout that whole visit to make sure that you and your child is safe. So, that's No. 1. No. 2 is the fact even in with all of that, if you are still worried, then do a telehealth visit with your pediatrician because they are doing those too. So, you can meet with your pediatrician and talk about your concerns with your child. Your pediatrician can conduct those screenings via telehealth, and then often they've got a drive-through to a center where you can

go, you can drive-through with your child, and you can get those immunizations in a safe place. So, that would really be the biggest message is that we want your child's well care to continue during this time, and that our pediatricians are changing practices in order to make that be able to happen for you and your family. Whether you go to a safe place for an in-person visit or whether you do a telehealth visit and then do a drive-through to get the immunizations.

Marco: So, I'm assuming this next question is coming from either a program that is either opened and/or planning to open or re-open. Do you have any recommendations for a thermometer that programs can use for a daily temperature check?

Colleen: I think you're looking for maybe a specific brand. Not particularly, I think that anything that is a forehead thermometer that can be wiped off between children would probably be a good idea. I can tell you that people are having trouble finding thermometers, and that the drugstores do not have them at all. And that people are ordering them off Amazon and places like that. But something that has minimal invasiveness, like a head scan thermometer, would be something that would be a reasonable thing to do as they are looking at children coming in.

Marco: This question relates to the flu vaccine. They're asking if it's true that if a child already has the flu vaccine, that the coronavirus results can be positive?

Colleen: There is a lot of myths about vaccine, and flu, and coronavirus. And what we know in children is that the flu vaccine is necessary to prevent influenza, which is beginning to decrease now in our country, but it is still apparent in other places and some places in the country. There's no interaction between the flu vaccine and the coronavirus in terms of the positivity of tests. However, we know in children that there seems to be a higher incidence of tests being false negative, so to watch out for that. Get your flu vaccines if offices are still giving them out. There's no problem with getting flu vaccines with either the coronavirus test or the coronavirus illness. We know coronavirus illness is generally much less apparent in young kids; they're not quite as sick with it. But we also know that when they get tested, they tend to have more false negatives too.

Marco: And I'm sure this is related to some of the stuff that ... This next question is related to some of the stuff that's being coming out in the news over the past two weeks or so. So, are there any concerns about the multisystem inflammation syndrome that they are finding in children that seems to be linked to COVID-19?

Colleen: Oh, there are concerns about the multisystem inflammation, and this is something that's been a fairly recent finding. What we are tending to see with this, and this is, again, this is just more of a trend, is that these are kids who may present with COVID-19 symptoms: a fever, shortness of breath, URI. Or, they've been kids who've been tested because a family member has been diagnosed with it. And a lot of these kids are testing negative for COVID-19, but the ones that are going on to develop the multisystem inflammation wind up with persistent fever, with rash, with high heart rate, with lethargy. And many of these kids are winding up having to be seen, and some of them are having to be hospitalized. A little different than what we're seeing with COVID-19 in adults, this tend to be not the respiratory problems the adults tend to

get. And kids tend to not die from this. But we are seeing this multi-inflammation system phenomenon. And so for this audience, if a child has been suspected of having COVID-19, and even if they tested negative, if they develop persistent fever, rash, conjunctivitis, lethargy, that may be a sign of COVID-19 and they need to seek medical attention. Interesting what they're finding is that when they do lab work, they are finding a positive antibody to COVID-19 and that is why this is being attributed to COVID-19.

Marco: So, earlier on in the presentation, you mentioned that one of the things that we are finding is that parents aren't taking their children to get their immunizations. Is there ... Once things start to reopen and we have to catch-up with immunizations, is there are minimum requirement for the immunization, or is that all dependent on the age of the child?

Colleen: What you want to do is look to see and really talk to your pediatrician. What are the vaccines that your child needs? What do they need to catch up on? Because what we want to do is we want to do catch-up in concordance with the regular immunizations schedule because even in the midst of COVID-19, if we don't immunize kids, they could get measles, they could get meningococcal meningitis, and we don't want that to happen. So, check with your pediatrician, see what vaccines are being recommended, and you can work together in terms of that catch-up process.

Marco: This question is related to once you have a program that is opened or is operating already, and if you send a child home with the fever, for example. Should we still be requiring a doctor's note for readmission to the program?

Colleen: So, these are going to be very interesting times with reopening because what we have been saying is that if your child has a fever, particularly if you're in an area where COVID-19 is increasing you really need to self-quarantine for 14 days. And we haven't had the testing available to do this. So, I think that we're sort of building this road while we are walking on it, so I think that what you may actually see in terms of guidance is if there is testing available, a child with a fever in a Head Start program with other kids should probably be tested for COVID-19, and if it's positive, they would need to be quarantined for 14 days. The question is going to be if it's negative, what do you do? Because we know that there is a high false negative in the testing. So, this is in terms of guidance for reopening, it's not set yet. It is still in the process of being put together.

Marco: As it relates to the period testing schedule, many clinics or pediatricians send children to a separate lab, for particular testing, like LAB ... Would you, do you have any idea what pediatricians and clinics are doing now? Are they performing stuff in-house? Or are they still sending out?

Colleen: If children are being send out to labs for these types of test, that would probably still be the process. I mean, where I work, we actually do this in-house, and we have, both in the visits and in the drive-through, have done this the finger stick for lead and for anemia, but as labs are opening ... What labs are doing is either making appointments or they're kind of having their own social distancing guidelines, but many of them are open to do these tests as well.

Marco: And a follow-up to the drive-through clinic because I actually had this thought in the back of my head as well ... Thinking about like height and weight and how that happens, do you ... Can you describe that a little bit if it happens at all?

Colleen: Yes, so what you're seeing with the well children – the picture that I had there of the tent – we're doing height and weight, we're doing temperatures, we're doing pulse and respiratory rate. They usually have a pulse ox there as well too. And then we're doing immunizations, and then for some kids we are doing the finger stick for lead and anemia, and we use a photo screen in our office, and we do that there as well. So, a lot of that can be done through the drive-through area. Now, the drive-throughs for sick visits, particularly for the COVID-19 testing, we're not doing heights and weights there. We're basically coming to the car, listening to that child, looking at their ears, and then doing the COVID-19 testing.

Marco: This question relates to just general practice and what folks were used to. This question is asking: If pediatricians are still doing the yearly physical exams for children for the reopening of school, or do you know if the system has really changed, that they're just kind of focusing on different things or are they trying to just normalize services?

Colleen: So, what's happening right now is that the priority is for the children 24 months and younger. And for older kids who need a checkup for school or for other activities, initially, most practices were putting them on to a wait list to come back a little bit later on in the summer, but what a lot of practices are doing now that they've got the capacity and they got the workflow is they're allowing well older children to come in too if they have the space, and most of them do now. And most of them are really ... They've got the space to have an older child come in. Or, if they're actually doing a telehealth visit, to talk about the development and participatory guidance. And then, having children just come in for a height-weight measurement and then be able to go. You know, a height, weight, quick physical exam, and be able to go from there for the physical exam portion of the checkup.

Marco: Are many children on the age group, the younger children ... Are they getting a COVID-19 test? Or if they have symptoms, is it just that they have it? It's really just if they have symptoms. We are not doing ... We don't have the capacity to do widespread testing, and certainly not on somebody who is asymptomatic. Unless they had family members, close family members who've been tested positive for COVID-19, we'll often test the children as well. We have a question related to transporting children. Do you have any recommendations for staff who are transporting children and family members to medical appointments? This particular situation had a child this week, as a matter of fact, and now the staff member is in quarantine for 14 days.

Colleen: I think that you have to take those same precautions if you're transporting children to appointments. So, for our drivers to be able to have a mask, to be able to have gloves, to be able to do good hand-washing precautions. Any child over 2 years of age, and any parent accompanying that child, should actually have a mask as well too. And we are actually limiting the visit to one parent or one caregiver, coming in there, just again to limit everybody's exposure.

Marco: So, this question is a two-part question, and it is related to the slides you had regarding special health. Are you recommending child care programs request a note/email from the child's pediatrician before attending a child care program during the pandemic?

Colleen: We have not been doing that, and again, I'm in Los Angeles, where we haven't had any programs opening at all and it'll be a while before doing that. It is ... I'm not sure if that's a necessary thing, but I think if programs ... If programs are feeling like they need that, what I would advise the families to do is to make a telehealth appointment with their doctor and talk about how that child is doing, because on a telehealth appointment, the doctor will be able to say, I'm concerned, come on into the appointment Or, you don't have fever, you're active, you're eating, you're drinking, there's nobody else that has COVID-19 in your household, and I'd be willing to send an email saying that you're well to go.

Marco: As it relates to children with special health care needs, would this be the same for children with asthma or severe allergy, or do we need to have some different kind of precautions or things in place?

Colleen: I think a child that has a special health care need like allergies or asthma may be one where we're a little more tentative about them going in because they've got a higher risk rate, and I think families have to weigh that individual's odds between getting an illness and not getting some of the great things that happen in a Head Start classroom.

Marco: This question comes up a lot, and so we were just trying to see what your thoughts are. For parents, as it relates to religion that prohibits immunizations, should they be allowed to come to school, or is there something that we need to have special considerations for?

Colleen: So, let's be clear about this. There are no religions that say you can't immunize your child, but there are religious exemptions in some states. And I think that, to be very clear, these children are at risk for all kinds of things, not only just COVID-19, but with decreased rates of immunizations, they may be more likely to be exposed to a vaccine-preventable illness. So, and this is, again, it's going to vary from state to state. There are some states that don't allow children who aren't immunized into public programs. There are some states where they do allow them with a religious or some states have philosophical exemptions. And I think that the message, my message to these families is that your child is at increased risk of getting sick from something a vaccine-preventable illness, as well as COVID-19. So, to take the right precautions for that.

Marco: We're still getting a lot of questions related to asthma, so I'm wondering if we could just revisit that topic a little bit again. One is related to, you know, asthma being a risk factor and two, is there anything that the program needs to plan for that's different than what they were doing before?

Colleen: So, a couple things about asthma: A child with asthma is going to be at increased risk of illness from any reason. Some of what we are doing a little bit differently in our offices is that we're actually not giving nebulizer treatments in our office. So that child who has a nebulizer

treatment at a Head Start class probably shouldn't have that done in Head Start. And the reason is that the virus can be spread and aerosolized more effectively with a nebulizer, different than an inhaler. So, if a child has a controller inhaler or rescue inhaler, that child should be able to come on back. And in that instance, know that that child has increased risk. And some of the same guidelines that you have for everybody else ... If that child has fever, if that child has URI or a cough, then that child may need to go on back home.

Marco: Similar to what happens in a program, so if a child becomes ill while in the program with something that the person asking the question is considered regular fever or diarrhea. How long would you recommend for the child to be absent from the center?

Colleen: So, again, this is in the age of COVID-19. This is uncharted territory, and we're still really looking to see what that evidence is. Certainly, the child should have no symptoms of fever, or URI, or diarrhea. Should these children be tested before they come back in? I think in the best of all worlds, probably. Will that happen? I'm not sure. So, should we have every child who is sick be out for two weeks to self-quarantine? That doesn't seem reasonable either. So, I think that this is changing, day to day, and as programs are opening up and getting kids in, these are all the questions that need to be addressed. And I would look out for guidance from the American Academy of Pediatrics sources to really answer some of these questions specifically. For a program that's opening up, to really be on the safe side, if you require testing, or a pediatrician visit, or two weeks after that child has a fever, that may be a way that you start this. I mean, what we do in the next couple of weeks is not what we're going to be doing in six months, but there's a lot of unknowns right now. And so, we do the best we can with the information we have.

Marco: Along the lines, is there any recommendations for or resources that you think programs should look at as it relates to try to distinguish between allergy, flu, and COVID?

Colleen: So, there are actually some pretty good resources on doing that. So, and I would again look to the American Academy of Pediatrics to help out with that. But in general, if you don't have fever and you have runny nose, that could be allergy, it could be cold this time of year, a lot of times it is allergies. Children who have allergies tend to have the runny nose and itchy eyes but not anything that is painful. So, yeah, that's one demarcation, and allergy is not an unreasonable thing to keep on board. Fever is going to be a real differentiator. So, fever is telling you that there is something going on with that baby and that child's inflammatory system. So, a fever could be a sign of illness. It could be a sign of COVID-19. And again, that would be a good reason to start to keep kids away from each other, to start to have somebody stay at home.

Marco: And this is the last question that's come in for you, that I think that they want us to ask is: Do you have any fond memories of going to Head Start?

Colleen: I absolutely do. So, I went to Head Start when it was the very beginning of the program, the first year. It was a program where we went after breakfast and we left before lunch. And it was about healthy habits, but also about reading, about exercise, and about

learning things like the alphabet, and just some numbers, some basic school skills. But the one thing that I do remember was the fact that I was the oldest of six kids, and the first four of us were born less than a year apart from each other. And I used to "read" to my brothers and sisters. And I was an early decoder, so I could read early. And my Head Start teacher realized that, and she said, you know, you are so smart that you could be a doctor when you grow up. And from that point on, I knew what I was going to be, at 5 years old. It was going to be a doctor. And people would say, "You mean a nurse?" Nope, a doctor. "You mean a teacher?" No, a doctor. So, the experience of Head Start in defining that trajectory is really important, and it really speaks to the wonderful work that everybody on this call does every day with these children.

Marco: Thank you, Dr. Kraft. So, 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 events page using the URL that's on this slide to find the dates and the registration links for the upcoming webinars. We will post this information on the events page as soon as it is available. In addition, 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 are 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 the presentation or the PDF that I indicated earlier. 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 email address, at health@ecetta.info. And we know that many of you are worried about providing safe services to children and families as well as helping to support families ensure that their children stay up to date, healthy, and safe, so thank you for doing that. We want to thank Dr. Kraft for helping to address questions and for sharing her expertise. This concludes our presentation. Thank you for joining us today, and please continue to reach out to us with your questions and concerns, and stay healthy and safe. Have a wonderful day.