

## OHS CAMP: Session 5

Dr. Deborah Bergeron: How do you do, campers? We're back for week 5 of our summer CAMP session. We are so excited to have so many people with us again for another exciting conversation. This week we're going to be talking about issues around health. I do want to remind you that we're here to empower you to make decisions.

I think we say this every time, just to make sure you remember that we're here to provide some answers to questions that are cut and dry, but lots of the answers are going to be dependent on your situation. So, get the information you need, think about your own circumstance, your own community.

Things might look different for – for another grantee than they do for you. And always prioritizing the health and safety of our wonderful staff and children and families. I also do want to let you know because today is covering health program services, which is really at the center of all of this.

We have a lot of ground to cover, so we will not have a lightning round. However, next week we will take all of the follow-up questions from last week and this week, and we will include them in our final session. So, you're going to have all of your questions answered by the time we're finished. And then, of course, I'd like to remind you that it's posted on e-click.

This is a great resource for you to revisit. Certainly, even as you start to think about pre-service, maybe there are some of these sessions that are worth sharing with other folks in your organization. So, without further delay, I'm going to turn it over and we're going to jump in and get started.

Adia Brown (moderator): Well, hello campers. Welcome back again. This is your moderator, Adia Brown here, and as our counselor Dr. B said, we are going to be talking about health today. We have two new counselors with us. We have Marco Beltran, and we have Sangeeta [Parikshak] with us today, and they're going to be our new camp counselors.

They're going to take you all through these health questions. So sit back. Nobody jumping in the lake and whoever left that bag of marshmallows, that flaming bag of marshmallows, in counselor Ann's cabin, you're in big trouble. [laughing] All right, here we go. Our first counselor is Sangeeta. Sangeeta, how are you today?

Sangeeta Parikshak: I'm doing great. How are you, Adia?

Adia: I'm fine. Would you like to introduce yourself to all the campers out there?

Sangeeta: I would love to. Hi, everybody. My name is Sangeeta Parikshak, and I'm the mental health/behavioral health lead for the Office of Head Start and happy to be here to talk with you all about mental health.

Adia: Well, thank you. You know, a lot of our campers out there, they want to know, you know, they're really worried about their staff and they want to know how can programs

support staff members' wellness and their resilience when they might be part of the community that has been exposed to trauma.

Sangeeta: Sure. So, I'm glad we're starting with this question because adult wellness is so important to address and you cannot, frankly, have child wellness without adult wellness. We need to remember that many staff members are facing the same stress and worries that the families we serve are, and there are four areas you can focus on the support staff that I'll walk us through.

The first area is validating staff members' feelings during this time. It's very important. We have all been through a massive change in our day-to-day life, and some individuals may be struggling more than others. So, we need to make sure to acknowledge and validate this. Secondly, understanding what stressors staff may be facing at home can help support work-related expectations.

So, for example, knowing that a staff member is a single parent homeschooling and caring for a sick family member is important to know so you can help work through what flexibilities may be needed. And once you understand the stressors, you can then help staff think about what they might need as centers reopen.

For example, will they need support in finding child care for their own children? How will they get to work? What health concerns or risks are individuals facing? All things that are important information together. Third, being able to understand the stressors and respond to them can be done through both creating space to check in on what staff need, providing support and encouragement and room to practice their own self-care.

We often talk about taking care of our bodies so we can take care of our minds as a form of self-care. And during this time in particular, other types of self-care are also important, including taking breaks from news related to the COVID-19 pandemic and connecting with loved ones daily. The socially isolating nature of this pandemic makes it more important to focus on these connections, to maintain well-being.

And fourth, working to reduce anxiety about what will happen when returning to work, providing staff with information about what will be the same and also what will be different is really important. So, this includes information about changes to center policies, procedures, and timelines. Those are some areas that I think are really important to be able to focus on in supporting staff members' wellness.

Adia: Well, thank you, that really connected to those. You know, I have a few campers. They live back in Philadelphia, and I connect with them all the time on Facebook. It makes me feel a lot less isolated and a lot better. Thank you. Sangeeta, you know, folks are not just worried about the staff. They're also worried about children in the programs, and a lot of our campers want to know how to – how do parents and staff talk to young children about the pandemic.

Sangeeta: Sure. So, there are some basic things to remember when talking to young children about serious topics, such as the pandemic. So, the first is be truthful. Tell them what you know and also don't avoid questions you do not know. It is perfectly OK to say, "I don't

know.” When you're answering questions that you do know, keep your answers simple and keep them age-appropriate.

And also like you would with adults, it's really important to validate feelings of worry that children may have, but also really reassure them that it is the — the adults in their lives that are doing everything they can to keep them healthy and safe.

On this next slide here, we have a list of some kinds of common questions that young children may have and possible ways to respond to them. So, for example, “Why can't I go to school?” Being very direct: “School is closed right now. Your teachers and friends are also home just like you.” So they know that it's not just them. “And when school is open again, you can go back to see them.” So talking about how things are different now, but how things will be the same when — when they do go back to school, it will happen one day again.

Another question is, “Will I get sick and die?” And this is often a really scary question for us as adults to answer, as we don't have complete control of the outcome. However, telling what you do know and how adults are helping them stay safe is really key. So, an example to answering that would be, “Everyone gets sick sometimes. We wash our hands and wear our mask to stay healthy. And if you do get sick, we will take care of you until you get better.”

Another common question during this time: “Why do I need to wear a mask?” Being really clear, it's about keeping ourselves healthy, but also keeping others that we care about healthy.

And finally, the big question, you know, we've been hearing over and over again: How do we tell — talk to children about this? When will the germs be gone? So, again, we don't know the answer exactly, but we can highlight how adults are working on it. So, an example would be, “Doctors and scientists are working hard to make the germs go away, and I will let you know when the germs are gone.” Taking some of the onus off the child, letting them know that adults are there to help take care of them, can go a long way in alleviating some of their stress.

Adia: Well, those are all really good questions and answers. And my little mini-campers, they ask all the time, “Why do they have to wear the mask?” So that's really good stuff. Are there additional safety precautions that should be taken in response to COVID-19? Hi, Marco.

Marco Beltran: Hi, Adia, how are you doing?

Adia: Would you like to introduce yourself to the campers?

Marco: Yes. My name is Marco Beltran, and I am the health lead for the Office of Head Start. And I'm having a really difficult time getting the image of the marshmallows out of my head right now.

Adia: [laughing] All of our campers eat marshmallows all the time. Well, Marco, a lot of folks really want to know, should they be taking additional safety precautions in response to COVID-19?

Marco: So, yeah. So, I'm going to start off by giving you, like, my first message or my overall message is to please continue to visit the ECLKC. Our COVID landing page has a lot of information that's really relevant, and we've addressed a lot of these precautions already. In addition, we also have a lot of webinars that we've conducted over the past several weeks or past several months that – that get a little bit deeper into some of these precautions that I'm going to mention briefly. And then also please visit the CDC constantly because they do update a lot of the recommendations. So, one of the things that we've known is that what we knew at the very beginning in March and what we know now are – are slightly different in some cases. So please always visit ECLKC and the team.

So, as it relates to the safety precautions and additional safety precautions, it's very critical for programs to plan ahead to minimize the spread of COVID-19. We do know that programs should promote risk-reduction strategies in order to ensure that they have adequate supplies to maintain a safe and healthy [inaudible], and I think that's really key. In addition, programs should implement physical distancing strategies through increased spacing and small groups, as well as intensifying cleaning, sanitation, and ventilation. We also want to make sure that programs are referencing the list of EPA-approved disinfectants when determining which products to use. As – as we know, face masks are very important. So, wear face masks and change soil, cloth, and smocks. Support proper hand-washing behaviors, which is – which is a really keen. The CDC has a really nice kind of outline of how to do this. Adjust activity and procedures to limit sharing of items such as toys, belongings since [inaudible].

And it just is really important that all staff be trained on health and safety protocols. A lot of our programs are, all of our programs have had trainings related to health and safety in the past. But we want to make sure that these are top-of-mind issues, and there's been a modification to the way we used to do things. So please train all staff employees on health and safety protocols and develop plans for a variety of scenarios, such as individuals becoming sick or a child becoming sick or absenteeism among staff. So, like, what are you going to do related to staffing when – when somebody is identified with symptoms that possibly could be COVID?

A revised procedure for drop-off and pickup to limit parents coming into the centers, and ensure staff take extra safety precautions when diapering a child.

So, while while taking these precautions and thinking of children and infant and toddlers, well, primarily infants, staff caring for infants should continue to provide them the appropriate care for the infant. We receive a lot of questions about how to do this, and some of the other trainings that we've done really get a little deeper into it, so I would recommend that you look at those. But this includes hold them while they're being fed, comforted, and changed appropriately or cleaned appropriately.

Adia: Marco, there's a lot on that slide, so I'm sure that people are going to be happy that they're going to get these slides with all of those good recommendations. Marco, are there other safety precautions that programs need to take when they arrive, when children arrive?

Marco: It's proven they should follow the CDC recommendations. And I'm going to say that again. They should follow the CDC recommendations for screening children and staff, as well as work with your local and state public health officials and – and look for their guidance.

In addition, programs should consider the following during pickup and drop-off. They should stagger arrival and drop-off times to help facilitate some of the procedures they might be having to implement based on the CDC recommendations and the guidance from the public health officials. Plan arrival and drop-off outside of the facility to reduce, possibly, to be able to address risk. To provide hand sanitizers for sign-in and sign-out. To limit direct contact with parents and guardians, as well as refrain from hugging and shaking hands, with – with parents and then limit staff who welcome and screen children at drop-off.

So, for programs that are providing transportation services, please review the Head Start transportation services and vehicles during the COVID-19 pandemic, the IM that was developed. And also if you have the time, I would also view the webinar that was conducted related to the IM to get some – some interesting ideas about how to address some of these topics.

Aida: Marco, there are a lot of questions about what to do when children arrive at the program, and this one is really about whether or not you should take screenings or temperatures and whether or not you should have testing guidelines for staff, children, and their parents.

Marco: So, this question comes up quite a bit. So, what we know and what we recommend highly, what you should do is you need to follow the CDC recommendations for screening children and for screening staff, as well as any local public health guidance and working with our infectious disease experts. And, actually, with some programs that have been operating, we hear that the daily health screening, including temperature checks for staff and children are very, very important. They're the evidence that they have or what they suggest to us is that screening is the most effective method to conduct daily health checks.

And your screening procedures should include: Does the staff – does the child or staff member have a fever over 100.4 degrees in the last 24 hours? Did anyone in the household have a fever over 100.4 degrees in the last 24 hours? Also, does the child or the staff member have a cough? And is the child or staff member experiencing shortness of breath or difficulty breathing? Please, once again, just check the CDC site regularly for an updated list of symptoms and health screening recommendations. We know that as new recommendations, that as new screening, kind of symptoms, pieces come out, the CDC puts those up immediately on their website.

Adia: Marco, this is a lot of health information here. Our campers, I hope that you guys all have your first-day kids and anybody who's going to blow into that, anyhow, you know, you might want to think about that with the CDC precautions. Marco, where can people, programs purchase appropriate supplies to help staff to conduct the screenings?

Marco: So once again, another question that we – we receive quite a bit. We strongly recommend that programs work with the health services advisory committee to contract

with vendors that are capable of delivering needed supplies on a recurring basis. And that's – that's really, really important to highlight the recurring basis piece. Programs should be able to have somebody that they can, that they can work with that's able to provide them with the supplies so that they do not run out of supplies necessary to ensure the continuity of services.

So, the last thing you want to do is to have supplies enough for a couple of days. And then, you know, two, three weeks later, you start running low on supplies and then you don't have that continuity of necessary supplies to be able to ensure the continuity of services. So, that's really important to keep in the mind.

In addition, programs should consider reaching out to their state pet store associations or their local child care resource and referral agencies to discuss other programs' success with particular vendors. So, some other programs in your community might be having some success with them. The vendors are able to constantly, continuously, be able to provide supplies that are needed, and so, hopefully, those locals, well, CCRs will be able to help guide you with some particular vendors that might be able to help you in your community.

Adia: Michael, this happens every week. There's some campers way back in the back who were saying that they might not be able to hear you as well. So, you know, just for those campers, way, way, way back in the back of the field, can we make sure that they can hear. What about hand sanitizers? Which ones should people use?

Marco: So, the hand sanitizers question has been coming up quite a bit, especially related to an announcement that was made by the FDA recently. Hand sanitizers using an alcohol-based active ingredient must contain 60 to 95% ethanol to be effective and killing most germs. Hand sanitizers used in early care and education programs are an appropriate alternative to the use of traditional hand-washing. So, if that's not able to happen, that's a good alternative use.

If soap and water are not available and their hands are not visibly dirty, providers should check their hand sanitizer product to determine if a product is on the list of hand sanitizers with potential – with potential methanol contamination. So, this is part of – a part of, I think, what a lot of people have been hearing lately. So please check that the FDA list, the FDA recommends consumers stop using these hand sanitizers and dispose of them immediately [inaudible]. And please do not flush or pour these products down the drain.

Adia: Thank you, Marco. I'm going to ask for counselor Sangeeta to come back and speak to the, you know, all the campers, especially the ones way in the back saying, "How do families, how do programs support families and preparing for the transition back to school?"

Sangeeta: Hi, Adia. So, there are three ways that families can begin to prepare their children transitioning back to school, and that's by previewing, practicing, and reassuring them that they will be safe. So, those are those three areas. The first is previewing. So, similar to what we said earlier about adults and reducing anxiety, reducing anxiety in children includes preparing them for what school will look like when they return.

You want to focus on what will have changed, but also what some of the similarities will be. So, saying something like, “When you go back to school, I won't be able to walk you to your classroom, but we will be able to say goodbye to each other in front of the school,” or “When you go back to school, your teacher and classmates will be wearing masks just like you and these masks help to keep everyone safe and healthy from germs.” In some ways, kind of normalizing, you know, it is going to be new for you, but these are the things that are going to be happening.

And then I think it's just really important when you're, you know, when families are walking through with their children, to continue to check in with the program and with the CDC guidelines that Marco mentioned to get updates on potentially what new policies or procedures might be, so they can help their children get prepared for that.

And then the second thing is practicing. So, practicing what the routine is going to look like. So, like any new skill, it's a good idea to practice what the school-day routines will be so that children both know what to expect and feel confident that they know how to do it because they've done it before. So, think about, you know, I'm starting to practice, waking up with enough time to get ready and get to school on time. Plan ahead with your child on how you will say goodbye the first day. There could be something like a secret handshake, maybe 10 hugs and kisses, waving from the door and practice those things at home.

And, also, visuals are great. So, making a calendar and start crossing off the days until you're going to be going back to the program, or drawing pictures and creating your own social story of what the day will look like with your child so that they can feel empowered and prepared, and maybe even reading those things at bedtime with them so they get used to that idea.

And then, finally, reassurance goes a long way. So, children are really in tune with the feelings of the adults around them. So, the more positive and calm and prepared adults can feel about going back, the better children will feel about it, too. Reassuring a child that it is OK to feel how you're feeling and that they will be safe and may even have fun is also really key.

So, remind them it's actually fun. You know, you'll get to see some of these teachers again potentially, or are there activities that you may be able to do again? So reminding them of those things, asking questions such as, “What are you looking forward to the most when you go back? Who are you excited to see?”

And, also, reminding them that important adults in their life will always do their best to keep them healthy and safe. So, saying something like, “We are all going to wear a mask now to keep you safe, your classmates safe, and teachers safe.”

Adia: That's great. Even I feel more reassured. Wow. I do, I feel great. I'm ready to go back to school. I'm a little old, but I'd love to go back. So, Sangeeta, how can teachers help explain the changes that young children may see at school because of COVID-19?

Sangeeta: So, this may feel a little bit overwhelming to think about, but education staff can support young children in understanding the changes. I'm going to try to break it down and

in a few different ways. So, first you want to prepare children ahead of time and then actively teach them the new routines and then respond to children's needs through supportive relationships. And these are all skills that education staff already possess and use with children. So, I'm pretty confident that staff will be successful in doing this.

The first one, you're preparing children ahead of time. It's important for programs to help prepare children for new policies, such as wearing a mask or getting your temperature taken, before entering school or not being able to hug others.

And instead of using the word you can't do X anymore, you can say things like, "Hugs and kisses are for home, and at school we can air high five" or something like that. Similar to what families can do, letting children know what is different but also what is the same will help them feel more comfortable with the changes. For instance, some activities that were previously available in the classroom may no longer be available, but there will other things that they can play with. So, for example, "The sand and water tables are closed right now, but you can play with the blocks or puzzles." And like – like I said before, visuals are really great. Programs can make a visual with pictures of the new routine or a video of what entering school will look like upon their return, or like, and for families programs may also use a social story that can be shared with parents before the start of school.

And then actively teaching new COVID-19 related changes in skills. So, after preparing children, we want to teach them the new skills so that they can feel successful. So, using strategies that are fun and engaging, new skills can reduce some of that anxiety. You may want to use a familiar song with new lyrics to teach about mask wearing or hand-washing.

I know my own kids, who are 2 and 4, they love the baby shrug version of washing hands. Great to use that. Use role-play with a co-teacher to teach about social distancing. We've also provided, for you these slides that are downloadable, the Super Friends Social Story, which you can modify to help support new COVID-related changes.

So, changing up some of the words to talk about how super friends wash their hands, they wear masks, they use air high fives instead, and then finally relationships. We can't underestimate the power of teachers' relationships with children. It is so important to connect and check in with children often throughout the day, give them positive feedback frequently, and really remember to be patient with yourself and the children, because change is really difficult right now for everybody.

Adia: So, Sangeeta, this is CAMP. You mean to telling me that you're not going to teach us the baby shark hand-washing song?

Sangeeta: [laughs] What I do right now; maybe at the end of camp time.

Adia: All right. All right. Well, what are some of the general tips and strategies teachers can use to support children returning to their classroom after the center has closed?

Sangeeta: So, the first thing we need to remember is consistency, predictability, and safety, though those really important nurturing relationships and supportive environments will go a long way to helping children and successfully transitioned back to school. So, I'm going to



highlight six areas, as quickly as I can, the teachers can focus on to support children. And so, as we mentioned, relationships so important, but not just the teacher and child relationship in this instance, but more importantly, the relationship with the whole family, making sure to keep families in the loop with how things are going. Celebrate children's successes with the family. And I also know that there is a concern that some children may have experienced trauma during this time. For children who have experienced trauma, one nurturing and responsive adult relationship can really make all the difference. So, relationships, big thing.

Next thing, schedules. Having a consistent, predictable schedule makes children feel safe and secure. So, updating visual schedules and including time for new safety procedures. So just extra hand washing and be ready to reteach the new schedule and refer to it often across the day.

And this goes for routines as well. Be prepared to teach new routines and practice them often throughout the day. And, as we talked about in the last question, think about ways to make routines fun and engaging for you and the child. Think of it as a way to connect with them while teaching them something new.

This next piece about behavioral changes has been coming up a lot during this time. We've been getting a lot of questions. So, I think it's really important to remember that this pandemic has been hard for everyone. So, be prepared to see some behavioral changes in children, as children communicate through their behavior. Try your best to understand what they're trying to communicate to you. Are they stressed or worried? Are they tired because they're not used to the schedule? Is there something else going on? Focus on providing positive praise when children are following directions, and be patient with children and yourself. Transitions are pretty difficult, and everyone is experiencing more stress these days.

Emotional literacy is another key area that teachers can really focus on. So, when children are able to label and have those feelings validated, they can start to understand that link between their feelings and their behavior. You think about places in the schedule where you can check in with the individual children about their feelings, as well as times to teach feelings to the whole class.

So, you can place the feelings face chart by the sink. As kids are doing extra hand-washing, check in with them about how they're feeling, or you can read a book or social story to the whole class and talk about how the characters are feeling.

And, finally, self-care for staff cannot be stated enough. So, work on noticing your own emotional state and providing yourself permission to feel worried or overwhelmed. Think about activities that you enjoy engaging in and do them with the kids. Examples are doing art or having a dance party. Don't forget the piece about joy, really important. And also give yourself a break and try to have a plan in place with your colleagues about how to ask for help or take breaks. And remember if all else fails, taking five deep breaths and drinking water helps both adults and children feel a lot better.

Adia: Well, Sangeeta, I'm going to say those things again, because I know there's going to be a quiz at the last CAMP six, so OK.

All the important stuff is starting with relationships, schedules, routines. Expected – expect behavioral changes. Have good emotional literacy and take care of yourself or those, you know, are things the things our campers should really be hearing and focusing on?

Sangeeta: Yes, absolutely. You'll hear that a lot of my answers are a little bit repetitive in some of them, but that's when we're repeating it, that may be needed to remember them extra, compared [inaudible].

Adia: I think I'm going to remember extra self-care. That's a good one. Sangeeta, how do staff support children who may be experiencing some separation anxiety?

Sangeeta: Sure. So, this is an area where it's vital that both staff and parents work together to have a common and unified message. It's not uncommon at all for children to have more anxiety right now around separating from their parents or caregivers, and some strategies to support children include some of the things we have already talked about.

So, there's not going to be a whole lot of new stuff, but I think it's important to put it in this context. So implementing those predictable routines and schedules with visuals to help children feel a sense of security and to feel successful, having both parents and staff reassure children that adults in their life are doing everything they can to keep them safe, and also identifying school as a safe place will also help the transition back. So, Head Start is a safe place, and all the adults are doing everything that we can. Maybe even having a special object from home, what we call a transitional object, to help with the separation. So a reminder, it really can provide a reminder that the caregiver it will be coming back at the end of the day. It could be something really simple, like a picture of the caregiver to take with them to school.

And, finally, adults need to be checking in with their own emotions and levels of anxiety. Remember that young children pick up on the adult stress and worries, and you don't have to hide your feelings at all, but you should demonstrate that you know how to label them and model a strategy. For example, I'm feeling a little worried right now. I'm going to take five deep, big, deep breaths to help the worry leave my body.

Adia: Sangeeta, we love taking deep breaths around here. So, thank you so much. We might talk to you a little later and I want you to be prepared for that CAMP song. These campers really like to sing.

But we're going to bring back one of our favorite CAMP counselors right now. Anne, are you there?

Anne: I'm here, Adia.

Adia: Oh, how are you doing, Anne? Did you take care of those flaming marshmallows?

Anne: They're stuck all over my mattress.

Adia: Oh, my goodness. Well, somebody will come in and take care of that, then, I'm sure. While you're here, you know, a lot of people are asking questions about physical distancing and, you know, can you help us, you know, really think about physical distancing and, specifically, should staff distance, have distance from infants and toddlers?

Anne: Well, you know, we certainly know that a little kids are not wired to do physical distance very well, and this is where we encourage programs to use their discretion to decide, you know, to have smaller numbers of children in a – in a classroom. So you're increasing the square footage, you know, between the number of children who were in the classroom, and that can really help reduce the contact as compared to when you would have a larger group.

And, again, we also want to stress the programs have this flexibility to decide group sizes smaller than what their state or local guidance is recommending if they feel that is going to best suit them. And, again, when making decisions, programs should determine the square footage needed to maintain physical distances between children and, also, programs must consider the additional square footage necessary – necessary for nap time when children are not wearing face coverings and need to be farther apart.

And, again, a reminder which Marco stated earlier, staff caring for infants should continue to provide developmentally appropriate care for infants. They should still be held while being fed, comforted, and cleaned appropriately.

Adia: And here comes the question about masks. Folks really want to know, you know, is it required that staff wear masks? Is it required that children wear masks? Is our mask required?

Anne: Well, you know, the CDC recommends wearing cloth face coverings in settings where other physical distancing measures are difficult to maintain. So, our position is Head Start staff and most children should wear face coverings. Clearly, there are some exceptions to the general guidance. Children under two should not be wearing masks. Anyone that has medical issues from breathing. I always look at this one a little bit. Someone who's unconscious, we don't want a mask on them. Incapacitated or otherwise unable to remove the covering without assistance. And, obviously when kids are eating or napping, they don't have masks on.

I think we do want to remind folks, because I think this is just as physical distancing is, it's hard for kids. Children that have difficulty wearing a face covering should never, ever be forced to wear a mask or disciplined for removing or expressing discomfort with wearing a face mask.

Adia: Then there's more about mask care about their effectiveness and are they recommended to be washed every day?

Anne: Well, you know, this is how many of us have seen folks that use a mask as a chin guard, or – or have it as a mouth guard, but their nose is hanging out. So, you know, the, it is really important that wearing masks are – are worn properly. They can't be too big or ill-fitting because it's going to really compromise the efficacy of the mask. In terms of washing,

it's recommended to wash a mask every day, you know, and if the mask gets wet or soiled, it's no longer effective and should be washed. Now, here's the downside: Extensive washing may cause a face covering to lose shape, which would affect, again, the efficacy of the mask.

And, therefore, having adequate supplies of new masks is vital. We cannot stress this whole issue of supplies. And I think Marco talked about it before. You just can't have a box of masks. You have to have them continually being delivered, recurring deliveries, because you don't want to run out of these supplies.

Again, when caring for infants, you may also consider face shields in addition to the face cloth covering, since the droplets from spit or drew can enter the eye contributing to infection, but shields should not replace face cloth coverings. That's a tough thing, face cloth covering, as shields are open at the bottom allowing droplets to enter.

So, again, it should be, we should be taking care and washing those masks, replacing them when necessary and making sure that especially staff and children understand the proper way to wear a mask.

Adia: And that's really good. And, you know, this next question is a good one. You, you really made it clear that we shouldn't try to force children to wear the mask. I know my mini-campers, whenever you try to put the mask on them. Oh gosh, they're just, they're moving their heads all around me. They just don't like these things, but are there strategies to help encourage children to wear the mask?

Anne: Well, I think Sangeeta touched on this before. You know, I think the use of social stories to explain the importance of wearing a mask and, really, a social story is really a simple description of a situation, concept of social skill, and it's individualized for each child and features the child as a main character. I think social stories can help build the child's confidence to better cope with situations that they find challenging or scary. I think it's also important that's the family's role model. I've been out in grocery stores, and you see mom and dad with masks and you see their little preschooler, you know, following along with masks. And I think also they can be introduced in dramatic play. I saw a little girl that was in a store, and she had her little baby doll and her little baby doll had a mask. So, I think there are lots of ways that we can help children feel comfortable in wearing a mask by making it fun.

Adia: All right. And let's tag back in counselor Marco. Marco, tag, you're it.

Marco: Hi, Adia.

Adie: Hey, Marco, how will nap time change, and how can programs store nap-time supplies? Is outdoor nap time an option?

Marco: OK, this is – this is a really nice follow-up question, too. The questions that Ann had related to the use of math. So, one of the first things that we want to just highlight, I'd say, is that cloth-based coverings are not recommended for children during nap time. So, so please don't let the children take a nap with a mask on. So, children's nap-time mats or cribs need to be spaced as much as possible. Ideally, that should be about six feet. One – one

recommendation that we made, or one strategy that can be used, in this is to place children head to toe in order to further reduce the potential transmission of germs.

In addition, bedding should be of a type that can be washed. So that means the sheets, the pillows, the blankets should be able to be washed, and that each child's bedding should be kept separately from other children's bedding. Bedding that touches a child's skin should be cleaned weekly or before used by another child.

And, finally, this is another strategy. If weather permits, nap time outdoors might reduce the risk of an infection. The one thing to just caution is that be careful with the sun. So, if they're taking a nap outside, make sure that there's plenty of shade for the children to sleep under.

Adia: Oh, that's lovely, a nice nap outside would be fantastic. Marco, what can programs do to address adequate ventilation?

Marco: So, this question has been – has been coming to us and in different, different ways. So first, efficient ventilation means moving indoor air outside and bringing fresh outside air inside. One of the strategies that people were originally talking or thinking about in order to reduce infection or to reduce the risk of infection was just to open up the windows. And that was it. So, so that's really important to do, but it's – it's especially important that you do it when it's accompanied with other strategies, such as cloth face coverings, hand hygiene, physical distancing, screening, cleaning, and disinfecting. So, the ventilation piece is not just an isolated thing that you should be doing. It should be accompanied by all these other practices. Programs should consider hiring an HVAC expert to inspect and assess current HVAC systems and to be on by phone on how to ensure that the ventilation systems are operating properly and efficiently.

Programs should also maximize the time spent outdoors. You know, the napping time as an example. Also, bringing class or part of the class outside is a good strategy. And, of course, this is all weather permitting, or if it's not too hot outside or hopefully not too cold in the future. So, if weather allows, open windows and screen doors as long as the open windows and the doors did not create a safety supervision or health risk. For example, when you have poor air quality outside, and we know that – that – that's a potential in some of the communities that we live in. So, furthermore, it's really important that people understand the fresh air is optimal, and there are many other practices that are recommended for efficient and effective installation that can be found in *Caring for Our Children*, and the link the hyperlink is provided on the slides.

In addition we're – we're providing a list through the hyperlink that programs can contact the American Academy of Pediatrics, regional pediatric environmental health, specialty unit to kind of help them think about the ventilation piece and how to appropriately put it into practice. And then additional resources are also available from the American Society of Heating, Refrigerating, and Air Conditioning Engineers.

Adia: Thank you, counselor Marco. Next, I'm going to bring up our speediest camper, CAMP counselor Colleen. Colleen, you [inaudible] again.

Colleen Rathgeb: I'm in ready to go fast for everybody.

Adia: Are you ready to go fast, Colleen? Here we go. Should there be a change in policy of how we evaluate children's wellness when they come to school with symptoms of a runny nose or illness?

Colleen: Good point. I'll point people back to the beginning of the presentation. Marco talked about the CDC recommendations for screening. And so we do want programs to look at their policies, to make a plan about how those need to change based on those recommendations on how you should be screening children when they come to the program. And, also, to see if you, if your local state and public health guidance has any additional recommendations beyond the CDC's recommendations. And, just as we've been – we've been talking about a couple of times throughout here, really important now that you communicate these new changes, changes to your policies, changes to the plans that you're going to be doing as the program operates. Communicate those with your staff and your parents, really important.

Adia: All right, Colleen. Should a program have an isolation area for children, and also should staff be in full PPE?

Colleen: So, again, just, we're basically wanting people to know that they should be making a plan about what to do if a child becomes sick during the day. And if you already have a plan about what you do, revisiting that plan, based on the current circumstances. Marco already mentioned Caring for Our Children. It's a good resource for programs to look at, to provide guidance about how to care for ill children. Also again, their CDC recommendations, their main recommendation is that we keep sick children separate, separate from well children and other staff. So that could be in an isolation room or it could be another area that's separate, even possibly, you know, in a corner of a classroom if there isn't the ability to have a separate space. And yes, when children are in a separate space, either in the classroom or in a different room, obviously a staff person needs to be with them. They need to be there to monitor the child, but also to care for the child.

And they should absolutely continue with the – the PPE. They should continue with the face coverings. Make sure they're – they're practicing good hygiene when they're there, and when the child leaves that area, that they wash and disinfect it. And also, obviously, the ratios need to maintain for the other children. So, if you have a staff person that has to go with a sick child, the program needs to have a plan about how they are going to be able to keep ratio for the other children in that classroom.

Adia: Colleen, as a follow-up, can programs exclude children from in-person services if they have symptoms of COVID-19?

Colleen: CDC does recommend that children and staff, if they have a fever over a 100.4 or other signs of illness, that they do not come into the facility. So, a program should – should in those cases work with the parents to make sure they reach out to that child. Pediatrician, also reach out to that family when the child's at home to determine what support they can give the family when the child needs to be at home. And, obviously, like we talked about and other things, consult with their local health officials on exclusion policies and with their health service – health services advisory committee.

Adia: Similarly, Colleen, should programs exclude children if their families have symptoms?

Colleen: Again, we should really, we want programs to be working with their local health officials, but generally the recommendations are that the child stay home for 14 days if they or a member of their family has a confirmed case of COVID-19. As Marco said before, we, you know, we want folks to be looking at CDC guidance. CDC guidance is updating, you know, as they learn more, these are changing. So, this is the, you know, the best information we have to provide right now. But we want programs to be continuing to look at that guidance.

Adia: Colleen, should programs close if they have a case of COVID-19? And are you, are we requiring that programs tell their regional offices?

Colleen: So, we do, again, we want programs to have a plan. It's sounding a little repetitive about what they will do if there is an exposure in their facility. And in that plan, one thing that's really important is if that does occur that programs act quickly. And one of the things they need to do to make sure they're following the CDC procedures is to notify their local health officials immediately. We do also want the regional office to be alerted to that. And as we do, you know, with anything, any event that impacts programs being able to operate, we want you to alert the regional office.

But – but the most important first thing is to make sure that you are notifying the local health officials. They can help the program leaders determine what to do. Based on CDC recommendation, it is likely that the program will close for between two and five days, to make, to get them to understand the situation, to be able to clean and disinfect and determine what the next steps are, whether a longer closure is needed, or if they're able to reopen.

But the, the most important thing is to be in contact with those, with the local health officials around, that the case, the potential exposure.

Adia: How should programs communicate with families if there is an infection, if there is an affected child or a family member? And should they be doing contact tracing?

Colleen: So, many of the state and local jurisdictions do have protocols either through the licensing agency or your public health agencies on exactly how those notifications need to be made. And so we, where there are those protocols, programs should be following those. They may make the determination. If it's just an individual classroom, the families need to be notified, or if the notification needs to go for a whole center or more broadly, and if protocols aren't available in your local area, we really, we want you to be working with your health services advisory committee and coordinating with local health authorities to determine how to best do that in your situation.

We always want to make sure, again, you're communicating with families and staff about that plan, that you also really want to make sure that you include messages in that communication that will counter any potential stigma or discrimination. And, very importantly, it is critical to maintain confidentiality in any of these communications for

families. For staff, this is required by the Americans with Disabilities Act and is – is crucially important.

As far as contact tracing, that is done by the local health authorities. And so, the idea that you need to be in contact with your local health authorities, will be the right contact, will be the right connection to do contact tracing, as opposed to that being something that programs feel like they have to be doing themselves.

Adia: Thank you, counselor Colleen. Sangeeta, I said that we will be back [with you] and the next two questions that I'm going to ask you are going to be two pretty heavy questions. Both of them are about losing loved ones and about how teachers should talk with families, talk with children, if their families are experiencing death due to COVID-19. So, can you talk a little bit about what programs should do in those situations?

Sangeeta: Sure. So, as we talked about at the beginning of this webinar, when talking to children about serious topics, it's very important to be truthful and acknowledge their feelings. You can say things like, "You sound really worried" and reassure the child that important adults in their life are healthy and being very careful to stay safe.

It's important to focus on connecting with these children repeatedly throughout the day and finding activities that engage them and play to their strengths. And, finally, incorporating relaxation activities into your lesson plan and making sure that your classroom maintains a consistent and positive routine.

So, I think I'm going to move on to the next question here. What is the role of a teacher if a child experiences death in the family? So, teachers have an important role in supporting both the child and surviving family members. Children need normal routines and activities, but it's just really important to be an attentive listener who will give them time to tell their version of what has happened to their loved one, how they learned about the death, and about what they shared with the person they lost. They may want to tell this story many times. It's because it relieves some of the hurt, but please, you know, teachers should not pressure themselves to fix any of the hurt problems, but just showing interest, sitting close, listening quietly and validating their feelings, like you really miss your mommy or it was so much fun to take walks with grandpa, can go a long way.

Also, children are great storytellers through play. So, you may want to provide extra opportunities for play and art. And just knowing that teachers are listening to their child will help surviving caregivers in the child's life. It's important, and it doesn't have to be the teacher, but it's important that someone in the program spend extra time to give bereaved caregivers a chance to talk to and discuss how to respond to the child's needs at home.

Adia, I'm going to turn it back over to you.

Adia: All right. Thanks. Can you guys hear me out there?

Speakers: Yes, we can.



Adia: All right. Very good. Marco, you want to jump back in? I have about four more questions for you, Marco, and the first one is, if parents are uncomfortable with taking the children to health care professionals, what should the program do?

Marco: This question is really interesting because it's, we've seen it in a variety of different kinds of, ask them a variety of different kinds of ways. The one thing I just want to be very clear about is the programs will not be held accountable for requirements that are not possible, are reasonable for them to achieve during the 2020-2021 program year.

But as it relates to the parents and working with them, parents should communicate with, programs should communicate with the parents to understand their concerns and to partner with pediatricians and other medical provider providers who serve children in the program to encourage parents to get well-child checks and especially the vaccinations, because we know that there's been a big drop-off in the number of vaccinations that kids are getting.

So, I'll just follow up. So, in addition to that, we've also received a lot of questions related to two programs granting additional time to meet health screening requirements. I want to reemphasize the piece related to the program not being held accountable for requirements. Some of this, this kind of question was answered in previous CAMPS.

So, I recommend that folks go back to some of those and look at it. But as it relates to the health screenings, the programs should take actions that are feasible, reasonable, and safe in terms of continuing to provide services and implementing management and oversight systems. I highly also recommend that programs use their general disaster recovery flexibilities [inaudible]. So that would be one place that they can look at to kind of help answer this question.

Colleen: Marco, the, the next one, really, we've answered, I think in previous ones and it's around telehealth screenings and well-child exams, meaning the 45-day requirement for an initial screening exam. If, so I think the concern is what if a child lives in an area with a spiking – spiking numbers. Should programs wait until a child can be seen in person, document there to get screenings? Exams can happen safely.

Marco: So, so the one thing I just want to mention about the telehealth piece is that if it's being used by the medical provider, then continue to encourage that, especially in areas where there has been a spike. But many health care offices have set up systems to see children safely during the pandemic so children can receive the needed recommended immunizations. For example, by scheduling well-child visits and sick visits at different times and locations, thus limiting the number of families in waiting areas.

Colleen: Right. Are you there or should I continue?

Adia: No, I'm there. I don't know what was going on, but Marco, well, one last question. Are there flexibilities related to staff ensuring oral health and hygiene and proper toothbrushing?

Marco: Flexibilities in the sense that a program should continue to promote effective oral health hygiene for children receiving services, but toothbrushing in group care settings is

suspended until it is considered safe again. So, at this point, our experts help us determine that this is not a particularly safe activity. So do not do that in the classroom.

Adia: How about family-style meals?

Marco: Family meals. So, so there's been a change. So, meals should be provided in the classroom. If programs are providing in-person services, if programs typically serve meals family style, staff should now plate each child's meal to avoid multiple children from using the same serving utensils.

But what's key is that staff should ensure children wash hands prior to and immediately after eating. So, if programs are not providing in-person services, they should consider alternative ways to distribute food to children and to ensure that the distribution strategy takes into consideration community spread of COVID-19.

Adia: These CAMP counselors have been awesome. Dr. Bergeron, would you like to come back and close this out?

Dr. B: I would love to. I always like to remind that the reason we're doing this is to empower you, not to provide every small detail. The answers to some of that, you're going to have to figure out based on your local conditions.

And I do want to thank Sangeeta and Marco today. As you can see from them, the pace of this session, this is the, an extremely complex topic. We'll make sure and post all of these things for you, and we'll scour these questions and get some FAQs up for next week during our final session. I would encourage you, I know that sometimes being referred to a website can feel exhausting. You'd probably be just thinking, I just want an answer, but I will tell you our page on COVID-19 has so many resources, and they are very well organized and you can find answers. We've showed you last week how to search really easily to find these answers to many, many of the questions even that we talked about today. So, please do that.

And as I close up and sort of preview next week, I want reference, I saw comment in the question since it said something to the effect of following CDC guidance is impossible and here's what I want you to know. It isn't impossible and we're going to prove it next week, because next week we're going to invite five grantees who have opened their programming either recently or they've been open. And we're going to talk to them about how they did it, what they are doing, ongoing, how they dealt with issues. Cause it hasn't been perfect. So, I'm hoping that you can join us. I think that this particular session will be a great one for our finale because it will probably help you the most to hear from people who really, really understand what you're going through.

So, I hope you'll join us next week. Very exciting. You'll hear success stories, you'll hear real experiences, and hopefully be able to learn and grow from that. Thank you once again to everybody who put this together. As you can see, it was a lot of work to bring all this information to one spot, but we hope it's helpful for you.

This will be posted on e-click. If you need to refer back, the slide will be there verbatim, and I wish everybody a wonderful rest of your day and look forward to seeing you next week for our CAMP finale.