

Pediatric Vaccines and Other COVID-19 Considerations for Program Year 2022-23

Glenna Davis: Hello and welcome everyone to “Pediatric Vaccines and Other COVID-19 Considerations for Program Year 2022-2023.” It is now my pleasure to turn the floor over to Deputy Director of Head Start, Commander Tala Hooban. Tala, the floor is yours.

Commander Tala Hooban: Thank you, Glenna. It is a true pleasure to be here today to open up this important webinar. I know many of you are meeting me for the first time. I have recently taken on the role as deputy director of the Office of Head Start. And as you can see, I'm wearing a uniform. I am an officer in the United States Public Health Service Commissioned Corps, which is a branch of the seven uniformed services in the United States.

I have dedicated my career to advancing public health. To be working and leading Head Start at this time of public health history is extremely rewarding to me. My specialized focus is on maternal and child health. And as Marco likes to say, school readiness begins with health, really resonates with me.

Today, we are going to discuss the importance of pediatric vaccines and address some COVID-19 considerations as you begin your program year. And if you are listening in from your migrant and seasonal programs, you are already in operation. But before we get into hearing from our presenters, who are amazing today, and outline the agenda, I wanted to just take a moment to say thank you. The last two and a half years as families face new challenges, as you face your own personal struggles, programs have confronted things you've never imagined. You've been there. You have helped all of them.

Thank you for stepping up in new ways to make sure that the children and families still had access and benefited from our Head Start and Early Head Start services. The work that you do every day is one of the very reasons I was inspired to apply and take on the role of deputy director. Thank you again. I want to assure you that while programs are in different places, OHS will continue to support all programs as you're starting the new program year and continue to serve children and families.

With that, I know many of you are waiting or are anxious for the release of an updated Final Rule related to masking and vaccines. We sent a letter out on August 22nd from our acting director, Katie Hamm, that let everyone know we are working hard to finalize these regulations, though we will not have things finalized before the start of the program year. In the letter, we also shared that the CDC released new guidance on COVID-19 on August 11th. We are currently reviewing this guidance and will communicate with any updates to Head Start policies.

Related to mask use, back in February of 2022, OHS notified grant recipients that programs will not be monitored for mask use given the updated CDC masking guidance. We know that this is an area of great stress for all of you. Our approach remains the same as we begin the new program year. Should this change, we will let you know well in advance to allow you time for training and implementation before monitoring your program.

COVID-19 is still very much present in our communities. We encourage you to continue using a combination of tools to reduce COVID-19 risks in Head Start programs, including those highlighted in the most recent CDC guidance. You're going to hear some great information today from our presenters on this. I'm excited about it. We also advise you to monitor the COVID-19 community levels in your communities and follow the recommended CDC guidelines, which includes wearing a high quality mask indoors when the COVID community level is high.

As a reminder, the requirements of the Interim Final Rule do not apply in states with injunction, which prevents implementation and enforcement of the rule. You can go to ECLKC and type an injunction if you're unsure if this applies to you.

Vaccines. We're thrilled that anyone can now get a vaccine, which has been shown to offer significant protection against severe COVID-19, including hospitalization and death. We know that vaccines remain the most effective strategy to protect against COVID. I am excited to have you have a chance to hear from our Head Start program presenters today to talk about what they have done to support vaccine access in their communities, with their Head Start community, and encourage family members and staff to stay up to date on their COVID vaccines.

As we get started, I wanted to thank staff from PICA, Parents In Community Action, in Minneapolis and CACOST, Community Action Corporation of South Texas, in South Texas, for joining us today and for sharing best practices and strategies for increasing pediatric vaccination uptake. I also want to thank our partners at the National Center on Health, Behavioral Health, and Safety for presenting who have been with us every step of the way and are here today to address health and safety related questions regarding COVID-19.

OK. That is enough from me. It is great to be able to pass the mic over and introduce Marco Beltran, Office of Head Start senior program specialist and our lead on health. Marco.

Marco Beltran: Thank you, Commander Hooban. And as Commander Hooban indicated, my name is Marco Beltran. I'm the health lead for the Office of Head Start. And you see, we're kicking off the webinar for you all with some voices from the office to help address some of the questions that you've been having. It is also my pleasure to have representatives from two programs who have shared their vaccination strategies with our Head Start community in the past and are willing to do so again. Those are, as Commander Hooban indicated, that's Parents In Community Action Incorporated from Hennepin County, Minnesota and Community Action Corporation of South Texas.

In addition, we also have three distinguished health and subject matter experts from the National Center on Health, Behavioral Health, and Safety, and that's Dr. Jill Sells, Dr. Abbey Alkon, and Steve Shuman.

We're going to start off. As part of our agenda, we wanted to start off with the Office of Head Start addressing some COVID-19 frequently asked questions for the program year 2022-2023. We're going to follow that up with the presentations from PICA and CACOST. And then rounding us off are going to be our representatives from the National Center on Health, Behavioral Health, and Safety in addressing a lot of the questions that folks have been having as it relates to mitigation strategies and vaccines and other topics of interest.

We've had a total of six frequently asked questions that we wanted to address today. Some of the questions many of you have seen before, but we either made some slight adjustments and/or had some updates. And we wanted to address some because they continuously continue to be asked. We wanted to take this opportunity to use this platform to share the questions with you. We also have some new questions that have been asked frequently during our recent webinars. And we wanted to provide you with a proper answer. We wanted to take that opportunity to do that now. We're going to start off with our frequently asked questions.

Commander Hooban: Thank you, Marco. What are allowable virtual program enhancements?

Marco: This question comes up frequently. Some examples of flexible virtual services that can be used indefinitely include, but are not limited to, policy council meetings, governing body meetings, parenting curriculum meetings, parent meetings, home visits for medically fragile children, intakes, and coaching/kind of professional development type of software. And it's important to note that they're just not limited to the ones that we have up on the slide.

Commander Hooban: Can programs include in their policies and procedures the use of virtual makeup days throughout the year?

Marco: This is another question that we have had that we've had to answer in the past, but we have made some slight adjustments to specifically calling out COVID-19. The answer is, yes. Given the supplies and virtual accessibility infrastructure that many programs built during the COVID-19 pandemic, in the event of COVID-19 and/or weather-related building closures, programs can employ virtual services for continuity purposes, rather than providing virtual makeup days at the end of the program year.

Programs can provide virtual makeup days for COVID-19 and weather-related closures so long as it's in their policies and procedures. Programs should make reasonable determinations if families have ongoing access to internet and the technology required to make temporary virtual services is a viable option. And for programs that do not employ virtual services during closures, we encourage them to make up those days during the program year to remain in compliance with the duration requirements. Once again, it's important to note that this is a piece that needs to be addressed in their policies and procedures.

Commander Hooban: How should programs implement the vaccine requirement for partners, such as school districts or other partnerships in service delivery at this point in the year, understanding that contracts and memorandums of understanding are also in place?

Marco: Early Head Start-Child Care Partnerships are covered to the same extent as standard Head Start and Early Head Start programs. For other provider relationships, programs should work to resolve issues with contracts or MOUs, including for staff working with enrolled children, that arise from the Interim Final Rule with Comment Period in a matter that minimizes disruption of services to children and families for the 2022-2023 program year.

Programs should make decisions that cause the least amount of disruption and support programs to safely get them through the program year. We've shared this answer in the past, but the slide update to this answer is related to the program year.

Commander Hooban: Does the vaccine requirement apply to part B/part C providers, special education and related service providers for preschooler and infants and toddlers?

Marco: This question has actually provided or given a lot of – has been very confusing for some folks. We've tried to address it in the past, and this is one of those questions that we really felt we wanted to address in this platform. The answer is no. These providers are not covered by the vaccine requirement. Part B and part C providers are not considered staff of the Head Start program, and there is no contractual relationship.

Commander Hooban: Are children required to mask 100% of the time in classrooms? And how should programs handle situations where kids take off their masks?

Marco: You started to address this question as part of your introduction, which I really appreciated. And I wanted to just kind of mention a quick note from what's on the screen is that this applies to all individuals 2 years of age and older. And I really want to emphasize that children should never be disciplined for not wanting wear a mask. We hope that you're treating mask-wearing as an emerging skill. And we really want for our programs to help children learn how to wear a mask consistently to be healthy and safe by showing them how to wear their mask so that it fits securely over their mouth, nose, and chin.

Help children find a mask that is comfortable and that they can keep on at all times. And then give positive feedback to children for their efforts to keep it playful, if possible. But it's also really important to note that children would not be masked when eating, drinking, or napping. And we would really like to encourage programs to review the Face Masks in Head Start Programs on the ECLKC. And we'll provide a link in the chat for that specific resource.

Commander Hooban: Are children required to have the COVID-19 vaccine to be enrolled in Head Start programs?

Marco: This has been one of the top questions that we have received ever since there was an indication that vaccines were going to be made available to children within our programs. The answer that many of you have been waiting for is that, no. At this time, the COVID-19 vaccination is not required for enrolled Head Start and Early Head Start children unless required by state, Tribal, territorial or local regulations. We do require per 1302.42(b) in the Head Start Performance Standards, that a program obtained determinations as to whether the child is up-to-date on their age appropriate vaccinations and assist families with making arrangements to bring children up-to-date as soon as possible.

Based on our communication with CDC, there is not an immediate plan to add COVID-19 to the routine childhood immunization schedule. The CDC webpage may include a recommendation and information about the pediatric vaccine, but not in the schedule.

I made reference to the ECLKC. Some people call it the ECLKC; some people call it the Eclick. We call it our Office of Head Start – I was going to say webinar. We are in the webinar – our Office of Head Start pages where we send all our programs to, and we have all incredible resources that programs can have access to at any time. Please visit the ECLKC and any and all information from the Office related to updates and frequently asked questions can be found on the OHS COVID-19 Updates landing page, as you can see on the screen.

We also have a lot of other resources that many of our programs have found useful as they navigate the pandemic. We strongly encourage you to visit this landing page as you're going through the program year. And if you're struggling with kind of thinking about mitigation strategies, we have some really good examples that other programs have used and have found of use. Please visit that page.

Now, I would like to turn it over to our representatives from the Parents In Community Action.

Candee Melin: Hello. Thank you everybody. My name is Candee Melin. And I'm the deputy director for PICA Head Start. And I'll let my colleague introduce herself. Nadia?

Well, this is – Nadia Higgins is our public health nurse. She's here, but we'll catch her in a second. Next slide, please.

As was stated, we are Parents in Community Action, also known as PICA Head Start. We are the grantee for Hennepin County, which is based out of Minneapolis and the surrounding suburbs. Our agency has been in existence for over 50 years. We are an Early Head Start and Head Start grantee, and we serve a little over 2,500 families. Next slide.

When we started this journey, we had worked to connect with our local officials first starting out with providing drive thru COVID testing locations at our centers here in town and worked with the state health department to do that. And with those connections, once the vaccines became available, we wanted to set up onsite clinics for vaccines as well. We worked with the state health department, our county, our city and public health departments to host these clinics.

This picture that you see here shows one of our clinics. One of our locations in Minneapolis has a big gymnasium and is an ideal spot to host the clinics where we are able to have the vaccines, the waiting areas, and many people just to help volunteer through translations. And it was really important to us to host those clinics on site. Next slide, please.

Really, when we started out doing this, we didn't know what to expect. You know, we believed people would come, we set them up. And through word of mouth, we had people that would come. We wanted to make it a barrier-free process, where people could call and set up their appointments with one person. We sent out text notifications to our families and our staff notifying them of the different events that we would be hosting. We wanted to make the actual event very relaxing. We would have music playing.

The nurses that we partnered with, we had them come back time and again. They were familiar with our families and the community. And we just really tried to make it a nice relaxing event. We also wanted to make it fun. The kids, even though they were getting the vaccines, that was a brief moment of time when they can just get that and be done.

Next slide, please. Nadia, I'll hand it off to you.

Glenna: Hi, Candee. I believe Nadia's having some technical difficulty ...

Candee: Sorry. She just walked in. Here we go.

Glenna: OK. Great.

Candee: Shifting gears quick.

Glenna: Thank you. Great.

Nadia Higgins: Hi, everybody. My name is Nadia Higgins. And I'm the nurse for PICA Head Start. I worked closely with Candee. Candee, I call her the logistical mastermind of our operations. And while she was working with public health departments and working on all the logistics and setting up our tech system, I was talking to parents. I wanted to share with you some of the crucial conversations that I had with parents and what I learned. The first is, how we had to always be nimble and change strategies.

Early on in this journey, we started by just inviting experts from the community to come and talk to our parents and that worked for early adopters. We have virtual town hall meetings with about 100 people, and they would come, and we would give them information and that was kind of all that was required for that group.

But as you all know as time went on, it got more and more difficult to talk to people who were hesitant. What I started to do is I would seek out one-on-one conversations with parents. As a nurse for Head Start, I have the privilege of talking to parents all the time about their family's health. I would get in the habit of ending the conversation – whatever it was– their child has a diaper rash or whatever I was calling about – by finishing by just inviting them saying something like, "I would love to hear your thoughts on the COVID vaccine." That was kind of a successful strategy. We would chip away little by little, just reintroduce the conversation over and over.

It was really helpful to share personal stories. I would tell stories about my elderly parents and all the people I loved who got the COVID vaccine. I thought that was really successful. And it was also really successful to tread lightly. I would always ask permission. "Would you like to hear more?" "Is it OK to talk about ..." "Do you have a minute?" "Can we talk about it?"

And then what was really helpful was the fact that we had all these clinics going on while I was having these conversations, and that was helpful for two main reasons. The first was that I was able to say things like, "I have literally personally seen a thousand people get this COVID vaccine, and I know that it's safe, and I've seen everybody get it." It lent kind of a legitimacy to the conversations.

And then it also had that instant access. I could have a conversation with somebody and then at the end say, "And we have a clinic coming up right next week, would you like to sign up?" Those were the two main ways that the clinics went hand in hand with the conversations that I was having. Next slide, please.

We have had one clinic so far for children under 5, and I have noticed a big shift in the conversations I've been having with parents for this age group. There is a lost sense of urgency about COVID in general throughout our culture, I think all of us know that. Secondly, I think Candee probably talked about this, we had a lot of incentives previously through the state and those incentives have dried up. I've talked to some parents who say, "Well, let's wait and see if more incentives come." We don't have that tool anymore, at least in Minnesota.

Third of all, the vaccination schedule is kind of lengthy. For the Pfizer vaccine, for a child to be fully vaccinated, it could be just about four months. It's confusing. We have two different

vaccines and two different schedules and that has been a challenge, that complication has been a challenge. And then last of all, some parents I talk to have a hesitancy about bringing their little one to get vaccinated in a community setting. And when I talk to those parents, I assure them that it's totally fine. A lot of them say, "You know, I'm just going to wait until my child's next well-child checkup and then I'll do it." Or, "I'm going to make an appointment with my provider." And I always support them in that decision. Next slide, please.

One of my favorite things about doing these, all these vaccination clinics, is I get to be a fly on the wall, and I get to just walk around and listen to what people are saying. Here is a collection of quotes that I overheard over this journey of having people vaccinated. The first one on the left, "Next time I'll bring my mother." That speaks to a phenomenon we saw where we would have one family member come, and then the next time he'd bring his mother, and the next time grandma would come, and the next time.

Little by little, over the course of these 16 clinics, we would get the whole family vaccinated. Sometimes people would say that they were scared to get the vaccine, so I was glad that we were there to help them through that feeling.

A lot of people said they wouldn't have gotten vaccinated if it weren't for PICA. Some people came with this question, "How do you know it's safe?" Some people came, especially neighbors, would stop by just to ask questions and just to talk about the vaccine. I felt like that was a public service and that was a real privilege to be able to have face-to-face conversations with people in a time when we really weren't having face-to-face conversations.

And then by far the most preeminent thing that I heard is reflected in this quote on the far right which is, "I'm so relieved." And that reflects my own personal feelings about getting vaccinated and most everybody who came. I am so relieved that as PICA as an organization we were able to leverage our trust with the community. We've been here 50 years, and that we're able to use that trust to offer this life-saving intervention for our families. That's it from me.

Marco: Thank you, Nadia and Candee. And both of you actually exhibited one of your strategies of being nimble and being able to change strategies on the fly. I think you exhibited that perfectly. I really appreciate you doing that. And then I really appreciate one of your messages around early adopters and recognizing how to – the need to talk to different audiences, which is, I think, one of those things that a lot of us have really struggled with and using that nimble and changing strategies or being able to change quickly. Thank you.

And now, I would like to turn it over to our representatives from Community Action Corporation of South Texas.

Elena Esquivel: Hello. I am Elena Esquivel. And I am the Head Start director with Community Action Corporation of South Texas. We are delighted to be part of this informative and important webinar. Our Head Start main office is located in Ellis, Texas. We serve seven counties. With me, I would like to present my team. Next slide, please. With us, we have Michelle Teixeira. Michelle is a Head Start registered nurse. Also with this us, Sarah Soliz. And she's as well as an registered nurse as well as a BSN. And she is the quality and compliance officer for our program.

And now, I'll pass it on to Michelle Teixeira. Next slide, please.

Michelle Teixeira: Good afternoon. My name is Michelle Teixeira. And I'm a registered nurse for the CACOST Head Start program located in the rural South Texas. Today, we'll talk about our CACOST service area, the pediatric vaccine strategies that work in our community, and additional local strategies. Next slide, please.

As a Community Action Corporation of South Texas in our Head Start, we envision a vibrant community where everyone has access to quality health care, education, housing, and employment. Our mission is to continuously improve the lives of South Texans by providing high quality health care, education, housing, and economic opportunities to reduce poverty through services and partnerships. Our core values are accountability, excellence, integrity, quality service, teamwork.

We have five service divisions. We have our Head Start birth to 5, early childhood intervention, federally qualified health centers, energy programs, and community service. We serve – we have Meals on Wheels, community services block grant, healthy kids (Medicaid and CHIP Assistance), and housing assistance, and teen pregnancy prevention. Next slide, please. This next slide, Sarah Soliz, our CACOST nurse, will present it.

Sarah Soliz: Good afternoon, everyone. I'm Sarah, the quality and compliance officer. Great to talk with you all this afternoon. You'll see for Community Action or like we like to call ourselves CACOST, this is our service area and the counties we serve in the southernmost tip of Texas. Next slide, please. On this slide, you can see that our colored regions represent Head Start coverage by our program, and the blue stars represent our Community Action health centers. We have a total of 1,318 in the program with 1,000 Head Start, 46 expectant mothers, 272 infant and toddlers. Next slide, please.

Since January of 2021, our health center has focused on providing access to vaccination for our rural communities. We were designated as a vaccine hub, and we held a total of 91 mobile events. We administered over 30,000 COVID vaccines and approximately 2,000 pediatric vaccines since approval. These are our four health center sites that have pediatric services and are currently offering vaccines in addition to a school-based health center. Next slide, please.

Because of these health centers and our health services, we were able to easily connect Head Start children and family members who needed vaccination with our FQHC or Federally Qualified Health Center program. Through this partnership – this was one of the positive things that came about through COVID, is that we were able to really strengthen the Head Start and the community health center partnership.

And through that partnership, the health center was able to provide COVID-19 testing for employees but also for Head Start students, Head Start family members. And then we did rapid PCRs to assist with that. We were also available to provide vaccination for employees and for students and family members.

And then of course, we collaborated on policy and procedure. We were able to assist Head Start with masking policies with isolation guidelines, travel guidelines. The health center has a very robust infection control program, which kept abreast of all the CDC changes. We were able

to leverage all of that to assist our Head Start with providing these services to the community. And I know that not all Head Starts have the luxury of having a community health center as a part of their organization, but we definitely recommend reaching out to your local Federally Qualified Health Centers. They are throughout the United States and are a really great resource in providing and connecting these services to the Head Start families and students. Next slide, please.

Michelle: On June 13, 2022, Dr. Julio O'Ryan – he's our pediatrician from CACOST health clinic – presented to the Office of Head Start, Pediatric Vaccine Success Stories from the Field. Having immediate access to local pediatricians in our community, it's important because they are trusted members in the community for their medical knowledge. And on June 17, we sent out a survey to our Early Head Start parents asking if they would vaccinate their children for COVID-19 and seven in one parents responded to the survey. Next slide, please.

As you see our survey, 15.5% responded, yes. 35.2% responded, maybe. And we had 49.3% say, no. With those answers in mind, we sent out COVID information to the parents, and it also give us a good baseline as to where parents stand as it related to 19 vaccination. Next slide, please.

Sarah: One of the methods of education that were utilized by the Head Start were flyers and community outreach, word of mouth, also social media outreach. You can scan that barcode on your screen. It'll take you to our YouTube channel. Feel free to like and subscribe so you can keep up with our Head Start educational content, as well as our Facebook page. Feel free to make us a YouTube sensation. Next slide, please.

Some of the next steps that we're working on is to collect interest data from Head Start families. We collected the original data from the Early Head Start because our Head Start children were not in session at the time. Now that we're bringing those kiddos back, we're going to collect the same data with the same points of vaccination, whether they want to vaccinate their child. They're a yes, a no, a maybe. And then with that data, we also offer an opportunity to offer an open-ended response as to what their questions are regarding vaccination.

One of the really encouraging things we saw with the Early Head Start data is that although parents said – there was a significant portion that said, "No, we don't want to vaccinate." They did also offer some questions. We took that as very hopeful response that although right now they're saying, "no," they don't want to vaccinate, they were also requesting data like, what is the side effects? What are the percentage of children that have been vaccinated? We're looking forward to connecting with our parents to offer answers to their specific questions.

Once we collect that data for the Head Start, we'll work on implementing an education plan, utilizing that data. We're looking forward to putting out more flyers, also adding content to the YouTube channel so that parents can freely watch more information on vaccination in a comfortable environment. After we've collected data and we've educated, our plan is to continue our vaccination efforts using our medical mobile. We want to bring that mobile to our Head Start facilities so that that way when parents are picking up their children, they have an opportunity to have a comfortable environment in which to vaccinate their children with our medical personnel from our Federally Qualified Health Center. Next slide, please.

Thank you so much for listening to our vaccine strategies. We would love to hear from you all. Here is some contact information for us. Thank you so much.

Marco: Thank you Elena, Michelle, and Sarah. Your data approach as a strategy to kind of help figure out how you strategize is definitely something that a lot of folks would be interested in. And then I know our partners, our federal partners at HRSA, would be really excited to hear you talk the way you talked about the Federal Qualified Health Center. It's a strategy that we've talked about federally, but to have an example of how that works at a very local level is really exciting. Thank you for your presentation.

And now, I would like to turn it over to the National Center on Health, Behavioral Health, and Safety.

Steve Shuman: Thank you, Marco. I'm Steve Shuman, the director of outreach and distance learning. And we and my colleagues are so happy to be here, particularly following two such wonderful presentations by Head Start recipients. Next slide, please. I'm joined today by Dr. Jill Sells, the medical advisor for the National Center, and Dr. Abbey Alkon, our subject matter expert in Infectious Disease. Next slide, please.

What we're going to tackle in the next few slides is an overview and key changes to the new Centers for Disease Control K-12, Early Care and Education guidance, that many of you may have heard of when it was released a couple of weeks ago. Some risk reduction strategies that are still solid, good information and practices that programs can utilize to keep children, staff, and families healthy and safe. We've also selected a few of the questions that came to us on our August 11th webinar with Dr. Sean O'Leary, one of our infectious disease specialists. And then finally, we'll share some of our newer resources from the National Center and Health, Behavioral Health, and Safety. Next slide, please. Dr. Sells?

Dr. Jill Sells: Thank you so much, Steve. And thank you everyone for joining us today. I just want to echo some of the comments earlier about our appreciation for the hard work that you do each day to support children and families and so appreciative of the two programs that just shared their work with us. It's just really wonderful information to hear. Thank you.

I'm going to give you a little brief update. The CDC updated their guidance for K-12 and early childhood programs on August 11th. And a reminder that this CDC guidance is meant to supplement any federal, state, Tribal, local, or territorial health and safety laws, rules, and regulations, which is a mouthful. But it's a reminder that this is what's happening locally is really what you're facing and that you do have these partners locally to help you through this process. And the layered prevention strategies can help prevent the spread of COVID-19 and other infectious diseases. Next slide.

The key changes we're going to briefly highlight today are around cohorts, managing exposures, managing cases or isolation, and responding to outbreaks. Next. Cohorts have been removed now as a specific COVID-19 recommendation by the CDC. Early on, it was one of the specific things that was recommended to do to manage what was happening. But of course, we just want to remind you that group size still matters. As you know, Head Start Program Performance Standards include specific ratios and group size. And small, consistent groups are associated

with quality care in early childhood settings. And the bonus is, that's probably also helpful when we think about infectious disease. Next slide.

Managing exposures. And this is about what to do if you were exposed or someone is exposed to COVID-19. The thing that's new in this update is that the recommendations are now the same regardless of vaccination status. Anyone who's been exposed, the following things apply: It's really important to take precautions for 10 full days after that exposure, which includes wearing a mask all the time when you're around other people in public.

Then it's important to get tested at least five whole days after that exposure, and this is assuming you've developed no symptoms. But we still want to make sure that that exposure didn't turn into an infection, and that's why testing is recommended. And sometimes that change can take a while. That's why after the five day time is when it's recommended to do it.

There is no longer a recommendation to stay home, or what was called quarantine, if exposed to COVID-19 as long as you don't have symptoms. But if you do have symptoms, it's important to test immediately and then follow isolation guidance when you develop symptoms. And there's a link here to the CDC page related to what I just described, around managing exposures, that has some additional information. Next slide.

Managing cases or isolation. This information has actually not changed but it is so important, and we know sometimes confusing, so wanted to quickly review some of the key points. This is about what to do if you have COVID-19, if you tested positive or you have symptoms that could be COVID-19. Again, the recommendations are the same for everyone, regardless of vaccination status. And if this happens and you have COVID-19, you need to stay home for at least five days. You need to stay home for 10 days if you can't wear a mask and in certain other situations, which you can review on the link that's here.

It's important while you stay home, that you separate from others in your home as much as possible to try to keep them from getting COVID-19 from you. And to wear a high-quality mask if you need to be around others. And then you follow public health guidance for when to end isolation, so that five to 10 day period, you should consider what's happening locally and what the local guidance is saying about that. And there is also some more details on this at the isolation link that is on the page here from the CDC. Next slide, please.

We also wanted to share this quote that the CDC included that, "Anyone who chooses to wear a mask or a respirator should be supported in their decision to do so at any COVID-19 community level, including low." We want to be supportive of anyone who is choosing to wear a mask. Next slide. When are masks recommended? When we look at the CDC's latest guidance, and it relates to what they call their COVID-19 community levels. When those levels are high, masks are recommended for everyone in indoor settings. When those levels in a county are medium or high, masks are recommended for people at risk for severe illness.

At all community levels, masks are recommended for everyone in a nurse's office or any health care setting. Also at all community levels, masks can be worn to protect children and others at higher risk for illness. And at all community levels, it's really important to follow those mask recommendations related to exposure and isolation, which I was just describing to. Next slide.

Responding to outbreaks. If there's a case or cases in your program, it's really important to add additional prevention strategies regardless of the COVID-19 community level. If your program is having cases, it doesn't matter if the level outside your program is low, you need to take additional steps which you'll hear more about momentarily. People who have COVID-19 symptoms should stay home and get tested. And people who develop symptoms during the day should wear a well-fitting mask and be isolated as much as possible until they can be sent home, and then they should get tested.

It's important to communicate with state, territorial, Tribal, and/or local public health officials about strategy and guidance in this scenario. I know we're getting some questions about what to do when there's cases, and there's some general guidance, which we've just shared here about exposures and isolation. But in terms of the implications for what's happening in your program, your local public health is a really good partner to support you in this process. Next slide.

I've been mentioning these COVID-19 community levels. And this is not new, the CDC released these some time ago, but we know not everyone is as familiar with them as we might like them to be. Just briefly, there's a web link here at the bottom where you can go, anyone can go and put in any county in the whole United States and look at what the current COVID-19 community level is, and it's described in this low, medium or high category with these colors. It's very easy to see once you do this.

And when those levels are low, it's important to stay up to date on vaccines and to get tested if you have symptoms. When those levels are medium, one of the suggested additional recommendations is for people who are at high risk for severe illness to talk with their health care provider and to wear a mask and take potentially other precautions to help keep themselves safer. When those levels are high, there's an additional recommendation that everyone should wear a mask indoors when in public and that more precautions may be needed for people who are at high risk for severe illness.

These are some of the key points around this, but if you go to that link, you will be able to see again what your rates are, and these are updated weekly, and how that might relate. And we just wanted to make sure that you could see that context because the recommendations around COVID now are in great part tied to what's happening in the community. Next slide. And I'll turn it over to Dr. Alkon. Abbey?

Dr. Abbey Alkon: Hello, everybody. I'm going to talk about the risk reduction strategies. Sorry, it took me a minute to get just back here. What we wanted to share with you is that we know that everyone has been practicing regular infectious disease prevention strategies, and these are the same strategies that we've been using during COVID and we used before COVID. And CDC has been calling this the everyday operations, and I think that's a really great term because the way we think about this is that these are the everyday practices that we have to think about prevention of infectious disease.

And we always start with conducting daily health checks. We do the daily health checks for staff and children. And we always apply our exclusion criteria. And we know that the exclusion criteria has changed and varied during COVID-19 because of the community levels, but also

because we've learned a lot during the time that we've been experiencing the COVID-19 pandemic. Another one is to stay up to date with vaccinations. To stay home when you're sick, and we've always done this before, but again the exclusion criteria for staying home for sick might vary.

We always have talked about increasing fresh air. And we've learned a lot about fresh air during COVID, which is that fresh air is really healthy for everybody, and it also dilutes any virus that might be in the air. Washing hands has always been important and still is today. And it's always good to have the posters that we have for when to wash your hands and what is the proper ways of washing hands. Covering mouths when coughs is also important in terms of infectious disease. And cleaning and disinfecting. We'll talk a little bit about some of the new appendices that we have for CFOC on the cleaning, sanitizing, and disinfecting.

On the other side of the slide, we have the COVID-19-specific prevention strategies. What has been different and what's been new during COVID-19 is wearing masks. We've learned that wearing a mask can help decrease the spread in the air of COVID-19, and it decreases the spread from person-to-person. We've also learned a lot improving ventilation systems have made a big difference for COVID. If people have HVAC systems or need help with their ventilation, we have something on the ECLKC's website about talking to a consultant about ventilation, using fans, making sure you have exhaust fans and making sure you have fresh air.

In terms of testing after exposure or if symptoms start as Dr. Sells was talking about, it's really important to have tests available or to know how to get people some tests if they need to if they have symptoms. To manage exposures, as we just went over. And to follow the isolation guidelines. We've always talked about seeking guidance from public health agencies, local, and state, and tribes, because you want to make sure that you know what's happening locally and you get local guidance. Next slide.

How can programs be prepared? It's really good to use your health service advisory committee and the community partners. To monitor your local levels of COVID-19. And to ask about risk reduction strategies to limit the impact of COVID-19 on children, families, and staff. We want to help the families and staff stay up to date on vaccines, and we had some great examples today to hear about how communities in Minnesota and Texas did that. We want to keep masks available for use in all programs, and there's a link at the bottom here on the ECLKC's website about the face masks. We want to help families and staff access testing. Next slide.

Supporting COVID-19 vaccine access. What we've talked about is, what do we do? We encourage our families to contact their local primary care provider where we're able to identify community vaccine providers and resources such as the community health centers, like we were talking about earlier, hospitals, pharmacies, and COVID-19 vaccination sites. We want to explore to partner with community agencies to provide onsite vaccination clinics.

We also wanted to mention that you know about probably the government site, which is www.vaccines.gov, and it's really a wonderful resource to provide information for where you can get vaccines locally. The first thing that you would do is you put in your zip code, and next thing is you choose which vaccine you actually are interested in and the age group, then you

can get information for yourself locally. Next slide. And now, I'm going to turn it back to Dr. Sells to talk about frequently asked questions.

Dr. Sells: Thanks, Abbey. I had a quick question. The CFOC slide was up when you were talking about vaccines, and I just want to make sure you had a chance to say what you wanted to about CFOC or do we need to go back?

Dr. Alkon: No, thank you. I'd like to talk about CFOC. Sorry about that. The Caring for Our Children modifications are available, and there are several new ones that I just wanted to mention is about cleaning, sanitizing, and disinfecting. And the appendix J, which is selecting an appropriate sanitizer or disinfectant, and appendix K, which is routine schedule for cleaning, sanitizing, and disinfecting, is available. And there is also on the ECLKC's website, there's some really nice user-friendly documents that are adaptations of the two appendices that maybe Steve can put in the chat so everybody can have that available to them also.

But we just want to make sure that you have the latest up-to-date information, and there are some new COVID-19 modifications for CFOC. Thanks so much Dr. Sells.

Dr. Sells: Thank you. And let's go ahead and move forward to the frequently asked questions. Go ahead to the next one. One of the questions that we frequently heard is, are COVID-19 vaccines free for everyone? And we just wanted to reassure folks that they continue to be free, everyone 6 months and older living in the United States can get these vaccines without charge. And this is true regardless of immigration status and includes people who do not have health insurance. Next slide.

We've also been asked, how long do people need to wait to get vaccinated after having COVID-19? If someone was sick with COVID-19, do they need to wait? Generally, people can get vaccinated once their symptoms are gone. Earlier in the pandemic, there was a recommendation to wait up to 90 days to get a vaccine, but that's no longer the case. And we just wanted to make sure that folks were aware of that. Anyone who's been severely ill, or has underlying health issues, or has any questions about the timing should go ahead and talk with their health care provider about what makes sense for the timing of their vaccination.

Now it's back to Abbey for a couple of questions. Next.

Dr. Alkon: Yeah. The next question is, if a child under 2 gets COVID-19, do they stay home for 10 days or can they come back in five days? And the answer is, a child who has COVID-19 and cannot wear a mask, including those of children under 2 years of age, they need to stay in isolation at home for 10 days. The isolation guidelines are the same regardless of vaccination status. Next slide.

And the last question we have is, if a child over then 2 years or an adult gets COVID-19, do they stay home for 10 days? The answer is that isolation may end after five days in some cases, and these are the cases: if they never had symptoms, or if they had no fever for 24 hours and symptoms were improving. Anyone with COVID-19 should wear a mask for 10 days. Earlier removal of a mask may be possible with testing following public health guidance. And we have the link below for the CDC guidance on isolation. Next slide. And I'll turn it over to Steve.

Steve: Thank you, Dr. Alkon and Dr. Sells. It's my privilege to just share some of our newest resources. We have quite a bit that we've created in the course of the pandemic on the ECLKC in partnership with our colleagues at the Office of Head Start and many of our experts that we've been able to access. We have a set of new posters specifically designed for vaccinating children under 5 years of age. They accompany the existing posters that are for older children and for adults. And all of these posters are available in English and in Spanish.

We also have a COVID-19 vaccines for young children page. The link was shared earlier in the chat, and the links to all of these are in the chat now. And this is available to give and share with parents. It's available in about a half a dozen languages, if I can remember them all now: English, Spanish, Chinese, Haitian Creole, Somali, Arabic, and Vietnamese. I think I got them all. And it's all marked on the webpage on ECLKC.

And then finally, you heard Nadia and Michelle talk about speaking with families about the vaccine. And we've created some guiding conversations, sort of a tip sheet, that you can use to engage families in ongoing conversations about the vaccine, and that's also available in English and in Spanish. Next slide, please.

And all of our COVID-19 health consideration resources are on this page. You heard Dr. Alkon refer to the tips for working with a ventilation consultant, that's there. We've mentioned the face masks and Head Start programs a number of times today. All of our posters – we have a number of posters that we didn't feature today but are there. Some of our past webinars. We definitely would encourage folks to check out this page on the ECLKC, as well as the other links that have been shared throughout today's webinar. I think Marco, I get to turn it back to you.

Marco: You do, Steve. Thank you. Thank you, Dr. Sells. Thank you, Dr. Alkon and Steve. Thank you for helping us in taking the CDC guidance and risk reduction strategies and putting them within a Head Start context and then developing all those great resources. Also want to thank you the audience for attending our Pediatric Vaccines and Other COVID-19 Considerations for Program Year 2022-2023 webinar. And I want thank the National Center, PICA, and CACOST for helping us today. And thanks to COMMANDER Hooban for kicking us off at the start of the hour.

If you have any questions that you were not able to ask, and/or if questions come to you anytime after the webinar, please submit the question to headstart@eclkc.org. They're going to put that in the chat. And we hope that the frequently asked questions that you heard today help you as you embark on this program year. And we hope that the strategies presented by PICA and CACOST provided you with some nuggets that you will be able to use and implement, and that the National Center's explanation of changes in the CDC K-12 EC guidance and the risk reduction strategies can be of use to you as you update, develop, and/or modify your health and safety policies and procedures.

And finally, on behalf of the Office of Head Start, I would like to thank you for being here with us today and for all that you do to keep our Head Start staff, our families, and children healthy and safe. Thank you.