

Considerations for Head Start Transportation Services and Vehicles during the COVID-19 Pandemic

Amanda Bryans: Good afternoon, and welcome to the Office of Head Start webinar titled, "Head Start Transportation Services During the COVID-19 Pandemic." My name is Amanda Bryans. I've worked in the Office of Head Start for about 20 years, and prior to that, I was a Head Start director, and part of my credentials include overseeing a transportation program in Albany, New York, and I currently work on everything related to education and research, to practice. And I am just so happy today to be joined by my colleague, Dr. Marco Baltran, from the Office of Head Start. Marco is the senior lead on health, and, as you can imagine, he's has a very busy career for months. And it is our special privilege today to be joined by Chris Allen, the assistant program director, the Community Council of Idaho, and Russ Newbold, transportation services manager, Community Council of Idaho. Today's presentation is going to include a rich agenda that we hope is going to help you as you navigate this totally unprecedented and very challenging time. We want to give you some guidance to help you make local decisions about Head Start transportation services, how to think about the safety of staff, how to ensure your vehicles are safe – as safe as possible, including the child safety restraint systems, working with children and families with regard to transportation services, some information about special considerations regarding route planning, and time for my favorite part of all, questions and answers.

I wanted to remind everyone of the Head Start transportation regulations. When we talk about transportation services, there's a very specific definition in Head Start that has to do with getting children to and from program services, their regular [Inaudible] transportation, and that such transportation has to meet Head Start requirements. And these regulations were developed at the direction of Congress a number of years ago after some very serious accidents that occurred. And so, Head Start transportation regulations were the first place where there was a requirement, for example, that young children be transported in vehicles that met the same structural safety standards as school buses and that young children be seated using child safety restraint systems, even while on the bus. There was an acknowledgment that school buses afford special protection but the youngest children, because of their small size, are not fully protected in a seat compartment and also need to be in a child safety restraint. So, that's what we mean when we talk about Head Start transportation services. And right up front, we want to say that Head Start school buses and allowable alternate vehicles, which meet the same structural safety features but don't have the traffic control features and the appearance – so they kind of look often like a school bus except they're not yellow, and they don't have flashing lights – are generally the safest way to get children to and school. I know, during the current pandemic, this can be confusing, but we know that most low-income families do not have reliable private transportation to and from school, and, in general, private vehicles are much more risk of being in serious accidents. There are very, very few serious accidents with vehicles that meet the requirements that Head Start vehicles meet.

And we also wanted to remind our audience today that, for many children and families, attending Head Start is not a possibility unless transportation is provided. Programs have to recruit and select and enroll families who are the highest need in their communities and those families may not be able to access public transit and may not have, as I said, we know most low-income families don't have consistent access to a private vehicle, so we want to have people in doing their planning think about the need for transportation to reach the highest-need families. We also want to say, and given our unusual time now with the pandemic, that program should be in touch and consulting their local health officials and state and local authorities when they're making plans, and this may very well include local education agencies. LEAs provide a lot of transportation service for Head Start, so for many programs working with them is a natural fit, but even when you don't regularly work with them or they don't provide services, they may have good insight about the local situation, and there's a lot Head Start may be able to both share and learn related to the current time and meeting child and family needs for transportation. And we wanted to emphasize, and this is part of the regulation about Head Start transportation, but whether you're providing that service directly or working with a contractor or the service is provided by the school district, it's important that these recommendations are considered as appropriate implemented regardless of who is actually doing the Head Start transportation service.

So, I want to now turn the presentation over to my colleague. I believe that probably many of you have seen Marco before on webinars. He's probably presented to close to 100,000 people by now, and with no further ado, Marco.

Marco Beltran: Thank you, Amanda. Thank you all for being here, for taking the opportunity to listen to us speak to you and hopefully provide some valuable information that might be useful as it relates to transporting children safely. So, just to kind of start off a little – just pull back a little bit and just thinking about COVID-19 ... So, there continues to be a rapid increase in our knowledge about the virus and about the disease. And as CCE programs across the country prepare to reopen and/or share their stories of how they've been managing during the pandemic, we learn and we use the information that we gather to help figure out how to address health and safety concerns during COVID-19. So, over the past six weeks or so, we have been having webinars on how to address COVID-19 that Amanda alluded to within ECE settings, and many questions have surfaced including how to safely transport children while maintaining physical distancing, how to onboard and offboard children, how to do a health screening during pickup, how to address the health and safety of our transportation staff and many more. And a lot of the webinars related to the COVID-19 and ECE studies can be found on the ECLKC, which I will provide a link to later on in the presentation.

So, one of the key thoughts as it relates to transportation as it relates to operating during this time period is to be nimble and to be able to course correct as needed. So, that becomes a really kind of important concept that we're hearing from a lot of folks as they're serving children during this time period. So, I just want to reiterate the point that was made earlier in the previous slide. When making decisions about transporting children, programs should consult local health officials and/or state and local authorities, and to the extent feasible, and I

would add for our programs to include their health service advisory committee and/or the child care health consultant as they see fit. I think that would be really useful folks to help you kind of think about transporting children safely and kind of developing policies and procedures around transportation safety. From my perspective, together all the aforementioned folks can help to assess the current level of mitigation needed based on the levels of COVID-19 community transmission. So, some of the overarching thoughts prior to addressing the support transportation staff safely as it relates to COVID-19 – and these are the overarching pieces that I just want to address. Keep your groups as small as possible. Make sure that you're washing your hands and the hands of your children, and I'm not just specifically talking about on a bus. So, use respiratory etiquette, and what this means is that if you're going to cough, cough into your sleeve or cough into a tissue, and if you're using a tissue, make sure that you discard the tissue and throw them out, not just put them back into your pocket. And then, another important aspect is to wash your hands after you've touched the tissue, and then finally to disinfect surfaces but to clean them first.

So, that takes me to our first thought related to how to support transportation staff safety. One of the most important things is to encourage staff to stay at home if sick. Sick staff members, particularly those who have tested positive or showing COVID-19 symptoms, should not return to work until their criteria to discontinue home isolation are met in consultation with the health care provider and state and local health departments. Staff who had recently had close contact with the person with COVID-19 should also stay home and monitor their health. The CDC has recommendations that sick people should follow, and some of these include stay at home except to get medical care, to separate yourself from other people, and to monitor your symptoms. Send home staff experiencing symptoms during work hours. Some of these symptoms include the following but these are not limited to just the following: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. So, we encourage that you reach out to your local health officials, HSAC, child care health consultants to work with your governing entities to kind of help you figure out a good procedure to address what needs to happen when you need to send a staff person home who is experiencing symptoms.

So, largely, because we often know that in some of the cases when folks are experiencing some of these symptoms, they're going to need assistance being transported home and/or being transported to a health care provider, so when you're developing these policies and procedures, it's good to have these things in mind. In addition, make sure to assign vulnerable workers alternate duties that minimize their contact with children, families, and other employees, if possible. Based on currently available information and clinical expertise and as it relates to COVID-19, we are talking about older adults and people of any age who have serious underlying medical conditions that might be higher risk for severe illness from COVID-19. In addition, make available and ensure the use of cloth face coverings per the CDC recommendations. Vehicle operators should wear a cloth face covering only if it will not interfere with safe driving. Cloth face coverings should not be placed on young children under the age of two and anyone who has trouble breathing or is unconscious, incapacitated, or

otherwise unable to remove the mask without assistance. The idea of the mask is to catch those droplets before they get to the air, so a cloth mask is designed to prevent the spread of virus from the person who's wearing the mask to another person. It also has the added benefit that it doesn't allow the user to touch the nose or touch their mouth, so it decreases their inoculating of themselves. And then finally, make available and ensure the use of hand hygiene supplies per the CDC recommendations. Proper hand hygiene is an important infection control measure. Staff and children should wash their hands regularly with soap and water for at least 20 seconds. If the soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol, and make sure to supervise children when they use hand sanitizer to prevent ingestion.

So, based on public health guidance, programs may temporarily stop regular program operations, including center-based, family child care, and home-based services. During this time, to the extent possible, employees should continue to engage families and deliver critical services remotely. Programs should continue to provide children with supplies they would receive normally through the program such as diapers, formula, snacks, meals, and learning supplies. When programs use their agency vehicles to transport food, educational supplies, diapers, and formula, you should minimize contact between vehicle operations and other staff, children, and families as they load and deliver supplies. Also, make available and ensure they use a cloth face coverings and hand hygiene supplies as described in the previous slide. And it's important to note that it's critical to ensure that staff maintain at least six feet apart. That's about two adult arms'-length distance between each other and families receiving supplies. It's also vital that we communicate with families so that they are aware of the process, and I would go as far as to say that it's important to engage families and helping to ensure that the process that we use to deliver food and supplies is something that is manageable by all those that are involved. And now, I'll like to turn it over to Russ Newbold.

Russell Newbold: Good morning, everybody. Pleasure to be here. It's a wonderful opportunity. Thank you all for being a part of this this morning. Go on with programs resuming operations. Many of you that are in the migrant program right now are resuming operations. I know our program is. We're out there doing some new things. It's been a huge planning process, and there is absolutely no known right way to do it right now. It's kind of a best practice thing, and that's why we're here to discuss some of the best practices. So, what are we looking to do on the vehicles, if at all possible, and that's the whole thing, if possible. CDC guidelines state everything that we're looking at is to be done, if possible. So, best case practices, if possible, within your program.

We want to minimize the contact between vehicle operators and the other staff, staying at least six feet apart. That may not happen. A lot of us have our Type A buses and they're very compact. We've got children that are going to be walking in within an 18-inch area just from the bus driver because the size of the buses are so small. So, in that aspect, yes, we do want to make sure that our drivers can wear face masks or can wear some type of a face shield if appropriate that does not obstruct their vision and does not obstruct your ability to drive. Remember, we want to make sure that our kids are safe. For our drivers, I think that's going to

be a personal choice with our drivers what is going to work best for them, but we need to make sure that we have the proper PPE out there that they need and that they can use. We definitely want them to have hand hygiene supplies. We want them to have some sanitizer available. The same thing with our bus aid – the bus monitors. Again, it is not recommended for smaller children to be using hand sanitizer at the time.

We've kind of discussed We've put some wipes on the bus for the children to wipe their hands. That, I think, is going to be an individual entity – individual program decision depending on what's going on in your areas and based upon what your best guidance is from your local health departments. We want to conduct health checks of all of our children and staff before they board the vehicle. Currently, what we're doing, and I know a few of the other migrant Head Start programs, this bus and transportation staff are checking each other every morning. What that means is we've already got our thermometers. We have our no-contact thermometers, the infra-red on the buses. Our transportation teams are checking each other in the morning during their pre-trips when they're getting ready to go on route. If we have a staff member that is experiencing any types of symptoms of sickness or if we have a fever, that staff member immediately goes home. We modify our bus routes. We do what we can with that. We need to be safe from the very beginning. We have to have our staff safe and ready to go first and foremost before we can expect our parents and our clients to be safe as well. We need to set the example and let them know that, if we have sick staff, we may not have transportation available to them. They may have to self-transport or wait a day or two until we can get that transportation staff in there. We do not want to take the chance of infecting our clients as well on top of them spreading this disease.

Do not transport individuals with a fever of 100.4 or above who show other signs of illnesses. Again, this can take many forms. That fever of 100.4 may not be COVID, but we might be looking at a flu strain. We might be looking at some type of a virus that that child is suffering. We don't know specifically, but we do want to make sure we have that 100.4 as a basis or also look at with your local health departments. Do you have a flu strain that's going out there where that fever might be slightly under and it is very common for that flu strain with a highly contagious virus? Keep in touch with your health districts and your areas and that – and that's going to be, again, depending upon where you're at, what your circumstances are within your environment and where you're currently located.

Chris Allen: Russ, this is Chris.

Russell: [Inaudible] Yeah.

Chris: Can I mention something?

Russell: Absolutely.

Chris: On that temperature, a child may be teething. They flash a temperature. We'll ask the parents, "Are they masking?" Temperatures with aspirin or anything like that as well, and then, if we can't determine that it is something like that, teething, we'll dig deeper, and we'll allow

them into the program, but we do the full screening and if all the symptoms add up to be denied and it's a reliable temperature that's above 100.4, then we won't let them on the bus. But I just wanted to add that Russ. Sorry about interrupting.

Russell: Ah, no problem. Thank you, Chris. I appreciate that information.

Amanda: Yeah, and this is Amanda. I think those are really good points both from Russ and Chris. And I think this also, I want to highlight, Marco mentioned making sure that you're working with your health advisory board, but also the health screening questions and some of the what you should do are provided by the links to the CDC that we provide towards the end of this presentation. So, you don't have to answer all the questions yourself. I know it's going to be tough and there are going to be some tough calls, but we've got some more information as well as the webinars goes on today. And, Marco, did you want to add something?

Marco: No. Thank you.

Amanda: OK. Onward.

Russell: OK. Transporting individuals in close contact. Do not transport individuals who have been in close contact within six feet of someone who has tested positive or is showing COVID-19 symptoms. What this is going to mean at your bus stops and this is what we have been training.

I've been talking to some of the other Head Start providers out there right now under the migrant programs, the transportation managers. What we're training with our drivers and our monitors as a team right now is when they go out to that bus stop, we are no longer making bus stops in the street. We are selecting bus stops off of the street in safe locations, whether it be a park setting in the city park or a parking lot where we've got permission to go in where we have a large area that we can put our families in. We're training our parents to please social distance at the bus stop, so that our bus monitor, when we arrive in the morning or drop off in the afternoon when we take the children, we can have that bus monitor get off the bus and work with the screening with the individual parent and individual child and do them one at a time without them having cluster together. We want to keep that social distancing as much as possible. We need to train our parents right out the gate from day one that this is what we need to do for their safety.

If we do have a child that has tested positive or we do have a family that's been around and showing symptoms, does that mean that we are not going to allow the rest of the children on the bus? I don't know. That's going to be a program decision I think you guys are going to have to make depending on whether your area is a hot spot, not a hot spot, or what the circumstances may be. That's an individual program decision based on what you have for best medical data, best medical advice in your specific areas at that time. If they've been socially distanced, it's a Monday morning. They're coming back and the child may have symptoms from over the weekend that have developed. The rest of them haven't. Again, it may or may not be appropriate to go ahead and bring that child in for the other families. The one that is suffering

and has the symptoms, we definitely want to keep them off the bus, but do we want to keep the other children away from school? We don't know because we don't know if they have those symptoms available yet. Again, program decisions with your policies and what you're doing in your area's best medical advice.

Position your children as far as possible away from each other on the bus. A lot of us use smaller Type A buses. What we're training with ours, one child per bench on the seat. When we're loading, we're loading from the rear to the front on the way into school. We're unloading from the front to the rear on the way home. As we load on our bus routes in the morning, our first children that we pick up are going to the back of the bus. The first child that goes on may go next to an aisle seat or may go to window seat on one side of the bus. The next child will be at the aisle seat. What we're doing is we're offsetting seats between the aisles and the windows on each side of the bus between routes to try to help maintain distancing from seats and contamination. If we do not have multiple children sitting in the same booster seat or car seat, we reduce the risk of passing that virus or passing that contamination onto someone else. Unfortunately, with some of those smaller-

Chris: Russ, would you ...

Russell: I'm sorry, Chris. Go ahead.

Chris: Could you mention that we keep the children – the infants and the toddlers that are in the forward-facing or rear-facing seat – we do keep them at the front of the bus? We don't put them at the back of the bus. It's the 3 and 5-year olds that we send back and sequence that way.

Russell: Yeah. We are continuing with our rear-facing seats and our forward-facing car seats to be in the first two rows of the bus only. If we have more children on those routes that we need to pick up that, we have a lot of infants or something on that particular route, typically in the past, where we might have six to eight on one of our larger buses, at this point, we're looking at, we'll send two buses to that area. We'll reduce those numbers. We'll get that social distancing on the bus. We'll space them out a little bit more.

So, that is going to add some bus routes and I think we're going to be talking about that here in a few minutes, but we want to keep them apart. We want to alternate our seating between the route. If they're coming from the same home, we can put children from the same home on the same bench. Depending on how many children you have, you might have three children coming from the same household or even upwards of four children coming from the same household. Can you put them on the rear row of that bus if they're the first ones on? Absolutely. That can give you that entire rear row and then you just block out that row for your next route, if necessary until you have an opportunity to sanitize those seats.

So, you definitely want to, if you can, keep the ones from the same household together. Again, this is going to depend on what you have at your bus stop, what you have on your route so ...

Chris: So, Russ, could you explain how many children we get on a typical class A bus that's normally a 30 passenger? Do we get 20, 25, 10, five, three, two? How many children will we put on there?

Russell: We're looking right now at no more than two per seat. If you've got a bus that has six rows of seating, you're going to be looking at 12 to 15 children on six rows. Now, remember that six row of seating at six per, that's 36 passengers. So, at two per seat on those rows, you're going to be looking at about 15, it's going to be your maximum amount by the time you put your car seats and you space them out. Your smaller Type A buses, we're looking at about 10 children maximum that we're going to be able to put on with our driver and our monitor with our current seating and keeping some social distancing between them. So, it's going to depend on what you have for the length and size.

Amanda: Right, and that's no more than one child per bench unless they come from the same home or dwelling. It could be if there's more than one family living in the same home, they could sit next to each other because they've already been exposed to each other and then there are a lot of, we're getting a ton of questions so I know it's so hard because you're not getting information as fast as you want it. Programs will make different decisions about who is grouped on that bus and how within kind of the broad outlines that we're giving you. So, to the extent it's possible to skip a seat, that is what's recommended and as it's necessary, given the, whether kids are coming from similar homes. And, again, we're also emphasizing trying to keep classroom groups together, so migrant and seasonal programs serve a broad age range and tend to pick up groups of children from one location. And it can be, it's more usual that they may have mixed age groupings.

But, as Russ and Chris are saying, I think they also are needing to think outside of the regular. This is different times, so sending two buses, even though you wouldn't normally have enough kids at a stop to fill one bus, you may find yourself sending two buses to the same place and each bus is less than half-filled. And no part of that is economically efficient, but it is efficient in terms of ensuring from the best risk reduction for children. So, we're going to get through this and we're going to take some of your questions but keep entering them in the chat and hang on.

Chris: And this is Chris. We do ask the parents and the families to transport their children if at all possible, that we're a migrant program. They usually have one vehicle. They take it to work and they're unable to transport their children. So, we have to use our buses. And so, you're very, very safe getting them on the bus, getting them off the bus and screening and stuff like that. So, we know it's not ideal, but we feel that we're putting extra precautions in place to protect the children and our staff. Sorry, Russ.

Russell: Thank you, everyone. OK. Next slide, we're looking a little bit more on our bus routes right now. Rerouting or staggering bus runs is needed to keep group size small and minimize potential exposure. We kind of touched base on that just now. Remember, if you've got large areas of children, if you are a very rural district area where you might have to go 35 miles to

your next city and you've got 15 children there and you have two Type A buses, you're probably going to be sending both of those buses to that area to pick up children.

I noticed a question on here that a 36-passenger bus, we can put 15 children on there. Not necessarily. Again, one per bench, no more than two forward-facing or two rear-facing car seats in the front two rows only. So, if you've got one per bench on your toddlers and you've got your car seats up in the front for your infants and up to two years old, remember, that might only give you six children that you can put on behind them, but you might have a maximum of eight to 10 children on that bus, maybe 11 if they fit in there correct and they're from the same family.

So, this is going to be kind of staggered, you're going to be looking at it. It's going to be the best-case scenario. Do you want to put as many on as possible? Yes, but remember, as many as you can put safely, absolute safely. We have to have that space between them. We're going to be looking at your bus route to minimize traffic stops and allow time for safely conduct and reboard health checks. Again, we do not want to be stopping in the street. This goes against absolutely everything that we've all been trained in in our lifetime for school buses because we've got the flashing yellow lights. We stop in the street. We're loading our children. With this COVID-19, with the extra duration, I've talked to some of my transportation staff this morning, we've been doing this for about a week. They're saying it's about an average of 60 to 90 seconds per family to do the screening, temperature check and move on. So, if you've got three or four children at a bus stop, you have an additional five minutes of what you had a year before at that stop. Unfortunately, we cannot stop traffic on the street that long because when we're interfering with the flow of traffic, we're going to be getting a lot of complaints from the community. We don't want that. Get your drivers out there. Have them start looking for a really good, safe bus stop locations.

What does that mean to our parents? Those of us that have been using door-to-door services, we may not be able to do door to door anymore if there is not adequate curb parking for our buses to pull over to the curb in front of those residences, and I know a lot of high-density areas we don't have that. We cannot get into the high-density population with our school buses and park curb to curb. So, our parents may have to walk a block or two. We may have to have them drive a little bit to get to a bus stop and this is the new normal with this now. So, they're going to ask a little bit more of our parents. We have to ask a little bit more of them and we have to let them know up front this is what we're looking at, this is what we're doing.

Class groups together on the bus? Absolutely, if you can possibly do it. If you've got a morning class, have your 3:00 to 5:00, where you have 10 or 12 children in that classroom. If you can get all of those children on one bus or on two buses that are going the same distance, same areas, that is your absolute best because those children are exposed to each other in that classroom all day long. If they're together on the bus, they're together in the classroom and they're together going home, you minimize risk of exposure to other children within your program. So, you've kind of got a built-in barrier on that, doing that already.

Visible cues such as stickers on the floor. Remember, are children going to be a little bit confused? They're used to getting on the bus, they're getting into seats next to their friends from their class. They've been doing this, especially those children that have been in migrant programs from the time that they were two-weeks old up until they're five years old. They've got a lot of children in there that they know. They've been going to school together for several years, just like in your public schools. It's going to be different for them. We are going to have to take the time to explain to them what the difference are going to be. Let them understand what's going on. Make sure that you have very, very good identifiers for those children. If you've got a morning route, all of those children's names might be with a blue sticker with their name on it. The next secondary route might be a green sticker, or it might be a yellow sticker. Let those children know what seat they were in, different colors with their names. Give them those stickers. Give them those name tags. Give them something personalized for their seat because they're going to be sitting alone by themselves. There's going to be a little bit of separation anxiety compared with what they're used to because they're not going to be sitting next to their friends. It's going to affect them a little bit socially. They don't understand for that physical distancing right now. They need to rely on us as adults for their safety and care.

So, there's going to be a lot of extra communication, especially from our bus monitors in the morning. We're used to having our bus monitors kind of mingling a little bit, our monitors are going to be a little bit more stationary for social distancing, but that does not mean that they do not have that high need to make sure that they are communicating and working with our children to keep them at ease, keep them learning, keep them growing on the bus, that extension of the classroom, et cetera. Are we looking at [Inaudible] in the morning? I'm sorry.

Amanda: Yeah. I love the point about having it being an engaging time of day on the bus. I think that's something that we always want to remind programs. This should not be a torture. They are going to be spending more time being transported. When I asked people who went to Head Start what they remember about it, it is not unusual that they say they remember their bus driver or they remember the ride to school, they remember singing or they remember doing things on the bus, so it's so important. And I just wanted to mention as well that stickers could be useful depending on where you locate your pickup points. We want to have social distancing between parents and children at pickup points. Somebody asked in the chat, "Well, what if I do the health check and a child has a fever and is close playing with other children at the bus stop?" Well, that's why we want social distancing at the bus stop, so we want family groups. And hopefully, we're saying one adult, one child comes to the bus stop and that you can use stickers, temporary signs, other cues to help families learn where to stand so that if you do find a child who doesn't pass or an adult, where they're not passing the health screening, you can still bring the other kids in that day. Sorry, go ahead.

Russell: Oh, great point. Thank you. A great point on that with the bus stops, especially if you're able to do curb to curb and you have sidewalks, you have multiple children. Talk with your cities. Most of the cities that I've talked to and worked with in the past, if you have colored spray paint, you can go out there and put a green dot, a blue dot, a red dot, a purple dot. You can assign your family social distancing and have them stay at those dots. That would be a great

help for you. That would be a great help for your monitors, help your families keep social distancing. I know a lot of the cities have done that. Public schools have done that. Working in the cities at their bus stops will ... Thank you, Amanda. A great point on that. Use what you can.

When you're operating the vehicle, bus drivers and bus monitors, avoid touching the surfaces touched by your children. If at all possible, monitors, you should be wearing gloves. You should have some type of powder-free latex, whatever you can use comfortable on your hands at all times while buckling and unbuckling the children and doing your testing. I know that's going to be kind of inconvenient. How often do you change them? You might be able to take them off if you've got longer routes. You pick up three children and you're 50 miles out and then you've got 20 or 25 minutes until the next bus stop, you can change gloves. Use some hand sanitizer, keep yourself clean, but be careful with the touchable surfaces, the tops of the seat, the seat backs, the sides of the seats. Remember, our children are going to be using those hand rails to get up and down. Those buses are big. They touch the sides of the seats. They go on down. We don't know when the last time their hands were washed in the morning.

Again, this is where we're looking at your individual programs, what you have that you can wipe those children's hand with. Do we suggest hand sanitizer? Not necessarily because the younger children with the alcohol. It is not good for them. Is there something else that you can use? A baby wipe that will help wash it and help keep some of that debris and some of those germs away? Absolutely. If you've got something that's approved to your program and you have that, you want to put it on the bus. I would suggest that you have the baby wipes available to wipe the children's hands with or at least give them some type of a wipe as you're going down through the aisles. Again, using your gloves, be careful with contaminated by body fluids. We're going to be doing a lot of different sanitizing and a lot of different clean-up over this. I believe that Chris will be working with the sanitizing and some of that stuff in a minute. Amanda, if it's okay, I'd like to address two questions that I've seen so far. Is that all right with you?

Amanda: Well, I don't know. Why don't we keep going at this point and we'll get to the questions at the end?

Russell: OK.

Amanda: I just want to make sure we managed to get through most of the content. I know I've done a couple questions, but let's keep going.

Russell: OK. All right, then. Marco. Back to you, please, sir.

Marco: Thank you, Russ. So, I've mentioned earlier, there continues to be rapid increase in our knowledge about the virus and about the disease and we continue to figure out different ways to serve children and families, but being flexible and ready to make changes is important because we don't know when the levels of COVID-19 transmission might impact program services, so to support and check with state and local health department notices daily about COVID-19 transmission and mitigation levels in the area and adjust operations accordingly, so we kind of, Russ was kind of alluding to some of those things where you kind of have to be

nimble in trying to figure out how you're going to operate your about face on what's happening in your community. So, I think those are some key pieces to figure out. So, as community conditions continue to change, some programs may need to adjust their program operations and services as I just indicated. In turn, in working with program leaders and others, finding this essential and key things to think about in adjusting program operations is that decisions are based on local data and guidance or directives. Programs should be prepared to stagger routes, reduce bus runs or end bus runs temporarily. In addition, and when we're talking about some of the social distancing kind of ideas and examples and when we're talking about, sorry, physical distancing, it's going to be really difficult for children to do that.

So, one key piece that I wasn't able to mention before is that we don't want children to be penalized or disciplined for not being able to physically distance. So, if they do have that experience where they're not able to physical distance because they're children, we want to make sure that we encourage parents and adults not to discipline the children, to figure out different ways and maybe work with your mental health consultant to kind of figure ways to interact with children and kind of redirect them so that we're not disciplined. I just want to make sure that that point gets said. Other than that, I think it's really critical for staff and families to be really engaged in the services and how you're planning out pick up and drop off so that everybody's really well aware of where they need to be standing. If you are putting blocks or stickers on the floor, something like that so folks know what that means, but the engagement piece would, from my perspective, allow for a successful kind of transportation operation. So, I just wanted to make those points. Now, I'm going to turn it over to Chris Allen.

Chris: Hello, everybody. I see there's over 1,650 people out there. Thank you for participation on this webinar. We very much appreciate it. I wanted to mention something that Marco talked about, course correction. That's kind of our future. We have to adjust to what's working, what doesn't work, what the local districts decide, what the state decide, what the fed decides. It'll be our daily mantra is do we need to adjustment something today or tomorrow or the next day to make it better or, from what we've learning, because there's so much information out there and it keeps coming at us pretty rapidly.

So, again, we wanted to talk between our bus routes, there's always something to do. And so, in a nutshell, here's our cleaning program. I'll start at the end of the day and then go back through the whole day. At the end of the day, we'll pull the bus in and we'll clean everything off with the disinfectants and stuff that we have in the building. Trust your systems that you already have in place for sanitizing your facilities. Those chemicals are what we're using now until we find something better. We are going to try to use some certain kind of tablets that will put in a gallon container that will emulsify and act like Alka-Seltzer and we'll spray that over the bus. After we've had a chance to wipe it all down clean, we'll spray it at the end of the day, and it'll just dry in place so that, at the end of the day, we'll walk away. It's white. It's sprayed. And in the morning, we get in and it's ready to go. And then, children come into the bus, they come up the hand rail. They'll go down the aisles. They'll get in their seat. And so, at the end of that route, we'll be back at the center, we'll do a wipe down of high-used areas, all the handrails, like rest head, tops of seats, sides of seats, just wipe them down where children have come

through the bus and gone back out of the bus. We will wipe them down and, again, trust your supplies that you already have.

And so, and then the next route, we'll go out, come back, and then we usually do two morning routes. After the morning route, we're going to have a big break between morning and our afternoon route. To start to take the children home, we plan on doing a sanitizing again, wipe it down. We're using soap and water now, but we'll have some emulsifying tablets when the manufacturer catches up with demand and we'll put those in a dispenser and spray them, mist them over the tops of seats and into the car seats and things like that. And it's going to be a chemical that's pleasurable to the fabrics and everything we're using. So, then the bus will be ready for the afternoon route. So, it's kind of like rinse and repeat or Groundhog Day all over after every route, but that's how we'll clean our buses. And we'll keep them really, really clean and wipe down always. Like Russ said, the monitor wears their mask and gloves. Driver's got his mask and he probably does not wear gloves. And for the cleaning and the disinfecting of the vehicle between each use, our CDC-recommended process using products that are EPA approved for use against the virus that cause COVID-19. So, CDC is the tremendous resource. At the end of this presentation, Marco will point out a lot of the resources we have, and they all are basically coming from CDC guidance. He'll mention that later, but we want to use appropriate chemicals on the bus that will attack COVID-19.

For hard and non-porous surfaces inside the vehicle, for example, are hard seats, are built-in recess seats, are arm rests, are door handles, lights, air controls, doors, windows, grab bars. We clean with detergent or soap and water if the surfaces are visibly dirty prior to the disinfection application, so we're continually wiping down when we have that chance. And someone mentioned, well, our drivers and monitors are going to be very, very busy and yes, we have a different layer of cleaning and sanitation that we need to take care of and that's just going to be our new life. And so, we have some of our centers that they might go, "Well, they need to get out and do some other chores, other jobs." Well, this is their focus for now. If we need to hire someone to mow the yard or do something else that took them away from this sanitation process or driving, transporting children, we'll make up for that some way, somehow, but this is their focus and our buses are going to need to be clean and disinfected continually. All the bus manufacturers do have a recommended cleaning program, cleaning chemicals for their vehicles, interior, exterior, interior certain kind of seats and stuff like that. The webbing on seat belts, completely.

So, let me get to that next slide. So, child safety restraint systems. We employ the methods and products that are effective on COVID-19 and that they're safe for the use with the restraint systems. We don't want chemicals that are harmful for the safety devices because they'll break down and become less safe, so chlorine or anion-based solutions, they may cause deterioration of our safety restraint components and it just cannot be used. It'll break them down, so we steer away from it. There's other things, soap and water and other cleaning chemicals that will work to do the job and for seat belts, programs must employ methods and products that are effective on COVID-19 and safe for the use with that seatbelt webbing. Contact the school bus manufacturer for cleaning guideline. Each manufacturer will have the

guidelines for cleaning all these surfaces on the interior and exterior of their bus. Go to their website. They'll have that information there.

For soft floor surfaces, we remove any visible contamination and clean with appropriate cleaners indicated for use on these surfaces. It's a muddy day outside, rainy, there might be children bring that in. We're going to knock that down and wipe that off and then clean after that. So, knock down the visible thing. If there's accidents or incidents, we'll take care of those appropriately and dispose of them, but I do want to say trust your system that you already have in place for the interior building because they'll serve you well for your buses and I also mention we're talking about transportation buses here. All this can relate to your vehicles that your staff use each and every day. So, have a protocol for having those clean interior – the interior wiped down between uses. We're going to have our drivers go over to our company center vehicles and spray the interior at the end of the day after it's wiped down so that it's sanitized, so it's ready to use the next morning. But you may have different staff, four or five different staff drive that vehicle during the day. You do need to wipe down between uses of that vehicle to protect your staff and whoever else is in the vehicle. And so, I'm going to pass off back to Marco here. Thank you.

Marco: Thank you, Chris. So, I would encourage folks to make sure that they're using credible websites to get information and I'm specifically going to be talking about the CDC as a credible website for information. So, what you see on the slide are the first four links are to CDC guidances that we strongly recommend. The first one that came out was the Interim Guidance for Administrators of US K-12 Schools and Child Care Programs. And, for us, that kind of lays the foundation for what a lot of early current education programs were doing or should have been thinking about way when we first started finding out about the pandemic and we were first trying to deal with COVID-19. So, that's the guidance that first came out to help guide early current education programs to address COVID-19.

After that, there were calls from stakeholders to build upon that guidance or there were more specific questions that folks were asking including the Office of Head Start. So, though their help, they started to produce other forms of guidance that have been beneficial to us, including the guidance for child care programs that remained open during COVID-19 and then reopening the guidance for cleaning, disinfecting the public places, work places, businesses, schools, and homes. All these together really form a really nice kind of guidance that we should all be looking at as we're progressing forward and moving and reopening our program. One note that's important is that if, for whatever reason, you've downloaded the documents or the guidance, make sure that you visit the CDC frequently because they get updated frequently. So, I know that the first one, for example, has been updated several times from when it first came out, so make sure you have the most up-to-date information because they are, as they're finding out new things, they are updating the guidances, so I would recommend that you do that. In addition and for more information, if more information is needed about safety cleaning and disinfecting child safety restraint systems, contact the Juvenile Product Manufacturers Association and the link is available on the slide for you to be able to do that.

And then, as it relates to our Head Start resources, and as I indicated earlier, one of the credible websites is the ECLKC, so everything you need to know about Head Start services during the pandemic can be found on this link on the ECLKC. This page is regularly updated with guidance and resources from the Office of Head Start to help all programs support staff, children, and families during this challenging time. And particularly, you'll find information for programs currently serving children, information on staff wages and benefits, health and hygiene program, programming during remote service delivery, resources for parents, families during remote service delivery, funding and administrative flexibilities, and more. And now, I'll turn it over to Amanda Bryans.

Amanda: Sorry, I had my mute on. I do that a lot. So, thank you very much Marco and Russ and Chris. I am so grateful. Now, everybody out there in the world who I can't see, I want you to roll your shoulders back gently, I want you to sit back, take a deep breath, hold it just for a minute. Go to your happy place. OK. Let your breath out. I've been reading your questions and they're big, and I just feel that there is so much worry and concern, and I know the Head Start community, I know how much you care about the children and families and Head Start and early head start. I know that you're worried about your own families. I know that we are in a time like none that we have ever been in before, and I know that this is so hard. There are no 100% answers. The Office of Head Start is working so hard with Marco really at our front.

Imagine a giant ship in a stormy ocean with huge, crashing waves and bolts of lightning and one person, it's not really just one, but Marco is standing right at that front, trying to get those waves under control, figure out all this information that's crashing over us and help us respond. And all of us in the Office of Head Start are trying to do that and we are going to keep doing that. We, by no means, think that we're in the fray the way you all are in programs, but we are with you and we are going to get out the information to you and support you as much as we can. Each of you have to go work with your local communities and it's not just you. I hope there are some directors on. I know there's transportation directors and transportation providers. I know there are training and technical assistance staff. We're going to keep working together and we're going to do our best to figure things out to ensure that children get the services that we know are a lifeline to them and that we can keep people as safe as possible.

OK. So, keep taking those deep breaths. We're going to get to some of your questions today and do our best to answer them and we're going to work on providing answers in other ways, but I wanted to first reassure you, there is an information memorandum that is coming that will address everything that we covered in this webinar. It will be equally helpful and also frustrating because it will give you a lot of information. It will give you links to more information and it isn't going to answer all of the individual questions because, like everything head start, each of your programs and communities is a little bit unique, but an IM is coming. This webinar will be available on demand until July 15th, so if you didn't memorize everything, that's okay. There is no single magic product that kills COVID-19. There are many, many, many disinfectants that can kill viruses. The important thing is to apply them following the directions.

So, we've learned that many disinfectants need to be left on a surface for a period of time to effectively kill the virus and that's why the guidance is to clean the visible dirt away, apply the product that you are using to disinfect and follow the directions. And that will work. That will work. We're still learning a lot but all the evidence we have say that's a very effective way of dealing with the virus. Now, Marco, I have a question for you to get us started. There were multiple questions in our chat about using hand sanitizer. So, we absolutely know there were cases of children under the age of five, not just toddlers who, in the early days of hand sanitizer ingested it and got sick. So, obviously you don't have running water and soap when you're on the bus. What is the current recommendation regarding hand sanitizer?

Marco: Right. So, we do recommend that children of any age use hand sanitizer with supervision, with supervision being key. Supervision of children is required to monitor the effective use into a potential ingestion of hand sanitizers, so the product may be dangerous or toxic if it's ingested in amounts that are greater than the residue left on hands after cleaning. So, it's important for us to monitor children to use hand sanitizers and to ensure that the product is being used appropriately. For those that aren't familiar, I would and if you're looking for something that's in writing, I would direct you to the "Caring for Our Children" standards database at the National Resource Center. In it, they have a standard that specifically speaks to this, and what "Caring for Our Children" said is that, "The use of hand sanitizers by children and adults in child care programs is an appropriate alternative to the use of traditional handwashing if soap and water is not available and if hands are not visibly dirty."

Amanda: Right. And certainly, in this climate, we think that there is far greater risk of not using hand sanitizer than using it. And you know, we believe that most of you have a bus monitor, there's a driver on the bus. The bus monitor's been trained in how to do the health check. There's a contactless thermometer and there's some question. We heard from a program last week who reported they are down to less than a minute for a health check. So, you've got maybe a squirt of hand sanitizer that happens at the time of the health check, and then the child gets on the bus.

And another question that came up and I'm going to direct this one to Chris is what about six feet social distance and helping children get in their child safety restraint? How can you stay six feet apart and help the child buckle their seat?

Chris: That's just like carrying an infant. I have to grab them with gloves and, just like in the classroom, too, we're a migrant program. We have infant classrooms and toddler classrooms and so our infants are held all day long, not all day long, but quite often by our teaching staff and teacher aids. And so, we take the same thing as we will guide their hand. We will hold them. It's impossible to social distance or they'll be running away. So, we do make physical contact with the infants, the children, and the preschoolers. That's just the nature of our schooling. I hope that answers the question.

Amanda: That's great. That's the right answer. We want people to be careful if children are actively coughing or sneezing. Hopefully, that was caught in the health check, but if it's happening, you're not putting your face down next to the child as that's occurring. You're taking

extra care to make sure that you washed your hands. Gloves are a little bit controversial because they can actually serve to-

Chris: Transmit, yeah.

Amanda: ... transmit because you're going from child to child and sometimes, it really adds up. Marco can verify this is right. The biggest recommendation is to sanitize your hands between children, so if you are helping them with a seatbelt, you're sanitizing your hand but we do not want children to think that we are afraid of them or that we cannot ever touch them. We want to be thoughtful, people are talking about if you're an adult standing up and a child's kind of hugging your waist, that's not as risky as if, again, you're bent over and you put your face close to theirs, which is not safe for either one of you. So, another thing we've heard is that programs are really using opportunities with pre-service training to practice some of these things because they're hard. Again, we are used to taking care of children and loving children. And now what we're seeing is you still are, we want you to love children and, as Marco mentioned, we do not want people getting so reactive that if a child touches another child or touches us, that we yell at them or feel like they have to be disciplined or that we're going to be criticized because they're very young and this is very hard to understand. So, we want to have a measure of calm but the extent to which programs have the opportunity to practice these things and do some problem solving together is really, really useful. Marco, do you have any additions or anything else you want to add to that?

Marco: I just, I think that one of the key things is just kind of always remember the overall key messages around the health and hygiene kind of, the piece of it. It's going to be really difficult in close quarters to be able to ... I think we get hung up and I'm just kind of reflecting a lot, which is kind of making me fumble a little bit on during our social distancing webinar and just a difficulty that the questions that we were constantly getting around holding children and not being able to hold children and people just being very fearful. It's going to be difficult, but during this time period, as we move forward, the one critical thing that I keep on thinking about a lot is be prepared to change and make course adjustments. So, the practices might look different as we move forward. So, what you're trying to do when you're onboarding a child is it might look different after you start to do it for a week or so. One of the things that also, that I kind of want to point out is, and we don't have the evidence yet, but the screening tool, the screening tool, folks have to have sworn that that is its key, that's really helped the programs to, for those programs that have been operating during this time, is, if they have an effective screening tool, that that screening tool is what's allowing them to stay open.

So, I just kind of want to reiterate. So, the screening tool for staff and the screening tool for children, spend a lot of time trying to figure out and work with your health service advisory committee, and your other folks, your state or your local health officials to kind of figure out what that screening tool is going to look like because some people are indicating that that's one of those things that's essential to maintain health and safety in their program. So, sorry I went over a little tangent, but I was trying to direct my mind and as things were bubbling up as you guys were talking.

Amanda: Mm-hmm [Affirmative]. No, I think that's really helpful, Marco, and I think it's illustrative of both the challenges and the resources and kind of thinking that we're able to bring to this and we're going to get this figured out to support our programs and our children and families the way we have since 1965 for head start. Another question that we're getting a lot is around do children have to wear masks on the bus and in the classroom? Who wants to take that one on? Well, I can answer it in that-

Russell: This is Russ. I'll give it a shot.

Amanda Bryans: OK. Give it a shot, Russ. Give it a crack.

Russell: Children wearing masks on the buses and in the classroom, that is going to be a program decision. I'm looking at CDC guidelines. We've been listening to this regarding the spread of the disease when it comes to water droplets. Children seem to be less affected by it. They're not getting the infection rate that we do with older adults. I think that's going to be something that is going to be, has to be directed through each individual program. Again, using your health care providers, what's going on in your particular region, what is going on in the areas that you serve. Would that be a best practice or not a best practice? Those are individual ... One thing I want to say and I kind of want to reiterate what Amanda is saying. We are not giving you absolute regulations right now because we don't know the answers to give regulations. I'm seeing a lot of emails out there stating that we need some type of regulation. We need something that tells us what we can do. We don't know enough to give you that right now. We are giving you best case recommendations with the information that we have learned over the last 90 days and, like Marco says, everything changes from day to day to day. Transportation right now across the United States for children is going to be changing on a daily basis between head starts, between public schools, et cetera, so please just remember that.

Amanda: Yeah. I think that's a great answer, Russ. I think it is going to be, to a large extent, a local determination. We are encouraging that you follow CDC guidelines. Children who come to Head Start are not all going to be able to wear a mask. I can tell you that, in my trips to the grocery store, which is about the only place I go, there are tons of adults who are not wearing the mask correctly. It's required in my county. We're still under stay-at-home order. People are plucking at their masks and pulling them down and wearing them under their noses and this is adults. So, young children certainly that, they're not allowed for children under age two. Older children are five-year-old. Some of them may be able to wear one for most of the day. They obviously have to take them off to eat. A lot of young children are still struggling with language and articulation. It is frustrating and people can't hear you. I have a harder time hearing people when they're wearing a mask. You're going to have to have reasonable expectations. Children with sensory issues and especially autism, but lots of other sensory issues may not be able to wear them very well or keep them on and they're not recommended at all. They shouldn't be used by children with asthma, and we have lots of children with asthma in head start.

So, all that is to say, this is not an occasion to ... I would be cautious about adding it to the classroom rules or having consequences for kids getting the mask off and all that kind of thing. So, it will continue to unfold, but I wanted you to know that.

Marco: So, Amanda, just to add onto that and just kind of wrap up the mask conversation. During the previous webinars that we've done around COVID-19 and ECE programs, we've had infectious disease experts really speak to the importance of a mask. So, to get that information, please visit some of those webinars. We also had a really great webinar related to children with special health care needs and the question of masks came out related to children with asthma or related to children with autism and our expert gave really good advice and recommendations related to that. As you indicated, Amanda, the CDC guidance around mask is children under two not wear a mask. Children older wear a mask. So that's kind of where we're at. The other thing that programs need to keep in mind as it was indicated, related to the local piece. Some of your states are requiring that children wear a mask in child care settings so make sure that you also look to that because they might be telling you what you need to be doing in your setting. And then we, the office, have come up with some pieces through our webinar set that we like to indicate is not wearing a mask while they're sleeping. And then, also, the most important thing for us is, and I mentioned it earlier, we don't want kids to get punished or disciplined for not being able, if the decision is to wear a mask and it's not happening, we don't want children to be punished or disciplined for that, so just wanted to add those key pieces to that.

Amanda: Yeah, that is critical, Marco, and I'm glad you mentioned that. I've also read the recent evidence that masks are really, really important and for many, helping prevent transmission and for adults so I think part of my comment was also working really with staff around the masks to make sure they're wearing them and that they are wearing them correctly.

We are getting low on ... I have one more question that I think is really for Marco and I. Well, it's more than one. There are many, many questions about where programs are supposed to get all of the things they need including masks for staff and children, disinfecting products, hand sanitizer, and we're very pleased to be able to say that money was identified in the recent COVID-related stimulus for Head Start programs. Head Start programs all got a significant supplement to help offset the cost of some additional supplies. Programs will be making decisions about what they need and really, we understand there are supply-side issues. Things have run out. People make orders and they think the order's coming and then it gets canceled. So, we really encourage you to work with people at your programs to identify what you will need and start ordering it to ensure that you have what you need and enough of it when you're actually operating the program, or in the cases where you're using transportation vehicles and staff to deliver supplies to families who also need some of this equipment. So, please start to think about what you're going to need. Marco, anything to add to that?

Marco: The only thing that I add would be that my understanding that some of your CCR&Rs are also working to identify supplies for telecare programs in many communities so reach out to, if you're struggling with some of the pieces that Amanda just kind of indicated where you're ordering stuff and it's all of a sudden you get a canceled order or you're struggling to find some of the things that you need, make sure that you reach out to them because they might be able to give you a little bit more direction about what's happening locally that might be beneficial.

Amanda: Yes, exactly. And then, I guess the final kind of category of things is there are a lot of questions around what kind of current regulations and will there be adjustments or adaptations to those regulations? So, a lot of people wanting to know, well, how will we reach full enrollment. And I'm going to say that there are going to be an incredible number of continuing flexibilities and variation going forward. I want to remind everyone that, more than ever, it is critically important to identify the families who are in most need of services in communities and then think about how those services can best be provided to those families. We know there are an increasing number of families who need services so it will not be easy to identify those who are in the greatest need and then you'll probably be thinking about what your program design may look like. Among those, the kind of related questions was, "Well, what about, we can only have children on the bus for an hour. How are we going to do that?" For one thing, the Head Start regulation has never had that as a requirement. Early on, it was a suggestion that it is better to not exceed an hour but we've always had programs in remote areas that have had to exceed an hour, in which case, as we heard earlier, what's important is making sure that is part of the enriching part of the day for children including allowing them to sleep if that's what they need.

But, I think ... So, Office of Head Start doesn't have a prohibition on the amount of time other than to minimize it as much as possible. Some state licensing may have a prohibition, but I also wanted to remind you, you're not going to have a full bus. You're going to probably be doing pick up in fewer places. Yes, you're going to have to do the health checks, but you may not have the same length of run and, if you do, it's okay. So, that's an easier example. As far as the enrollment questions, I don't have Office of Head Start says, "You ask," but we know, based on the CDC guidance, which we are recommending that people follow and the different state rules that clearly, people are not going to have the same center-based enrollment that they would typically have unless suddenly COVID goes away before we open in the fall. So, you will be hearing more information about that, but with the current CDC recommendation, which is groups of no larger than 10, which would, for preschool be ... Well, and for early head start, eight children and two teachers, that you can't exceed that, so that is going to require most programs to do it differently. We heard some programs talking about going to double sessions so that it can keep more kids enrolled. And we've heard other programs talking about hybrid models. So, I think that is going to continue to unfold and you need to keep working with your local policymakers and experts to think about what that may mean in your community and in your program. This virus is affecting communities differently across the country. States have different levels, we're in different places as far as where we are and how the community management or mitigation of the spread of the virus is going.

Any other final Q&A-type things that my co-presenters would like to offer? I think Marco wants to say something.

Marco: Yes. I would just add-

Amanda: I sensed that.

Marco: ... onto what you were just saying, Amanda. I would direct people to the page that I showed earlier related to the Head Start program and COVID-19 on the ECLKC. Please look at the funding and administrative flexibility. Some of the questions that are being asked can be answered by reviewing the administrative flexibilities piece of that section. In particular, look at the ACF-HS-IM-19-01, General Disasters Recovery Flexibilities because there's a lot of the questions that we've received are within that IM, so just wanted to direct programs back to that IM and then also related to the fiscal flexibility that's also indicated on the page. I think a lot of the questions could be answered by reviewing those.

Amanda: Yeah. Yeah. [Inaudible]

Chris: This is Chris. This is Chris. I wanted to mention that a lot of eyes are on our program. We're doing things that the public schools are thinking about. California's got guidance on transportation. And so, we're going to be learning a lot in the next few months of how to transport children to our program. The schools in our states are going to be watching us to learn from us, too, on how to transport their children to their programs. California's asking to have a screener on a bus. They've never done that before. We've got to monitor. So, things are changing with pupil transportation. We know we are really good at it. The Head Start does really good at taking care of the children and our staff and our families. And so, we know we're going to learn a ton and so, it's just a good, rich learning environment for us right now that will get to show the others how it can be done. We're small. We can respond to change and things like that and so we're kind of a walking model test tube out there that the others will see. So, we're a rolling billboard for head start. And they're going to see us doing it, and they're going to go, "We can do that," or "That's a good idea," or "We'd tweak this." But I just want to say it's an exciting time for us, I do believe. It's tough, but it's a neat adventure, I believe. Thank you.

Amanda Bryans: OK. I love that comment.

Russell: Amanda?

Amanda: And I want to ... Yes. Go ahead.

Russell: Amanda, this is Russ. I would like to address a few safety notifications. I was going through the emails in there and there's some things that I think I really need to address when it comes to drivers, the school buses, and equipment regarding comes to safety. We've had several inquiries about driver's fields and placing plexiglass on the seats. Remember, our school buses have not been crash tested with any type of barriers over and above the tops of the backs of the seats with compartmentalization, nor have they been crash tested with any type of a driver shield in place. Be very, very careful if you're going to do that. You need to check with your bus suppliers and your manufacturers to confirm that these items can be installed and how they properly need to be installed. Otherwise, if something happens, you may be opening yourself up for some type of a liability.

Also, monitors and drivers, yes, we do recommend eye protection at all times while on the bus because of the liquid transfer of this disease. You do not want to get it in your eyes. There was

one about the driver being on or off the bus when it comes to loading children. Remember, the driver is always on board the bus unless it is a special needs child that has a wheelchair and you're doing curb-to-curb access. In relation to that, at the same time, we have an agency that said that they have required to use their stop arm at curb to curb. We recommend that you go find a bus stop location, some type of a parking lot so that you're not stopping traffic with the extended time of these bus stops. That'll help keep some of your complaints down.

Alternate vehicles, we had some questions regarding alternate vehicles that are approved. Remember, alternate approved vehicles are vehicles that are built to school bus standards that may not be a yellow bus. They do not have the stop arms, they do not have the flashing red lights, but performance standards mandate that our alternate allowable vehicles are built to school bus standards. So, that is a school bus, a van built to the same standard, which is a school bus company. We cannot use passenger vans to transport our children, so remember, performance standards prohibit passenger vans that you would go buy your Dodge Caravan or something of that nature, your Ford Transit. We cannot use those. Your alternate allowable vehicle must be built to school bus standards. And I think that's about all of it on there with some of the major things that I saw and hopefully, we get a chance to answer quite a few more of these questions soon.

Amanda: OK. Thanks, Russ. I appreciate that additional information and, again, the main things, if you remember anything from this presentation, please remember to check the CDC guidance and check the ECLKC's COVID page where we have books of information that can help you with all of this going forward. And I really want to call out Chris and Russ and thank them for co-presenting with us today. They work in the migrant and seasonal Head Start programs. Migrant and seasonal Head Start has had a transportation work group for many years and they are really on the leading edge of transportation services. And I got to sit in on a recent session that they did where Chris and Russ provided a lot of information and I'm going to keep listening in with them so I can hear kind of how they're doing and what's happening and what the challenges are and then, again, we can co-create and construct and problem solve.

And this is going to be hard. I'm not, in no way am I trying to say that we're going to have all the answers. This is going to be hard, but we got this. I got one more slide here for you. This is the slide for all of you that I ... Except it won't advance. I don't know why. Oh, there it is. So, I wrote you a thanks. "Head Start is often called the heart of its community. Today, perhaps more than any other time in history, you are a critical connection for children and families." Oh, my slide disappears. That doesn't happen. The important thing is to stay calm in these moments. All right. I got it back. "You bring them not just food, supplies, and education, but communication, compassion, humor, support, courage, and hope. Stay safe. Take care of yourselves. Talk to each other. Keep doing what you do so well." And this is a note from all of us at the Office of Head Start. We are so proud and so grateful. And on behalf of children and families in America, you got this, head start.