

[ Captioner on stand by waiting for event to begin. If there has been a change, please contact VITAC at 800-590-4197 or cc@captionedtext.com Thank you ]

It provides for alignment with the governor's plan for reopening Maryland. You probably are aware the governor announced a couple weeks ago that we had moved through stage one. We are looking forward to soon getting to stage two and two stage III eventually where we can get back to kind of the normalcy that we are better used to. Next slide. The plan is a draft. It is, it was done with a lot of input from a work group that was created of early childhood providers and other stakeholders. In the guide, you will see, if you haven't read it already, the recommendations and additional resources to help child care programs, local jurisdictions, think about the recovery of child care. In the guide for education, the recovery plan for education, there is a section on child care making sure as school systems think of their own reopening, that they work closely with the office of child care and with their individual childcare providers in whatever configuration they decide to use to deliver instruction. The childcare community will be very important as they look to providing construction in the fall. Whether that be a partial day, or split schedule, or even a full schedule. Also relying on before and after school childcare. It's important that the school systems, more than ever, that they build those strong partnerships. The document was released after being reviewed and approved by the governor and now we are in the process of working on that draft because it was a draft. We want to incorporate more input from these recommendations that we received. If you have any comments that you would like to share, you can send them -- that's wrong. It is [earlychildhood.MSDE@Maryland.gov](mailto:earlychildhood.MSDE@Maryland.gov). We will fix that before we post it on our website. If you have comments, anything you think we should be adding to this guidance, or any reflections on the guidance, how it could be more helpful or how it is helpful. Next slide.

We have on our website, we have a robust group of resources. We are continually updating those. Some of the things we have updated as we move through phase one is the FAQ. We have FAQ for parents and for providers. You are welcome at any time to see those on our website. I think they can be helpful in understanding how we are working through the response and now recovery of our early childhood system. I am going to pass this off to Jen so she can talk about these FAQs we have revised and provided. I will let her talk about the individual questions. Go ahead, Jen.

Good morning, everyone. I appreciate everyone's time today and thank you for attending. We are excited to share some of this with you. To go through a couple of these briefly. Access childcare? Essential personnel have always been able, once programs were open, access childcare. We are opening up to businesses and organizations that the governor proved to be open in the last couple of press releases. All of those families are able to access childcare. 4200 programs right now in operation. We know there, as we move forward through the different stages, we will open more childcare. More people are wanting to open at this point. When will all childcare programs open to all parents? We are looking at that is part of the second phase of recovery. I believe at this point, we need to make sure who was operating, and we need to make sure we are keeping a handle on that. We will be asking providers to apply to be an EPC see site. That process we are doing currently is allowing us to get a handle on who is open, where people are open and get a handle on how many spaces and slots are available.

Jen, I want to add to that because we have had questions on that. FAQs on the FAQs. We believe it will be some part during the second phase of recovery that the governor is outlined in his plan. That doesn't mean beginning of the second phase. The governor talks about in his plan, stages within the phases of his plan. As I said, he said we worked through phase one, and we were at the end of phase one. We are not at phase two. When we enter phase two, there are different stages based on the threat of the virus, based on indicators of hospital, based on indicators of the number of folks testing positive, etc. he will determine where exactly we are in phase two. We will be waiting for further guidance. I don't want people to think, I know they are anxious to return to normalcy and have everyone have access to childcare to be at full capacity for which programs are licensed. We expect it will be sometime during phase two, but not necessarily at the beginning of phase two. Thank you.

That is very important. We want to make sure that families are accessing childcare, and we are opening programs methodically, and we are there to [ Indiscernible ] and provide technical assistance to providers that are opening on the guidelines. The guidelines coming out from the Department of Education and Maryland Department of Health. If your jurisdiction has not fully reopen such as Montgomery County and Prince George's county, Baltimore County is just opened up a little more. There are some counties not fully reopen. The question has been, what do we do there? You operate within the guidelines of your jurisdiction. Each jurisdiction has the ability to keep more restrictions in place. If that's the case, that's what needs to be

followed. I want to say in those jurisdictions, childcare is open. Programs can apply and have always been able to apply to be an epic program and open their doors. Even in those places where the jurisdictions where there are more restrictions, childcare programs are operating and they are operating for essential personnel only until that county executive makes the decision to open up other businesses in that area. Please follow your jurisdiction on the restrictions that are there. You can still apply. There is no program, all programs currently are able to apply to be an epic provider. Make sure you let everyone know that. I think some programs think I will reopen in stage to, normally, we still are making sure with what Stephen said, we are taking applications and figuring out who is open and who was not open so we can provide better technical assistance to programs and families. Next slide, please. Is there a cost for child care services?

Essential personnel received childcare services at no cost until June 7. June 8, I'll pay tuition. Currently, the essential are being paid for by the state but will end June 7. June 8 they will pay tuition. Anyone who comes in after the governor opened up businesses and organizations a little more, that are not essential, they can attend childcare programs and pay tuition. Whenever the tuition was prior to COVID-19, that would be the tuition they would pay, unless you raise your tuition which is another question that may not be on here. We want to make sure we were trying to adhere to the executive order for the governor about price gouging, and we did put that in our application but have since taken it off because it is in Executive Order. There is an Executive Order about raising costs, [ Indiscernible ] above 10% right now. That has been frequently asked. When can I serve more than a maximum of 10 persons? That is something the governor's office is discussing. There are gatherings that are prohibited of more than 10 people. Once the governor lives that we will work with the Maryland Department of Health to make sure it is safe to raise those gathering in childcare programs. Their child -- class room sizes. We are working hard with the Department of Health and the governor's office to make sure we are making the right move when it comes to when the increase of 10 can be increased to.

Can I serve the maximum group sizes and spaces and large rooms sectioned off by half walls? We had many programs in the beginning when this first started, we were not approving childcare programs to operate in classrooms that had half walls. The more we had worked with the Maryland Department of Health and they received data and looked at the data and crunched numbers, and we made the decision recently that if you are operating pre-COVID with half walls or a divider in your room, we would approve that room to be serviced no more than 10 children. Is long as you had that operating, that you are operating that way previous to COVID-19. We are not taking rooms and dividing a room that was approved by some type of a barrier to create two sides. That is not what we are approving. Approving rooms that have been established on your license that may have half walls or some type of a half barrier so you can operate and have children and teacher in those areas.

Stephen.

Thank you so much. We want to share with you some data that we have been collecting. We are updating this [ Indiscernible ] early childhood so we can see recovery with childcare programs reopening. Each childcare program that wants to reopen and all are eligible, can contact their licensing specialist to complete an application. It is a formality, but we want to make sure they have read all of the health guidance and operating guidance in place for COVID-19. This has been done in consultation with the Department of Health based on the governors guidance as well, and the guidance from the CDC. As you can see, we have a total, typically, of about 7800 58 childcare programs licensed in the state. Family childcare programs as well as center-based programs. We have a little over 4000 that are open right now. You can see on this graph the number of programs that are open in each jurisdiction versus the number of licensed programs in that jurisdiction. Next slide. In total, we now have 56% currently of our licensed childcare programs that have reopened. Some are not at full capacity, of course, because of the health concerns. 56% are open and 44% remain closed at this time. We don't know how many programs might not be able to reopen again. We are looking for ways to support the transition. Currently, programs that are reopening, we are providing grants for the extra sanitation and cleaning that they need to do and the equipment of \$800 for family childcare programs and \$1600 for center-based programs. Just for reference, when we first closed programs and offered the opportunity to reopen to service essential personnel at that time, there were only 48% of the programs open. We are rapidly rebuilding the early child care system in Maryland with more and more programs opening every day. It's an average of about 50 programs a day that reopen. That increase has really happened in the last week and a half. Next slide.

That is what we wanted to share today. The status of some of the updates in the FAQ, where we were in the recovery plan and your opportunity to provide input at [earlychildhood.MSDE@Maryland.gov](mailto:earlychildhood.MSDE@Maryland.gov). The status of where we were in our reopening of childcare programs. I think we can take some questions. We have time for questions, if anyone has questions.

I think the biggest question concerns the ratio and capacity for child care centers which you and Jen have addressed, and then I have a pre-K teacher who says reading the guidelines can be concerning her scary for staff. Those of the questions I have.

That's helpful feedback. If you want to share more about ways in which it can be less scary for staff or ways in which we could provide more technical assistance, let us know.

Can I mention something real quick? I think it varies and it is scary for everyone to look at this COVID-19. Staff, owners, directors and everyone in the pre-K and what we can do to move forward. I will give you a couple of things. All of the regional licensing office and the office of childcare are having questioned in the region. Anywhere between every two to four weeks. Provide teachers, public school, anyone can be involved in the conversation of what is going on. A lot has to do with guidance being given on how to disinfect, sanitize, how to make things work within the constraints of some of the guidance being given from the Maryland Department of Health to make sure the health and safety of children. Please make sure you are looking at our website. If you want to be involved in that, you can register, you can let them know you want to be a part of that listing session. They answer questions. It is a very open and free-flowing conversation. We are trying to help providers and others understand and give support. The TA pieces important for us right now. We are doing that within the regions. We also have state-level listening sessions. There is not one this weekend's the reason is we have the office of childcare advisory Council tomorrow. We didn't want to do early childhood advisory today, OCC, and another listening session. Starting next Friday, there will be a listening session scheduled for June and July from 1:00 to 2:00 every week. We have done that for April and May. You have to register for those. So we can have as many people as possible. There was one listening session, I was emailed afterwards and they said I think I saw 1100 people on the listening session. We are getting a lot of people and getting a lot of people in the region. We have tried to look at region offices and licenses as [ Indiscernible ] TA. So we can help eliminate some of those fears are calm those fears. We are going to be providing information on what successes are happening in the field. What are childcare providers doing now to practice social distancing? To take temperatures effectively and not have a lot of -- and limit contact? Best practices and best ideas, we will share those so you can benefit from what some of the other providers that have been doing this from the beginning have already figured out and put some things in place that are maybe helpful to you. We know this is scary. We are trying hard to put things in place to support and provide technical assistance to each and every one of you. You can always reach out to your regional licensing manager and talk to them specifically. You can email me and I am always available that way also. Thank you for giving me that minutes.

We have a few minutes. Two more questions. One is what is the reason dividers are accepted only in centers that were previously licensed that way. The second one is parents are not happy with these restrictions on capacity. Who can they contact with their concerns.

I will take the second one. Anyone who has concerns can send an email and we respond to these to [earlychildhood.MSDE@Maryland.gov](mailto:earlychildhood.MSDE@Maryland.gov). That is our general email box. That is sorted and sent to the appropriate person to respond. I will probably respond if a parent wants to do that. Many parents have used it. I think the best way for us to keep track of these concerns and emails would be just to send the email to [earlychildhood.MSDE@Maryland.gov](mailto:earlychildhood.MSDE@Maryland.gov) we can certainly respond. We still, as we said, constrained by the Governor's executive orders and his guidance in his plan.

I think what the question is, if I understand it right, wire programs that were preapproved, why are the only ones allowed to be operating at this point with a half walls?

[Indiscernible - audio cutting out] flexibility to put in temporary barriers.

We understand that. We know that programs were operating safely prior to COVID-19 with what is on their license, and that is what we are going from right now because that is what we know. There's a lot of questions, there's a lot of issues with saying divide your room. One classroom of 20 into two and use whatever barriers you need to use. There's a lot that goes into that. We don't allow that, we haven't allowed that to happen. You ask, you request what you want to be licensed for and what rooms to be license, and that is what we license you as. We felt that was the safest way to go after talking to the Maryland Department of Health and making sure group sizes are small and limited contact. If you have a barrier in the middle of a room that would normally hold 20, 20 children in the same space still. That was one of the reasons why we decided to revert back what is on your childcare license. I want everyone to know we are working with and getting ready to come out with guidance in sections. We are looking at how we can possibly inspect new programs. We can do this virtually so that we can help you and help early programs do change of operation if that is what is needed. More quickly and efficiently. We don't want people to get behind. We are extending out many expiration dates on many things. We are working with the licensing branch right now. Lou and his team are working hard to come up with the way they can work with providers to make sure no one gets

behind. That is something else we here. I don't want to get behind. We are really working hard to ensure that. Keep that in mind also.

Okay. We had another question, long question. About the office of childcare advisory council entity for the overview of the Maryland childcare recovery plan, and what happened to the formal decision the stakeholder group was put together quickly to address the issues surrounding where's the recovery plan, so what would be a more formal process by which folks are wanting to know?

The office of childcare advisory council initially, when this started, that was the group we reached out to in order to start conversation about what is happening in the community. Utilize the people that we knew on that group. He told people to invite people. We had listening sessions. We have had listening sessions and discussions since the middle of March about childcare and where childcare is going to go and figuring out the process of how we are going to work with this overtime. That was the base we used. It has grown exponentially. We had almost 1100 people in the listening session. We have been taking notes and compiling information. We have tons of people that submitted information through the email address. The office of childcare advisory council, tomorrow, apparently there is a PowerPoint presentation that will be given by the stakeholder group, the stakeholder group has pulled together subcommittee of the workgroup with the workgroup encompasses probably between 50 and 60 people that had any interest in childcare, business owners, different agencies, government, things like that. The office of childcare advisory council is aware of the PowerPoint, PowerPoint will be shown of what is been done with the draft. They will turn it in as more suggestions and ideas on the plan. That is where we will be working to provide the information we have to provide, give you the draft, give the information we have and ask for feedback. In asking for feedback, we will use the same email address that Stephen has said. That's the, an email address we can address many issues with. We are asking for your feedback. At the OCC advisory council tomorrow, we record those, we take information in the chat box, we formulate FAQs based off of that. That is the formal place we will move this forward. If we have to, we can call emergency sessions as we move forward. This is the first time we are meeting as the OCC advisory council to look at this recovery effort. That will be where it is housed in the formal process. If you know of anyone who wants to be part of the process and wants to be more intimately involved, please send their name and information to Tara. She is my assistant. She had been coordinating the efforts of getting information out to people, meeting information, and we would love to have as many people as we can to provide feedback and work with us in making sure the child care system works once we get on the positive side of COVID-19. It is not been limited by any means. We have reached out in many different ways, avenues, emails, we have done surveys. Lots of different ways to get stakeholder feedback. If you are interested, contact Tara.

This is an amazing and hopeful increase in the number of programs opening and what is helping to make that happen.

I have to give a shout out to Lou. I don't know what we would do without their support and their work right now. They are looking at applications as they come in. They are working with providers to make sure they understand the guidance that is being given. The RTA, they are a coach, a Mento. They have been doing an amazing job. That I think is the key to our success in being able to open as many as are open right now and being able to work with them individually, if needed to, and if they understand the consequences of possibly reopening and what may or could happen. Figuring out the steps to ensure something positive comes out of this, and not something negative. I have to give it to the licensing specialists. They are doing a phenomenal job. Thank you to them formally if there is anyone on the phone.

Here's a real specific. If you have two rooms of 8 toddlers, each with [ Indiscernible ] already, can you serve 16 children?

You can only have a minimum -- maximum of 10 in a room. If you have a half wall and it was pre-COVID and licensed for both sides, yes. You cannot have more than 10 people in each area. If you do have half walls and operating in open space, positive COVID case or possible COVID case, those will most likely have to shut down the entire area until child, staff member, or whoever is tested. Keep that in mind when looking at these areas. As long as you have 10 on each side, pre-COVID, half wall, yes. If you have specific questions, contact your regional specialist because they are well-versed and can help you.

Thank you so much. I will send it back to Dr. Williamson. Thank you for your questions.

Okay. Thank you to Jen and Stephen. You can see how passionate they are about everything they do. I know Jen and some of the specialists have spent many hours on listening to calls and make sure as many providers understand the parameters around what is happening now and how they can be involved, how they can be safe. I really appreciate all that they do. I know Chris has also been involved. And on the task force for the K-12 recovery plan just this past Monday as we were looking at the second iteration which is still a draft. It is beginning to get more development now. Appreciate all of you.

Just a reminder to everyone, if you think of other questions that you have, put them into the chat box, we will make sure everyone's questions get answered. After the meeting, someone will go through and make sure you get an answer and get sent out with the recording of what happened today for today's meeting. We will also post them on the website.

Let's move on to the next item on the agenda. Supporting our young families, critical during this crisis. We have Mary with us this morning to discuss home visiting. She is here with the Department of health and child support. With her is Maggie, policy analyst. She is with Maryland maternal and early childhood home visiting program. I am going to turn it over to you Mary and Maggie.

Thank you. Next slide. I wanted to share first of all, thank you, for letting us share with you. We are excited that we are finally getting to do our needs assessment for home visiting. It has been years in the making. We are full into needs assessment with the most unique needs assessment I think we have ever done because everything is virtual. Virtual focus groups. Virtual everything. What we wanted to share with you is what we heard so far, what we have. We want to provide you an opportunity to give feedback. We want you to know how to take a survey and how to share that survey and have an opportunity to recommend others to be part of our focus groups. Next slide.

Many of you probably know about -- but for many of you who don't, I will do a 45 second overview. Initially MIECHV was established in 2010 and it was recently authorized by Congress through 2022. It requires states to utilize evidence-based home visiting programs. There are 18 models approved by HRSA. Maryland utilizes seven of these and they include healthy families America, nurse family partnership, parents with teachers, home instruction for parents of preschool youngsters, attachment and bio behavioral catch up. Family connect and early historic. MIECHV provides funding to only three of these. In 2020, our General assembly passed the home visiting act. It provides funding for home visiting programs into steps performance measures that Allstate funded programs must record on. They are aligned with MIECHV measures. Federal MIECHV funds are administered through MDH and we support only 15 programs in Maryland. Out of more than 78 statewide. State-funded agencies that provide money to home visiting don't just include us, but MSD the largest partner that funds home visiting as well as the Department of human services and the governor's office which is the children youth division. Federal funding branch that is granted has to be allocated to communities at highest risk and it has to be identified three comprehensive needs assessment. These grants can only support evidence-based visiting programs that meet federal criteria.

On the updated needs assessment, we will talk later about the map, but I wanted you to have the link when you get the slides. We will talk about the qualitative and quantitative measures. The first home visit needs assessment was done in 2010 when the federal MIECHV money was first established. Because the 2010 needs assessment was in July, it used 2000 census data. In 2020, we are using 20-year-old data for a lot of the stuff that people refer to and look at. That's not okay. Last year, when the preschool development grant to their needs assessment, it was the first time we had an opportunity to work with not just MSDE, but the mid Atlantic equity consortium. They were also the winning bidder for us on the needs assessment and we are looking forward to this partnership. The current needs assessment, the one we are updating is looking at qualitative and quantitative measures and it will definitely be virtual. It's going to be quite interesting for us. Last year, MSDE gave us a cool opportunity to ask home visiting questions in their survey. Next slide.

What are some of the things that we saw? What are some of the capacitive home visiting? To what extent were home visitors meeting needs? What we found from the survey that MSDE did, 472 people responded, people don't know a lot about home visiting. They don't know where to find it or how it is accessible. That tells us a lot. Is it like the Avon lady? What does it mean? It gives us a lot of opportunity to ask further questions. Next slide, please.

As we continue capacity and in need, I want to talk a little bit about our governor's report on home visiting. As I shared earlier, this is the one in 2012, the General assembly passed the home visiting accountability act. A group of individuals and stakeholders got together to take a look at data that would be a strong indicator. This legislation says that all state funded home visiting must report. MIECHV is responsible to this report and done every two years. It encompasses state funding programs. There are some limitations because some programs don't get state funding like early head start. It doesn't necessarily have to respond because the legislation doesn't have teeth. Early head start are good players in the sandbox. The past report, we actually got 70 of the 78 known home visiting programs to respond. That's a 90% response rate.

I am being delayed. Retention of families. This slide tells us people struggle with keeping people engaged in programs. What we found in the governor's report was out of the 4300 women who enrolled in home visiting, only about 1200 of them disengaged from services. We are losing a large portion of families within each year. There were reasons given, and you can read the box, but I think it is important to know that retention is an issue and remains a challenge. Families most at risk are difficult to retain. Childcare, if you have a family that has multiple issues, it is hard to get there on time. They are harder to engage. If the family

is worried about where they are going to sleep or where the next meal is coming from, home visiting isn't probably the first thing on their mind. There are challenges nationwide with staff retention. If you can't retain staff, you don't have consistency to retain families. These are ongoing quality improvement projects for us and the program. It's not just Maryland. It is nationwide.

When we started working with MAEC, they picked some guiding questions for where we are taking our needs assessment and looked at communities. They want to see what extent home visiting programs provide, high quality, we think it is very important that these questions can get answered so we know where to put our focus and where to put our energy. Next slide, please.

This is where when Wendy's sent out the agenda, she also sent you a handout. This handout, talking about things -- I can't read it. It's too much. Where did this number come from? This handout will tell you all of that different data so that you can have the specific pieces. This is a high overview of us wanting to share with you. When we divided things out, what we found where there were these pieces that bubbled to the top. There were 11 indicators. You will see those on your handout that have to do with mom and child from very low birth weight babies to inadequate gestational weight gain to maternal opioid use. Socioeconomic indicators. We found indicators having to do -- that's anywhere in the socioeconomic well-being of a community. Unemployment. Poverty. Even wick enrollment. Child maltreatment which is one of our most interesting and difficult pieces that we look at. We have a relationship, agreement with the Department of human services that we share data with them. Parents sign a consent that they allow this or do not. If they don't, we don't share their information, so we can look at the family's we see and the number of substantiated cases within the state of Maryland. There were other indicators including crime, education, substance abuse that we found were definitely indicators of family health and well-being. Next slide, please.

I love this map. This is our new needs assessment map. Many of you have probably seen this. We put the link up so you would be able to do this. We tried earlier, I didn't want to mess with this presentation everyone is doing, so we will give everyone an opportunity to do that themselves when they want to at another point. The maps are fascinating because we worked with our epidemiologists and the Department of Health, and we said to them, we have this great list of stuff that is important and we want to share these indicators and we want to really look at what two places look like that have risks. The current map you are looking at, if you work from left to right, the very left corner, next to West Virginia is Garrett county. It really doesn't have a lot of issues. But when you look at the map, and you are able to see there is a bar at the top that tells you about the map and it gives you the legend, then there's a place called layers. Looks like paper sitting on top of each other. You go down to the elevated indicators. You can look at it by Maryland, or you can pick a particular jurisdiction and look at that. I will pick to the left. If I look at Garrett county, just comparing your county to itself, which we did not do last time and mapping and that was a disservice to our jurisdiction, Garrett county has huge chunks of red and yellow. That is a problem. Red means there are a boatload of indicators between 10 to 31% of families are at risk in those areas. It is very important that when people are using the maps, they look at Maryland, but if they are trying to make a case for anything within their own jurisdiction that they are able to utilize this map so they can look at it specifically for their own jurisdiction. I don't know if that explains the map without using it. If you have any questions, can you walk me through that again? I would be glad for you to reach out. We have contact information and I can explain in more detail. I am going to turn the slides over to Maggie. She's the health policy analyst and she will talk about the surveys and focus groups we are doing.

Next slide, please.

Good morning. As we mentioned. One of our main data collection tools is a stakeholder survey which we are going to discuss in greater detail in a few minutes. The following two slides are the current lists of organizations around the state we are reaching out to or reached out to or planning to reach out to to assist with survey distribution. This group is near the top of the list. We will pause for a few seconds on each of these next few slides to give you a chance to read through. If you have a suggestion for entity or organization you don't see here, please reach out to us. Our contact information is on a later slide. I'll give a few seconds. Next slide, please. Next slide, please. . This slide is more related to organizations that have agreed to help us promote the survey on their social media platforms which is slightly different than sharing with organizations. We are open to any and all suggestions for getting the survey out to social media. Next slide, please.

As Mary mentioned, we have contracted with MAEC. They put together the stakeholder survey with input from the needs assessment steering committee as well as [ Indiscernible ] Consortium and our MIECHV team and other home visiting stakeholders. You can click on that link, please. Just wanted to pull this landing page up so you can see what it looks like. The survey is available in English and Spanish, but can be translated into other languages upon request. It is three surveys embedded in this link with slightly different questions depending on the stakeholder category that is selected when filling out. We have parent/caregiver,

home visiting staff, community stakeholder. Among these three categories, we figured that is everyone will fall into one. If you could go back to the slide.

The survey was launched on June 1 and open until June 30. You can access it with your phone directly from the slide using the QR code. If you have a organization you didn't see in the previous slides, that you could share this with her share with us so we can send them a survey, we would appreciate that. Next slide, please.

Mary mentioned another data collection tool we had planned for was focus groups. We planned to conduct a number of regional focus groups across the state with various representative cohorts. We had to adapt as everyone else has in light of the COVID pandemic. MAEC will set up virtual focus groups. We will conduct individual phone interviews with parents rather than trying to set up focus groups with parents. We think we can get better information in a virtual environment with one-on-one conversation. If you could click on that link.

MAEC is going to be doing direct recruitment for the focus groups and parent interviews. This link on your screen now, at the end of the survey, this directly can take you to the registration page. People can register to find out a focus group or parent interview. They will be contacted on a first-come first-served basis. We are thinking parents will be the hardest to reach. Could you go back to the slide? This group can be help with parents and sharing this opportunity with them. We are asking for your help at every stage. This is a great group of stakeholders for all of this, but particularly for this needs assessment. We appreciate any help. This was launched on June 1 as well as the survey. I think the focus groups and interviews will take place towards the end of June. Next slide, please.

If you have questions about the needs assessment specifically, we have included MAEC contact information. They are happy to answer any questions and have been a great partner to us. Next slide, please.

If you have questions about the MAEC which we put together at the health department with our epidemiologists or anything else related to the MIECHV program, our whole team is listed here. We wanted to note we have been electronic newsletter that goes out on a monthly basis, somewhat similar to the [ Indiscernible ] that I often borrow information from. If you have anything you would like us to share in the newsletter, reach out to me directly. I put that direct together. We are always happy to share resources and news from our partners. I think that is it for us.

Okay. Thank you very much for a great presentation. Any questions in the chat box?

No questions in the chat box. That was a wonderful presentation. We appreciate it.

If there are no further questions, we will move on to the next item in the agenda. We are going to hear from Terry, executive director at ready at five. She is here to discuss how she entertainment worked hard to make their program virtual so they can continue to connect with teachers, providers, and, of course, families. Carrie, I will turn it over to you.

Thank you for having me. I am looking forward to sharing how we have done some reimagining of our work. I think a lot of you are familiar with ready at five. I want to share, we did strategic planning process and have updated our mission and vision. This idea of being committed to comprehensive school readiness. The idea of learning readiness is what focuses all of our work through ready at five. The vision that children have the foundational skills that they need. Next slide, please.

In the blank space on the left, imagine a ready at five logo, I'm not sure what happened to the slide. We reached our goals through a focus on these four areas. And everything we do, it is tied with learning readiness through engaging families, working with their communities and helping them understand the importance of being committed to early childhood, helping to build and support effective early learning through professional development in content development with the idea that children will be ready to succeed. Next slide, please.

We were going through our typical spring thinking back to the four areas we were focused on. That our work is geared toward. In March, it was a regular day. We were getting ready to open registration for our symposium. We were piloting new learning content. We did E-training of the trainers for healthy media habits. The readiness matters data was coming out. We were getting ready to send out publications. Then five minutes after we opened registration for our May symposium, everything shut down. It was an interesting time. The printed copies of readiness matters are at the printers, in there were house. They were getting ready to be mailed, and we couldn't bring families together to pilot the new content or have our traditional learning parties. It was this time of this is what we are typically doing, and then everything came to a stop. Next.

For us, a lot of us ready at five and many partners, we began to push out links and resources. The initial response we had when we didn't have our standard and comfortable avenues of reaching out to the child care community and parents, we started linking resources. Sharing with the libraries. Sharing with what MPT was doing. Pulling information from experts. Lots of links and articles. Then thinking about through social media, what activities could we do? We had people reading to their pets. We had children reading to their

not so cooperative dogs. Little activities parents could do. The idea of we were pushing out information. We were trying to be mindful of partners and mindful of what ready at five is traditionally done. Next slide, please.

For me, this picture, to me, it encompasses what I think we were doing to parents and the community. You see the little dots on the bottom and imagine those are the families, and that wave is us imitating inundating childcare providers and parents with information and expectations. Thinking and using this picture, it captured, some of those people are going to be okay. Some of those swimmers will make it through, they have the skills and wherewithal, and with this inundation of information, they are going to be okay. Others, not so much. It will be overwhelming and they will not be able to make decisions based on everything coming at them that ensures success.

We needed to take a step back and think about what we were going to do. It was a plan full way. Not thinking about what we wanted to do, but planning. So we went back to that typical day in march of what we were doing. Planning for the symposium. Presenting with connectors. We thought about how we could reimagine the work. I think the temptation for us, for me personally, it was to do a lot of re-invention. What is the new space we can jump into? What haven't we been doing that we can go to? It took time to think of the important part is knowing what ready at five, thinking about what we are committed to at our core. We began to reimagine what we were doing. The first thing we thought it was the symposium. We looked at reaching out to the presenters. We were going to be able to bring 350 people into a room on May 13. It was hard to let go of. We reached out to those presenters, and we made a decision we would start to do workshops that we would've been offering at the symposium. The first one we did was on self-care. Self-care in stressful times with our presenter Rob Levit. We asked him to think about what he would've been doing at the symposium, then put the lens of a reimagined, we are home now, we are working from home, teaching children. All of these things that have changed. How do we build that into the conversation.

Then we try to reimagine our learning parties which is tricky. If you know the model, wringing parents and children together to have a meal, then the children go off and the parents have another and everyone comes back together to practice their skills and build that bond. This was trickier. We are still reimagining with this could be. We took one of our great learning party expert trainers and we brought her together with her cohost and three children that she is home with. We focused on the activities. It is less about the why, less about the information for the parents. This is a learning process for us. How do we present these activities, but thinking what other platforms can we use, and how do we build on the idea that learning parties are we to help parents build the skills they need to help their children be successful and ready for school.

Finally, we went with what we knew. We had such a huge success with our December symposium and bringing presenters and their interactions. We went back to them and said what can we do now? How do we build on that that was such a well received message? They were able to share with us a webinar, a session on the sixth basic necessities of learning that Fred Rogers had created. This is something for adults and also for children. It is about learning readiness. It takes what we were doing and in a different sort of way. We didn't tie our typical day into a bow. There are still ways we want to learn and expand our work, but lessons learned for us as this is a work in progress.

This is a work in progress. We are really thinking about what works best. We are trying out different platforms. For me, the most important lesson that we have had within my team, the work we are doing, is the idea of reimagining is about taking risks without losing sight of the work and history and brand of what we do, and acknowledging that, but also being open to being focused on learning readiness and engaging parents in high quality learning care. Looking through things through different lens. If anybody else is going through this, I am happy to talk to you about our process and what we have done. It has been challenging and we have had missteps and we have had six children and had to cancel learning parties. That is part of the learning and what we are committed to continuing to do to make sure our children across the state of the foundational skills they need and there's a comprehensive approach to learning readiness from the perspective of ready at five and stakeholders and partners and collaborators. If you have any questions?

Do we have any questions?

No, I am not seeing questions.

Thank you. Your title wave picture was excellent. It reminds me of what happens when we found ourselves facing remote learning and not having the time to prepare adequately.

I look at that picture a lot.

We have had to change how we offer our programs and provide outreach. It's important to keep one another informed about the changes we have had to make in the hour programs. New opportunities we are going to provide as well. The next item on the agendas regarding early childhood systems recovery plan that I mentioned earlier. Stephen Hicks will give more information and next steps.

Thanks. Go to the next slide please. You know already, because I spoke about it, we have our Maryland together recovery plan for child care. You probably are aware that we have our Maryland together recovery plan for education. What we believe was missing in these recovery efforts during the virus and after this virus is what do we do about our early childhood system. There are a lot of programs that intersect with the work of these two documents that were created, but we are thinking in a systems approach. You have been part of that work as we developed our strategic plan. We had a town halls last year, going to every region in Maryland and hitting great input to understand about our system and what we needed. We need to think about specifically during this crisis and recovery, what are the things we need to be doing. How can we at the state level provide guidance for the programs and services in early childhood systems.

First, we asked ourselves what is the goal of the guide? The goal of this guide we are thinking about creating is to support the state and local program administrators of all the different kinds of early childhood programs so we think of families, children, and equitable distribution of resources, and coordination of services, and ongoing communication with our stakeholders and local jurisdictions, and the programs within them. We want to make sure we provide a context for when administering the programs about what to expect with children and families, returned to these early childhood programs in whatever capacity they are. Some of these programs like the Judy center, early head start, mental health, home visiting, a lot of these programs are grappling with this new reality and trying to continue to provide services in some way. As we start to open up more of the state, we need to be thinking about to what extent we can support these families and children. Next slide, please.

Who's the audience? The audience is the state and local administrators. Families are at the forefront of our thoughts on this. It's helping state and local administrators, and how to work with families. What is it they should be doing and thinking about? How to support children as they return to the services having experienced what they just experienced.

What will the core content of the guide be? As I spoke a moment ago, we work together to create the prenatal to age 8 2020-2025 strategic plan. Rachel, the lead on this effort shared that with you at the last meeting. I think Wendi had sent out to all the members what we had submitted to the federal government in fulfilling our obligation requirement for the preschool development grant birth to 5. The plan is being shaped in a way it can be better communicated with everyone and stakeholders and be operationalized as the Northstar over the next five years. With this new phenomenon, the COVID-19 pandemic, we need to be thinking about how do we meet those goals of our strategic plan with this new barrier that has been put into place. We want to be thinking of our guide, our plan, for early childhood system and recovery in terms of all of these big buckets we haven't decided on and diffused all the input into. Strengthening, availability, and access to early childhood programs and services. Improving and support for program quality. Deepening family engagement. Ensuring successful transition experiences. That would be with in programs and from childhood programs into early child hood elementary grades. Expand and enhance workforce development. Improve the systems for infrastructure, data, and resource management. We want to be aligned with our strategic plan because that is the journey we have been on for the last couple of years. How can we think of recovery in terms of that strategic plan and goals, and ensure that we are providing the kind of support from the state level, cross agencies, how human services and education to support state and local administrators of those programs. Next slide, please.

I will let Cindy talk a little about the preschool development grant birth to five.

Thank you. With what we are thinking what the recovery guide, we are looking more of this being about systems alignment and coordination. It's important to note that while we are doing that and looking at it broadly, we need to make sure that we are giving more specific and direct strategies for leaders and administrators to get started. The how part can be difficult. We want to make sure the guide is a balance of both. The perfect place for the E CAC and why we are using this opportunity to do that, we want to hear from you. This is about a systems coordinator and alignment and use a system perspective as we do this. We need to hear from all of the different parts of the system. Different programs, Judy centers, Headstart, home visiting, but the community services. This impacts community services. Libraries, family serving agencies. We need to hear from all parts of the community. What should we be addressing in the guide? What haven't you seen elsewhere that you are concerned about that should be at the forefront? Speaking from being a teacher in my earlier career, I can only imagine what teachers are going through when you think of the different barriers that you might have. Learning and knowing these new guidelines. While you are still trying to engage children and families. With keeping COVID-19 fresh in everybody's mind as we still go through this and changing, every family has experienced COVID-19 differently. We have responded to it differently. Are your staff and teachers, as everyone prepared to engage all of your families with all of those different experiences? Are we ready for families and children? If were not sure, how are we addressing that issue? Are we looking at these barriers? The other barrier is the possibility of a resurgence. Are re-preparing for that

too? How will we transition to distance learning again if that's necessary, and are we prepared to do that? Are we thinking about equity with that in families that may not have access the way some families do. These things we have been asking during this time, we want to make sure we are prepared and ready and what should be in the guide. We wanted members and everybody on this call to use the question box. List those things we should be considering. What should we be looking at with our programs and services in regard with alignment with early childhood system and local school systems? What are some of the things we should be addressing? After the meeting, we will look at those things that will help guide our work and keep us informed as we move forward. Please take that opportunity to do that today to support this work and help with the recovery guide, and at the next meeting, we will talk more about it and be in touch throughout the next month throughout the meeting if we have needing additional meetings or communication around this.

You can go to the next slide. As Cindy said, we really want your ideas. This is part of just getting started. We are wanting to co-construct this guide for our early childhood system and all the programs and services that support families in Maryland. We want to do it from the beginning with you. Over the last couple of years, we can leverage it to do the major work like strategic plan, like looking at technology planned for Maryland, looking at the infant early childhood health recommendations, we want to use E CAC as that body that supports the work of supporting early childhood in Maryland. This is the same way. We want to start from the beginning with you all. The first step is really to make sure that we identify all of the early childhood programs and services that are in our system. If you have read through the strategic plan draft that we sent to the federal government, you will see a lot of those mentioned. If you participated in town halls, you heard about those as well. We don't want to leave anyone out. We want this to be comprehensive about our early childhood system. Take the time before we and today to really think about those childcare -- I'm sorry, early child care services and programs for which we have prenatal to age 8 that we should make sure we address and cover in this recovery plan and thinking about how we are going to go from where we are now through the recovery for our early childhood system. If you think of one later, or you don't have time, or you can't remember everything that you want to include or think of something later you want to send us, you can send that to [earlychildhood.MSDE@Maryland.gov](mailto:earlychildhood.MSDE@Maryland.gov) . [Earlychildhood.MSDE@Maryland.gov](mailto:Earlychildhood.MSDE@Maryland.gov) . Take the time right now while we are talking about it, any early childhood programs or services that you think or that you work with are aware of that you want to make sure we capture. Going forward, we will let you know about the opportunities for you to provide time to share with the development of this guide and we will provide more information. I am going to pass it off to Laura who is going to share with us about an important survey they conducted at Maryland family network. This survey was not done by us. It was done by Maryland family network, one of the members of the E CAC and we are delighted to hear about the results and how it will inform our recovery plans at the state level and probably a lot of the jurisdictions. Laura?

Thank you. Hi, everybody. When we were last together on May 6 I talked about a survey we had opened up. Today I am back with you to talk to you about the results of the survey and the report we will be publishing shortly about the survey. Before I get started, I want to say that I know everybody who is on this call is deeply committed to and cares about children and families and equity, and this has been a hard week. We are all worried about so many things. I want to acknowledge I am about to tell you hard information about childcare that we are all grappling with as a part of the early childhood landscape that we care about. I know that comes against a backdrop of other personal pain, reflection, and worry about our country. You can see on the screen, I won't read the slides, this is the logistics of the survey. It was open for 10 days. We had a lot of help publicizing the survey. We had 44% response rate, which I think was pretty amazing considering the times we are living in and how many providers are closed. Then you can see the last bullet of the folks who responded, 68% of respondents were open meaning epic or [ Indiscernible ] sites and 32% were closed. If you could move to the next slide.

In terms of validity of the data, I think it's important to say that all of the jurisdictions of the state were represented through responses, and you can see the characteristics, profile of who responded. Overwhelmingly it was family child care providers provided followed by childcare center providers and a handful of each of the rest of the categories. Next slide, please.

We are still completing an in-depth analysis of the survey results. I wanted to share with you some of the headlines from what we heard from providers, just given everything Stephen just shared about the reopening and rebuilding plans and how we are going to strengthen. I think this data is timely to know what is happening with childcare providers. I should've said in the beginning that the survey was in part inspired by the national survey and the desire to find out what the numbers looked like in Maryland. In terms of reports from providers and who had experienced a financial loss due to COVID-19, 67% said yes already. Another 14% said they expected to before it was over. The second bullet is an astonishing, astonishing numbers about the average financial loss providers were experiencing. \$35,000 a month for center-based programs and \$4800 a month for family providers. One of the big challenges is it is the fixed expenses. Rent, mortgage. If

you are closed, how are you paying them? If you are open for essential personnel, you are probably working with a smaller number of children and fixed costs do not change. Employee wages are behind that which may seem surprising. Many providers couldn't continue to pay employee wages. That is why that number seems smaller than expected. Next slide, please.

I am hitting this quickly and happy to use my last few minutes to answer questions. You can see that 24% of the respondents continued to pay employees during the closure, but most could not. Then we got into questions of who had applied for unemployment? This was a desire to understand what kind of relief might be making a difference to the field now. We asked about the SBA injury disaster loan and overwhelmingly folks had not applied for those. Next slide, please.

We asked about the SBA paycheck protection plan, 100% of respondents said they had not applied. Then we asked about unemployment insurance as part of the C.A.R.E.S. Act. Overwhelmingly, no. People had not applied. You will see in the next slide what some ideas are in terms of what relief might be needed, but I think one of the takeaways from this is that these were complicated financial processes that demanded a quick response, and providers were not in large part ready to jump on those opportunities because of the kinds of information required. Analysis you had to provide. As you have read in the news, there was a flood of much larger organizations like Potbelly sandwiches or Harvard University who had lawyers and accountants ready to fill out those applications as well. I can speak from our perspective, we applied for the paycheck protection plan and it took our financial team more than 40 hours to prepare that application. These were not easy processes that anyone with little training could access. This is the slide that is the big reveal that people have been anticipating, and that was to check the dramatic survey numbers against what is happening in Maryland. In answer to what may happen to your provider or business, if the closure -- if things are closed for an extended period of time and 51% that they said may have to close the program permanently followed by laying off employees. Further reductions. The other thing nobody wants to see is that the bottom has fallen out of the economy and unemployment is at an all-time high is that 17% said their only choice would be to raise tuition and fees to families. Next slide, please.

This is the slide I was referring to in terms of what would help you sustain your program and grants to address fixed costs. Mortgage or rent and utilities I mentioned before. Grants for the cost of reopening which could include health and safety, needed health and safety equipment but additional staff for things like curbside drop off and taking temperatures, especially when you have a smaller number of children to offset the staffing costs. Regulatory relief and help asking government assistance were up there as well. In some cases it is easy to see how some of the categories might overlap like grants to pay staff during closings might be conflated with the fixed cost questions. A lot of interest in these options. I think that is my last slide. I will and by saying thank you to everyone on the call who helped us get the word out about the survey. We expect to have a report publishable and posted on our website and shared with all of our partners and constituents by June 15. We will be doing some additional publicizing of this data in some online events. Look for information about that as well. I am happy to take questions that were put into the chat box.

Do you have any questions for Laura or Steven?

I didn't have any questions specifically for your presentation.

Thank you, everybody.

That was great information, Laura. It is valuable and something we will all be using. Nothing in the chat box at this time.

They don't always come in logical order. One of the questions I have received, and this is probably for Steven and Jen and that concerns pre-case and childcare program, and someone else has a question about childcare and head start in public school facilities.

Okay. With about pre-K and childcare programs, public school facilities open for child care and head start programs?

I'm sorry. Could you say it again. I couldn't understand what the question was.

It was concerning reopening guidance for pre-K that is being held in childcare centers, and then someone else had a question, can childcare centers and Headstart reopen in school facilities?

The first question, the pre-K programs being held in childcare programs, they would use the guidance we have on our website. It is guidance for any childcare program. It doesn't matter what age student you are reopening. If the question about the pre-K expansion grant program, I think that is a different question than the one I answered. For that you should contact your program officer under the early learning branch under Judy Walker. Those would be the people you should address those questions to about the grant program if it's about the pre-K extension grant program. Regarding facilities, they are still closed. We are waiting for further guidance from the governor. And regarding when school facilities can be used again.

I have one more. Recognizing the moment we are living in right now. It's important [Indiscernible - audio cutting out] it causes trauma and stress and greatly impacts maternal and child health. How is MSDE

supporting childcare providers and children dealing with the trauma providing regarding racism. What support about childcare so writers who want to provide support regarding racism.

We have been doing a lot of work here at the state level to prepare our staff to address the issues in an appropriate way and to discuss equity as it affects our division, but also with the families whom we serve. We are looking at how we can provide resources directly to our programs in the community through our Maryland families website and other vehicles, other websites we have. We also have expanded -- are expanding through the birth to 5, mental health resources that could be helpful. We will continue to look for ways in which we can develop means for childcare providers and their families. If you have suggestions on ways in which you think we can be helpful, please email us, [earlychildhood.MSDE@Maryland.gov](mailto:earlychildhood.MSDE@Maryland.gov) we are starting to have those conversations. I know for communities across the state, this has been a very difficult time to see the protests, the riots, to really get those questions from children and others about the struggles that the country is going through right now.

I have one more, and. I think they saw the cover for our guidelines and said the photo is not [ Indiscernible ] guidelines. Children would not be allowed to interact with each other and adults. Materials would not be allowed. [ Indiscernible ] classroom playground. Nurturing student growth and development. This will create more harm emotionally and socially.

I'm sorry. Was there a question?

Just a comment. The question I am getting is we have to be so careful how we are presenting materials and pictures and visuals with what we are saying.

That's a really good comment. We do a lot of work around equity, and looking across the ways in which we communicate through our websites, through our memos and letters, and our publications. We are being conscious about that. Thank you for that.

We have one additional comment about equity. That's the and AE YC position paper.

Thank you for pointing out that resource. That is an important document that they put out we are using it at the division for our work to guide our work. We are also using that to share with our grantees in grant applications and ask applicants for grants and programs to talk about and discuss in their application using [ Indiscernible ] as a resource, how equity plays a role in there work and proposals. Thank you for mentioning that. It's a good resource that everyone should be reading and using.

This is Cindy. Can I jump in. I wanted to jump in regarding the issue around equity. We [ Indiscernible ] grants. I want to take this opportunity to let everyone know this is something we have been working with within our division. We are trying to make sure we do this in all of our work with grants management and as we provide assistance to programs in local jurisdictions. You will see things included in our RFPs. You will see this around equity. We refer to the equity statement. We took this past year to make sure the division of early childhood staff were trained on equity. Also how to use it. How it changes and how we can included in work so we are equitable. It is something we are taking seriously, and not just telling others they need to do it, but we want to make sure we are also doing it too. With COVID-19, we were not able to do the family engagement face to face. We are in the process of making it a virtual event, a series of virtual events, and the theme was around equity. One of the things we tried hard to do with the workshop sessions is to do more than talk about equity and how it impacts us. What can we do to change our work with families and how we engage children and families and each other? It is something we have started. I think there is a sense of urgency around it with current events. Just be aware this information around the virtual family engagement summit is coming and it will be a series of webinars around equity. Look for that. We are hoping that will help with professional development and getting started with so many unknowns and issues around equity, we hope that can be helpful for everybody. Thank you.

We are going to move towards closure, but I want to echo what Steven said about the importance of equity and making sure we are being alert and making people aware of what we are doing. We had a regulation change this year. Everything is slow getting off the board. That's unfortunate. In addition to the regulation, we have been working with a group from across the state representing a member of each county to develop a guidebook. It came up as we were looking at our recovery plan on Monday that we needed to have expanded what we have in the recovery plan to address the issue of equity and to make sure we are treating all children, and making their life better in every way we can. We are getting ready to go back and [ Indiscernible ] the guidebook in equity in the recovery plan. The need to be more compassionate with everyone at this point and make sure we are providing the tools they need. With that, I want to thank all of the people who were presenters today. We think it is important to keep each other informed. Our work will continue to evolve throughout this time. Thank you to all. We have a couple of announcements regarding future council meetings and next up. I will turned it over to Wednesday.

Just a couple of announcements. During COVID-19, we will be holding these meetings monthly. They are posted on the state ECAC webpage. The meetings will be held on the first Wednesday of each month from

10:00 to 12:00. I want to state again for any approved members not on the call last month, these meetings are not going to be mandatory and they will not go against your 2020 attendance requirements. We -- it should be the remaining two meetings. We also sent out a link, a survey link after our last meeting. We are going to resend that again. We would like for everyone to take a few minutes to fill out the survey. We always want to try to improve our logistics and we ask that you share your thoughts. You will be listed as anonymous unless you choose to share that information. I will send the survey link out after this webinar has completed. Finally, I received some questions. The webinar will be emailed out. The link will be emailed to all participants. We will be sending out some additional information around the recovery claims. Those are all the announcements I have at this time. I would like to encourage everyone to fill out the survey so we can try to make our meetings meet the needs and hear the concerns of what is going on in and around Maryland. Thank you.

Thank you so much, Wendi. I want to thank all of you for participating. We are grateful for your commitment to this council and Maryland's children and families. This adjourns our council meeting. Have a great rest of the week, and I look forward to meeting with everyone again next month, July 1, 10:00. Thank you.

[Event Concluded]