



Recommendations for Re-Opening Face-to-Face Sessions for Inclusionary Preschools and Early Care Centers

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ECTA Center and NCPMI remain committed to supporting early childhood programs to successfully serve children with disabilities and their families, as well as children who have not been identified with disabilities and their families, during the COVID-19 pandemic. This resource sheet has been developed to help program administrators, directors and classroom practitioners design educational environments as they re-open.

For more information, visit: <https://ectacenter.org/topics/disaster/coronavirus-re-opening-preschool.asp>

Introduction

The strategies presented below are evidence-based practices that have been effective across time; the data are irrefutable. Even in these challenging circumstances, these strategies will assist all staff to make decisions to better serve children and families, as well as mitigate teacher burnout and support staff retention.

In presenting these strategies, it is important to acknowledge the following:

- The constantly changing information about COVID-19 impacts the ability to make decisions about what might and will keep children and staff safe.
- Some of the recommendations from the CDC and state departments of public health are contrary to what we know to be developmentally appropriate for young children.
- To ensure the safety and developmental growth of children, it will be necessary to adopt alternate approaches as the prevalence of COVID-19 changes over time.
- As we operate on changing assumptions and circumstances as the year progresses, program administrators, directors and practitioners, will need to be flexible in thinking, nimble, and willing to frequently “go back to the drawing board”. The resources provided in this document were taken from the [Early Childhood Technical Assistance \(ECTA\) Center](#) and [National Center for Pyramid Model Innovations \(NCPMI\)](#) websites. Further exploration of these sites and their comprehensive resources is encouraged.

Considerations for Administrators

1. Re-commit to [serving all children in inclusionary settings](#). Include family and regular and special early education representatives in the planning and decision-making process when considering re-opening.
2. To the degree possible, use the [Early Care and Educational Environment Indicators](#) to ensure high quality in your programs.
3. Establish/implement/maintain a ratio of non-disabled peers to disabled children that makes sense for the circumstances and achieve the best outcomes for all children:
 - a. Maintain a ratio of natural proportions or 2-3:1 (children without disabilities to children with disabilities).
 - b. Avoid segregation of preschool children based on race, disability, socioeconomic status regardless of limited space and resources.
 - c. Consider who will be able to enter the educational setting
 - i. How will related service providers serve children in classrooms, and in early childhood care settings?
 - ii. Consider how to establish groupings in each setting to minimize segregation, that will allow related service providers to work with children in as naturalistic instructional situations as possible.
4. Value the importance of creating/maintaining a sense of belonging through strong relationships among children, staff and families:
 - a. Provide time for teachers to communicate with families prior to opening.
 - b. When establishing class lists, consider current social relationships and friendships; minimize disruptions.
 - c. Ensure that enrollment and placement decisions do not discriminate against children based on race, ability status, socioeconomic status, or other identifying characteristics.
5. Determine how to serve children and their families during this time with thoughtfulness, intentionality, analysis of effectiveness, collaboration, and emotional support. Acknowledge this will take time and energy.
 - a. Maximize planning time among all staff, including time with related service providers.
 - b. Recognize that initial ideas may not result in strong outcomes. Realize that with time to adjust and/or re-design, effective teaching strategies will emerge.
 - c. Develop professional learning communities/ networked learning communities to share evidence-based strategies. This will also encourage innovation among educators.
6. Confirm that [social emotional development](#) is a key priority in our early childhood settings.
7. For children with IEPs, embedding their goals into the everyday activities and routines of the classroom is also a key priority.
8. Provide training, coaching and materials.
9. Invest in mental health supports for children and staff.
10. Invest in supports for the workforce.
 - a. Establish/re-establish open lines of communication with staff.
 - b. Actively look for signs of stress.
 - c. Survey staff about what they are most concerned about and address these issues.
 - d. Consider access to personal protective equipment (PPE), COVID-19 testing, hazard pay, etc.

Considerations for Practitioners

1. **Connect with families.** Understand what their preferences, strengths and needs are to serve children during this time and make services accessible and appropriate to match their desires for their children.
 - a. Parents' number one desire for their children is to have a friend and a sense of community.
 - b. Families should not have to choose between their children having opportunities to connect with their peers and feeling safe.
 - c. State guidelines have recommended that children socially distance when indoors, *if possible*, and as physical space allows. Structured times such as circles, snacks/meals, and naps may be more feasible daily activities to support social distancing.
2. The return to school should be as welcoming, supportive, inclusive and predictable as possible.
 - a. Share plans with families ahead of time so they can prepare their children to come back to school.
 - b. Example: [scripted story](#) for drop-off as it might look different and include temperature checks, parents not walking children in, etc.
3. Parents will find comfort in the health precautions used in your setting. Share exactly what the new protocols are.
4. Embrace the mindset that some practices being implemented are new and unfamiliar. Learning from successes and failures will help everyone become more effective in serving children and their families.
 - a. Advocate for sufficient planning and collaboration time among regular and special education staff.
 - b. Establish regular debriefing sessions among staff.
 - c. Use a short feedback loop to determine need for adjustment or re-design.
5. **Re-engage with Pyramid practices** for children **and adults**.
 - a. Use [feeling charts](#) (check in throughout the day to emphasize that feelings can change).
 - b. [Expand emotional vocabulary](#).
 - c. Share problem solving strategies.
 - d. Maintain or increase the [5:1 ratio of positive comments to negative/neutral ones](#).
 - e. Complete [reinforcer assessments](#) and intentionally deliver them.
6. Commit to programming that keeps all children safe **and** encourages participation in activities. How will you consider the special needs of children with disabilities when you develop a plan for conducting activities and teaching within routines? Choices should not be disproportionately burdensome on children with disabilities and their families.
7. Talk with children about why physical distancing measures are in place. For example, explain how germs are shared.
8. Establish [predictable routines](#) as children and families transition back.
9. Provide the maximum amount of predictability in home and instructional routines.
 - a. Utilize [visual supports](#) frequently and consistently for all children.
 - b. Use play supports.
 - c. Develop visible routines within activities.

10. Teach and re-teach **friendship skills**.
 - a. Prioritize teaching social skills effectively.
 - b. Be intentional and planful about facilitating social interactions from a distance. For example, during snack/meal time when children are sitting socially distance, provide opportunities for them to talk about what they are eating with others, using visuals on a white board.
 - c. Eliminate strategies that stigmatize children, segregate and negatively impact social relationships.
 - d. Increase number of opportunities to respond.
 - e. **Embed instructional routines** to provide increased opportunities to practice and generalize skills.
 - f. Use a data driven decision-making model. Prompting strategies should be driven by data for the level of supports provided.
11. Communicate directly and advocate for policies, procedures and practices that are necessary for you to do your work.

During this time of adjustment, it is critical to recognize what it is we are undertaking and the emotional and cognitive load it will entail. To make it as doable, reasonable, and rewarding as possible, remember to:

Assume positive intent.

Celebrate the daily joys in life.

Ask for and accept support from others.

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