

Office of Head Start CAMP: Session 6

Dr. Deborah Bergeron: Hello, everyone! Welcome back to our CAMP session. This is CAMP session number six, our CAMP finale. I've got my camp shirt on. We're ready to sit around the fire, reflect on the last six weeks and do some really good learning. I'm going to remind you that the purpose of these CAMP sessions is really to inspire and empower you and give you the information you need so you can make decisions that make sense for your program. In order to do that, you have to understand what's going on in your community. You have to know what the health department's saying about the situation in your locale or at the state level and make decisions that make sense. But hopefully what you're finding is you're getting information from this office that really empowers you and arms you with the information you need to make those decisions. Now, what's really exciting about this finale is we decided what makes the most sense is for you to hear from your peers. So we've invited five programs here today to talk to us about how they have managed over the last few months to open and make decisions about delivery of services and answer questions that we believe are the most relevant to you based on the feedback we've gotten over the last six weeks. And so, hopefully, hearing from the people on the ground who are doing the work, having the experience: it's not perfect. They're going to share that with you so that you can – you can feel more confident about the decisions you're making and moving forward. So, without further delay. ... We don't have a lot of time, and I want to give these people all the time in the world to talk. So, I'm going to stop talking, and I'm going to ask them to introduce themselves. We're going to start with Julie and go from there. So, Julie, take it away.

Julie Jones: Good morning, Julie Jones from Inspire Development Centers. We sit in Sunnyside, Washington serving 26 locations across the state. We serve migrant Head Start programs, regular Head Start, Early Head Start, and we serve 4,000 children at peak in our programs. Thank you.

Mark Lackey: Good morning, everyone. This is Mark Lackey, and I am the Executive Director for CCS Early Learning. I work in a program in Wasilla, Alaska. We serve 369 children; Head Start, Early Head Start and Early Head Start home-based. We're just north of Anchorage, about an hour, and our programs kind of spread out across a wide area. So, really an honor to be with you this morning.

Andria McMichael: Hello, everyone. I'm Andria McMichael, Vice President of Early Learning for the YMCA of Metro Atlanta. Currently, our program serves about 3000 children, including Early Head Start, Head Start programs, as well as nontraditional centers to serve all children in the Metro Atlanta area.

Jovanna Rohs: Hello, I'm Jovanna Rohs, and I am with MARC Head Start. I'm the Director of Early Learning at the Mid-America Regional Council. We are a network of 18 agencies that include both community-based and school district partners to serve about 2,400 children in

Early Head Start and Head Start in both center-based and home-based settings with a majority of our programs operating as full day.

Alina Vega: Hello, everybody. My name is Alina Vega. I'm from Vista Del Mar Child and Family services in Los Angeles, California. I'm the VP of Child Development Prevention and Early education, and we run Early Head Start programs. We have a home-based program where we serve 144 children, and we have an Early Head Start child care partnership, where we serve 95 children.

Dr. Bergeron: Wonderful, so you can see we've got a wide variety of programs here to talk about their experiences. Hopefully, you have some similarities and commonalities here that you can – can use to connect. We're going to start with Julie from Inspire. Julie was one of the first migrant and seasonal programs to attempt reopening, pretty early, during the pandemic. And, you know, you initially attempted to open 26 of your centers, and a week later, had to close many of your locations. I think this is a concern that a lot of our folks have. So, can you tell us a little more about that experience? Some of the lessons you learned, and where you are now?

Julie: Great, thank you. Yeah, it's an honor to be here to talk about our experience. Yeah, we originally went into the stay at home order from our governor here in the state of Washington, March 23rd. And, you know, during that time we were serving regular Head Start and – and also our state's ECAP program. We were open at all our locations and went into a stay at home order and knew that at that point in time we needed to prepare. And I think that was one of the – the initial things that was really able to set our program off for a migrant Head Start program was we began ordering supplies, not knowing what kind of funding was going to be there in the future, but really preparing for the opening of our migrant program. And – and during that time that we were at the stay at home order, we were able to – fortunately, because of our learning management system – we were able to onboard staff remotely. We were able to have all staff trained as well as during that timeframe, really provide some support because there was a lot of fear out there, and not only for employees, but for our parents as well. And so, we immediately congregated with our – our policy councils, our board of directors, and then also our management staff. And we took that time to really plan. So, our migrant program typically comes up, you know, the end of April, beginning of May, and we were about two weeks off from starting, trying to make sure that we had all the necessary processes in place. We, you know, modified 67 policies as temporary directives, and in order to open our facilities, which also meant not only training staff in those policies and directives, but also training our parents.

We use social media and also, you know, the texting ability to be able to – to really train people. We did that through interactive video, we did it through social media, through video, and then we also use Zoom and Microsoft Team meetings extensively during that time. We tried to open our centers the week of May 8th, and we actually attempted to open all 26 locations across the state of Washington that really sit in, you know, desolate kind of rural communities in the state of Washington. We did successfully open with modified ratios in our classrooms and additional staff to support that – that model, and it was going well. And unfortunately, because we had a screener that really prevented anyone from coming in to our

facilities that was sick, that screener was able to catch a lot of the symptoms and COVID related cases that we began to see in that first week. And so, unfortunately, with multiple phone calls to Head Start – the Office of Head Start, Region 12 and Region 10, we closed six locations within a matter of about four days. The numbers in our county, particular in the Yakima, Benton, and Franklin counties, continue to increase over the next few days and over the weekend, and we made the call after one ... we we needed to close our Yakima, Benton, and Franklin County locations. Now mind you, that is the heart of what Inspires sits and that included 16 of the 26 locations. We immediately went into a – a management team kind of emergency meeting, and I met with our board of directors, met with our – our policy council executive teams and devised a plan to reopen those locations with a stay at home model within about a week and a half. That took every single department within the organization coming together.

Our procurement department was absolutely amazing in, you know, getting orders out, our education department, coming up with a creative, different curriculums for different age groups. And that included, you know, children at the age of six weeks. We began with starter kits and materials for parents. We worked with USDA and our department of health in order to provide not only food, but age appropriate food, age appropriate curriculum. And then also, got our teams on a plan to have the services really specific to the children. And so, our staff was brought back on board at those locations after about two weeks. We used groups A and B to – to make sure that we could have staff at those centers at all times. We actually deliver the curriculum the – the food and the additional supplies to the families, or they have an option of picking those things up. And then further, our teachers actually work part time in our locations and then part time at home so they can service the family's needs and the interactions with the children and the families in the evenings. And that has really worked out well for us as a program. We continue to meet with our policy councils a couple of times a month, and they've really enjoyed the at-home services. As a matter of fact, at the 10 locations that are open today, we actually have families that have chosen to use the at-home model versus bringing their children to our locations. And so, all of that, we feel like we've been very successful. I think our lessons learned have been – we have had issues with staffing, you know, we have staff that are fearful. We have, obviously, the one or two staff that would have preferred to have just not been working. We've also had some experiences with families, and unfortunately, our families are desperate for services. I can only speak to the – to the couple that we've experienced, but we have had a couple of instances where families have not been transparent about having a COVID positive case in their home, and then brought the child to our facility. Which again, then we had to deal with our staff being more fearful about – about parents not being honest about, you know, their – their circumstances in their home. We thought – we've also had at the at-home model in our delivery process. We also screen them prior to delivery. And we have had families that have been so desperate for services because they are COVID positive and cannot leave their home, that we have found unique ways to get services to them. And so, those are – those have been some of our challenges at Inspire. And of course, our – our department of health has also been another challenge. Every single county has handled a COVID case or an outbreak of public cases differently. And so, working with each county lead, as far as department of health, has also been a challenge here in the state of Washington. So, but we are very pleased that today, averaging through our programs, we have hit 67% of enrollments

today, and we're not quite halfway through our program. And so, we're really excited about our numbers and the engagement that's occurring, not only one way with families, which I think when we went into the initial, you know, stay at home order, it was really one-way communication and delivering curriculum. That is not the case today. Today, we have interactive communication. We have home visits happening via Zoom, via phone, and you know, and we've recently been able to supply all our pre-K kids with iPads, and we have interactive curriculum being measured through different models that we've loaded onto those iPads. So, we're really excited, and we're preparing for regular Head Start in the fall, and it can work. We're really excited about what we've been able to do. So, thank you.

Dr. Bergeron: Well, thank you. What a great story. And you know, some of the pieces that really stand out to me is – are number one, your – your responsiveness and your – your willingness to reflect and be responsive. I think that's so important right now and not to get too stuck into one mindset because things are changing, and you had to be responsive with the best intentions of having everything open. It didn't work. Step back, think about it, and then take it – take a different approach. I think that's just so exciting. And I think it's important for people to hear that, you know, this – you can move forward without a perfect plan that isn't going to have any problems. You know, I think that's part of the fear is – is we just think there shouldn't be any issues, but they're going to happen and being flexible is a big piece of that. Thank you so much for sharing your story. I think it's really meaningful. And of course, it's always nice to hear that folks are getting the services they need. You know, when this first started, I heard a report that said during a pandemic like this, or an emergency like this, things that are trending, will trend faster. So, technology was already trending. We know that, but look at how fast it's trended in the early education space of all places because of need. So, what you said is exactly true. Initially, it's just you communicating with parents, and now you've got parents going, “I can communicate back,” and now we have a loop going. And even when things get back to work, folks are going to the center. Now you've got a brand new way of really staying connected with people. So, there are ways of seeing this as growth. Wonderful, wonderful. Let's – let's move a little further to Alaska. We're going to talk to Mark Lackey, and he's got a great story to share. You know, CCS Early Learning reopened at centers in June and started a four-week summer program. And I have to tell you, in March and April, when we were talking about summer funding, I was so excited about a summer program. I was imagining every Head Start kiddo sitting in a summer program, and June came, and I said, “It ain't going to happen everywhere, I know it's not. So, we got to rethink this.” But it was really exciting to see some folks be able to do it. Can you share, you know, how did you ensure safety? Talk to us a little bit about how you set that up, and how did it go?

Mark: Absolutely. Yeah, we, you know, when we first heard your excitement about summer programs, we might not have shared all of that excitement. We might've had a little bit of anxiety, but we really looked at it as an opportunity, you know, to figure out what this new world looked like. And we knew families had a need, and we wanted to do everything we could to help catch those kids up because they had lost, you know, time, and we wanted to help them be more prepared for kindergarten. So, we did. We put together a framework and opened up two centers with four-week summer programs. You know, you mentioned not having a perfect

plan, and we did not, but we did everything possible that we could think of to make sure that our new way of operating was safe, and that kids and families could come to the center feeling like they were in a safe space, and maybe even more importantly, that our staff felt safe. So, you know, we did things in our centers like looking at the – the traffic in the building, making sure that we didn't have a lot of people passing in hallways; and so we – wherever we could – we instituted one-way hallways. We limited how many parents were in the building at one time. We set up a health screening for all the adults, the staff, families that entered the building as well as children, you know, checked kids temps every morning. We provided masks for all of our staff. We looked at our HVAC systems and tried to pull in as much fresh air as we possibly could. We opened windows. We really encourage, you know – summertime in Alaska is just amazing – and so we really encourage teachers to – to build curriculum and lesson plans that included a lot of time outside for kids. You know, all the cleaning procedures. ... These are things that I think all grantees had to kind of tackle and work their way through, and we did those as well. You know, some of the things I think we learned during that time is that there is no, you know, there's so many individual things that happen that's different for every single child and different for every single family and for staff members as well, and we had to learn to be very flexible. We had to learn to adapt, you know, the policies that we created couldn't account for all those individual situations. During those summer programs, we experienced positive cases in our center, and we had to adapt to that. We had to figure out, OK, what is, you know, what's an appropriate level of risk, and what can we do to mitigate that risk? And so, you know, we ... In one case we decided we needed to shut that program down. We just didn't ... We felt like too many people had been potentially exposed. We encourage people, you know, working in public health and their healthcare providers to get tested if they felt like they needed to, because we just didn't know exactly what the exposure level had been.

So, we've learned an awful lot. I think it's prepared us really – really well for this fall. Staffing issues are going – have been and will continue to be very, very challenging. Our focus for this fall has been really to overstaff our classrooms just as much as we can. We really ... What we learn from those positive cases in the summer is that you have to create pods or circles of exposure. And so, we're trying to make every one of our classrooms self-sustaining, we're not having a staff member pop in and do lunch breaks. We're making individual classrooms stand on their own so that if there's a case, moving forward, hopefully we'll fill – we will feel comfortable enough, you know, maybe to just close that classroom down instead of an entire building. So, learned an awful lot. I think grantees around the country are just to be commended in how they responded to this and how they worked so hard. We're all in such – such very different situations in communities. And I just encourage grantees to, you know, make the very best decisions you can in the community that you're at with the public health situation that's present. There's no one size fits all these days. It's – it's you making the best decisions for your families, for your staff, and for your community. So, glad to contribute, glad that we're able to continue providing services, and we're ready to charge into fall services.

Dr. Bergeron: We're excited about that. I think – I think those folks who have been able to do something during the summer probably have been able to get their feet wet a little bit. It does – it does help for sure. And you know, Mark, when – when I listened to you talk about what you

all have been through, the word “courage” just jumps to the top of the – of the list in terms of words. And I think that is the courage to be smart and informed, but then make decisions and not be afraid to – to make decisions, and it's a scary time, but that's what leadership has to do, right? Leadership has to consider mitigating risk, but not looking for zero risk because that doesn't really exist. You know, I think it didn't exist before COVID, right? We do pretty high-risk work. So, I think ... I love – I love that part of your story. It – it wasn't perfect, you jumped in, you doing the best you can, and you're taking all things into account and – and kind of adjusting as you go. I also really loved the comment you made about self-sustaining classrooms. That's a really good piece of it. That's a practical piece of advice. Can you turn classrooms into environments that are self-sustaining so you have as little cross contact as possible? That's hard, but it's doable. So fantastic – fantastic. And we're going to move to Andria, the YMCA in Metro Atlanta, and I've actually talked a lot about the Y because they almost didn't close at all. So, they've got quite a story. Initially, I got pulled into two conversations around child care for essential workers, and the Y popped right up on my radar because they were working so hard on this. So, we're excited to hear about what drove your decisions around what centers to keep open, what classrooms to keep open, how did you prioritize children and families, how did you handle that? I mean, your – your story is just different. I think for us, and I think it'll help folks and even weaving in the fact that not all of that was Head Start to begin with. I think that's good for folks to hear, so excited to hear from you, Andria.

Andria: Hello again, everyone. So yes, it's been an interesting journey, but a very fulfilling one. When we think about the YMCA and how – and where we stand, where our mission is always about serving the community and – and pivoting into roles which leads us into situations that may be nontraditional than our normal operations. So, when the pandemic hit, and we had to close down our normal schedule for our sites, as well as our YMCA branches, we decided to focus our attention on supporting the essential workers: our first responders and our central workers, as far as in offering up to them child care services, and this took place in five of our branch sites which are nontraditional Head Start sites. And what we did from that point was, really clearly, met with local hospitals and various other local businesses that are considered essential workers and offering up to them the opportunity to serve them in providing that child care services. As well as ... I think the biggest thing all as well in making that such a success is our communication constantly with our state licensing. Letting them know our idea as well as getting any recommendations that they have for us moving forward. So once we got the go ahead, we started setting up those centers to receive those parents and those families – those children. And of course, working alongside the guidelines of the CDC, making sure that social distancing was a must, not just amongst children, but definitely amongst the staff members because we consider ourselves such a family-oriented organization that, you know, we want to, you know, work closely with each other and collaborate. And of course, with us being in the pandemic right now and servicing child care, those things can be difficult. So, we definitely made sure all of those protocols were in place. So, for the first six weeks, I think the – end of March, when we were given the stay at home orders from the governor, we pivoted into that child care space for essential workers. And then further along, in June – mid-June – we did decide once we got that practice down, we had lessons learned. We were able to also master the ratio of the teacher to the children, which was 1:9.

We decided to open our Head Start and Early Head Start sites. And in ... During this time, what we decided to do was bring back our pre-K children – rising kindergartners – to support them in their needs for getting into the K-12 setting, knowing that they miss a couple of months at the end of school. So, we offer that up as well as our Early Head Start services. In that model, again, we duplicated what was successful when we supported our essential workers in that space. And we also continue with that program, which is actually still going on simultaneously with the essential workers and making sure that they are offered up child care even right now as we continue in this crisis. We did, again, as others have shared, had some instances where we had some staff that tested positive for COVID-19. Of course, we went through a protocol of ensuring to keeping our children and the rest of our staff safe, and a couple of our programs and our centers had to close because of that. But outside of that, it's been – it's been an interesting experience. I think it's ... What I would say, and I would charge to members of this community, our peers, is that you really over-communicate, not just with your staff, but also with your families. One thing we did before, especially before we opened up our Early Head Start and Head Start sites for the summer, we had a Zoom call with the parents. We developed out a parent handbook, specifically for that summer enrichment programs, specifically talking about how things would look different from instruction, from interaction with children, and the like, as well as our protocol for PPE, as well as if – if we have an instance of a COVID case. So, that was very important. They felt more at ease, and it increased the number of parents that were willing to send their children to our program. And again, overly communicating with staff of the safety that we have in mind for them, as well as monitoring – monitoring, instruction, monitoring, social distancing, making sure that everyone is continuously following those protocols that we've put in place. So, we've pretty much finished out our summer enrichment program for our Early Head Start, Head Start sites. And again, we're still opening up our nontraditional sites, as of right now, until we opened up for the school year, where we're supporting essential workers at those particular sites. We're looking forward to this upcoming school year and how we can continue to serve families in the community.

Dr. Bergeron: That's fantastic. So much in that short delivery. There's just so much there. First of all, yeah, we're huggers. Aren't we huggers? Isn't it the hardest thing in the world not to show up and hug people? Boy, that's tough, much less the collaboration. I just find that to be really hard. I loved, just using the word nontraditional. What really struck me about that is Head Start really is nontraditional, right? So, we – we aren't mainstream programming, I don't think. I think we – what we do is different. The people who are committed to this work are committing to a level of investment that's very different from an average preschool experience. And – and I would say, because of that, in this environment, there's this desire to still try so hard to continue delivering services and to making sure kids are taken care of. So, I love the fact that we have the – this – this creative thinking going into the process. I think about those transitions you talked about, and of course, coming from K-12, I can't help it and think about what we used to call summer slide, which is now the six month slide. The – the notion that an emerging reader, all of a sudden stops getting reading instruction, and what that does to his or her development ultimately. And what – what does that look like in fifth grade? It – it has an impact. So, the more we can do to ensure these kiddos are – are connected and getting access to as much rich instruction as possible is so important. That achievement gap is going to be

something to really study in the next few years as we see kids who have been home with access to resources that other kiddos haven't had. And so, I really just so much appreciate that. And I – and I also love that you did specific – deliberate work working with the state. That's ... We said that over and over, we said, make sure you're in touch with the state, local. I mean, you've got to do that. We can't give you all the answers. So ... And over-communicating, that's a really good piece of advice. I will tell you, we've been doing this CAMP every week. We've done these webinars over here, I'm doing blogs. And I, and every one goes, "Well, I think you answer that question like 10 times." No, let's answer it again. Let's make sure people really hear it because, you know, it's a lot, and maybe someone's attending at this moment and maybe they're not. And so, you do have to really think about communication. So really, really appreciate that. We're gonna move to the Mid America Regional Council and Jovanna, and, you know, they have had to make some very tough decisions about opening centers and reduced group sizes. Initially, only two of your centers were ... remained open, and as you start to reopen more of your centers, can you tell us how you're bringing families back? What changes did you make, and what advice do you have for folks who are listening?

Jovanna: Yes, well thank you so much for being able to share the experiences of our MARC Head Start network. And that's where I really want to start, when you're making difficult decisions. There's nothing worse than being the middle of a pandemic where you're trying to socially distance, but you need everybody around you. And I think that's been the power of our network, because we are a Head Start network and we have supports where we are working with 18 agencies that are coming together. It makes the decision-making process easier because you have other people to go through the process with you. You also have to consider that in our area, we're in the Kansas City, greater Metro area, we have three different counties with three different health departments and then a fourth health department just for the city that we had to bring into our network as well. And so, as we were making these decisions and having conversations, we had two strengths. One, is that we had a strong group of directors that were coming together, at first, three times a week for an hour just to talk about what is going on, what's happening, what are your families experiencing? How is your workforce doing? How are you feeling about this as you're moving into virtual instruction as well? And then we were able to, as we were going through the process, moved down to twice a week, and now we're meeting once a week. But why that's important is that we had two programs that stayed open, that they committed to really providing those services for those essential workers. And they were able to inform the processes of decision-making for the rest of our providers. And so many of our times, we never had an agenda, which is really odd when you think about bringing a group of directors together, not having an agenda, but it was purposeful because it gave them the opportunity to just ask the questions. And so, the first question is, "Well, how do we decide which families come back?"

All of our departments, because of the outbreak here in the Kansas City area, we were only able to operate – operate at 50% capacity. So, the most that you could have in a room was 10. So, when you know all the families are needing that support, how do you make the decision? And so, our family and community engagement group, which consists of our family advocates from the agencies, as well as our ERSE group that looks at our eligibility and recruitment, came

together and talked about, “Well, how do we make these decisions, and how do we do it in a way that we're consistent across our –our programs?” Because our families don't just live in one program, some of them are in more than one – one site. And so, they talked about what creating a survey to get information from families. Who's working now, and needs to be, have children and care? Are they working from home? Do they have other care? How has their schedule changed? And then also thinking about their child. Are they in a high-risk category and if so, what are some of the precautions we would need to put in place for them? And so, that group came together and created that survey that could be deployed to families to help – to make the decisions of who can come back when we were only at 50% capacity. The next thing that they did was then think about how to prioritize groups. And so, who falls into essential workers. And so, really looking at what our community was putting out as categories of essential workforce, but also knowing that there are some other pieces of the community of the workforce that they needed to continue to work as well because of – just the – the nature of their businesses, such as our grocery stores, those that were working in pharmacies, those that were doing essential city services as well. And so, they came up with then a prioritization matrix to help programs to have those conversations about the phases of bringing families back. And that has been extremely helpful as they've moved from being able to just serve 10 to maybe now 15, as well, so that they can then see who's coming up and then it helped the family advocates as they were having conversations with families about when they might be able to come back to in-person services. But having all the programs come together to have that conversation made that decision-making process a little less burdensome because you had others that were there with you.

The other thing that our programs really had to do –because they're all in such different settings; some are large community based, some are small community-based summer school districts – they had to really look at their environment, as Mark was saying earlier, and take a look at how do we do things that traditionally we do differently. So, arrival and drop-off is – and pick up is a huge part. And it's usually a big part of the routine, you know, families come in, they go to the classroom, they get to interact with the teacher and the staff. However, because we were limiting the number of individuals in the building that wasn't going to be a possibility. So, we had a lot of conversations about how to do that differently. And so, we had some programs that they did curbside drop off and pick up where they had signs that they made that then also had the number, so when you get there, you call, and then the staff come and greet the child and do the drop off and the parting routine there. We had other sites that had a little bit more space with them inside their building, and were able to do a queue where families had visual cues as to where to stand to maintain six feet of distance while they were doing the screening protocol, and were able to have that drop off there in the site. And so, what happened is as programs that weren't open were hearing about these different strategies they just said, “Well, can I just come see it? Can I come during a drop off and a pickup just to see what it looks like, help me to visualize this difference?” And because we have this network of providers, that was possible. And so, some of our district providers would go to our community-based providers and just watch – watch how they took the children in and took them to the classroom as well. And so, the other piece of that is instead of signing families in and out, trying to think about how do we do that electronically. And so, Missouri had moved to a new system for attendance

for children that receive subsidies. So, our sites that had subsidy, the families were actually able to scan a QR code that the – the program had on a clipboard so that they would not have to have a pen and think about all the sanitization processes at that time.

And so, it's really ... This necessity is the driver of invention. I think we have been doing some things that we would have never thought do in March, and that we're going to be doing some things moving forward as well. And I ... one of those is just the orientation of families. Families aren't coming into the buildings, and so, we have programs that are doing virtual tours that are specific to that family. Letting them know where or their child is going to be and what is it going to look like. When we had programs that were changing their arrival and departure routines, they did a – a recording of that so families knew what to expect, and that was really important for our families that were non-English speaking as well to see what it's going to look like, and how is it going to feel differently. And so, really, and I know I've said it several times, it's truly having that network that is not just inclusive of our Head Start partners, but also of our community partners that are come together that help that work. And the other hallmark of what we've been able to do is continue our enrollment through this whole process. And so, you think, "How do I keep enrolling children during this pandemic?" And we had moved to a central intake system where we have a group of eligibility specialists, that that's what they do. You know, we know that we need to have a robust wait list, and so, we're taking about 4,000 applications a year. And so – so, having those conversations were a lot easier since we had a dedicated group, and we were able to move all of that virtually, where we were able to then look at what are the systems we can put in place to get signatures electronically. What is a platform that we can use so that we can text the families the forms that we're looking at? Because we know most of our families just have mobile devices. And I will say, through this whole time, we've been able to maintain our 97% enrollment because we've been able to – to deploy different measures and work during our time and offer families sometimes in person, but continue to serve them, even if it is virtually during this time. And so, like I said, even during a pandemic where we were supposed to be distancing and keeping social distance, our network really came together to support each other and the decisions that they're making and create a space where they're able to bounce ideas and lessons learned off of each other.

Dr. Bergeron: That that is a lot. I have to say, I think the word that resonated the most with me that you talked about is network. I mean, that's sort of what you're known for, right? That you have this network. I want to remind everybody on this call, you have a network. This is it. You have a network of literally thousands of people doing this work that you can tap into. Take advantage of that network. MyPeers, these webinars, all of these people on this phone call and more would be more than happy to talk to you. I know this; and share what's worked and what hasn't worked and figure out, you know ... It's always better if someone's tried something to just learn from those who are – have gotten their feet wet, and so you're not making the same mistakes. You can probably avoid some of those things just by talking to folks who have done it. So, make sure you're taking advantage of this incredible network that Head Start is throughout your – your decision-making process. I also really loved how you talked about your changes in drop off and how that was – even that was a local decision cause it depended on the facility. What does it look like? It's not that you can't create a drop off system for every program if

you're running so many different buildings. So, you have to really think locally with all of these decisions, down to the facility. And I also really love the fact that you're still enrolling. I've said several times. I mean, enrollment should actually be pretty easy. We have an awful lot of folks out there who qualify who didn't qualify before March. So, I think we've got a lot of opportunity to reach out to people, even if it means, initially, maybe they're not coming into a center, but at least they've made a connection in the community that can support them during a really, really hard time. So, I – and I also think the fact that you opened two centers first, and you said that kind of allowed you to learn a little bit, right, on a smaller scale. I think that's a really good approach, if people have the flexibility to do that. I know I did a virtual visit a couple of weeks ago, and they did a phased approach just like that, where they actually planned the phasing so that they didn't jump in full force all at one time and then they could make some mistakes and not, you know, not feel it so heavily and then make different choices as they open more and more. Not everybody will have that ability because it depends on when you're opening and what your situation is, but if you do, it's a – it's a really smart way to go. So our – our final program – this is Omar – Child and Family Services in California. I'm super excited for Alina to share with you. They had to make a change from in-person to virtual services. So, she's got a lot to talk about in terms of how they did that, but if I remember correctly, family child care, right, Alina? I mean, that's part of what you do. I think we're going to have some people out there going, “ah, hello? We do family child care, what are we supposed to do?” So, I think you're going to be a really – have some really good information for people who are specifically doing family child care, and how you tackled that really creatively.

Alina: Yes, thank you for the opportunity to be here and share. We're excited about that. So, one of the first things I can share is that, you know, one of the big lessons learned for us is that we had – we had started to plan some of this shifting into virtual work before the pandemic – a couple of months before – just because we were experiencing some challenges in our home-based program where, you know, we couldn't always get to families. And so, we were kind of looking for like, what else can we do when we can't, you know, see the family in person? How else do we connect with families? And so, we had started to explore, you know, Partners for Healthy Baby, which is our curriculum, you know, what that would look like if we went virtual, we're speaking to them. We had started to explore electronic signature platforms. We, you know, so we were kind of already exploring some of that. We were putting together our telehealth policies, and what that would look like for our agency. And so, we were doing that a couple of months before, and then once we started hearing, you know, rumblings of the pandemic, you know, I think as a leadership team, we made a decision very quickly to just say, “Everyone, let's start working from home.” We wanted to mitigate risk as much as possible, and we really did have the capacity to do that. LA County had the stay-at-home order. It was one of the first, I think, in the country. So, you know, we definitely had to shift very quickly. But having researched some of those systems really helped us, because we just made a decision very quickly. And so, we got on board with all that, we also, one of – one of the things that was very important is to get the HIPAA compliant Zoom accounts for all of our home visitors cause we wanted to make sure that all of that information that we're exchanging, you know, was confidential. So, things like that happened very quickly at the beginning. And so, we have a home-based program, as I mentioned, and an Early Head Start child care program. The home-

based folks went home and started working virtually. We started to develop kind of policies and procedures for parents to use Zoom, to walk them along with all of that. But none of this would have been able to happen if we didn't have the technology, right? And that's one of the things that I think folks are struggling with. So, we had, you know, made sure that everybody had laptops and phones, and then we also were able to purchase Amazon tablets for the families because a lot of our families didn't have access to technology.

And then another issue that we had was that they also didn't have internet services, and so, we had to, you know, purchase some hotspots, but we did this very early, and, you know, we're thankful for that because we were able to get these items because later on, you know, it became difficult to have access to these. And so, you know, once we had the technology set up, and we had the systems in place, then we really started working with the families and the providers on kind of shifting onto this new model. The providers also had to close down, you know, their – their sites. And so, you know, going virtual for the providers is really a very – a very kind of large learning curve. I mean, these are ... Our family child care providers, you know, just moved into kind of doing attendance on their iPads. And that was something that, you know, we spent months working with them on. And so, we haven't, you know ... We had some real concerns, like, is this going to be something that we're going to be able to do? You know, will they be able to switch onto virtual services? And I have to say that, you know, everybody – everybody has been so creative and so willing to just kind of, you know, roll with the punches of – of what's going on right now. So, for us as an agency, you know, we're a mental health agency, and we look at everything, you know, from the perspective of social, emotional development, trauma-informed care. And so, for us, you know, we really wanted to make sure that people felt safe and secure, and that was important because if families and providers and staff aren't feeling safe and secure, then really they're not learning. And so, you know, we figured how do we take care of like the basic needs of people first? And so, again, we made sure that people were working from home so that they felt safe. We made sure that we surveyed families to see what the needs really were at the moment. And so, we partnered with an agency called Baby2Baby who does a lot of work around distributing diapers and wipes and basic needs. And so, we leveraged all those partnerships, right? So that we can make sure that families are receiving just the basic needs that they needed because in our community, oh my gosh, such a large portion of our families lost their jobs almost immediately. And so, we really were just seeing this basic need of families survival, right? So that's what we try to partner with other people so that we could provide all of these services. We also listed them. Our – our agency – our development department was able to get us food cards for our families. You know, we – we made sure that when LA County put out the Angeleno Card, which was some services for undocumented families and some funding. We kind of rallied around our families and made sure they were ready to apply. So, all of these different things to just take care of basic needs.

And so, once we had all of that, we also have a model of reflective practice. So, as everybody else has mentioned: communication – communication. You know, we were meeting with people every day. We have, you know, weekly reflective practice with all staff, group reflective practice. Our staff meetings moved to weekly so that people can have constant information as

to the emerging, you know, data, the emerging kind of public health information that we were getting. Cause it was like on a daily basis. And so, we just communicated all the time. And so, one of the beautiful things of virtual work is that all of a sudden, even I could be at all these meetings, right? So, we – we didn't – we don't have to drive in LA traffic anymore, and, you know, so we all of a sudden had all this time. So, we were really, you know ... Our – our communication and collaboration just, you know, grew exponentially very quickly. And so, I think that that has been an advantage, right? That we have. And so, now we find ourselves in all these spaces that we didn't find ourselves before, which is observing providers or home visits and things like that. So, I'm going to talk first about the home visitation program and then about the family child care. So, in our home visitation program, you know, some of the families were apprehensive at first, going into a virtual platform. So, we said, "Fine, we'll talk to them on the phone." Whatever makes the family comfortable and knows that we're here to support. And we did that very regularly so that they could use to, you know, get used to the fact that we were there, even though we weren't there in person, we were still there. And so, families started to get more comfortable, and home visitors started to discover, you know, that obviously some of our families live together in a home, you know, several families, et cetera. And so, they don't have a lot of private space. So, we got very creative and started doing things like, you know, well, what if you build a fort, and then, you know, you went in there with your child, and we can do our home visit and so it feels more private. And so, you know, these are kinds of things that were happening where, you know, the home visitors are really working with families to meet them where they were at. What do you want to talk about, you know, do you want to set up kind of a routine for your child so that they feel, you know, contained within this new world that we're in with a pandemic and now everybody's home, you know, living together. And so, they started working with families on building routines, on how to talk to their children about what was happening, right? Talking to them about what was happening, cause in order to eventually get to the work of child development first, parents had to feel like they had a handle on, you know, the pandemic and how to speak to their children about these events.

And so, our home visitors have been there every step of the way, we've provided, you know, art supplies, you know, instructions for using their tablets, you know, to read and to have, you know, educational games, et cetera, for parents. And I think the – the something that has emerged in that program is that, you know, we really want parents to feel like they're their child's first teacher, and sometimes when you're working and you're, you know, you're just trying to make ends meet, you know, maybe that's not the first thing that you're focused on, right? You're focused on survival, but all of a sudden, parents are at home with their children and home visitors are in that home. And so, all of a sudden, parents are working with their kids on these activities cause, you know, the home visitor can't be there. So, now they have these supplies, and now the home visitor is observing, and the home visitor is pointing out, you know, what a beautiful bond the parent and child have, how great the parent is at guiding the child, you know, how connected they are, and this is having an impact emotionally for her families, right? You know, so – so sometimes in all of this kind of difficulty, we're finding these moments of real growth and opportunity, right? So, now we're in this place of like, you know, parents are kind of used to it. They know we're there to support them. They look forward to their home

visit. You know, they have a whole ritual around that, the children are excited to see their home visitor on Zoom, you know? So – so it's kind of ... we're coming along, right? And – and one of the things that we've talked about is the mindset around, you know, our work. So, I think from the very beginning, you know, we kind of said like, "This is where we are. We don't know how long this is going to last, right? We don't know when we're going to go back to normal, and we don't even know what normal is going to look like, right?" So, we're here right now. And so, here right now, we're going to provide the best services that we can, you know, for as long as we have to. And so, I think the mindset of not waiting for things to change but just kind of being in the moment has been really helpful because it's let people be so creative. Our team is so talented, and so much creativity is really emerging. And so, in our family child care program, that has been ... We're so proud of our family child care providers and our coaches because they really have risen to the occasion. So, at the beginning, you know, we kind of put out some guidelines on, you know, what we thought that a virtual program would look like, you know, how to deliver instruction, you know, how often we were going to do the virtual coaching, you know, kind of tracking tracking logs around the work that was being done. And when we find – when we met with the family child care providers for the first time we met with them by, kind of, language of origin, right?

So, that's usually how we meet with the providers. We have a very diverse group of family child care providers, and we met with them in their language of origin, just so that they could be very comfortable in the conversation and be a support for each other. And the first thing we noticed is that the expectations were off and that was our fault, right? So the, you know, they were very anxious about, you know, the children aren't sitting at the table for the allotted amount of time, you know, they're running around with the iPad. I mean, we do Early Head Start, right? So, we're dealing with, you know, toddlers. And so, you know, we had to kind of shift that for them, and help them to reflect on, you know, well, what is the expectation that we have of a toddler in virtual, you know, kind of instruction, right? And so, now all of a sudden, the toddlers have their provider in their home. So, they want to run with the iPad and show the dog and show the bedroom and show the family members and, you know, so that's engaging, right? And so, we kind of shifted the perspective of the ... Help them to look at it differently, like that is engaging. You are meeting the child where he's at. You know, this child wants to show you his world. And so, if you allow him to do that, eventually, then you'll get to the instruction part. And so, that's what happened. We kind of, like, let them off the hook, and we were like, "We don't have expectations of you doing, you know, the curriculum the way that you always did it. Let's get creative around what that looks like." And so, I think once the providers kind of realized that we were supporting them around doing this. We just saw an amazing amount of creativity. Like I said, they started driving to all their children's homes and dropping off like, you know, this week we're going to, learn, you know, about plants growing up, you know, from a seed. And so, they went to all of their homes, dropped off little baggies with the seeds and so that they can do their actual virtual instruction with the kids. And the kids went from only being able to pay attention for three minutes, you know, to now being able to stick with a provider for 30, 40 minutes. of an educational activity.

And we're also seeing the same kind of thing where now the parent is in the classroom, right? And so, one of the beautiful things is that the parent is observing oftentimes with the provider is doing and participating in that. But then now the parent can also follow that learning at home. So, if you had a plant that you're growing, now that plant is growing at home. And so, that parent could really be kind of coached and supported around that you bring that into the daily living of your home. And again, you know, even though we're in this difficult situation, there's these little moments, you know. We have a great example of a provider that really struggled to engage with children. And just the other day, we had an observation where not only was she engaging the child, she worked in the IFSP goals. You know, she was able to follow the lead of that child. She had like five different activities in front of her so that she could shift quickly as the child's attention shifted. I mean, we've seen such a level of sophistication around the kind of work that they're doing. And now, the providers have some children in house because we are serving the children of essential workers. And so, they have some children in house and we are doing things like, again, changing the mindset for children, right? So that the providers don't have to keep telling them, you know, you need to stay at a distance or, you know, we can't play with each other's toys. We did things like, for example, borrowed from Montessori, kind of a theory, and we're using these little carpets. And so, the kids, you know, we talked to the kids about, you know, this is your little play space, so you roll out your carpet and then you play in your space. And so, it's really esteemable for the child cause the child's like, "Oh, this is my carpet! You know, this is my space is where I put my toys." And so, they become responsible for that and they are distancing themselves, but we don't have to tell them to do that. We also created some social emotional cards for the providers that have pictures of the kinds of things that children are going through right now, right? Temperature taking and washing hands, and in the back, we kind of developed some language for the providers to help walk the children through these changes in a – in a developmentally appropriate way cause it's really hard to talk to children in this way. And so, we wanted to support the providers. We created a book – a transition book for the home visitation program – so that the kids can read about their experience and how it's different that the home visitor comes to a screen now and doesn't come to the home. So, we've tried to kind of work on the social emotional component so that, you know, this ... Children – children follow our lead and so that we can really help them continue to grow. within the circumstances that we're in and also have an understanding and control over their situation so that then they can feel free to learn.

And, you know, lastly, what we're doing now is moving our instruction outdoors because we're in Southern California, and we're going to take advantage of our beautiful weather. And so, we're – all the providers are going through an outdoor classroom certification right now so that they can really learn to use the outdoor environment for their benefit. Cause this is another example of like, we don't know how long this is going to last for. And so, we can spend the rest of the year outdoors, and kids can feel free to explore and learn in a more safe environment. And by the way, the provider also feel safe, right? Because they oftentimes feel like they're the ones that may be exposed. So, these are just things that we've put into place, trying to be creative around how do we really work within the – the situation that we're in and continue to allow children to feel safe and grow and learn. You know, they're so young that this is just an

opportunity. And so, hopefully now we can get into the – the real high-quality instruction now that we've set all of these, kind of, systems in place.

Dr. Bergeron: That's great, Alina. I – I really ... So much there, and the outdoor piece, we've actually started looking at – at central office, not just in response to this, but there's an awful lot of research around outdoor learning and what it does to the brain and the exercise and the movement. So, I think there's a lot there to be discovered. And – and the – the work that you all have done around virtual delivery, I think is very meaningful to people listening cause lots of people are going to have to rely on that, and the idea ... You said something to me when we started talking yesterday, you considered your program 100% open, and I think it's really important. That mindset is very different from thinking you're only open if people are coming into your building. So, I love the idea that we're open, but how we're delivering services might be different. And – and that way, you know you are responsible for every one of those – every one of your children and their families for delivering the highest quality services possible and learning ways to take advantage of the virtual setting. There's no doubt that your access to people grows when you can do it virtually whether the, you know, the in-depth piece is there remains to be seen, but I think we can at least all come to the say, like even having this conversation, we'd never be able to do this if we couldn't get on – on a virtual setting. So, I think looking for those opportunities is what we need to be doing. This has been an incredible conversation. I feel like we could spend all day talking, but CAMP is coming to a close, and with that, I'm going to invite my wonderful soul sistah, Ann Linehan. She's my partner in crime. She's gonna close this out here for great six weeks of learning and growing and thinking. And we're not going to stop here, but wow, this has been incredible. So, Ann, take it away.

Ann Linehan: Well, all I can say is my heart is so full just listening to these stories, and I'm sure all the grantees that are listening today, you know, are thinking, you know, “We do that too! We've done that!” Or – or new ideas that you've opened them up to. This has really been incredible. And, you know, kind of think about, I don't want CAMP to end, but CAMP has got to come to – to an end. So, before we wrap up, I really just want to point out one thing to make sure that everyone noticed the document attached to today's webinar. This is the last resource that we are doing for our CAMP series, and the team has pulled together the top 40 questions from the lightning rounds, including week four and five, so, you will all have those. Again, we want to stress to everybody listening: take a look at everything that's on ECLKC. I am sure if you have a question, we have a resource or a Q and A that will answer it. And we want to thank everyone for joining us over these six weeks. It's been a lift. Our team has been incredible behind the scenes putting this on, and just to thank our incredible presenters today. And for those folks listening, we have so much confidence that you are making the right decisions, and today it's such an incredible demonstration of the confidence that we have is just been – it's been just demonstrated so beautifully today. So continue the work, and we wish you all well and enjoy the rest of the summer and a great, great new program year. Thank you.

Dr. Bergeron: Yeah. Thank you. Thank you. Thank you.