

Head Start Forward: Grantee Best Practices on In-Person Services

Glenna Davis: Hello and welcome everyone to the Head Start Forward Showcase of Grantee Best Practices on In-Person Services Webcast. This is the fifth event in our Head Start Forward Series. It is now my pleasure to turn the floor over to Dr. Bernadine Futrell. Dr. Futrell, The floor is yours.

Dr. Bernadine Futrell: Thank you so much, Glenna. Good afternoon, good morning, and hello everyone. I'm Dr. Futrell, the proud Director of the Office of Head Start, and I want to start by saying thank you to all of you. There are so many of us here today, to have this conversation around grantee best practices on in-person services as we move forward, as we continue our Head Start Forward momentum.

I do, however, want to pause as we open this webinar, and recognize again where we are in this pandemic. We are at a moment where we are experiencing an understanding more about the delta variant. We're also learning more about what it takes to offer in-person services during a pandemic, and all of this is with the backdrop of the many things that are happening in the world, including the trauma in Haiti, as well as other things that are happening.

I want to just pause and spend a moment with all of you today, and say that the whole purpose of our Head Start Forward webinars was to bring us together so that we could do it in unity, and truth, and love in moving forward. As we come together in this space and we get very excited, and we talk about the road ahead, we have to pause and recognize the road we are on right now. Health and safety continues to be the No. 1 priority when it comes to delivering in-person services, or any services for Head Start children and families, and our Head Start workforce.

I want to reiterate and remind, and lift up that as we are excited and we're ready and we're doing some great things to get back to in-person services, I want to caution and welcome your thoughts, your feedback, as all of these plans are contingent upon the guidance that we're receiving from the Centers For Disease Control, your State, local health officials and guidance, and how you consider what it looks like, what it means for you and your community to get back to in-person services.

I want to pause there on this road to moving forward and just say that we know that programs are in very different situations right now in terms of getting back in person. We also know that in-person looks different even within the same building. I want to use the words that Ann has shared in the previous Head Start Forward webinar, about ramping up.

We are in the ramp-up period, and the ramping up is ramping up towards the in-person services in December and January. During this time, this time where it's back to school, this time that we're doing right now, this ramp up period, programs can deliver virtual or remote services to some of your enrolled children and families, if your local health conditions are demanding that.

You can also think about what it means to meet individual needs of children and families. Considering the IM that was issued in May about the expectations for this program year, I want to point you to some of those opportunities in there that really say, "Hey, Head Start, we support your local leadership and your decisions on what's best in your communities, to keep children and families safe, as well as the workforce."

You can continue to follow along with these Head Start Forward webinars. There are a lot of resources that we've talked about and we've shared this message, but I wanted to just pause on this road as we are moving forward, and we are doing it with excitement. We are enrolling more. Our children and families are coming back into programs. Programs are opening up, getting ready for the fall, receiving children and families in person.

But I did want to just pause on this road to say, it's OK to make sure that you are making the best decision for your community. If you have any questions about any of this, our wonderful regional program staff are ready and are awesome and dynamic and can answer any additional questions that you might have about any of this.

Now, there's a slide up around the important COVID-19 risk reduction and reminders. While we're in this space, as we talk about going to the program here, the No. 1 strategy continues, it continues to be the safest way, is getting everyone vaccinated. It protects not only individuals; it also helps just the severity of the disease itself. It literally saves lives.

They're working, and they will continue to work, and so get your vaccine if you haven't. If you have a voice and you have someone you can speak to, encourage them to do the same, because remember, our Head Start children are not yet eligible for their own vaccine. As the adults who care and support them, we want to make sure we do our part.

I'm very pleased and happy to share that on Monday the 23rd of August, that the US FDA approved the COVID vaccine ... the first, excuse me, COVID-19 vaccine, with the Pfizer vaccine, and they're going to talk a little bit later in this presentation about what that means and how you can communicate that. But the good news is we're moving on the right path towards having more available vaccines for more people.

Again, the vaccines are important, wearing masks are important, other mitigation strategies are important, but it has to be a layered approach. There's not a one solution. There are multiple. Remember your health screenings, the physical distancing, ventilation, hygiene, and cleaning, all the things that you normally would do, you do that, you layer that on to the other mitigation strategies.

We are still moving strong with our Sleeves Up for Head Start social media campaign. I encourage you to download some of those graphics, go to the website, pull out the toolkit, share the messages, share with others about the vaccine, about what we're doing, and move Head Start Forward and get back to our in-person services.

Now with that pause on the road towards moving forward as we get very excited for today's conversation. Particularly, I'm super excited because this is about ... Head Start Forward has always been about coming together to do more together than we could do on our own. We're going to highlight seven examples of programs that have done wonderful things on this road to reopening, or this road to getting back to in-person services. I'm super excited and happy that you get to hear these stories with us, as we all look at them. We're going to be able to take bits and pieces from it to apply to our own settings.

With that, I am honored to introduce Tabitha Temple, who is an amazing leader here at the Office of Head Start. She's a Program Specialist, with a particular interest in our infant and toddler support. With that, I welcome you Tabitha, and thank you all so much for joining us today.

Tabitha Temple: Thank you, Dr. Futrell, and thank you for your leadership. Dear Head Start community, today you're in for a treat. I will join Dr. Marco Beltran, OHS Senior Program Specialist and Co-Federal Project Officer for the National Center on Health, Behavioral Health and Safety, to co-facilitate discussions with programs from across the country.

You will hear vaccine promotion success stories, parent testimonials, staff mental health approaches, and more. Now, each showcase will begin with a slide that shares with you fast facts about the program. Please place your questions and comments in the Q&A panel. Also, stay until the end of the webcast to hear about a special showcase bonus feature. If you are unable to stay, don't worry. The entire webcast will be sent to all of the registrants by email tomorrow. OK. Do you have your pen and paper ready? Let's begin the showcase.

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We are excited to introduce to you representatives from the Los Angeles County Office of Education Head Start program, otherwise known as LACOE. Joining us today, we have Dr. Sandra Williams, the Head Start Program Manager into disciplinary services. Debi Anderson is here, she's the Head Start Program Manager, Community Outreach. Cynthia Barboza, the Policy Council Chair is joining us, along with another Policy Council member, Joanna Perez. We're so excited to have our parent representatives here today.

LACOE will share their programs approach to recruiting and enrolling eligible families, along with strategies to promote vaccinations. Debi, I have a question for you. Tell us, what strategies did you use to reach funded enrollment?

Debi Anderson: On our strategic plan, we adopted a "We come to you," approach through the use of our mobile unit, which is designed to target and serve families, for children birth to five, in collaboration with our delegate agencies, our local education agencies, regional centers and community partners.

Now, we call our unit Hope The Bus, and hope isn't a central component of LACOE's outreach efforts. It primarily serves doing this pandemic and doing the Safer At Home Order, primarily serves as a mobile billboard. During our Safer At Home Order, our LACOE drivers schedule weekly routes throughout the LACOE service area, and it continues to be a feature attraction as we attend drive-through contactless events in our communities.

Just recently, in July and August, we conducted outreach with Hope the Bus and a series of lunch and learn events hosted by LA County Libraries. We also had specialized recruitment projects and during the

Safer At Home Order, we implemented a campaign that included radio ads, door hangers, convenience store posters. We also had additional support for our delegates, and we distributed URL codes, QR codes that link the families to online Head Start applications, and the applications link directly to the ChildPlus system and created an interest list for recruitment for each one of our agencies.

Our QR codes, as I said before, was like a mobile billboard. One of the things we found out or we learned, we received a call from a parent who was actually at the DMV getting her business done. We were there getting our registration done, saw the Pre-K Kid referral line number on the back of the unit, and gave us a call and asked us for a referral to our Head Start program.

We also used QR codes in our Head Start materials that we used in the contactless and drive-through events. We also developed a no-contact eligibility enrollment process for parents. The digital file system established directions for delegates to create and store participant eligibility files electronically in the ChildPlus database.

We also revised our MOUs with regional centers and local education agencies to enhance Child Find and early screening. We also use digital and online outreach strategies that include campaigns with social media, music streaming platforms like SiriusXM and Pandora. We use geofencing and search engine optimization on Google.

We also developed some virtual presentations that we use doing virtual resource and community fairs. We also redesigned and redeveloped our standard operating procedures for parents who were calling us through our Pre-K Kid referral line. This resulted in a more warmer handoff for parents to our delegate agencies. That's just some of the things that we did.

Marco Beltran: I like the idea of "We come to you" approach, right? It's moving recruitment efforts in a whole different direction from having families come to watch, which is a strategy that many of us used for a long time. The notion of the, My Hope Bus, or The Hope Bus coming down the street, seems very comforting to me. I can just see if I was thinking about enrolling my child, and I saw this billboard and this bus coming down the street, it would be one of those things where I would say, "Oh, if they're doing this. What other stuff are they doing to help support children and families?" Thinking about that, my question is for Cynthia. Cynthia, what did the program do to make you and other families feel comfortable returning to in-person services?

Cynthia Barboza: Hello, ladies and gentlemen. Yes. Well, let me say, at the beginning, it was very scary and did not want for our children to go to school. It was chaotic, it was frustrating, not knowing as parents, caregivers on what was going to happen to our children's education, let alone how the sites were going to work.

Because of a pandemic, this created insecurity and it created a domino effect on money. The income of the families, food, jobs, school, transportation, education. The list just goes on. Through the time, Early Head Start and Head Start agencies started to come up with the plan on how to give back to our communities and our families. Early Head Start and Head Start created a mobile bus, called Hope, that provided education to the communities, and it's pretty much a little sign, but with wheels on it. You get everything that you have on-site, just on wheels. That to me, was the main thing. Like you said, it's just, "What else are they doing? What else are they proving? How can they?" It took a while, I'll admit. It took a while for families to be confident, to enroll them in school and to take them on site.

Before you knew it, there were kids on site, and I was glad to know that the agencies had a plan to keep our kiddos safe. Not only going mobile, but on site as well. I'm glad to see that the Hope mobile bus was an event like the food drives that they were giving out in our communities, the giveaway backpacks events that were held around the community as well.

If they were all over the place, then why not on-site when it's for some families, a little bit convenient? It's a little bit better to get back to work. I'm happy to say that there are protocols on site, like checking the temperatures on the kiddos, asking COVID-related questions to the families, washing hands, doing the daily check-ins for the kiddos, teachers on-site, staff sanitize and clean everything that child touches in between of activities, the staff before entering the site ... They are to check for clearance of COVID tests they do.

For example, if the staff is positive for COVID, they will not be allowed to enter until clear, even though they're expected to work that day. This brings good that they're taking consideration and they're taking steps and protocols to just keep our kiddos safe. Staff is vaccinated and wearing masks, on both staff and site supervisors and kiddos, is a must.

My kids have backups of backups and masks in their backpacks, and the staff always are right there, right on hand with their masks if the child, for some reason, they lose it, they trash it, whatever it may be the reason, they have masks and PPEs. They have a quarantine section just in case – better safe than be sorry – and the parents get contacted immediately.

It's just one of the many things that I know for sure, that's what they're doing. On the mobile, I'm pretty sure they're doing it as well. Through the Policy Council, parents were informed of all the activities happening with COVID-19. The Policy Council held speakers and events that we're talking about COVID-19, what is COVID-19, encourage parents to attend, get informed about prevention, had scheduled visits on different sites to get vaccinated free of charge, updated the prekkid.org website for families and community on guidelines relating to health and safety at schools, have community resources for families that were impacted by the pandemic, and just getting them help financially, whether it can be, if the child needs some type of services, the agency was there to help.

It took a while because there was periodic at the beginning, and it was very frustrating. Parents were just losing it, but you guys pulled through. It was amazing, and having all this said, if felt comfortable and safe to know that my child was going to be safer, and it just made a great impact on my family and on other families as well, because don't get me wrong ... My family was doubting that, "Oh, they're going to get sick and you're going to get sick, and then we're all going to get sick, and then a domino effect was going to play again."

But I stayed confident, I stayed positive, and thank you. Thank you for everything you have done and please continue. If you need anything, please let us know. At least let me know and just consider it done. That's one of the many things that happened. That's one of many things that made our families feel comfortable to go back on-site. Thank you again.

Tabitha: Cynthia, thank you so much. It's exciting to hear your confidence as a parent, and LACOE as a program providing services to your family. I'm interested to hear from Debi, and I'm really wanting to hear from Joanna as well, about how the program identified families to receive services?

Debi: Thank you. I'm going to just highlight one thing so we can give Joanna an opportunity to really share her experience. We continued the family partnership process through virtual platforms, and that included needs assessment goal-setting, referrals, resources, and reassessment. Then our delegates conducted regular check-ins with families through the virtual platform as well. Many of our agencies shared with us that they actually experienced more engagement with parents then, than prior to the pandemic.

What I'm going to do now is really turn it over to Joanna, and so she can have an opportunity to share her experience. Joanna?

Joanna Perez: Yes. Well, hi everyone. I am a proud LACOE representative and also St. Anne's representative. I am the Chairperson there, and in my experience was like over the last three years, actually, has been amazing. As Cynthia and everyone has mentioned, the pandemic was something that impacted us, it was a curveball, so nobody was prepared, but I will say, LACOE took it head on. With the participation of parents like Cynthia and myself, always took our feedback.

I will talk about my personal experience with transitional homelessness. When I came to LACOE, I actually was experiencing homelessness at this time, and I didn't even know it. I will say that it took going through the questionnaire with St. Anne's. Them identifying my family as homeless, because I was pretty much couch surfing for almost five months with my kids, between family members.

It was such a boost of confidence for my family to know that we would have some type of priority on a point scale system because of the situation that we were experiencing. I will say that not only my initial child was taken into the program. I learned that there was an Early Head Start for the younger ones as well. I was able to get three kids in all at once, and that was amazing. That was a lifeline that my family was really needing without even knowing we needed it, because it gave my children stability of going somewhere Monday through Friday, seeing a teacher that was so caring and loving towards them. I don't know what I would have been through those five months, if I didn't have St. Anne's and LACOE to really embrace my family.

But speaking on the pandemic, resources were a big thing and I think that's something that as a Policy member, we all kind of came together and realized we need resources, but not just any resources. We need resources that are going to work for our community. I think that, that's where we all kind of played a part. Every community or every LACOE site has different areas with different needs.

I think that, individually, we all gave our feedback as to what our communities needed. We were heard. There was food resources that were a lifeline for a lot of our families. A lot of families, as Cynthia mentioned, lost jobs or had to leave their jobs because they had to stay home with the kids.

There was no options for childcare. The fact that we were able to have places, grantees provide food, food drives for our families on a weekly or semi-weekly basis was amazing. I know St. Anne's also had a meal program for their students and community, Monday through Friday. How they made that happen, I still don't know, but they did it, and it was open to not just the children of their programs. But the families in the neighboring area were more than welcome to come and grab meals. I know that, that was a lifeline that so many of us really needed.

I will say the enrollment process is always a challenge, is always a challenge because a lot of us don't know. We don't know what's really out there. We don't know too much about Early Head Start, and we don't know the benefits of it. We feel like they're too little too young. But on the contrary, I will say that it is a benefit to the families and to the children because early diagnosis for any type of disability or anything can be determined.

I will just say that I am thankful for LACOE. I am a proud representative, and I will do my part to support because I strongly believe that you guys were head on with this pandemic and just made it work, made it work for not just yourself, but for the families that you guys serve. I thank you guys for that.

Tabitha: These are some extremely powerful parent testimonials, I must say. Marco, I'm really interested in hearing about LACOE's approach to vaccinations. Can we go ahead and transition and talk about that?

Marco: Yes, you can. Dr. Williams, based on what Cynthia discussed, based on what Joanna discussed and how they talked about your mitigation strategies ... Obviously you implemented the mitigation strategies that align with a lot of the CDC guidance, and I'm assuming aligns with the guidance that are available to your local community.

The one mitigation strategy that I know we're really particularly interested in – and I know a lot of our programs are really interested in – is vaccinations. I know this is a series of questions or a slew of questions – but these are the type of questions that we're getting – is how are you engaging in your vaccine outreach? What percentage of your staff were vaccinated? Are you mandating vaccines? Which is a big question for a lot of our programs. Are there strategies that you've implemented to help to support vaccine confidence?

Dr. Sandra Williams: Hello, and thank you. Yes, we've done quite a lot. The mobile unit can again be used – as Debi and the parents have stated – as recruitment and enrollment tool. It can also be used to spread the word about vaccine promotion through the use of its electronic features – including TV screens and internet – that provide general COVID information as well as internet access when the unit is actually out in the field.

LACOE actually created a PowerPoint template that delegate agencies can use to support their efforts in educating staff and families, while the unit is out and about. But before we did all this, we had to make sure that we were engaging in consistent messaging information sharing, and were indeed a part of the overall county coordinated response to COVID.

We partnered with the Los Angeles County Department of Health to support the campaign on vaccinations. We partnered with NHSA and even Uber to promote families transportation to vaccination sites. LACOE itself was an actual megasite in Los Angeles County. We also participated on the NHSA COVID-19 vaccination and mitigation working group. LACOE was a strategic partner of many, many things. We also engaged with the early care and education COVID response team, which continued to host community calls to inform the early childhood education community on the changing guidance from CDC, from the State, etc. We had to mitigate those differences.

We also participated with the ECE COVID response team, or ECEE ... A lot of acronyms here. Early Childhood Education CRT was instrumental in developing a vaccination distribution plan for the entire ECE workforce here in Los Angeles County.

We also regularly repost information on our websites. That, again, is featured through our mobile units. We're also working with families to promote vaccinations and the importance of preventive health care. Before I get into that, I just want to say that services are actually delivered on the mobile unit. Promoting vaccines and ensuring preventive health care is a critical issue, particularly when you talk about health inequities.

We know that many of the families that we serve are marginalized groups. We can again use mobile services as a way to outreach and through early detection, and around health issues. In particular, the unit can be used to promote and actually implement, and conduct vision, hearing developmental screenings, as well as a PHQ-9 or mental health screenings for pregnant women.

On the unit, we share a lot of resources and again, it's to our coordinated approach and making sure that we're all consistent in the types of messages that are being provided, to guide us through Los Angeles County Department of Mental Health and CDC.

Last, we really engaged in a number of activities around the guidance, but I did want to mention that consistencies were identified. We were getting guidance related to Los Angeles County Department of Public Health, and their guides around COVID for K to 12, and early education programs.

An example is they were promoting three-foot social distance guidance, where the CDC was promoting something else. We followed the most stringent guidelines of six-feet apart until we were formally notified. Just a little bit about vaccinations: We're about 86% of all of LACOE staff have been vaccinated, so that's our vaccination rate.

Right now, it's not mandatory that all employees actually are vaccinated, but we are doing weekly testing for those who opt not to. That's where we are. We've done a lot.

Tabitha: Thank you very much. Thank you so much LACOE, for sharing your experiences with us today. We will now learn from our next grantee about the approaches they use to return to fully in-person services.

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Tabitha: We are excited to introduce to you members of the PACE Head Start community. Joining us today is Angie Lange, Head Start Director. We have Tanya Bezy, the Education Manager, and we have a special guest, Katherine or Kate Trowbridge, who is our parent representative, and also a Policy Council parent with PACE Head Start community.

Today, PACE will share with us their program's approach to ensuring funded enrollment and targeting recruitment to identify families hardest hit by the COVID-19 pandemic. Angie, what strategies did your program use to ensure it met its funded enrollment?

Angie Lange: Well, we are excited to say that we began services on August 9th, this school year, and we are fully enrolled. We have a current wait-list at all of our locations, so we're really excited about that. We hit recruitment hard and it is an expectation, just like in kind, we expect all of our staff to participate in recruitment.

We have done special events, such as recruitment days, where all staff participate in those. Our cooks, our home visitors, our teaching staff, our managers, all staff participate in these recruitment days. We've put little bundles together that have applications and some giveaways, like at pool parties. We've done little rubber ducks that say PACE on them. We participate. We do recruitment days throughout the school year, as well as we do a lot of summer events, we participate in ... do a lot of summer events. We participate in pool parties, parades, art in the park, Latino festivals, the national night out.

We really collaborate with our community partners and recruit in any capacity that we can. We also really have a great relationship with our first steps program and our special education cooperatives. We work very closely with them. They refer children to us. Not only does that help us with our funded enrollment; it also helps us with our 10% of disabilities, which is awesome. We're thankful for our community collaborations. They really help us with our recruitment.

Marco: I don't know if it's fair to say, but it almost seems like recruitment is everybody's business. I think it's part of your strategy. I know one of the questions that some of the folks that are listening to you right now might have, considering where we're at, I know that a lot of folks are concerned about exposure. They're thinking about mitigation strategies as it relates to COVID. As all these folks were engaged in your recruitment efforts, what did you do to kind of help address any of these mitigation strategies? Or was there any concern from the staff as they were going out to engage in recruitment?

Angie: Well, we did a really good job of using the COVID funds to purchase health and safety equipment to keep our staff safe. When we were out on those recruitment days, delivering those supplies, the applications and just different things for them to keep around their house that has the PACE contact information on it. We bagged those and staff wore masks. We purchased PACE masks. Therefore, people out in the community knew who our staff were. We went over health and safety protocols so that they felt safe, and they had an understanding of things that they could do to keep themselves safe. We did a lot of the activities outside. Whether it be on a family's front porch or at the park or just in the front yard, we did a lot of activities outside for better vent ventilation.

Marco: Great. Catherine, what did the program do to make you feel comfortable with their child returning to in-person services?

Katherine Trowbridge: Well, again, it comes back to communication. We were virtual, did all the virtual activities, and we would receive a call once a week from the teacher, checking in, seeing how the family situation was, seeing how we were doing with our learning activities. Then, they began talking about, hey, we might be coming back to school – How do you feel about that? – gauging our concerns and listening to us, and then giving us their rundown of the things that they would do in the school. Now, they didn't allow the parents into the building, but they would take pictures all the time.

They would post them on ClassDojo, so you could see them at the end of the day. She would give a little tidbit of stuff that they had done that day. They would talk about the hand-washing and this and a hand sanitizer. Then, they had dividers up on the tables for the kids so they could still be together as a class, but they were still safe, keeping their germs to themselves. We did parent-teacher conferences outside, distanced apart, still on the property. But she always said that if you didn't want to come to the property, that she would visit us at home, which is what my home visitor did. We did all our visits outside on the porch or in the backyard. Then, our drop-off and pick-up line was no contact. Then, we hung a little sign up in the thing, in the car, and the teachers would bring the children out, and you'd sign them out or sign them in. They got a little escort to and from the car.

I bet it made them feel special too, but I never did have to worry really, because I knew that it was just very safe and it was just communicated so well. I knew that if I had any issues whatsoever, they would have definitely catered to them.

Marco: Tanya, it seems to me that some of the stuff that Katherine was just talking about was a planned effort. Did you plan it to return to one person's services or was this built on something that you started doing much earlier?

Tanya Bezy: It was really something we started with when we were doing virtual services. We knew that we had to keep families engaged if we wanted them to return when we did return in person. It was a stressful time, so it was important to us to make sure that we did communicate with parents. We created e-learning parent web resource pages on our website. Katie talked about ClassDojo. It was a real easy way to communicate with parents where they could see pictures or videos of their kids. When we did return to in-person, they were still able to see, "OK, they're putting things into place that are keeping my child safe, the dividers, the masks, the hand washing and all of that." We really started that last year and then just built on it. Our families could return August 9th, feeling safe and feeling good about, "Yes, my child's getting back into the classroom, getting back to that education piece."

Marco: Great. This is building on stuff, then that started like foundational so you leap up from that. Angela, how do you identify families to receive services?

Angie: Well, this is where we really strive to listen to our community partners. We have fabulous relationships with our community partners. During this COVID time, they were also contacting us. We received a call from one of our local colleges, Vincennes University. They said we have seen a drop in our students because a lack of preschool available for our students. We really worked with them. We took action and we put together some applications and some pamphlets and supplied Vincennes University with that information, as well as we have a whole page on Vincennes University website that talks about some of the success stories that we've had in the past where they've had University students that have successfully graduated with degrees while their children attended Early Head Start and Head Start.

We really built on that and we're able to establish some referrals from Vincennes University. We also ... We're utilizing with some of the COVID funds, we are doing a family meal program in our communities. We are getting calls in for families that want to participate on the family meal program. Through that, we were able to identify some families that also were in need of Head Start and Early Head Start services.

Tabitha: Thank you so much. I'm hearing partnerships, partnerships, partnerships. Partnerships with the community, partnerships with families. This has been an extremely enlightening conversation. Thank you so much, Tanya. Thank you, Kate. Thank you, Angela, for sharing your strategies and approaches with the Head Start community. We will now learn from our next grantee about the approaches they use to return to fully in-person services.

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Tabitha: We are so excited to introduce you to Lisa, who is the Executive Director of Friends of Children and Families Inc. Head Start program. Lisa, thank you for joining me today.

Lisa Burke: Thank you, Tabitha. It's great to be here.

Tabitha: Lisa, we invited you to this webcast today to share your program's approach to recruiting and enrolling eligible children and families to receive Early Head Start and Head Start services. Lisa, we're wondering, is your program meeting its funded enrollment and how did you make that happen?

Lisa: Yeah, we definitely are meeting our funded enrollment. We have 385 Head Start slots and 76 Early Head Start slots. We have a wait list and we're continuing to add to that wait list. Our Early Head Start program started August 1st with full enrollment, and Head Start will start on August 30th.

Tabitha: Lisa, OK, so I'm curious. Your program started fully in-person services on August 1st. Let's take just a little detour for a moment and can you tell me what's your biggest lesson learned?

Lisa: Yeah, definitely. I think that one of the greatest lessons was that we really had to be creative and really respond to COVID in regards to recruitment because we had so many things changing in the past. We had been able to initially go out and do in-person and be in front of people and be with people. COVID changed a lot of that. We were unable to do that in-person face-to-face recruitment on the ground. We had to come up with different ways of getting the information about our program out and still maintain safety.

Tabitha: OK. That makes sense. Lisa, I know that last program year, you did not reach your funded enrollment. You knew early on that you would have to pivot and really think about a different way to recruit. Can you give us some of those strategies that you use? Because obviously they worked, so please share with us your approach.

Lisa: Yeah. Obviously, because of COVID we definitely had to have less enrollment for safety measures. We knew that we wouldn't have children that were returning as many as we had in the past. Some of the things that we did ... We start our recruitment really early. We started in January of 2024 our 2021 school year.

We had hired a specific ERSEA staff member whose sole focus was to be on recruitment. He contacted 250 various service agencies in our area, gave them information about our program, dropped off flyers

or recruitment material. He also went to local free lunch programs, dropped off flyers, talked with the folks that were there. This really helped us ensure that we were getting information about our program into the community. We also partner with our local school districts. Because of COVID, there was a lot of food insecurity and a lot of the school programs were giving out additional food. We ensured that we were at each of those mobile summer food pantries, and were able to give out information, talk with families if they wanted to talk with us.

We also advertise on Facebook, which was new for us. It was nice because we were able to identify the participant audience. That was definitely something new. We partnered with local community agencies that worked with the same families that we serve to provide additional information and specific enrollment dates just for their clients, which was very helpful. We also use some of the CARES Act funds to mail recruitment postcards to a mailing list provided by health and welfare. This list includes families that are receiving health and welfare services. We typically budget this two times a year, but with the CARES Act money, we were able to do this an additional time and reach an additional 5,600 families. The number of families who told us they heard about us through these postcards doubled than the previous year. That was a really great outcome.

We also identified a need for recruitment materials to be translated into Swahili and Arabic. We recently had these materials printed and they're in the process of being sent out to our partner agencies. We consistently look at our community needs assessment for internal data to look at language needs. Those change every year, so we have to look at that every year. Then lastly, we have two programs that are in the local schools. At these locations we run two inclusion preschool programs, one of our own location. The school district helps us recruit children for that program that are on an individual education plan. We always meet our recruitment around that 10%, which is another great strategy.

Tabitha: Oh my goodness. Many rich examples of partnering with community agencies. Lisa, I'm really interested in the seasonal, I guess you say a seasonal recruiter, that you hired to contact the 250 agencies, because I can imagine that you had staff really focused on a number of things. You hired this one person to really reach out. How did you pay for this staff person?

Lisa: Yeah. Great question. We were able to pay for that person through some of the COVID money, so the CARES Act, really because it was created out of that need ... like really needed to get on the ground and in there. In order to really get that word out and increase that enrollment, we utilize some of that money to help support that. The nice thing about it, it was already a staff person that we had that works through the typical school year. We have for our Head Start program, we do close in the summer. This was a current staff person already knew about the wonderful things that our program does. It was very easy for him to go in and talk about all the great things we do.

Tabitha: Wonderful. Lisa, I'm curious because, OK, so you got the word out, you told all the families, hey, we're open for business, we're providing in-person services. Did you have to do anything specific to help families feel comfortable with their child returning to in-person services?

Lisa: Yes. For last year, when obviously the heyday of COVID and everyone was kind of scrambling to figure out what they were doing, we really wanted to make sure that we let parents know all of the things that we were doing to keep their children safe. When we did the parents survey data from last year and the family survey data came back, one of the things that they said that made them feel comfortable was how much detail we had put in all of those safety measures that we were taking: wearing masks, hand washing, hand sanitizing, sanitizing of the toys, having different toys for each

classroom, the social distancing and the limiting in the classroom in the bus. They had reported that those things were the things that really made them feel comfortable.

We also last year had done a hybrid program. We had two days in and then two days virtual. A lot of the families said, even though COVID was really scary, that they wanted to make sure that they still had that social interaction and their children had that. They were really happy with at least having that opportunity. When we looked at how are we going to help families feel supported going back in 100% in-person services? We made sure that everyone we were talking with, we let them know all of our health and safety protocols. We made sure that they knew that we implemented those and that those would continue. We also talked to a lot of families about how they were feeling. How do you feel? What would make you feel better about coming into the program? A lot of them just said, I just want to know that my child's safe. We, again, talk to them about the safety measures. We also let them know that we're consistently analyzing our data to ensure that we are following local and state health procedures to ensure that their children are safe.

Tabitha: Wow. That's amazing. Lisa, how did you demonstrate those changes to parents? I know it's one thing to let parents know what you're doing to keep their child or children safe. How were they able to see some of those changes?

Angie: Yeah. Great question. Some of the things that we do is we have a couple of different ways that we communicate with parents. We have a platform, like an app that we communicate with them. We also have printed materials and email materials. We have access for them to look at kind of all of our different policies, procedures. We have a parent handbook that's available to them, both in electronic and also where they can get it printed. We definitely reiterate that. Like right now Head Start is not starting, but for our Early Head Start, one of the very first things that the education partners do is they will sit down with a parent and they will say, "How are you feeling? What comfortable level are you at? What would you like us to do in your home? Here are our expectations. This is our policies, but what would make you feel better?" It's really about a partnership of working together to ensure that everyone feels safe.

Tabitha: Wow. It sounds like there has to be a number of things in place. Just when you think about being fully enrolled, I hear partnership. I also hear being responsive. If their first language is Swahili, making sure you have information they can read about the program. They know about the program to even sign up for ... to receive services.

I'm wondering, Lisa, about the families that weren't served by your program last year. We know that COVID-19 created families with extreme need, so it could have been a child lost a parent or primary caregiver due to COVID-19, a family became homeless, a family was unemployed and was unable to tap into unemployment benefits. Were you in any way able to find those families?

Lisa: Definitely, for our community and every community obviously very different. Each program, we want to look at their community dynamic, but for us, a lot of the families in the community were experiencing food insecurity and experiencing homelessness. They weren't doing that before. We really targeted kind of those food box distribution areas, food programs, looked at our partners that work with helping families with food insecurity. We also worked with our local homelessness agencies and said to them, "What can we do? How can we get to these families?" We've done recruitments at the location, so coming to them to ensure that there is no barrier to them being in our program.

Tabitha: OK, great. What it sounds like is you created some new partnerships, but basically you revisited existing partnerships and you're saying, "Hey, we're still here. Please send some of the new families that you're working with, or this is what we're doing." Do you agree with that, that you really did revisit some of your current partnerships to make sure they knew that you were still receiving families?

Lisa: Definitely. The partnerships with the local agencies that we work with were pivotal in ensuring that we were enrolled but also pivotal to make sure that we were enrolling the families that needed us the most. All of those kinds of partners that I talked about earlier, like health and welfare, our local homelessness agencies are ... We have a refugee resettlement agency. We have two of them here in the Treasure Valley. We have worked with all of them even more than we had in the past to ensure that we're really partnering – like you said earlier, that word partner, if I could say one word for this year, it would be partner, partner, partner – just making sure that we are working together to ensure that those families, their needs are met.

I think the beauty of it too, is that not only does that help support enrollment, but it also supports the program. When you're looking for community resources for families, currently enrolled families, because you have such strong partnerships, it's easy to get those – or easier, I should say – to get those services to those families when they need it.

Tabitha: Lisa, in all your efforts within your program to identify families, you mentioned there are two refugee resettlement agencies or initiatives. We both understand that as the families change within your program, you bring in different races, ethnicities, various families from different backgrounds, just how has your program continue to remain responsive to families based on who they are, where they come from?

Lisa: Yeah, that's a great question. Well, first and foremost, the very first thing that we do is we look at our community needs assessment, and we do a community needs assessment update every year. What goes into that assessment is not just kind of the demographics and the data and the things from the community. But we also look at our parent and community partners data. We look at our internal data and our current events, which COVID was a big current event and really try to take that information and then we put that information into our selection criteria.

When we're going out and recruiting families, we are meeting the needs right in that moment of those families that need us the most and ensuring that we're getting those families that need us the most. Being able to assess all of that data and then look at that data – and then incorporate that into who we are recruiting – is one of our most successful strategies in order to ensure that we're meeting the needs of the community at that moment.

Tabitha: Lisa wonderful examples of data informed decision-making and being responsive to the needs of your community. Lisa, you have this platform, this national platform, and other grantees – they're listening and they're doing some of the same things you're doing. But because you've started already providing fully in-person services, do you have a word of wisdom or anything that you say, "Oh, I wish when we started this, someone would have told me X, Y, and Z." Any last words of wisdom?

Lisa: Yeah. Well, probably the biggest thing that we have learned as an organization, as a leadership team, as a community is to be flexible because things are changing so quickly, so fast that you really have to be able to pivot from one direction to the other and really not hold on to that need that you had

before. You really have to be able to change and switch. I think because of the impact that COVID has had on our community, on our nation, on our world, I think a lot of us have really had to learn that pivot strategy.

Especially for those of us in the Head Start and Early Head Start community, we were so used to a certain way of doing things. Sometimes change is really difficult, but I think just understanding that the more we can change and the more we can pivot and the more that we can direct those services to those families that need us the better the program will be. It's OK if that program wasn't identical to what you had in your mind, as long as it's meeting the need of the children and you're seeing great outcomes from those families.

Tabitha: Lisa, we have to end the discussion on that note. Certainly, very valuable words of wisdom. Thank you so much for sharing your experiences with us. We will now learn from our next grantee about the approaches they use to return to fully in-person services.

Lisa: Thank you.

[Video begins]

[Music]

[Video ends]

Tabitha: We are excited to introduce to you the members of the East Coast Migrant senior executive team. Joining us today is Christine Alvarado, Chief Innovation Officer; Javier Gonzalez, Chief Operations Officer; Steven Mayne, Chief Financial Officer; and John Menditto, Chief Legal Officer and Head Start Director. Today, we've invited East Coast Migrant to share with us their program's approach to keeping staff mentally well and also physically safe. We'll just start with the questions, Christine, and please share with us how your program identified staff mental health and wellness needs during the pandemic.

Christine Alvarado: Thank you, Tabitha. As way of background, we reopened for center based services in June of 2020. When we did that, we were asking staff to step into the unknown. We spent several weeks and months preparing to operate and with the best knowledge background from CDC, all of the states we operated in, but we knew we needed to provide a lot of extra support for our staff during this time. We're multi-state. We operate in 49 locations. We already have good communication systems in place, but we knew that these communication systems at the center level, at the state level and the corporate level needed to go into hyperdrive to make sure that our staff not only had the most current information because things were changing rapidly, but also to make sure they had reassurance.

When we didn't know, we shared with them, we didn't know. We will try to find out for you. Everyone needed reassurance. We needed to wrap our arms around each other during this really, really scary time to make sure that we were staying on mission and providing services for our children, whose families are essential workers and needed care.

Based on the information that was coming up from the centers, we knew that they were tremendously stressed – completely committed – but everything was more difficult from enrolling children, to changing diapers, to preparing meals. Everything was more difficult. We put into place three major

strategies to support staff as we saw them becoming increasingly stressed. Let me add that not only our children and families were experiencing stress and difficult situations, many of our staff come from the community that we serve. We're also a lot of difficulty, a lot of tragedy in their own families and communities, so we knew we needed to support them.

One of the most important strategies would be put into place the end of the season in our upstream, our northern programs with something called caring for those that care. At the end of the season, after again, tremendous dedication staff were stressed, they were exhausted, they were tired. We knew we needed to do something to help them process out the year. We developed this initiative that provided our staff with a day of wellness activities, and they got to choose what they wanted to do. It was a big meal. It could have been yoga. It could have been Zumba ... could have been mindfulness walks all facilitated by a mental health consultant. We also had mental health consultants available for a full day to do group sessions at any variation that the staff wanted to do and then an additional day and sometimes two days to do individual consultations with staff. I'm really happy to share with you that 39% of our staff took advantage of those into individual consultations. This is a community that isn't always receptive of mental health supports. We thought that that was a great, great success. Of that group, an additional 38% took advantage of additional support that we made available to them outside referrals.

We also provided two days of extra paid leave for center directors who were on the front lines every day, getting it done and told them go get a massage, go spend time with your family, but relax. That was really, really effective. We had great feedback, and staff were ready to come back to work after that. Another really important – not necessarily intervention, but an enhancement – that we did was for support for our staff in crisis and mental health supports on an ongoing basis.

We really ramped up our trauma informed practice, refreshed it. We made sure that all of our staff and all of our local leaders knew that they had access to a menu of resources from our insurance providers, mental health supports to employee assistance program, to local mental health consultants. and anything else that staff wanted to do. When we did have a death in the community or a difficult situation with families. We knew where they were happening because we kept data on COVID for every community where we operate. We really zoomed in on them and provided them with support and coordination for those efforts.

Another super important initiative we put into place was our respite week. When our staff were completely exhausted and hit the wall, we knew we needed to do something. Javier is going to share a little bit about this really important initiative.

Javier Gonzalez: Yes, thank you, Christine and Tabitha and Marco. Respite week was an innovative initiative that our leadership team took on in response to the feedback that we were getting from our centers – where our staff were also highly committed – were in need of a mental break. This respite week was brought on to our senior leadership was approved and implemented in a staggering manner to align this week with the local school systems spring break so that we would minimize the impact of our centers being closed on our families.

It would allow our staff to also have that time to reenergize, take a step back, take a deep breath, spend time with their families ... in some cases even mourn and the impact of COVID on their immediate or extended family. This was something that had never been done in the history of East Coast Migrant history project. It was very, very well-received. Great positive feedback from our staff that also they did

not ask for ... we knew that they needed. The feedback that we received as a result of that was very positive. We saw the difference at the return after that week, that staff were ready to hit the home stretch of the Florida season with a very ... much more energetic attitude.

Christine: It really helped them to refocus, and we do believe that it helped with staff retention as well. All three of these initiatives, we had great feedback after surveys and staff felt cared for. They knew that we knew that they needed our support. I would also add that our members of our senior executive team and other leadership in the organization, it was out in the centers to the extent that it was possible during this time fully masked geared up, but providing that extra support and listening to what our staff needed.

Tabitha: You know, Marco ... I need to ... Dr. Beltran, you know something that really resonated during this conversation was when I believe it was Christine ... She said we did something that we'd never done before, you know? It just speaks to the program being responsive. They couldn't do business as usual, but they had to be innovative in their approaches to making sure staff had the mental health supports, they needed to provide quality services.

Marco: It seems like you guys were on the same trajectory that we were on. I think from the office perspective, as we started to embark, and as we're trying to figure out what to do from the onset, we were really focused on mitigation strategies, right? What are those things that we need to do to like keep our kids safe in the classroom? That's what our focus, as it seems that as we started to move along in this process, you were kind of doing the same thing and you quickly realized that a big focus was that of staff wellness, which is what we realized. We had to figure out how to integrate mental health staff wellness into the conversations where we were talking about mitigation strategies as programs were returning to in-person services. There was a lot of alignment there.

I think one of the things that we try to do a lot as we figured that out was that in order to fulfill that, or in order to address that communication became a really key component. You seem to have done that with the communication reassurances and addressing this notion that staff were really stressed. You were trying to figure out how to do that. It was really treat by one thing though, although you were doing some innovative work, which I think was great.

You also kind of look back at what are those things that were working in the past and you figured out how to enhance them. I think your trauma approach work, which was one of those things that you knew worked for you, and then you looked at it and you figured out how to [inaudible] in order to move forward. I really appreciate it. I think that's one of those things that we, we kind of get lost in sometimes. Sometimes we start to try to look at the innovation and try to do something new and we forget that we've been doing stuff really well. It seems that you kind of honed in on those things that you were doing really well and figured out how to make them a lot better. Thank you for doing that.

I want to turn to John, John, can you describe the program's approach to vaccine outreach and promotion for staff

John E. Menditto: Marco, I thank you so much for the question. Providing center-based services, Marco, throughout the pandemic, raised many, many challenges. However, with the arrival of the safe and effective COVID-19 vaccines in the late winter and early spring, we were so optimistic that we were going to get back to a normal operating environment really soon. We did also know that there was going

to be reluctance on the part of some staff to receive the vaccine. We engaged in a very, very robust and intense public relations campaign to celebrate the opportunity to be vaccinated.

We asked all of our leaders throughout East Coast, especially our center directors to take images of themselves when they got their jab. Then, we posted it up onto our social media pages, which is one of our very effective communication tools. We shared those images through our internal communication environments as well. We took great pride in celebrating each individual vaccination event that occurred.

Despite our intense push, our vaccination rates, Marco, remained very low throughout the spring. By the time we got to our quarterly board of director meeting and our policy council meeting in late April, we were reporting to our board and our policy council that our vaccination rates for our center staff were 34%. That number at that time was lagging below even national averages for vaccination rates. In consultation with our board and our policy council, they asked us to really redouble our efforts to figure out strategies that would work to get our staff vaccinated. For us, what that meant was that we needed to mandate for all of our employees receive a COVID-19 vaccine, as individuals would have an opportunity to apply for an exemption to the vaccine, if they felt like they qualified for such an exemption, but otherwise, we would need them to apply to receive a vaccine.

Over the course of time, from May 24th to today, we went from a vaccination rate of 34% to a vaccination rate of 88%, which is something that we're very, very proud of. Now, we still have 12% of our workforce who are not vaccinated. For that, those staff were working on an individualized assessment of whether those individuals, based upon their job duties, based upon their risk of contact with our children ... Again, remembering our children cannot be vaccinated against COVID-19. We're making individualized assessments of whether those individuals will be able to keep their exemption or whether they'll need to transition to either becoming vaccinated or tremendously ... unfortunately, we'll need to transition to another employer where it's you know, they're where they would not be working with East Coast in the future.

All of these decisions that we've been made in this area have really been data driven decisions we've been making within East Coast every week, since the pandemic started, we prepare an analyzed on a county-by-county basis for every county in which we're serving children, the rates of COVID-19 spread. That gets circulated among our senior leadership team. We make decisions based upon that.

Right now, as I think probably most programs are aware as a result of the delta variant, many, many counties throughout the country – and certainly within our service areas – we're seeing extremely high rates of infection. Because of that, that's really driving this push that we've had at East Coast Migrant Head Start project to get our workforce vaccinated.

Marco: It seems that you figured out how to do something that we're getting a lot of questions about within the office. We usually get two questions is ... One, "Are we going to require vaccines from the federal perspective?" and then two, "Can grantees require their employees to have the vaccine?" I know based on what we're hearing from the field that this is a really extremely difficult kind of decision for grantees to kind of embark on knowing that there's going to be folks that are not vaccine confident to go out and get a vaccine, but it seems that you kind of laid out and you looked at the data and you really emphasize those things that were really important to you as an agency in order to maintain the health and safety of the children in your program. That's really ...

John: Marco, let me interject. I mean, one of the things that we've found and again, and some of this is from our senior leadership team has been in our centers. We've been talking with our center staff, talking with our center directors. We've been hosting virtual town hall events, where all our employees have had opportunities to engage with our senior leadership team as we've made this decision. One of the things that's been remarkable to me is how many of our employees who are not confident about the vaccine really appreciated our decision to mandate it to the field because that was the push that they needed to move this being on the fence about the vaccine. "Do I ... Should I take it or should I not take it to actually receiving the vaccine?" Then I know ... Javier, do you want to speak to the supports that we provided to our staff members in terms of paid time off to receive the vaccine?

Javier: I agree, John, thank you. I was going to, and some of the initiatives that have driven the push to the majority of our staff getting vaccinated is rooted in good communication, right? We have to have good communication systems to provide accurate information to our staff. By that we brought the voices of experts from the state level. We've encouraged collaborations with our centers at the local level, to the point where we have hosted vaccination events at each of our centers, our local centers have partnered with the health departments to prioritize our staff for the vaccine that we have a COVID guidance that is updated with the latest CDC and local health department that is distributed on a periodic basis to our staff. They have the latest information available to them. It's not just east goes migrant legal leadership giving these directives, but they're rooted in data. We've also provided opportunities for staff, the paid time to go get their vaccinations. We've allowed them paid time if they have secondary side effects and have to be out for several days as a result of getting vaccinated to facilitate and promote their vaccination among all the staff.

John: Marco let me ... [Crosstalk]

Christine: This decision was really difficult. What was difficult was the implementation. We know our children can't get vaccinated, and we have a responsibility to do everything we possibly can to maintain safe environments, and it's vaccines. It's also the only way we can protect staff who are working with unvaccinated children. Again, the difficult part has been the implementation and the highly individualized approach to working with staff. Our CEO, Maria Garza, all of our senior staffers center directors have been working with staff on an individual basis. We had several town hall meetings with staff who could ask questions. We had an idea what the themes were and worked with those names, worked with a physician from duke, worked with our state leadership, and really then took it to an individual level. It was so much work on the part of leadership at all levels to really get to where we are right now.

John: Christine, I just wanted to add: We've now transitioned with our vaccine promotion to really promoting it with our parents. We've partnered ... We had a virtual town hall on a with leaders from the consulate of Mexico and the consulate of Guatemala, who spoke to the importance of farm workers to receive the vaccine and the opportunities available to do that. That really is sort of the next phase of our vaccination protocol is really to promote it, the opportunity to become vaccinated with our farm worker parents.

Tabitha: Javier, Christine, Steven, John, and Maria, who was cheering from you, from her office. Thank you so much for sharing your experiences with us. We will now learn from our next grantee about the approaches they used to return to fully in-person services.

[Video begins]

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Tabitha: We are so excited to introduce you to two program leaders now worked for LULAC Head Start program. Mikyle Byrd Vaughn is the executive director and Kelly is the program manager. Now, today you will hear from this program about how they were able to pivot to provide virtual services and then pivot again, to provide fully in-person services. Kelly, I'm really interested to know more about how your program pivoted to provide virtual learning.

Kelly Davis: Sure. Yeah. When we were first temporarily closed, our staff were provided electronic devices so that they could work from home. Immediately, we worked with our nurse consultant as well as local health ... where we live ... and use the guidance from the CDC to create policies and procedures for our staff and our families. We worked with our policy council and our board of directors to make sure that we were in line with our current policies in place. [Inaudible] We were able to address all of the changes that needed to happen to make sure that we were being COVID-19 safe following the development of these policies and procedures with that technology that they were able to bring home.

We were able to have virtual meetings with staff and train them on all of the new guidance coming out for health and safety for our centers. Additionally, we were able to partner with the state of Connecticut and provide our children with tablets to bring home. This allowed our children and families to really be able to engage with their teachers through our website, through our parent engagement platform and social media, as well as working with our teachers in the Google classroom and through Zoom to do asynchronous and synchronous learning with materials that we were able to provide for our teachers and for our families. That included paint, construction, paper, musical instruments, and a variety of other materials that we could get for our families so that they could continue the learning at home, really as their child's first teacher.

Kelly: Additionally, we were able to open one to two days a week during the shutdown to provide our family with families with needed supplies, such as these learning supplies, bagged lunches, and food formula, diapers, and wipes for their families.

Tabitha: Thank you so much Kelly. Kelly, as you were sharing with us, the program's approach, I'm thinking about all of the grantees listening throughout the country, and I know many of them provided us similar services and resources. As you look to transition into providing fully in-person services, Mikyle, we're interested in knowing how did the program pivot yet again in order to do this successfully?

Dr. Mikyle Byrd-Vaughn: Sure. Thank you, Tabitha. We were close temporarily for four months initially at the start of the pandemic. Returning to in-person services, we initially started by having shorter hours to get to both our staff and our families more used to a structured day, again, being onsite. We started with shorter hours, and as the community need showed us and we assessed that longer hours were needed, we extended our hours to full days.

The other thing that we did is we designed classroom cohorts. We wanted to make sure that our teaching teams and our children stay together to prevent cross-contamination if there was a COVID-19 exposure and to make sure that together we can limit the amount of interactions from other groups and

make sure that we kept everyone safe, especially if we needed to contact trace. We purchased uniforms and PPE for our staff and putting masks, indoor shoes, smocks, face shields, and gloves.

Here's some of the masks that we purchased, including a clear mass for our infant toddler teachers as well – making sure that the children could see their faces – as well as gloves. We've listened to our staff, and these were the items that they recommended ... as well as were in line with the CDC recommendations and local health.

We enhanced our cleaning practices – as many Head Start programs did – including cleaning the toys more frequently, making sure that we didn't bring all of the toys out, especially those that would go into children's mouths ... and make sure that we clean our surfaces, our commonly touched surfaces, throughout the building regularly, throughout the day.

They purchased more toys so that we can rotate more toys in and purchased masks for all of our children so that it was not a barrier for families to return to in-person service, once masks were required for children.

We created mask breaks throughout the center, as well as the outdoor area. This is really important for us, including the break rooms, where they would take their mask off. We had plexiglass barriers as well as benches and things outside for staff to take – safely – a break, including a mask break, and included putting some chairs outside of the classroom and safe areas away from the cohorts.

We added sanitation stations, these cleaning stations, right at the entrance to all of our centers so that when families or children arrived, as well as staff arrived, we would go through not only just taking their temperature and asking them health and safety questions, but we would also make sure that they wash their hands before entering the building.

Our teachers as well also had indoor shoes. They would put their indoor shoes on or booties on to make sure that they did not contaminate the surfaces that were just made. We also modified our family style eating to make sure that we have more of a restaurant-style eating, where our children received individual food plates ... and again, limiting cross-contamination throughout the three or the meal cycle. At the same time, we still allow our teachers to engage and sit with our children ... just a little bit more physical distance throughout this very important time of mealtime, where literacy and language often happens.

Lastly, but most importantly for us, we surveyed our staff to hear what safety practices they wanted to hear us implement. From that, one of the most important things that came from this is that they recommended to have staff be tested, tested regularly for COVID-19 before returning to work ... that requirement that we put into place based on their recommendations and talking to our board and our health consultant was testing every two weeks. We've maintained that testing practice throughout the pandemic through June. We'll be implementing it again into the fall, but during the time that we've lapsed over the summer, our staff can still maintain testing because it really says to them ... it was the most effective safety practice we put into place for them to feel safe at work. It was important for us to keep that practice in place for them.

Marco: Thank you Mikyle. Kelly, one of the things you mentioned with your nurse consultant ... We haven't really heard any of the programs really refer to their nurse consultant, but it was one of the

strategies that we've been talking about to ... for programs to reach out to the childcare health consultant, if it's available. If they don't have somebody on staff who can help guide on kind of trying to figure out how to balance the state guidance with CDC guidance and with our Office of Head Start guidance. Based on everything that you said, Mikyle, you seem to have made that work, and that individual kind of helped you do that.

I'm really interested to find out a little bit more about how you did the change of how your changes impacted your staffing and your budget, but how did you address the testing pieces that relates to that.

Dr. Byrd-Vaughn: Sure. First, I'll talk about staffing and our budget we received ... and very fortunate. We really were grateful to receive the additional COVID supplements, the funding from the Office of Head Start, to put some of these practices in place ... these enhanced cleaning practices, the additional PPE, as well as the meal costs and the cohorts that we created to keep the cross-contamination low throughout the building. Those additional funds we utilize to enhance our budgets and make sure we could afford those safe practices and make sure our staff and our families felt safe.

In terms of testing, one of the things that we did for our staff is that we utilized for them ... I set up a system where there were testing sites throughout the city of New Haven where they could easily go and access testing, whether it was a local health clinic right next door to us, or if they wanted to go to their local doctor. We also add at-home testing sites as well, or testing kits that they could receive at home. We would cover the cost. Anybody had any type of a reason they could not afford. Although many of them, if not, most of them use their insurance to cover the cost of the testing, as it was covered since it was a requirement for work.

Marco: Thank you. Kelly, many of our programs are really struggling as they're trying to return to an in-person services. They're really concerned about the delta variant and kind of just looking forward. One of the questions we get is "If things change in our community and we have to do something different than what we're planning to do, what do we do?" It's a question that we kind of ... we're constantly thinking about. We're constantly asking, "What type of contingency planning, and what do you have in place if you have the COVID exposure and one of your centers?"

Kelly: Sure, Yeah. We worked really closely, again, with our nurse consultant and our local health department, along with the CDC guidance, to really come up with a plan so that if someone is exposed to COVID-19 – whether it's at home and outside of the center – that that person is required to quarantine for 10 days, be tested after three days, and then can return as long as they have a negative test. This procedure is the same for anyone who might've been exposed at our centers, the children and staff in that cohort, in that bubble that we were talking about before. They would quarantine for 10 days.

Again, this is per local health department. During that time, the teachers utilize all of those online tools to continue to keep that family and that child engaged within the LULAC community that we've worked so hard to really build both in person and electronically over the past year. It really allows the families to connect and feel supported and, again, engage those children and those families and those teachers altogether during some really unprecedented times.

Tabitha: Thank you, Kelly. You really outlining the blueprint for us and some of those strategies and approaches you use your program use to successfully return to fully in-person services. Mikyle, I'm

wondering if there are grantees listening to this conversation, watching this webcast, and they're thinking about some of the recommendations you made or some of the things you said your program did around cohorting or setting up sanitation areas. Some folk may be saying you know what? Space. Space is an issue. What did your program do? Did you identify new space? Did you move into a new building? How are you able to change some of these things or make space for some of these different approaches?

Dr. Byrd-Vaughn: For us, the first thing we did before opening our doors was assess our space. We knew with all of the additional PPE ... We knew all of the additional toys and supplies ... We would need space. We went into our classrooms. We went into our centers to identify what furniture could we move, could we relocate to make sure that there was essential? It would stay in the building, but at the same time, we would not necessarily need to be in a classroom the entire time, such as excess toys or those items.

We reassessed our space to make sure that our cohorts were able to socially or physically distance in their classrooms and still safely be with the children. We made sure that we ... We designed our outdoor area to make sure children and staff could take breaks outdoors in a safe manner with open area, open space, as well as [Inaudible] sanitation spaces or stations in areas that staff would not bump into them. We really did do an assessment on the area and made sure just based on our requirements making sure that the building itself is safe, but we designed it in such a way that breaks were encouraged and also could be done safely away from another cohort.

Tabitha: OK, that is extremely helpful information, Mikyle. Thank you for that. I'm also wondering about the cohorting. Not only did you look at your existing space to determine how to best use it in order to keep children and staff safe, but what ... Talk to me a little bit more about cohorting and how did you plan for that?

Dr. Byrd-Vaughn: Sure. Based on our staffing patterns, we have a head teacher and a teacher and a floater in our patterns or in our organizational chart, pre-pandemic. What we did during the pandemic was we designated ... Instead of floaters, we visited these designated, these staff as classroom assistants, and they were permanent placements into each classroom, creating a cohort – or what we like to call a bubble or a classroom team – that stays together all day. We were able to utilize these floaters in these permanent positions, and we continue to hire for them if we need additional staff. But right now, having a three placement in a classroom with additional funding really allows us to cover for breaks, vacations, and staff in a way that our families and our staff feel more safe.

Tabitha: Thank you, Mikyle. Kelly and Mikyle, thank you so much for just taking time to share with us how your program has pivoted multiple times in order to remain responsive to the needs of children, staff, and families. We will now learn from our next grantee about the approaches they used to return to fully in-person services.

[Video begins]

[Music]

[Video ends]

Tabitha: We are excited to introduce to you some of the key leaders with Head Start of Lane County. We have with us today, Tim, who is the human resource director, Valerie Haynes. She is the health and safety consultant, but the Head Start community called her the Head Start nurse. Now, we also have Marci Gaston, who is the Head Start and Early Head Start director. Thank you so much for joining us today. We're excited to hear about your program's approach to environmental health and safety. Marcy, I'm going to ask you to kick off the conversation and talk to us a little bit about how your program promote vaccination.

Marci Gaston: All right. Well, it's been a journey. We are at the point now – pardon me – where we have about 95 to 96% of our staff vaccinated. We really wanted to promote the mandatory vaccine policy for everybody who works in the agency, but we knew that it would have to be a process. [Laughter] I have wanted to have Tim and Val join me today to talk about what that looked like from the very beginning, when we first recognized how serious this pandemic was and how overwhelming it was going to be. We knew that we had to craft something a framework, if you will, for all of us to be able to follow so we could keep our staff and our families safe.

Tabitha: Marcy 95% vaccination rate is incredible. Tim, we're sitting on the edge of our city. We want to know about how your program was able to achieve it.

Tim Rochholz: Well, Tabitha it's really a group process. It certainly took a lot of people to make happen, working together, Val and I are a good team. We're very different. We have different skills, so we made it happen. Once I understood the importance of the seriousness of this by doing some personal and work travel in the airports, I could see how dangerous this was and went to work right away with Val – in the March of 2020 ... actually February of 2020 ... early March – to begin this process of a long process of keeping people safe. It started with “How do we work remotely?” because there was no vaccine back then. How do we have people work remotely? What's it looked like? What's the classroom supposed to look like? Being an HR director for about almost 40 years, I've written a lot of policies, but never ones that had to deal with something that was life-threatening, so we took it really seriously because we want all of our employees and children to be safe.

We develop policies. I've written out 20, some of them, many, many drafts of it over the last year and a half. When we knew last winter in – that'd be a winter of 2021 – vaccines were coming. That's when we really ramped up our work with our union and with the health community to develop something that we could all agree with to keep people safe. We developed that we had our executive board or powerless policy council, our union leaders, we all came together. We said, “We want everyone to be safe.” So, we agreed that everyone needed to be vaccinated. We go on science here. It had started Lane County, and some of our employees, of course, have different views of that. Val can talk about with many things she did to educate our staff so that we have this high vaccination rate.

Val Haynes: Is it my turn? My turn? [Crosstalk]

Tabitha: We want to hear from you. Yeah.

Val: All right. Well, it's hard to keep me contained with my excitement about the fact that we are 95% vaccinated. I'm an old public health nurse. I've been in this fight since 19 ... Oh, I don't even want to go back that far back before AIDS, HIV/AIDS was known to be a disease, I became a public health nurse, and I was in Atlanta, Georgia back then. This is not my first pandemic. This is my third pandemic. I am a

public health nurse at my core. I love working for Head Start of Lane County. I've been with the organization for 20 years, and though I could make more money other places, this is where I want to be. I absolutely love the work we do. I love working with these two that are on the call with me today.

We got to 95% vaccination through the work of everybody in our organization, from the parents to the, our executive director, Annie Soto, who I work for all those times. She recruited me. I love working with her, and her heart is in this. She wants to keep people safe. Our employees are the families we serve and the children that we serve. Right, as soon as we knew vaccines were available, I worked for Lane County Public Health as a volunteer, and I'm wearing my community with immunity T-shirt. I was working on this pandemic while working for Head Start from the very, very beginning. I'm known as vaccinator Val. Actually, my other ... My alter ego is vaccinator Val. I learned how to vaccinate long before the vaccines were even released because I was doing that with this part of the health care workforce in my community and my state. I started working with all of our agency about how we were going to do vaccine education. Our union was very involved, and our safety committee was very involved. Our parents were very involved. I work with parents that have medically fragile children and they were coming to me very early on going, "How can I put my child in classrooms and be safe?"

We've been operational with in-person classrooms since June of 2020, throughout the pandemic, and so we knew we could do that safe, but I knew it could be a lot safer with vaccination. We started vaccine education programs on February 1st. We first reached out to our full-day staff. We had vaccines coming available for educators and our workforce. Around that time, they had been made eligible by our state. Then, I did these vaccine education sessions. It always required six of us on the vaccine education sessions. We did them in this format, like with the Zoom. We did it in Microsoft Teams. and we invited any staff that were hesitant to please come and to get all of their questions and concerns answered, so that they could give informed consent, which is extremely important for something like this, before they would get a vaccination.

At the first session there, on February 1st, we had 14 staff. We have many more employees than that. Some just wanted to know when they can schedule their appointment, but 14 came, had a lot of questions. We did a session for about an hour and a half. Those were primarily our full day employees. Of those, all of them became vaccinated. They got their questions answered and they went on.

On February 4th, we had 32 people, because we broadened it out to the entire workforce. 32 came and ultimately, only one chose not to be vaccinated. That person is likely to stay unvaccinated, and we will work with that person in the way that we need to, and had very valid concerns. There's always some reasons for people not to be vaccinated, and that's important for agencies to understand. Then, on February 5th, we had 15 show up, and every single one of those took the vaccination ultimately.

We have a handful of employees left that still have concerns. We continue to work with them in a collaborative manner, and we will continue to work with them. I know that Marci is committed to that as well, as much as we possibly can, with the understanding that it is our responsibility to keep the children, fellow coworkers, and the families that we serve as safe as we can, and that we need to lead by example.

That's our process. I'm thrilled to share. I know Tim's thrilled to share. We would love to see Head Start programs at least try to learn from what we've done and be successful because all of us need to learn how to ... not convince ... bring people to the realization that vaccination is the right choice for them and their family.

Tabitha: It's interesting because you and Tim both talked about using information from different sources. What did your program do when there was conflicting information out there from maybe the government, local, federal? What was your approach?

Val: Well, that's why I'm so excited ... [Crosstalk] OK. This why I'm so excited about the process where ... I won't do the sessions without six people. It's myself included, and I will not stack it heavy with public health people because I got a big voice, and I'm going to give all that talk. Then, I actually recruited, amongst our employees, for my former employees that had been resistant to flu shot and Pertussis vaccinations in previous incarnations. I knew them, I'd worked here for 20 years. I am always able to reach people with the message of the fact that we work with medically fragile children and medically vulnerable people, and we need to keep them safe ... because everybody working for Head Start really has a social justice side to them. I wanted to make sure that those voices were there.

We don't have a very vaccine friendly community in Lane County, Oregon. If you could find us on a map, you'd find that there was vaccine resistance 10 years ago in this community. I was already familiar with that and that you reach people who are hesitant by finding other people who can relate to them to reach them. I have a star on my team named Bella, who I'd love to teach nationally, and she's very different than me. She is exactly what people need to hear. She is more passionate about this than I am, and so she and I team up. If she veers in a place where I'm like, "I'm not sure the science is right on that. Let's get this cleared up," we have a great time. I think our sessions are interesting. and that's what you need if you're going to reach people.

Tabitha: Oh, my goodness. I've heard so many pearls of wisdom. I loved when Tim talked about we rely on science. We pay attention to the science. I liked that you talked about leveraging the expertise and the influence of staff, but at the same time providing oversight, just to make sure the right information is getting out there. That is so key. I just want to transition to talk about the environment. What is your program doing to keep your environment safe?

Val: On top of vaccination? Is that what you mean? For in-person ...

Tabitha: Yes.

Val: For in-person services, yes. Yes. Actually, I just prepared a training based on the new guidance from OSHA on mitigating risk in the workplace related to COVID-19. We of course are going to use the layered approach that is recommended by CDC and OSHA in the workplace realm, and then CDC in the classroom realm. Vaccination, the first and most important key strategy, and then all of those other layered approaches. In Oregon, we just had a mask mandate come in as a state, back again. We didn't have a mask mandate for a while. I know that that's a political issue in some places. In a communicable disease nurse realm, that's not very political.

We need to go with what the science is saying as far as how to protect both vaccinated and unvaccinated. We really focus on the fact that the classroom environment has a set of unvaccinated little humans. We have got to do all of the things that you must do to protect those unvaccinated little humans. Until we have better mechanisms to protect them, that is our highest priority. Then, we have unvaccinated big humans that can make choices about that, but we have to always be clear in our communication about who's at risk, when they're at risk. That's our approach is to educate, educate,

educate ... make sure that mitigation strategies are in place in every place we operate – our classrooms, first and foremost, and then our office spaces.

Marci: And communicate, and communicate, and communicate. We do it in all sorts of ways. We do it from our portal. We do it with our posters. We do it on site. We talk about it in every single meeting that we have. There's always something about keeping each other safe and taking care of each other.

Tabitha: Marci, we have to end the discussion on that note because that really boils down everything that you and your team share with us today. Thank you so much for sharing your experiences with us. We will now learn from our next grantee about the approaches they use to return to fully in-person services.

Marci: Thank you, Tabitha. We appreciate it. [Crosstalk]

[Video begins]

[Music]

[Video ends]

Tabitha: We are excited to introduce to you Tanya Poteat, Head Start director with the Montclair Child Development Center. Tanya, today we'll share with our Head Start community your program's approach to supporting staff mental health and also retaining teachers. Can we start with, how does your program foster staff mental health and wellness?

Tanya Poteat: Thank you so much for this opportunity, and I would like to also thank the Office of Head Start in our region too for recommending us for this chance to share with you today. Everything that we do is guided by our mission. Our mission ... The three tenants of our mission is to embrace, to empower, and to strengthen. During the COVID-19 pandemic, we lead into our mission to do just that. Since no one had the PhD on how to respond to COVID, we immediately focused in on our staff and our families and our children as a whole. We thought to ourselves, "How do we approach this as a collective?" We recognized that our staff, just like our families, had challenges. They had the same challenges. Right? We're trying to figure out how to deal with our own children and our own families in this unknown called COVID. We recognize that staff was stressed and that they needed time, and they needed some relief, so we wanted to learn from them what they needed. That's the first approach to dealing with their mental health. We asked questions.

We immediately conducted a survey of our staff. We conducted the same survey of our families, and we asked the questions. How are you feeling? What are your needs? How can we help? What would make you feel safe at work? What are the tools that you need to do your job? What are some of the resources that you need to live, basically? Because at that point, as you may remember, we couldn't find toilet paper. We couldn't find Lysol. We couldn't find anything. Our staff was experiencing that just as our families were experiencing that. As we looked for resources for our families, we also looked for resources for our staff. That was our first approach to dealing with staff mental health and wellness.

I can elaborate, so I'll go even further. We knew that many team members felt isolation. They worked from home. They were separated from families. They were separated from friends. They were separated

from the faces of their team members that they would see every day at work, and so we know that that felt like a loss to folks.

As we surveyed, and we learned these things and as we saw these things and as we experienced these things, we said, "Well, what can we do?" First thing we did was we opened communication. We opened our communication systems, and we enhanced our communication systems for our entire team to interact with one another, via either the Google Suite, via Zoom, or via ClassDojo. We sent supportive messages, we shared resources, how to access food, how to access different types of benefits that you may be looking for, how to learn more about COVID, and when the vaccine became available, how to learn more about the vaccine and where to go. We then ... As a team, we decided ... What else could we do? We provided a day off, a paid day off, for team members during this time, unexpectedly, but just to say, "Thank you. Thank you for showing up for our children. Thank you for showing up for our families." We provided gift cards for lunch and gift cards for a holiday. Our HR director made random visits to our team members just to check in on their well-being because we could tell when staff wasn't engaged. We could tell when they felt a little bit separated.

Our HR director and our leadership team members, they leaned into that space and they visited staff, socially distanced. They sent notes to staff. They called. I called, just to say, "We care about you. We value you, and we want to make sure you're OK. Just as we're taking care of our families, you're our family, and we want to take care of you as well. We want our team to feel seen in all of this," because there was a lot of attention about everyone else. We wanted to make sure our staff knew that we see them and that we value them.

We put together a health and safety protocols manual. In this manual, which was for staff and families, we trained both our staff and our families on the new protocol system. When you talk about mental health, one of the things that as a team member that works with younger children, of course, you think about, "Well, how can I do my job if I can't touch, if I can't touch my early learner?" That impacts my mental health, by the way, because I want to embrace – part of our mission – our early learners. We put together our health and safety protocols manual, and we outlined things that people could do so that they could feel as if they were still pre-COVID. We provided them with the PPE tools, as everyone else did. Through our CARES funding, we provide them with the PPE tools. We provided them with a desk for our children that were movable ... indoor, outdoor desks and chairs that our children and our team could move in many different ways to create the separation, but the togetherness.

It was very interesting because one of the days, when I was walking through the site with my mask on, of course, I looked through a class window and there was a teacher and the students, and they had created this elongated table with all the movable furniture, and the children were playing ping pong as they were learning how to count. Again, that helped with staff mental health because again, children were learning, they were happy, they were smiling, they were engaged. You didn't feel that you were trapped into old ... I don't want to say old, but former protocols or former furniture. We were able, through the Office of Head Start, to buy furniture, new furniture that would allow us to create this separate, but together space for our team that was onsite. That was something that the teachers really enjoyed, the staff really enjoyed, and that we too really enjoyed and appreciated. For our team, we did not force anyone to return back on site that had fears or concerns or other situations that would prevent them from being onsite.

As I mentioned earlier, we surveyed. During the survey, we were able to find out the staff concerns and the family concerns. Then we matched areas where they could come together because we had families

that didn't want to come back, just like we had teachers that couldn't come back. We were fortunate that it worked for us because there were teachers who really wanted to come back. Because we live in the community that we serve, I would go on walks, I would run into my team and they would say, "Mrs. T, we want to come back. Can we come back?" I said, "We're working on it. We're working on it right now." We brought that team back, and they came back, and we practiced our safety protocols. That helped with their mental health. For our virtual team, because they were able to stay home and work remotely, we provided laptops in the like ... Again, CARES funding. Their mental health was impacted positively. Their wellness was impacted positively. Those are just some of the things that we did, and we did so much more in the mental health space.

Marco: Hi, Tanya. It seems to me your strategies really resonate with a lot of the questions that we have been receiving about how to address where we're at, how to address the needs of staff who are also in the same place as our parents. It just always seems that in any natural disaster, we know that our Head Start staff will just do. They just put families and children first and they just do. It's really great that you were able to realize that our staff were in the same situation as our families that we're trying to serve and our children, and we're just trying to do. I think building on your mission to embrace, empower, and strengthen. It seemed to me that it was really critical.

Then switching over to doing a survey and receiving that data to figure out what to do, but I'm really struck by your health and safety protocol manual because most people introduced that as a tool to just move forward. Sometimes it's introduced as burdensome. You took a strength-based approach to it. That became your critical tool to just build confidence. If people followed your training tool, your protocol, that they were able to do their job, but within the tool, I think that one of the questions that keeps coming up is, "How do we do our job if we can't do X, Y, and Z because of mitigation strategies?" It seems that you figured out how to do that, and you did that in a way that people felt comfortable, and let them to become with innovative strategies, such as the ping pong tables and using that to count, or the way that they set up the tables. Can you tell us about additional mental health strategies for your staff that you engaged in?

Tanya: Oh, yes. We are very fortunate to have a wonderful partnership with the Mental Health Association of Essex County, and that's in New Jersey. Through this partnership ... Really, they're more than just a partner. They are part of our MCDC fabric. When COVID hit, there was not a hesitation to what they could do and how they leaned in to help support our staff. On the onset of COVID, daily messages. At that time, we were using ClassDojo. We immediately pivoted to ClassDojo. They sent our consultant, partner, team member sent daily inspirational messages to our families, our children, and our staff, every day, on mindfulness, on how we need to practice self-care.

For our team in particular, she held weekly meetings with our team, anyone who wanted to come, and during those meetings, again, we did mindfulness sessions. We did a gratitude flag. We did art therapy in the sessions, tree of strengths. At the end of the year, we had a quilt made of the year, just of all the things as a team that we did during the year, so we have a virtual MCDC quilt.

This was an opportunity ... Well, a safe space, not an opportunity. A safe space was created, so that we could talk about how we felt burned out, how we felt anxiety, how we felt afraid, fearful, how we experienced loss. Then, it was a time for us to share, well, what things now are we doing to support that? Are we taking walks? I know for me, every morning I walked with my dog and that was a priority, and that helped my mental health every single day. Instead of separating it from the staff, I let the staff know. This is what I'm doing every single day. I'm lucky to live in the community where I work, so I walk

past both of my sites on a daily basis, and I waved at the staff, and then I came, and I leaned on him. We all had to do the things that we needed to do for our own mental health to get us through the day. With the support of our mental health partnership, collaboration, we learned the tools. We learned the tools and we made time for the staff to participate in those strategies.

It's one thing to say, "Well, here are your strategies. Now, you figure out when you can make it happen." No. "Here are the strategies, and we're going to look at this day together and prioritize mental health because we know that if our team isn't strong, they cannot support the students." We would say, "Be patient and kind with yourself first. Be patient and be kind with yourself first, so that you can therefore be patient and kind with others. Focus on the reason why we're all here, and we're all here because of our brilliant and beautiful early learners to make sure that they're OK, and so we have to be OK. Our mental health has to be OK."

We also have just a treasure on our staff. Our former health manager has been with us since 1968, and she is an angel, and she's always been an angel. During COVID, she said, "I want to contribute." I said, "OK, well, you cannot come on site, even masked up or anything. Let's think about what that might look like." She conducted weekly conference call inspirational sessions for our whole entire team. If you wanted to call in, you can. If you didn't want to call in, you didn't have to. But I will tell you that those sessions provided so much joy and relief for our team members and others because we had other team members in our extended Head Start family who were going through loss, sadness call in and just listen, just participate. Those things were very important to help staff mental health and wellness. Then, we have team members who feel more comfortable expressing and sharing in their home language. Forty-eight percent of our students are Spanish speaking and our staff is reflective of that, and so they wanted to speak in Spanish. We had a team member lead that session weekly, so that everyone would feel that they're seen. That they're seen, and that they're heard, and that they're valued, and that they're respected.

I can't stress enough of meeting people, being authentic in who you are when you're engaging with your team. Everybody, everyone, at that point, when COVID hit, we were all trying to find out our basic needs. Maslow's Hierarchy, we were all at levels one and two. Everybody. We needed to be able to engage in that way to be supportive of one another, so that we can get to actualization, so that we can get there. We had to be able to ... We're fortunate because we've been intentional about creating a caring culture. That caring culture just goes beyond the work because for us, it's not the work. It's mission. Anybody in Head Start space knows that the work that we do is mission driven. Therefore, with our team, it was important for us to hear them, see them, and then react accordingly.

Marco: Once again, mission driven. Embrace, empower, strengthen, right? I've got your mission down.

Tanya: Embrace, empower, and strengthen. Embrace, empower, strengthen. Yes.

Marco: I know that the folks who are listening can really relate to being patient and being kind with yourself first, and I think that's a very, very powerful message that you're sending. The fact that you, once again, took that data, that approach, and looking at the survey, and we're able to match. Even the story that you had with your health manager, you basically matched where she was at in her desire to want to contribute and figure out a way that she can still be able to realize that her strength as what she's able to offer, but then be able to contribute to the staff and the families. I think that that's a really nice approach. That is a great example of caring culture, which is something that you mentioned. Can you tell us a little bit more about, did your mental health support influence staff retention?

Tanya: Yeah. As I shared earlier, we definitely used a multifaceted approach to mental health and wellness. This year, as opposed to in 2020 ... This year, our attrition rate was less than 5%. In 2020, it was about 14%. We didn't lose a lot of staff during COVID, and we are very happy. I will tell you that during our exit interviews with the team that did leave, everyone says, "We didn't leave because you didn't care. MCDC cares. I will always be MCDC. We left because either we got another opportunity that will advance our career, but we love what MCDC did, especially during COVID, because you never forgot about us. Everything that you did, be it with the Mental Health Association partnership, with the paid time off, with allowing me to have the space and flexibility to take a moment when I needed a moment, whether you allowed me to have evening meetings with my parents, because not only did that work better for me. That worked better for my parents too, to meet with them on the weekends, to meet with them in the evenings. You didn't force me into a box when there wasn't a box at that point."

Everyone says that it's the support, and that was given, but it's because we love MCDC. We love what we do, and every day, we have to actualize embrace, empower, and strengthen. We can't just do it out there. We have to do it in here. We have to do it in the collective. The collective has to be supported, and embraced, and strengthened. It definitely did help, the things that we did during COVID. I pause because these are things that we plan on doing as we move into the 21/22 school year. Mental health is a priority, so we've already factored in mental health and wellness days, mental health and wellness activities that we plan on doing with our staff, bringing resources in virtually for our staff to really focus in on mental health and wellness. A few years ago, we did a green challenge with the team, where we all try to lose some weight, and we did yoga, and so those are all the things that we do that we were already doing.

COVID gave us the opportunity to lean in a little bit more and to look at it differently. I'll tell you, Zoom, and Google Meets, and Microsoft Teams, and all those things gave us an opportunity to come together, all of our centers. We have three centers, as was shown on the introductory slide, and we have a classroom that's part of a partnership with the Department of Education. We were able to bring everyone together. Do you know what beauty that is to say there are no walls? Bringing everyone together to talk, to share, to engage, that's what we were able to do during something that was horrible. Just imagine what we can do as we move beyond this time because we're just stronger together. We're just stronger. We're stronger with our families. We're strong with each other because of some of these things that we leaned into a learned about or just decided to do.

Tabitha: Tanya, thank you so much for sharing with us so many aspects of your caring culture. What we heard was that you were able to fund this culture. You provided guidelines in order to actualize this culture. Personally, I'm full. I'm full right now because of all of the strategies and the approaches that you shared with Dr. Beltran and myself today. Dr. Beltran, do you have any final words before we wrap up this discussion?

Marco: No, I appreciate your messages. A lot of them that are sticking with me. First, be patient. Be kind to yourself, and then I'm living your mission. Embrace, empower, strengthen. Those are really nice. I think you gave us a lot of really nice things to think about and just figure out how we move forward.

Tabitha: Yes. Tanya, thank you so much for sharing your experiences with us. We are so excited about your work.

We are also extremely excited about the work of every single program. Thank you so much for hanging in there with us today. We hope you have pages of notes from the session. Now, just a reminder, we will

send all registrants the webcast recording tomorrow. We captured your questions for the featured grantees. I read questions such as, "Did you lose any staff from requiring the vaccine mandate? Do you have challenges hiring staff? What will you do for the home-based program option once we are experiencing cooler weather and meeting outdoors may not be an option?" Your questions along with new questions will be answered on September 9th during our bonus live Q&A with showcase grantees.

A very, very special thank you to our featured grantees, and thank you Head Start community for joining us. You are extremely courageous. We encourage you to stay well, and we'll see you on the 9th of September. Take care.