Head Start Forward: LULAC Head Start

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 takes – 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.