

iLookout for Child Abuse

A Mandated Reporter Training for Head Start Staff

Nancy Topping-Tailby: Let's get started. Next slide, please. Here's what we are planning to cover for you today. We intend that as a function of watching today's webinar, you will be able to define the role of a mandated reporter in Head Start and Early Head Start programs, as well as any other early care and education program that you may be working in.

We will describe how to access the Head Start iLookOut for Child Abuse course on the Individualized Professional Development Portfolio or what we call the iPD. This course is appropriate for Head Start and child care users. We're going to cover and help you recognize possible signs of child abuse. Then we're going to show you some resources where you can learn more about this topic.

Next slide, please. We're going to do a couple of polls before Dr. Parikshak introduces all of our presenters because we wanted to find out a little bit more about what brought each of you today to join us and what you're hoping to get out of today's webinar. We're interested in knowing and you can check all that apply.

Do you work in Head Start? Early Head Start? Do you work in a child care setting? Do you work in a public pre-K program? Are you working in a home visiting program? You can choose as many as apply. The numbers are going up, and I'll share the results with you. This is the first of three polls that we have. I'm just going to give it a moment until it looks like most people have had a chance to respond.

Thank you all for participating. It's so great that so many of you are sharing this information. We really wanted to know who is joining us today so we had some idea of who we were reaching. OK, let's share the results.

You can see that most of you are coming from a Head Start or Early Head Start program. About 10% of participants are from the child care community. Glad to say we also have folks represented from public pre-K and we have a number of home visitors. Thank you very much. Let's move to the next poll.

This is a very long poll so I'm going to just give you a heads-up right away that you need to scroll because there's about 70 choices that you can choose from. You can choose multiple choices because we know sometimes people wear multiple hats, right? Please choose the role or roles that best describe the work that you do in your program where you're located. You can choose as many roles as are appropriate for the work that you do with children and families.

Thank you again for participating. We really were trying to ... and eager to see who we were reaching in our audience today so I'll just give it a few more seconds. It's a large crowd. We're almost a little under 2,000, so it takes a minute for people to register. Thanks for your patience.

I'm sure that more people are still wanting to log in. But in the interest of time, I'm thinking we should show the results. Apologies to anyone who didn't get an opportunity to respond. It looks like almost a fifth of you are classroom teachers. That's great. We also have center-based child care providers here, family child care providers, home visitors, directors, other administrators,

program manager. Now I need to scroll on my own screen because I can't see the rest of the results without doing that.

We also have folks represented from disability coordinators. We have some who didn't identify a particular role. We have some mental health specialists here, a number of family engagement or social workers. We have some health care providers, which is exciting. Some federal staff, state or tribal agency representatives. We have some licensors and TA providers and consultants. Thank you very much. All right. Our last poll.

Why did you register for this webinar? Again, check all that apply. There may be other reasons that we didn't include here, but we wanted to pick these three because we thought that probably these would speak to some of the motivation that many of you had for choosing to spend an hour of your time with us today.

OK. Let's share the results. I can't see the results. I lost them, so I don't know why I can't see them. I don't know if others can see them, but what I will say to you is that what thrilled me about what you told us is that most people, more than four-fifths of you, were here because you want to know more about how to do the right thing in reporting child abuse and neglect.

Another topic of interest was to get additional professional development time, clock hours. Some of you also chose fulfilling your role as a mandated reporter. But the vast majority of you, hands down, chose you want to be sure you're doing everything you can to prevent child abuse, and that's what we want for you too and that's why we're doing this webinar today. You can take the polls down. Thanks so much, Kate, for that.

Next slide, please, Olivia. Now it is my pleasure to turn the webinar over to Dr. Sangeeta Parikshak, the behavioral health lead for the Office of Head Start. Sangeeta?

Dr. Sangeeta Parikshak: Thank you, Nancy. Can you hear me OK?

Nancy: We can.

Dr. Parikshak: Great. I'm coming to you all from Washington, DC, where we're having a home renovation done. I'm sorry for any background noise that you may hear, but I'm super excited to be here with you today. I'm a senior program analyst at the Office of Head Start and co-federal project officer for the National Center on Health, Behavioral Health, and Safety, as well as the lead-- I lead the early childhood behavioral health work at the Office of Head Start.

I'm joined today by Dr. Benjamin Levi. Dr. Levi is a philosopher and practicing primary care pediatrician at the Penn State College of Medicine Children's Hospital. His scholarship is focused on conceptual and applied aspects of both medical decision-making and protecting children from abuse. For many years, Dr. Levi has taught bioethics and conducted clinical ethics consultations and he's the founding director of Penn State Center for the Protection of Children.

Also with us today is Sarah Dore. There she is on the screen. She is director of learning and development and serves as the primary contact for iLookOut for all main child care programs and providers, and leads the content development for iLookOut projects. She is a research and curriculum development specialist who has an extensive background in child welfare. She has worked with Dr. Levi on the iLookOut project since 2016.

We have some polls coming up here on my screen. I don't know if other people are seeing that popping up.

Benjamin Levi: Yes. Yeah, the polls, I don't know. There seems to be something out of control with the polls.

Dr. Parikshak: All good. I just want to say that it's been such a pleasure partnering with Benjamin Sarah and Penn State Center for the Protection of Children to make this course available to all adults who work or volunteer in a Head Start program or early childhood program. The iLookOut project provides evidence-based courses to help promote child well-being, particularly as it relates to child maltreatment and its consequences. We have worked hard together to incorporate the Head Start Program Performance Standards and materials from Head Start's National Centers into this training to create a course to meet the needs of Head Start administrators, staff, and volunteers, which can be used broadly across child care programs.

iLookOut was designed by a multidisciplinary team of experts in child abuse, but also in early childhood education, mandated reporter training, law, and child advocacy just to name a few. It's sponsored by the National Institute for Child Health and Human Development, or NICHD. I really want to thank NICHD for their incredible partnership in this work, as well as Penn State; the National Center on Health, Behavioral Health, and Safety; and the National Center on Development, Teaching, and Learning for making this vision a reality for us. Next slide, please.

As you all know, keeping children healthy and safe is fundamental to the tenets of Head Start. And we have the data to show why addressing child maltreatment in early childhood is so important. We know that young children between the ages of birth and five experience higher rates of maltreatment, and children three and younger experience the highest rates of abuse. We also know that nearly 50% of child deaths from abuse affects children under one year of age.

Federal law says that each Head Start program must reserve at least 10% of their enrollment for children with disabilities. We know that children with disabilities have a greater risk of maltreatment compared to children without disabilities. Head Start also serves children across the country, including American Indian and Alaska native children, who have the highest rate of victimization, according to a Children's Bureau data report that just came out in 2019.

Everyone who works as a staff, consultant, or contractor in a Head Start program is a mandated reporter. The Head Start Act stipulates that each Head Start program should be assigned a teacher who has demonstrated competency in a variety of areas, including establishing and maintaining a safe learning environment and supporting the development of relationships between children and their families.

Therefore, it is imperative that early childhood staff who work in Head Start programs are trained in how to keep children safe and how to work collectively with parents in order to ensure that this goal is met both in the program and home environment. Providing a mandated reporter training is really going to, I think, help move the needle forward in this work, and I'm just so thrilled that so many folks have joined us for this discussion of this training today.

We have on the screen here the Head Start Program Performance Standards, and it's just kind of a reminder for you all that this is in our standards. You can find this on the ECLKC. But I also want to point out that one of the reasons why it has been difficult, I think, to have a national mandated reporter training for all early childhood professionals is every state recognizes different types of abuse that must be reported to child protective services. It is based on the Child Abuse Prevention and Treatment Act or CAPTA Federal Law definition for child abuse and neglect.

That definition, I think, is important for all of us to know. It states that, "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act, which presents an imminent risk of serious harm." It's a very broad definition, but I think it's a really good place for us to start and just kind of remember where we're coming from.

What I really like about the training that you're going to hear about today is that it takes into account the CAPTA definition, but it also takes into account the Head Start Program Performance Standards safety practice requirements. Those requirements state that, all staff and consultants follow appropriate practices to keep children safe during all activities. Those are sections such as reporting of suspected or known child abuse and neglect. It is also about safe sleep practices, appropriate indoor and outdoor supervision of children at all times. I know many of you know about the active supervision work that we've been doing. And also, making sure that you only release children to an authorized adult.

Our standards really broadened kind of that CAPTA definition. I wanted to make sure that we were able to incorporate that into the training as well, in certain ways. The standards also require programs to provide safety training on recognizing and reporting child abuse and neglect. Next slide, please.

Under the Head Start Personnel Policies Standards of Conduct, Head Start programs are also strongly reminded that staff, consultants, and volunteers are prohibited from engaging in corporal punishment, emotional abuse or physical abuse, or humiliation of children at any time. Sometimes this happens unintentionally, but it does happen across the country in child care programs. We want to make sure that we address this and that we talk about this very openly in how to ensure that this doesn't continue to happen. Disciplinary action towards children cannot involve negative strategies such as isolation, the use of food as punishment or reward, or the denial of basic needs. Next slide, please.

As I mentioned earlier, everyone who works as a staff consultant or contractor in the Head Start program is a mandated reporter, legally obligated to reporting suspected child abuse and neglect to the appropriate state child protection agency. Keeping children safe and providing responsive caregiving to nurture children's physical and emotional well-being is a huge responsibility, and we know this, which is why the Office of Head Start is so pleased to be able to partner with Penn State to offer the iLookOut mandated reporter training.

And with that, I'm going to turn it over to my colleague, Dr. Benjamin Levi. Please, take it away, Benjamin.

Benjamin: Thank you so much Dr. Parikshak. Why don't we go ahead and do the next slide, please.

I'm here with Sarah Dore, who is the director of learning and curriculum for the iLookOut for Child Abuse program. We are based out of the Center for the Protection of Children here at Penn State, here in the land of chocolate, Hershey, Pennsylvania. It's a pleasure to come to you today. Next slide.

We've had a broad team that has brought this to you. Sarah has worked tirelessly with Sangeeta and her colleagues to really make this training, this learning program, appropriate for this audience. What we're going to talk about in the next about 10 minutes or so is the why, the who, the what, and the how of this program; how we hope it will benefit you; who ought to take it; what insights it offers; and at the end, how you actually access this. Next slide, please.

Let's start with the why. As Sangeeta mentioned, everyone on this call is a mandated reporter. Those of us who work with and care for children, we have a profound responsibility to protect the children that are under our care. That is our primary responsibility and it's the foundation for actually helping them flourish and helping them grow.

iLookOut, on its face, is a mandated reporter training program. It provides information about the types of abuse, facts, consequences, what are risk factors, what are indicators, how do you approach this. But we've tried to make this not just more real, but more developed for the audience by helping people think more critically about the things they see, about what makes something reasonable suspicion. How do we respond to the situations that we face every day?

The things on either side, things that are clearly abuse or clearly not abuse are relatively straightforward to recognize and often respond to – not always. But there's a lot of gray in the middle, and we're often faced with a lot of uncertainty. In addition to talking about signs and symptoms of abuse and your role as a mandated reporter, we want to include also how to process information and how we can best support children and families that are struggling or are at risk. In so doing, recognize that they're often a broad array of cultural factors that we need to take into account and that what on its face may seem very concerning with some additional information, may be very understandable, and vice versa.

We focus on young children because children below the age of 5 are the most vulnerable for child abuse. We know that three quarters of deaths from child abuse occur in children four years old or below. The youngest don't have language. They can't run away. They can't defend themselves. As early childhood professionals, you, we, are situated to protect them in ways that perhaps very few people can.

Early childhood professionals may be the only people outside a child's immediate family who see them on a day-to-day basis, who have a relationship and understand the family dynamics. We know that roughly 10 to 12 million children in the United States are cared for by early childhood professionals, and that provides a ripe opportunity for this population, for you to do everything we can to appropriately protect children. Next slide, please.

Child abuse, as many of you know, is not isolated to a particular slice of society. It occurs in almost every family that is extended, in every class and every race and every culture. People,

who are good people, sometimes hurt their children, often unintentionally. There are different kinds of abuse, but the incidence is really almost pandemic.

There are almost 700,000 cases of confirmed abuse annually. The research suggests that the true number is really two to three times that. In addition to physical abuse and sexual abuse, there's neglect, there's emotional abuse, there a variety of these things. And they have both immediate and long-term effects. The ones that are immediately, we know. These are broken bones and bruises and inability to grow appropriately because children not getting enough food or they're not getting the kinds of shelter or clothing they need.

But long term, these effects are even greater. Psychologically, behaviorally, the impact of child abuse in early years extends throughout people's lifetime. It results in depression. It results in anxiety. It results in what are called externalizing behaviors when people act out to deal with the trauma that they've experienced as children.

These societal costs are large. It's been estimated that the cost to a given individual over the course of their lifetime is about \$800,000, and that between the social costs and the medical costs and the court costs and the downstream effects in terms of depression and crime and absenteeism from work, that it's over \$400 billion per year to American society. Next slide, please.

As Sangeeta mentioned, everyone who is associated with Head Start is a mandated reporter. We've done our very best – and Sarah has really spearheaded this – to adapt our existing iLookOut program to meet the best standards within Head Start and to address Performance Standards as they exist within sort of the training and the policies of Head Start. We've tried to provide important contact information for you, recognizing that we've created a program that is general, that is not state specific.

We've tried to speak to the needs of all early childhood professionals throughout the United States while recognizing that we cannot, in this single training, provide all the information that you need because state to state, there is variation. What counts as abuse will vary from state to state. Certainly, who you contact, what approach you take, what is the time frame in which you need to do to take certain steps ... That will also vary from state to state.

We want to be ... We're trying to strike a balance. All mandated reporters need to strike a balance between, on the one hand, protecting all children, and on the other hand, not unnecessarily or inappropriately reporting children to child protective services. We know that child protective services and child welfare in general is under-resourced. We also know that there are challenges within child welfare to accommodate the diversity that is America.

We're trying to find that balance between reporting all children that need protection and not reporting every child on whom it's possible, theoretically, that abuse occurred. Because the more you know – and one of the things our training I think helps explain – is that a lot of things could be child abuse. The question becomes, how do we figure out when we've crossed that threshold into reasonable suspicion that it's our job, it's our legal responsibility, and our ethical responsibility to report the possibility that a child has been abused?

Because if you report everything – when in doubt, report – we're going to inundate a system and it's hard to separate the signal from the noise. The goal for our training is to help you identify what is the signal, what is the noise, and how you navigate that gray that often occurs. Next slide, please.

To do this, we aim very strongly to treat all learners like adult learners, that you come with knowledge and experience. We're not trying just to throw information at you, we're trying to demonstrate and model how one approaches these complex situations. To that end, we've created an interactive storyline in which you meet various characters.

The one you're seeing on the screen now is Elisha. Elisha is the mentor. I'm going to play you a clip in just a moment here. She walks you through, really, two days of a scenario that involves a young woman named Megan, who is a former mentee of hers. Why don't we play the clip and then I'll just explain that a little bit.

[Video begins]

Elisha Graham: Hi. I'm glad you're here. I just got a concerned phone call from Megan, who was a student intern at my child care center. She now works at a place not far from here, and is really concerned about a case of possible child abuse. I'm on my way now to see her at a local coffee shop. If you come with me, you'll have a chance to learn about how you can protect children from abuse.

I'm sorry, let me back up a minute. I know we don't know each other very well. My name is Elisha Graham, and I have been working in child care for over 25 years. I've worked in family child care and Head Start for a few years as a state child care liaison and consultant, as well as several other positions. But right now, I'm a center director, and part of my job is to mentor others in the field because I think that mentorship is one of the most valuable things an experienced person in this field can do. OK, we've got to get going.

[Video ends]

Benjamin: All right. so I think it stops there. What happens in the course of the learning program is that you accompany Elisha, you meet Megan, you meet – Megan tells her story directly to Elisha, but also through flashbacks. You see the children, you see their parents, you see the child care facility where Megan is caring for children, and you learn with Megan from Elisha sort of what kinds of questions to ask, how to respond. There will be handouts and other information I'll share with you in just a moment. but the goal is to really give you a learning experience that you find valuable. Next slide, please.

Elisha: But before we leave ...

Benjamin: What the learning program sort of entails sort of from a substance standpoint is presenting you, helping you understand what are the common signs and symptoms and factors related to child abuse that includes handouts that – you can print, you can download, you can share electronically – help you as a learner develop your skills for how and when to gather information. As mandated reporters, our job is to report. It's not to investigate. Only the government has the right to investigate.

On the same token, we need to have enough information. If a child comes in and says, "My father beats me every day," it's incumbent on me to know whether he means in chess or with a stick. Because if it's with chess, I don't need to be reporting this.

Part of the goal of the program is to help you understand how to ask better questions. To that regard, what are the questions that need to be answered so that you can figure out what counts as reasonable suspicion. Reasonable suspicion is the umbrella term for the 11 different statutory thresholds across the United States that range from reasonable belief to reasonable cause to suspect to a whole range of others. But this idea of reasonable suspicion is really the key for when you cross that threshold, it's now time to report.

For many people, reporting can be a very stressful matter so iLookOut also tries to help prepare you for making a report, to understand what it is you'll be expected to provide in terms of information when you call to make a report, and we also give you some worksheets and other materials that will help you write those things down so that the experience of actually reporting is not particularly stressful.

As I've alluded, for us, one thing that's really key in this training is to help people really build their critical thinking skills. That's both in terms of understanding the child and understanding the family and understanding when risk rises to the level that we need to take action, but also thinking more broadly about what kinds of actions should we be taking. Is the right action here that we need to be supporting a family? Is the right action that we need to be better understanding the cultural dynamic so that we really get a better sense of what's going on here?

These cultural and other social socioeconomic factors are important because it's very easy for us all to make assumptions about people who are different than us, whether it's because they're experiencing poverty or they speak another language or they just come from a different background than us. We work as human beings by making assumptions about other people, and often those assumptions are correct, but sometimes they're not. If what we're doing is trying to protect children and to help families flourish, we need to really be sort of reflective about what those assumptions are and when those assumptions are appropriate and when they're not. Next slide, please.

One of the key things we really focus on is this business of question asking and looking deeper. The children you see here are the five children who you follow in the course of the learning program. In this instance, you see Megan to the right, and you as the learner have the opportunity during sort of discrete learning modules to click on any one of these children and to get more of their back story. The premise being that if the more we understand about a situation, arguably, the better decisions we'll make.

We want to both provide that information so that as you go through the training, you make good decision, but also you cultivate that habit of thinking, of reflecting, of asking the right questions. Usually, those questions are of ourselves. Sometimes they often involve our colleagues. And sometimes, occasionally, they involve asking questions of children in their families. Again, we have to be very careful not to be investigating. By the same token, if we just

stand back and make assumptions, oftentimes those assumptions may be wrong. Next slide, please.

I'd like to hand this back to Nancy, who is going to talk about various resources within Head Start and its affiliates, and then we'll come back at the end to address some questions.

Steve Shuman: Nancy, are you able to join? This is Steve.

Nancy: I am, but I don't know if you can hear me. Can you hear me, Steve?

Steve: We can hear you. We can't see you, but we can hear you.

Nancy: OK, so I'm just turning on things one at a time. Sorry for the delay. I am having some audio technical issues. Thank you very much, Benjamin.

We're very pleased that right now, for the first time ever, there is a single place to go on the ECLKC within the health portal – actually, within our safety practices – where we've been able to curate all of the various child abuse and neglect resources that have been sprinkled on the ECLKC, but not put together in one simple, one-stop location, if you will. Next slide, please.

I'm showing you some of what is in this collection of resources on child abuse and neglect, again, in our safety practices. You'll see here some of the Head Start requirements for staff and consultants that Dr. Parikshak, Sangeeta, referenced earlier. And then, this is where you'll find the information about the iLookOut course. You can go directly to the course, to the iPD. But if you want to, you can also find more information here about the course with a link which you'll see is the first orange arrow, with the link to the Individualized Professional Development portfolios. If you click on this link, as we'll show you in a moment, you will be redirected to the iPD where the course is actually housed.

There is a Head Start FAQ on iLookOut for child abuse that will also give you information about, which is the right course for you. And that will depend on whether or not you are living in Pennsylvania or Maine and are interested in the state specific version of iLookOut, not the Head Start version that will meet the mandated reporter requirements in your state. Or whether or not you want the Head Start version because you want to take the Head Start version and you are not a resident in Pennsylvania or Maine. And then, it will also give you information about how to find out if the Head Start course may meet the requirements in your jurisdiction. Next slide, please.

When you click on the link and you're redirected to the Individualized Professional Development Portfolio, this is where you'll land and this is what you're going to see. In order to access the iPD and the course, you need to have an ECLKC account. You'll have an opportunity, when you get here, to either join the ECLKC as a registered user, which will give you access to the course and all of the other wonderful offerings on the iPD.

Or if you are already a user, then you'll be able to log in. Once you log into the iPD, you will be directed to be able to find the course. Once you're on the site and you're looking for the course, you can locate it because it is listed under New Courses, as well as courses that support health and mental health topic areas. Next slide, please.

Our colleagues at the National Center on Development, Teaching, and Learning were very helpful in partnering with us on this whole project. It's been a partnership of many, right, Sangeeta? Actually, one of the folks from the iPD, Brittany King, is here today, and she has recorded this great video, Getting Started with the iLookOut for Child Abuse Course.

When you actually log in to the course, once you get onto the iPD, you will have to watch this video first. But we really want you to watch the video because as you've heard, there are a couple of different options available, and we think that this information that Brittany and her colleagues at DTL have put together will answer some of your questions about next steps. If you're not sure which is the right one for you, please watch this video first and then you can get started. If you have additional questions, we'll tell you in a moment where to direct them. Next slide, please.

It's now my pleasure to turn it back over to Benjamin and Sangeeta, who are going to do some Q&A to answer some of the questions that we think are probably top of mind for many of you. We've been answering questions in real time with help from Sarah and others in the Q&A, so please continue to put questions in the pod. But I'm going to turn it over, at this point, to Sangeeta. Next slide, please.

Dr. Parikshak: Thanks so much, Nancy. We've pulled together kind of some commonly asked questions, sort of anticipating maybe what you all may want to know. I'm going to start with this first one, and I was really ... As we started at the beginning of the webinar today, the poll, hearing that so many of you are here because you want to do the right thing ... But we also know, as we've talked about, that you're a mandated reporter. I just want to make sure that we're very clear about whether or not the Head Start iLookOut training will meet the mandated reporter training in your jurisdiction.

Benjamin, can you help us with this?

Benjamin: Thanks, Sangeeta. It actually starts with the hardest, one of the harder questions. Because many states have specific state requirements, so in Pennsylvania, for it to qualify as a state approved mandated reporter training, it has to include a whole bunch of things that are very specific to Pennsylvania. The Head Start version of iLookOut actually does not meet the state requirements for Pennsylvania. That's also true for Maine. Those are the two states where we have other versions of the iLookOut program.

There are few states that allow for any training or almost any training to meet their mandated reporter training requirements. Those are few. I think the answer is you can – I think you can mostly make the assumption that the Head Start training will not meet your state specific training requirements. But in a few states, it may. And so the question to ask is, of your state, will this qualify? But for most states, it will not because it's a general training and does not include things like specific wording from the law for a given state. It does not include specific information of who you call when you need to report suspected abuse.

Dr. Parikshak: Thank you, Benjamin. Next slide, please. I'm going to go out on a limb and just say that even though it doesn't meet your mandated reporting requirements, I have to take a mandated reporter training myself as a licensed clinician every year, and just having worked on

the iLookOut project, I've learned so much just through this training that we don't get often in the other mandated reporter trainings that we're required to.

One of the things that I just thought would be kind of helpful is to highlight this question that we get in the trainings that we often do. But I thought maybe, Benjamin, you could flesh it out a little bit more for us on this webinar for our viewers. What are the signs and symptoms of child abuse and neglect?

Benjamin: Sure. Thank you very much. You know, we really have done our best to try to flesh these out. And one of the things I would say that we've done that almost no other training has done is, we've actually evaluated to see if this training is actually effective, and our data show that it is. One of the key issues that we want to talk about, that we do talk about in the training program is what to watch for. Those are the most immediate cases, bruises that are in the unusual places. We know where children tumble, right? Their foreheads, their forearms, their shins, their knees. But when you see bruises that are in places they shouldn't be, on the earlobe, around the neck, around the ankle, that should give you pause.

But it should also give you pause whenever you see any kind of bruise on a child that's not yet pulling to stand or cruising. The saying is, "If they don't cruise, they shouldn't bruise." We know there's a lot of variability in children's behavior. But if you see changes in behavior that are persisting and you don't see a good explanation for it, those are things one needs to look for.

We know that stress of all sorts predisposes to abuse, so if you know that a family or observe that a family is experiencing a lot of stress, those are the situations where you look more deeply. We have handouts in the training program that actually talk about ... What are physical signs? What are behavioral signs that you might see? What are the kinds of symptoms that child might complain about? What kinds of behaviors should you look for in adults who might be perpetrating abuse?

The challenge is, because children don't come with a book, you can't open up to page 42 and say, ah, this is what this means. We try to explain what are the common things that we see that should raise a red flag. But also, really help people think about looking for patterns that might be concerning for abuse, major behavior or mood changes that have no good explanation, especially when they're associated with a lot of stress.

Dr. Parikshak: Next slide, please. You mentioned, Benjamin, earlier in your presentation, that it's important to ask the right questions. You talked about the children and families that we work with and the children in our care may be coming from different backgrounds than us. What are the right questions to ask or what are the questions that may be helpful to consider?

Benjamin: Well, I think the first one is: "Is there something out of the ordinary?" I mean, that's how consciousness works. You keep going along until something sort of goes, that doesn't fit. Why doesn't that fit? If it doesn't fit, is there a good explanation? This is critical thinking. I think the questions we need to ask ourselves is, does this make sense?

Also, is this likely to impact the child in a negative way? How severe is the risk? Is what we're seeing, is the meaning clear? Again, my father beats me every day. Could be with a stick or a

belt, but it could be in a game. There's ambiguity. Figuring out both what questions I need to answer but also how I ask those questions. We put a lot of emphasis in terms of the how.

There are better questions, like “so tell me more about what happened?” And there are less good questions, like “did your father do that to you?” We know that certain questions are leading. We also know that there are certain questions we really ought to be asking first of ourselves and then of our colleagues. If something doesn't make sense, turn to a colleague and ask, “Is this something you've seen? Does this make sense to you?”

At the end of the day, we're looking for a fit. Does between the explanation and what we're seeing makes sense? In particular, what is the risk here? Is this something that we think could escalate to, lead to severe harm? Or is this something that is minor and what we need to do is we need to document it so that if over time it recurs, we see a pattern?

Dr. Parikshak: Thank you. Next slide, please. You're very, I think, clear when you're talking about the types of questions we should ask. It sounds a little bit as though we're not trying to find out for sure whether a child has been abused or neglected, is that correct? What should I do if I'm not sure?

Benjamin: Very much. The idea of a belief ... A belief is the holding of an idea to be true. If I believe a child has been abused, there's just no question. I need to report it. If it's conceivable that a child had been abused, we need to figure out how likely is it, right? You don't have to have proof, you don't have to have evidence, you don't have to have an admission, you have to have reasonable suspicion. And unfortunately, the law is very vague about what that means. The way that the iLookOut sort of fleshes this out is by helping you think about what are the kinds of questions you ask yourself and ask your colleagues to figure this out.

But do know that no one expects you to prove that this child has been abused. They expect you, they expect all of us, to report in good faith. In good faith means that ... The law says, “Good faith is when I'm acting not in bad faith.” Bad faith is what I'm reporting in order to get someone in trouble. I'm doing something that I know is false. If I make a report of suspected abuse and it turns out there is no abuse, as long as I do it in good faith, I am protected from legal or civil charges. If we're going to do that well, then we need to calibrate with ourselves and our colleagues. Is this something that needs to be reported?

This is the complexity – I'll try not to be too long about this – but that as a mandated reporter, we have individual responsibility so if other people don't think it rises to reasonable suspicion, but we do, we still have an obligation legally and morally to make a report. How we figure out whether we have reasonable suspicion is a lot of what we try to address in iLookOut.

Dr. Parikshak: Thank you. Next slide, please. I've seen a little bit of conversation in the chat about this. I think this can be really, really difficult when a family has an allegation against them. I think, often, we're in a position as mandated reporters to feel that we might even hurt the situation more than help if we file a report. What should we do in these instances? When we're concerned about that.

Benjamin: What I often say when I teach residents and medical students, I teach them, these kinds of things are only hard if you care, right? But the people who are here care, and that's

what makes them hard. There's no magic ball. We have no way of knowing whether our actions are definitely going to benefit a child. What we do know is that a lot of child abuse goes unreported and we know that when that happens, we leave children in harm's way.

The child welfare system in America is ... It's a troubled system. We can look at all the flaws that there are and look at all the downsides of it, and it's the only system we have for protecting children from abuse. If you believe that abuse has occurred – I think it's just a no brainer – one must report on many different levels. You have ... I think you have to weigh ... Again, if you have reasonable suspicion, you must report. The challenge is figuring out what is that balance that makes you say, do I need to report?

One of the things we really hope to do, though, is to help move people upstream, so that we're looking for, so that the things that come before abuse ... We're looking for stressors, and we're looking for ways that we can reach out and help support families. I don't have a great answer to this, except to remind people that as mandated reporters, our job is to protect children if we have reasonable suspicion that they're being abused.

Dr. Parikshak: I know this is a very complex issue. Unfortunately, we only have about seven minutes left. I do want to get to the last three questions we have. Next slide, please. What will happen to me if I file a report?

Benjamin: In a sense, from a legal standpoint, nothing. As long as you're reporting in good faith, you have immunity from any kind of recrimination, civil or criminal. You're protected as long as you're acting in good faith. You will be asked to answer a variety of questions to the best of your ability. In almost all jurisdictions, the expectation is that your identity will be kept anonymous. In many places, including where I work, we are encouraged to let parents know when we are reporting because it allows for transparency and at least offers the opportunity to maintain trust. I've retained relationships with people whom I have reported, and there are many families that benefit, from social service intervention.

Dr. Parikshak: Next slide, please. Thank you, Benjamin.

Benjamin: Now, it seems fair to me that I get to ask you a couple of questions because these are hard questions. Let me ask you, Sangeeta, as someone who knows the Head Start system, what's the best way for early childhood professionals to support a family when they actually do report?

Dr. Parikshak: You know, we could have a whole webinar just on this question, but I will do my best to answer it in a minute or so. I will say, first of all, just from personal experience, I know that reporting child abuse is emotionally challenging, and it can be very stressful and frightening for some. I just want to make that very clear. And at times, we can feel really conflicted about what it is that we're doing in that situation.

But I will say that using a strength-based approach has a lot of evidence behind it and can support parents' sense of agency. And when I say agency, what I mean is the feeling that they have the power to shape their own lives. Your relationship with the family can be a source of support, and you can demonstrate this by, first, acknowledging and addressing their strengths. Even in a situation where you're about to call Child Protective Services, they have a lot of

strengths and addressing that first and foremost can go a long way. You may not see that it's going a long way initially, you may see families experiencing a wide range of feelings, anger, grief, helplessness. You may see that emotional struggle more clearly than their positive intention to care for their family. And this can be really hard for many staff.

But I will say that strong relationships with families can really promote family well-being and other positive outcomes in the long term, and that while you are supporting families, it's really important to make sure that you tap into relationships that you have in the program with trusted peers or supervisors to make sure that you have support to take care of yourself. Next slide, please.

Benjamin: We've talked mostly in the discussion and framed around maltreatment by parents. But we know that anyone who works with the young child has the potential of acting inappropriately, and sometimes that happens with our colleagues. For people who work or volunteer with Head Start, what should they do if they see a coworker mistreating a child in a way that is concerning?

Dr. Parikshak: And this can be really, really tough. As we mentioned at the beginning of this webinar, Head Start programs are strongly reminded that anyone who works in the program, including volunteers, are prohibited from engaging in any kind of punishment that can be harmful to a child. And the list is there that we talked about in the beginning. Programs also have to have internal procedures in place when the staff member or volunteer causes an incident or suspected incident. And the Office of Head Start expects that after a grantee determines the behavior or practices harmful to a child, each incident is carefully assessed by the grantee and appropriate action will be taken holistically.

I think, basically, the bottom line is that while it's an uncomfortable situation, the children and their families are depending on us to keep them safe and when the children are in our care, so if you see something, you have to say something, and that's the bottom line. Next slide, please.

I don't know if the slides are moving, I don't see it, but-- there it is. OK. I know we have two minutes left, so we're probably not going to get to any additional questions today. But I want to thank folks who are working behind the scenes, including Sarah, to answer some of the questions. I just ... In summary, just want to say that – and you all know this – but we want to reiterate that keeping every child safe and secure every moment is foundational to Head Start, Early Head Start, and early childhood programs across the country. And Office of Head Start, in particular, has no tolerance for any situation that places a child in harm's way. I really want to thank all of you for caring so much to be here today and staying with us through the end. I hope that you enjoy the iLookOut training. I'll turn it over to Nancy for any closing remarks from the National Center.

Nancy: Thank you very much, Sangeeta. I'm going to go to the next ... I'll ask you to go to the next slide because I know we're really on the top of the hour. There are two places that we want to direct you. Again, this information is included in your handout. The first is the help desk. So actually, the iPD has its very own help desk. You can reach it help desk either by phone or email. This information, again, is in your handout. If you have specific questions related to

taking the course or getting your CEUs at the end of the course that are sort of logistical challenges, we encourage you to reach out directly to the iPD help desk. Next slide, please.

We're at the top of the hour. I hope we've covered some of your questions. We've done as much as we could with the chat, but we wanted to give you an opportunity to tell us, was this presentation today helpful? We would really appreciate it if you would take a moment to complete the evaluation.

In order to do that ... As soon as this webinar ends, don't close the Zoom platform or you won't see it. When we conclude our broadcast, an evaluation link will pop up. You have to complete the evaluation in order to get your certificate, so complete the evaluation. It will take a few moments of your time, and we would very much appreciate your feedback. Then, you'll see a new URL. And if you go to that URL, that will allow you to access, download, save, and print your certificate. If you tried to print your certificate before we close out the webinar, it won't have worked, and I responded to a couple of questions to that effect in the chat. Next slide, please.

We want to thank you for joining us today, and you'll see that we have a mailing list where, once a month, we send out resources from our center that actually our Steve Shuman curates for us. We have a fabulous list of resources with everything that is new that you might want to know about. Cutting edge in terms of health, behavioral health, and safety resources. If you're interested in joining the mailing list, please use this URL to be able to access it. Next slide, please.

Here is the information for how to contact the National Center on Health, Behavioral Health, and Safety. If you have a content question ... In fact, one question that I didn't get to answer was about how you recognize neglect, Benjamin. And that that's sometimes more difficult to recognize than someone was asking about a child who was being denied access to water. And I really wanted to answer that question, and I didn't have time, so I asked that person who asked the question to please write to our info line because I wanted to be able to respond. There were a couple of great questions that I just couldn't get to. If you didn't get an answer to your question, please use the info line because we would be happy to take time and respond to you individually.

Here is where you can find all of the health resources, behavioral health, and safety resources on the ECLKC. With that, I'm going to say thank you for your participation. I will just remind you, because it seems like we started a long time ago, that in 48 hours or less, anyone who registered for this webinar broadcast will get a link that will give you access to be able to hear the recording and access to the handouts. That's coming your way within the next 48 hours, if not sooner.

With that, I will conclude today's webinar. Thank you to our presenters, Dr. Parikshak, Dr. Levi, and Sarah Dore. Please don't close out. Complete the evaluation and then print your certificate. Stay safe and have a great day. Thank you so much. Bye bye.