Creating and Enhancing a Culture of Safety
Head Start Town Hall Meeting: September 12, 2018

Amanda Bryans: Good afternoon, everyone. My name is Amanda Bryans, and I'm a division director with the Office of Early Childhood Development and Head Start -- Office of Head Start. And I am just very excited to be with you this afternoon. I know you guys are equally excited to be able to participate in this afternoon's town hall.

I have to remember how to advance my slides. Okay. I got it.

Alright. So.

As I said, I'm so glad to be able to introduce today's town hall meeting, which is titled Creating a Culture of Safety. This is the second of a series of events and resources that the Office of Head Start and its National Centers have planned over the next year. And, since I was provided the opportunity to speak, I wanted to say that we want this, this effort to feel not like a burden to you. We want this to fill you up. We hope that we're able to remind you of why you, why we do this work, the great benefit we experience from doing work worth doing, the bridges to opportunity we help families build for themselves and for children.

What we at Office of Head Start is, has recognized that that this topic of keeping children safe is only partly about policies and rules, and oversight. Those things are important. But most important of all, this is about staff, the people who work directly with children and families. Those people must be supported with opportunities for reflection, professional development, chances to think about the work they do and why that work is so important. What is challenging in that work, and what comes to them easily. It's the ability of programs to recognize and analyze challenging conditions and be able to make improvement.

I was at a American Indian/Alaska Native program recently where a tribal leader told me, "We see all adults as teachers, and we all are watching over our children." Making sure that staff have that sense of, of commitment and responsibility, and that they have kind of the wherewithal they need to ensure children are thriving is critical. They have to help make sure staff remember why we do the work, to be curious about children's interest, needs, and ideas, to have the opportunity to be creative, to enjoy children and each other's humor every day.

These things, in addition to the policies and procedures will allow staff to be fully present with children. Adults who can be fully present will keep children physically and emotionally safe and thriving. You've got this Head Start.

Now it is my great -- No, it's not my great pleasure yet to introduce anyone. I want to advance to the next slide first. We added this slide because we wanted to make sure that everyone would be able to have the ability to ask us comments or questions. So, if you look at your screen on the left side, there's a bar that you can submit your comments and questions. We also have posted some resources there that you can download from the bottom part of the screen. So please feel free to use that. And if you have any technical questions or difficulties in the putting those in there, somebody's who's assigned to answering those for you. I am -- because this is a town hall, we reserved substantial time at the end to talk about your questions and your comments.

So, now it is my great pleasure to introduce my friend and colleague, someone who works with the National Center on Health and Wellness, and has had many years of experience with Head Start, Nancy Topping-Tailby.

Nancy Topping-Tailby: Thank you so much, Amanda. So, I'm going to [Inaudible] So, thank you very much. So, like you, I'm really pleased to be part of this discussion today and part of the campaign to talk about a subject

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that's near and dear to our heart and Health and Wellness, and I'm sure to many of you about what programs can do to keep all children safe.

And the first step is to create a culture of safety. And so, what do we mean by that? By culture, we mean the set of shared attitudes, values, goals, and practices that characterize your organization, the way things work in your program and in your community. And one of the things that we know is that safety and experts and researchers have demonstrated that the culture of an organization plays a key role in all successful patient and workforce safety
initiatives.

So, the concept of a safety culture originally came from studies of high reliability organizations, or HRO's, that make safety their top priority. And their goal is zero harm, which is I think we all agree is our goal in Head Start and Early Head Start -- zero harm to the children that we care for.

So, how do you establish a culture of safety. An organization is committed to safety at all levels, from frontline providers to managers and executives. That's what high reliability organizations do. And that's what we're encouraging each of you to do to create and enhance a culture of safety in your program.

So, one of the things that we learned from the healthcare field came from the patient safety movement that adopted this concept of a culture of safety, borrowing from high reliability organizations, following the release of a really great -- at the time, a groundbreaking report in 1999 that demonstrated for many patients were experiencing injury, lifelong disability, and even death due to human error from the people that were caring for them. And that was a really groundbreaking moment, because once the field, the healthcare field, was able to acknowledge that no one is perfect, and inevitably, someone, even one of your very best staff can make a mistake, then the research shifted, and it began to focus on how to design systems to make it harder to make a mistake because the evidence demonstrates that if you have well designed systems, you can reduce the likelihood of error. And I love this, because I think this is why in Head Start we are always talking about the fact that our systems and our services are linked, and that effective health and safety practices depend on strong systems.

So I want to really just underscore that this is a really important idea. We can't assume that nothing will ever go wrong. In fact, we should plan that something is going to go wrong. And our goal in terms of creating environments where there is zero harm is to make it as hard as possible for things to go wrong.

So, I'm going to turn it over now to my colleague, Steve Shuman, who is going to tell you the 10 actions to create a culture of safety in your programs. Steve?

Steve Shuman: Thanks, Nancy. And thanks, Amanda. So excited to be here. I hope some of you had a chance to look at some of the culture of safety materials on ECLKC that were hyperlinked to the various e-blasts that went out.

The National Center on Early Childhood, Health, and Wellness look at the type of incidents that were being reported, and reviewed the literature to identify a preventative and science-informed approach to keep children safe in Head Start and Early Head STart. As Ann Linehan said last month, although the reported number of incidents in Head Start is statistically quite small, even one incident is one too many. The approach we developed identified 10 actions to help Head Start agencies develop a culture of safety for all program participants.

So, in a Head Start or Early Head Start program that is committed to child safety -- directors, managers, staff, and families -- embrace the belief that children have a right to be safe. All the adults in the program, the program leaders and staff, know that they are responsible for every child, all day, every day. People understand

their roles and responsibilities in keeping children safe, and embrace each of these 10 actions, that together support a culture of safety. This approach is holistic, it's integrated, and community centered. It isn't an add-on. It's not a burden. It's a way of doing business so children don't get hurt.

So now, we're going to look at these 10 actions in a little more detail. So the first action is use data to make decisions.

Head Start programs use data to make decisions. Program leaders determine what data to collect, who will collect it, and analyze the information and how to use it with all stakeholders. Program and incident data serves as an important resource to help managers and staff evaluate children's safety. So, constantly turning over the data, looking at it and using it. Data provides the means to inform policies and procedures so that programs can be more proactive in designing activities and resources that can lower the possibility of any future incidents involving children.

And programs also seek family input when looking for, looking to change and improve policies and practices related to safety. They can do this through the Policy Council, the parent committee, surveys, focused groups. But being inclusive at all levels.

Nancy's going to talk a little bit more about next month's topic, Active Supervision.

Nancy: That's right, Steve. Thanks very much. So, I love this picture. I mean, this looks like such a wonderfully engaging classroom. And you can see while teachers engage with children in learning and playing, they are also ensuring that children are never left alone or unsupervised. Fast position themselves so that they can observe can and listen at all times. And they use their knowledge of each child's interest and skills to anticipate what children are going to do, and engage and redirect them when needed.

So, it's really important to think about not just what staff do, but what is the role of program leaders. Program leaders ensure that all staff have been trained, and are able to consistently implement the six active supervision strategies.

Teaching teams plan for the daily routine. So, everyone knows what they are responsible for, and where each adult and child is at every moment. Teams also communicate effectively when changes occur, so that, you know, that's our teacher talk, so that every child is actively supervised at all times. And as Steve said, next month, and as you hopefully saw in the schedule, we're going to have another town hall that will be devoted to a discussion, a more in-depth discussion of active supervision. And we hope that you join us for this event, as well.

Steve?

Steve: Thanks, Nance. So, the third, the third attribute, keep environments safe and secure. And although we could do hours and hours on safe environments, I think this picture says so very much. With a well-designed classroom, physically safe materials, and the teacher paying attention to both children, the one experiencing coming time, and the one glancing at the, the blocks there. So programs create, monitor, and maintain hazard-free spaces.

This is true outside, too. And the fourth action is make playgrounds safe. Regularly inspected, well maintained, age appropriate, and actively supervised outdoor play spaces allow children to engage in active play, explore the outdoors, and develop healthy habits.

Action number 5 is transport children safely. Programs implement and enforce policies and procedures for drivers, monitors, children, and families. Using school busses. Driving to and from the program, or even walking

to the program. Program leadership needs to ensure that staff have the time, the resources, the training, so that children are safe in all program environments, including indoor and outdoor settings, as well as buses.

Nancy?

Nancy: Yeah. Thanks, Steve. So this one is one that can be challenging for a lot of programs. It's action six, which is reporting child abuse and neglect. And, in this action, managers and staff follow mandated reporting statutes and procedures for reporting suspected child abuse and neglect. This includes reporting incidents that occur in your program. You can integrate reporting expectations into your program's onboarding or orientation of new employees, as well as providing ongoing training and professional development.

But Amanda, I was wondering if you could speak to this. Because we know that keeping children safe requires a staff member to say something if they see someone say or do something to hurt a child. What can programs do to create an environment that encourages people to follow their mandated reporting procedures, even though this can be a really hard thing to do?

Amanda: Sure, Nancy. This is a subject that we hear about frequently at the federal level. We know that sometimes there are different rules in states or local jurisdictions, or different, you know, policies locally about kind of who you know to fight first. We've heard of programs that say, you know, the staff person, every staff person is a mandated reporter and responsible for making the call themselves. Other programs say that you have to report it to a supervisor, who has to make the call. There can be differences in, depending on the kind of grantee. So, we know that sometimes local education agencies may have requirements that seem different. But I think that the bottom line is the same no matter what, and it's really important to remember. And that, and that is that it is our obligation to report any suspicion of child abuse or neglect. And that it is not our job to investigate, or determine, you know, is it 70 percent likely something happened. Or 80 percent, or to -- that isn't our job. Our job is that we have reason to suspect child abuse and neglect. As mandated reporters, we are obligated to report that to the local responsible authority. In some cases, it's the department of social services, and others, it can be the licensing agency. But programs must know what their local, the local phone number is, and ensure that that is reported.

Nancy: Thanks, Amanda. You know, it makes, listening to you makes me wonder about how much when programs are doing training on mandated reporting, and maybe that's not the place. Maybe it's a more in supervision, whether or not there are opportunities for staff and their supervisors to talk about, you know, what are some ways that you can talk with a colleague. You know, these are people that you work with day in and day out, who may even be you friends. But, you know, how can you find the courage in some instances, and know how to have a conversation with somebody that you work with? You see that they do something that you really think is not okay, and you just have to tell.

Amanda: Yeah. And I think that's a really good point, Nancy. And these are very hard calls. So, it's -- I think it's, you know, I think the idea of having conversations and discussions as critical. Many programs bring in their local authorities on child abuse and neglect to do staff training. I think that's a good idea, as well. Nobody wants to be making false reports. I've also heard people say, "Well, we didn't call because we know they wouldn't take this call." And you know, that is okay if they don't take the call, but it doesn't change the obligation to make the call if there's a reason to suspect abuse and neglect.

Nancy: Yeah, and I think that's a good point. And we -- one of the links that we can post later and we'll share with you, where you can go and find resources that we post is the Early Childhood Health and Wellness developed some resources on conversations that work, to provide people an opportunity to think about some conversation starters to have those tough conversations. So. Thanks, for mentioning that.

Amanda: I think, that's great, Nancy. I would also use this to just advertise for upcoming months, that you know, you mentioned concerns about sometimes staff and how they're interacting with children. But, we're going to be providing lots of supports around, kind of recognition of the stressors that staff face, and some ideas and resources that can help kind of build in the kind of supports people need, so that they're not in in interactions with children that are borderline or become abusive.

Nancy: Yeah. Thanks for pointing that out. That's great. So, you're going to want to come back for all of the events that we do. So, when we built the 10 actions, this is one that we included, beware of changes that impact safety, because we were already looking at the data. And one of the things that we noticed is how many times when children are left alone or unattended, it happens during a transition. And all you have to do is look at that daily schedule. Right? And you see how many transitions there are in each and every day for children and for staff. So, we wanted to highlight that. It's important for staff to anticipate and prepare for children's reactions to transitions, and changes in daily routine. This happens, you know, as children are coming in in morning, as they are leaving at the end of the day. As they are moving from their classroom or family child care home main environment to the bathroom, or to the playground, or back inside again. And program leadership is responsible for ensuring that the program has the resources to support children and staff to manage all of these daily transitions and unexpected circumstances that are going to come up, but to manage them safely.

Steve?

Steve: Thanks, Nancy. So, action number 8 is modeling safe behaviors. I think that everybody on this call probably is aware of how important their role as a role model is in everything they do around children. They're always looking at you, looking at all the adults around them, copying them. And so, clearly, an important part of a culture of safety is to model safe behaviors. So, staff, staff do this by establishing nurturing, positive relationships with the children, and demonstrate these safe behaviors, and encourage all the other adults and children to try them out. So one of the things that staff can do with each other is, if they notice that somebody isn't doing something safely, they're doing it more expediently, they can, they can point that out so they are reminded that there's a way to do something that all the children will learn form. So, whether it will be putting on helmets, how to, how to use the scissors, or how to safely use a climbing structure. There's just so many opportunities for teaching those safe behaviors by modeling.

And speaking of teaching, we also are strong, strong advocates for teaching families about safety. Because children are not with us all the time. They're going to be with their families a lot of the time. And, families know so much and care so much about keeping their children safe. But there are so many opportunities that we can ask and educate families about safety issues. Partner with them about how to reduce the risks in their particular home, in their particular neighborhood that will really prevent injuries.

And staff can also play a role in keeping parents informed about all the latest safety information, and connect families to resources when needed. So it's a, families can't easily access a gate, or a smoke detector, or a carbon monoxide detector, can help them find either affordable or free ones, or get access to all the many product recalls that come out, or food safety recalls, which are quite frequent.

The last of the 10 actions is seemingly simplistic, but really very complex. It's know your children and families. So, as staff plan their activities, they need an understanding of each child's developmental level and abilities, their preferences, their culture, their traditions of the families, what's going to work for them, what might they push back on and resist. And this includes everything, from maintaining current emergency contact information, which for some of our families can change with frequency, to understanding families' perceptions about safety [Inaudible] prevention. There's the famous sort of story. :Well, I climbed a 12-foot slide on an asphalt playground, and I didn't get hurt. Or, I never used seat belts when I was a child, and I thrived." But that kind of resistance, we have an obligation to help, help know about those attitudes, and work that into our formal engagement practices. So, knowing our children and families will really help keep them safe.

Amanda: And Steve. Since you mentioned that, I would say, too, that understanding the difference between, kind of, unacceptable and unneeded risk, and providing opportunities for children to build confidence and physical skills. So, we can encourage parents to do things like, you know, let their child walk on a balanced beam, and gradually not holding their hand. Or, using the tricycles while wearing helmets. That's different than climbing on a 12-foot slide and, you know with asphalt underneath, which poses what's an unneeded and unacceptable risk. But we do want children to grow and learn, and we can't out them in plastic bubbles. So I think that you're absolutely right. Having those conversations with families, and really with our staff is, is very important when we're thinking about this whole area of risks and prevention, and the systems that we need to have in place.

Steve: Amanda, thank you so much. I, I think that -- I think that -- Sometimes we think that being safe means not taking risks. But risks really are part of children's play and learning. But, as adults, we just need to make the environments safe and be aware of the risks they're taking, and making sure that, that they're going to come out okay.

Amanda: Alright.

Nancy: So this is Nancy. I can't avoid chiming in, too. Because I love the, the word that you used about unacceptable risks. And when we training health and health and safety at our center, we talk about acceptable risks. You know, I think really is connected to helping children judgement, and that's part of what we think about even in terms of the Head Start Early Learning Outcomes Framework, and approaches to learning. So, you're trying to give children opportunities to engage in play with a acceptable level of risks, where we've done as much as we can do by making sure the environments are completely safe, and that staff are actively supervising and we done what we can, if our systems are in place to make sure that the, that the likelihood of injury is low. But we're never going to completely protect children and keep them in bubble wrap, or they're never going to be able to learn and experiment. Right?

Amanda: Well, and that becomes a risk itself. We're learning more that if children don't have a developmental trajectory, or physical skills, they actually aren't at risk, as well. So. Exactly. You don't need to fall 12 feet onto asphalt, but but you could roll down a grassy hill, and walk on a balanced beam, and things like that. So.

Nancy: Yeah. Right.

Amanda: And again, the important part is really to be aware and in talking about these things when they're happening after planning and thought, and not kind of as being -- you know -- emerge from -- bad events that are dangerous for children.

Nancy: So, that's kind of a nice lead-in to this slide, which is, I think, one of my favorite slides in this whole discussion today. Because now that we've reviewed the 10 actions, I want to take a moment to connect them back to what we talked about at the beginning, about that concept of an organizational culture of safety, and the role of program leadership in creating an organizational culture that is committed to children's safety and well-being.

So, this was -- is from a terrific resource. And you can see the URL on the bottom, which came from the National Patient Safety Movement. And it describes four characteristics that you could expect to see in an organization that really embraces safety as their top priority. So, the first characteristic is psychological safety. And this is really a comment about staff feeling safe enough to know that if they see something, and they're concerned about something, that managers will receive their comments openly and respectfully, and will take them seriously. And that the leaders create an environment where all staff are comfortable expressing their

concerns. So, their not worried about what's going to happen if they bring something up that is difficult, a difficult conversation about the organization or the way it's being managed.

Safety problems aren't swept under the rug because there is a level of transparency in these types of organizations. And I particularly think this is an important thought. That team members have a high degree of confidence that the organization is going to learn from problems and use them to improve the system. And that's, you know, a concept that instead of trying to keep problems from being recognized, that you actually want to talk about them in a way that everybody can look at what happened, and learn how to prevent a similar situation from happening again. And that -- people know that they're working in a just culture if you will, that's there. And they're not going to be punished or blamed for system-based errors. Now that doesn't mean, right, that no one is held personally accountable if someone actually creates an egregious, or engages in an egregious mistake. But sometimes when we do a careful actor-action review, we find out that there is really a systems issue that's at fault. And people in that instance are not going to be unfairly punished or blamed for what really can be defined as a system-based error.

But I hope that when you go back and you reflect with your teams today about what you heard about this discussion of a culture of safety, you'll revisit these four concepts and ask yourself to what degree your organization either models these characteristics, or could take some further, make some further changes, if you will to try and promote these kinds of characteristics in your own organization.

And because we're Head Start, we wanted to call out that in a culture of safety, programs involved, their parent leaders from the Policy Council, and parent committee members in these types of conversations. And the parent -- work with their parent leaders to implement best practices, including how to keep children safe. Their children safe. And our program, when they're at home with their families, and wherever they are in the community.

So, that concludes our formal discussion with you. And now, it's your turn. And I'm going to turn it back over to Amanda so that we can hear your questions, and try to answer some of them, and think about how we all can work together as a larger Head Start community to implement a culture of safety. Amanda?

Amanda: Well, thank you very much, Nancy. And I want to say that we've been joined also, actually he's been here throughout. Dr. Marco Beltran. Marco is of course, the lead on everything related to health, wellness, nutrition, oral health, and lots of other things here in the Office of Head Start. So, and he is the repository of a great deal of expertise. So, we will call on him to help with, with some of the, the discussion that follows. We encourage you to really go to your comment bar so that you can send in some more comments and questions. I want to highlight that the, one of the comments we got is from our own, very own Dr. Bergeron, who wrote in to say she's watching this from a different place. And she says that she feels that it should be liberating for a lot of people, this discussion on mandated reporting, knowing that it's, no one considers it, it your responsibility. You're not legally responsible ability to determine whether or not abuse is heard as a mandated reporter, it's your job to report any, you know, reasonable suspicion, and that should, that should be, you know, a prevent -- a burden that you might otherwise feel. And we know that it is, feels hard. But again, you're not making an accusation by making a call. You're saying, "Hey. You know. Something seems not right here. It could be something dangerous for this child. I need to let the system know." And then, the system takes it from there.

And here's a question that we got about asking whether or not the Office of Head Start is going to increase the number of staff required per classroom. For example, would we require three paid staff in front of, instead of two paid staff. And I would say, the answer to that is no. There's not going to be a change in the regulation around staffing. But having said that, everybody, I'm sure, who's participating know that local programs have a great deal of flexibility in meeting the needs of their communities, communities and operating their programs. And depending on the needs of children and families in the community, there are programs that opt to have a third paid staff. There are also programs who draw heavily on students in early childhood development, foster

grandparents, and other available adults who, who both benefit themselves and also make a contribution in terms of the ratio in the classroom. And there are certainly many providers of special education and related services present in Head Start classrooms. So, we kind of have the requirement for two paid staff, as what everybody needs. And then, local programs can make determinations about what, whether, whether other staff are needed. Marco, did you want add anything about that?

Marco Beltran: Yeah, I was just agreeing with you, and the fact that the programs have the flexibility they need to consider the communities, the children that are in their care. And then, also, there, we also know that there are some other standards that are not necessarily federal standards that are, kind of, lean towards having more staff within their program. And if programs feel that that's something that they should do, that's up to them to consider.

Amanda: That's really important, because as you all know, the requirement is either the federal regulation or the, the state regulation, generally, whatever is more stringent for -- So for example, in my home state of Maryland, there's actually three, one-to-three teacher to infant/toddler ratio maximum, whereas for Head Start, it's one-to-four. So, Head Start programs in Maryland have to comply to the one-to-three ratio there. So, that is a terrific question.

Now, let me, let me go to another question. And I think, Steve, why don't I, why don't I let you take the first shot at this, and maybe Nancy and Marco can chime in. What information should we think about or plan in order to orient new staff on their role, in, you know, creating and participating in a culture of safety? So, say you have a new teacher in your Head Start program, how are you going to orient them to this idea of a culture of safety?

Steve Thanks, Amanda. Let me get, give it a start. I -- When -- We did not arbitrarily call this a culture of safety. We really thought about this word, culture of safety. So, when a new staff is coming on board, it's like entering a new country with a new culture. So, programs can start by sharing their resources that are on the ECLKC, like the 10 Actions to Create a Culture of Safety, and the videos that are, that are there to help staff understand that the culture is really a culture for the whole organization, and that everybody needs to be involved for the safety initiatives to be successful. But it's not enough to just do an orientation training. Orientations need to include time for reflection, and opportunities to ask questions. It's very easy for new staff to sort of agree to everything because we're giving them so much information. And really, find ways to make sure that new staff really understand the 10 actions. Maybe pairing them up with more experienced staff person, or checking in with them quite frequently. Everyone may not immediately understand what culture of safety means, but over time, with good communication, lots of modeling, hopefully everyone will learn to appreciate their role in keeping children safe. Nancy or Marco? I don't know if you have more to say about orientation.

Marco: Okay.

Nancy: Hi, this is Nancy. I'm sorry, I didn't know Marco -- Marco, do you want me to hop in, or should, would you like to --

Marco: Go ahead, Nancy.

Nancy: So, what I would say is an orientation is just that. It's an orientation. And what we know from adult learning. Right? Is that we don't learn things from having exposure ideas only once. So, when I talk about culture of safety. When we do training throughout the regions, we think about this concept of ongoing professional development, and the fact that everybody needs a refresher from time to time. So it's not, it's not something you would get at orientation and never talk about again. And because of the nature of staff, and how much staffing, and the real problems, and how much nutrition we have, I think it's great to have opportunities throughout the year where you can revisit these issues. And as you said, Steve, maybe pair some

more experienced staff with some new folks that are coming onboard. So, there is an opportunity for that level of discussion and dialog.

Amanda: Terrific. Thank you. We have a question about -- from somebody who's writing from, I think, a public school program -- about are there -- Do we have resources for parents regarding safety? And I presume they mean the ECLKC, the Head Start website.

Nancy: We do, actually, Amanda. I'm going to answer that. I'm just hopping in. And so, when we sent out the, the rebroadcast -- not the rebroadcast. When we sent out the reminder, I guess, for today, there was some safety messages in the eblast that went out. And one was around promoting safety at home. So, a while back we did a home safety webinar that really talks about all the different kinds of hazards that are in homes that can be harmful to kids. And along with that is a resource list that we updated that has almost any topic you can think of. So, you know, fire. And water hazards. Even having guns in the homes. And it has terrific resources that folks can, can use in order to figure out what are the safe, safety issues based on children's age and level of development, and how to have those conversations. You know, early on, before a child having those conversations, for example, with a young child before they begin to crawl and walk, so that you know that the environment is safe. And I think, again, because we're Head Start, we can often help families with advocacy issues. If they're living in a home that's not there's, or they have a landlord that's not responsive, and they need some tenant advocacy issues, but there are some really good resources on that home safety page, where you can look at the webinar and look at the resources.

Amanda: Yeah. I think that's terrific, Nancy. I'm real -- I'm sorry, Steve. I'm really glad you mentioned that. It made me think of a home visit I went on once where it was extremely hot. And the family had nailed the windows shut. There was an apartment, you know, an upper story apartment, and it was just baking. The kids were not wearing clothes, and the, everyone looked miserable. And I said, you know, I wonder why your windows are closed like this. Well, we had to close them, or we were going to have to move, because one of the children had actually fallen out of a window, and luckily not been hurt. But the landlord was not willing to put in any kind of barrier. There were no screens. So, in order to stay in that apartment, they had to nail the windows shut. So, kind of being sensitive about why some safety hazards. Another one that comes to mind is lead. And hearing about situations where the family knew the child was being exposed to lead-based paint, but their option was to move out of the apartment, which required having a down -- payment for, a deposit for another apartment, which they, sometimes, didn't have. Just the complications that are often experienced by our families, and being careful about not making assumptions about why risks may be, you know, may exist. But helping in terms of problem-solving. And again, as you mentioned, finding resources to, to mitigate those risks in a very respectful way for a family that may be, you know, well aware, but limited in how much they can approach it. Did you want to ask --

Steve: I did. Because we have some WIC materials on ECLKC, the Health Tips for Parents, for Families series. It's translated in six, seven, eight languages, I think. And there's one specifically to safety and injury prevention. And then, the health education materials for staff and families. One is on injury prevention. Another one is on lead poisoning. So, there are, there are hard copy materials that they printed off ECLKC, as well as the video materials that, that Nancy mentioned, and of course, the approach that Amanda underscored. But this is an ongoing conversation. Sometimes families need advocates to mitigate risks that are built into their housing, for instance, or into their neighborhood, that they don't have control of, of changing. I did want to mention, however, that screens are not protective for window falls. There are other kinds of barriers that screens don't prevent a child from going out a window. Just thought I'd highlight that.

Amanda: I'm glad you highlighted that, Steve. I'm a little out of turn as I should be on window barriers. [Laughter]

Nancy: But it's on that resource list, Amanda. Sorry. There's one about window falls that specifically talks about what's required. And then, you know, family advocates or home visitors could really work with families to try and move or counsel a landlord along. You know, the attitude that we take in early childhood health and wellness is that all parents are going to always do the best for their kids if they just have the right information and the right resources. And sometimes, you know, it's just making sure that they know what the hazards are, and that we connect them to the resources that they need.

Amanda: And that's right. And I just stressed that people are able to sleep tonight. We were able to intervene with the family and provide some assistance in putting a child-safe barrier so that the window could be opened and they could get some cross ventilation. So, I want to let everyone be relieved of that.

Marco: I want to highlight two particular resources. They're not necessarily health and safety in particular, but I think it's really important to the conversation. One is, we seem to get a lot of questions related to how do you have conversations with families, especially around safety when the don't necessarily consider a safety issue. So, I would point people to two resources. One is our Motivational Interviewing resources that are available on the ECLKC. And the easiest way -- the easiest way to find them is to just go onto the ECLKC and type in "Motivational Interviewing" in the search. And then, the second piece is not something that was developed by the National Center on Health and Wellness, but it was developed by the National Center on Parent, Family, and Community Engagement. And that's the simulation on how to have a difficult conversation with families, which I think would be a really nice simulation to go through when you're trying to, whether you're addressing particular safety issues that families might have issues with, or you're trying to engage in conversations around child abuse and neglect, for example. So, I just wanted to point people to those particular resources.

Amanda: That's terrific, Marco. And I think that the second one around difficult conversations can be, everyone should review it frequently. Because I think all of us are in the position where we need to bring up something that feels awkward or hard, and that there are many good strategies in that piece. And I think also that, that that -- the comments that you made lead me, really, to another question that I want to make sure that we address, which is -- why not -- Nancy, maybe you could, you could tackle this first. And I, I, I think, probably Marco may also want to add. And Steve is always welcome to chime in. But what would you say -- But what do you do? What do you recommend about? So, we know things do happen, and young children have things happen. At school, there are biting incidents. There are fallings. There are, you know, kids get bruises, and bumps, and small cuts. We hope that it's mostly limited to that kind of small injury. What do you -- Should you --Should you tell a family if their child is bruised or a cut? How do you tell them?

Nancy: Oh, Amanda, I'm so glad that you asked me that question. And it brings back memories when I was a program director. And I think, you know, what I learned was that sometimes parents are more upset that you didn't tell them than the fact that something happened to their kid. Because they understand that things are going to happen. I'm not talking about major, major issues where a child is really hurt. But that two-way communication is so important. And it's my, my colleague, I can hear her voice. My colleague Brandi Black-Thacker would talk about the sacred trust that programs have, you know, when they literally entrust their children in our care. And so, I think, you know, Parent, Family, and Community Engagement, if I can speak for them, and us, and you would say that we should always model that transparency that I talked about in that culture of safety, in that characteristic of those types of organizations. And we should communicate honestly and respectfully if there's something that happened to the child. You know, call them. And call them before the child, they pick up their child, or the child gets home that day. Because relationships that are respectful and responsive to parents' feelings, you know, are going to guide you in those difficult conversations to say, you know, "Something happened today and I wanted you to know about it, and we think he's fine, or we would have called you ourselves, but we didn't want him to, your child to come home today and have you wonder what happened when he was with us. So here's exactly what happened, and let us know if you have any concerns." That's how I would answer that.

Amanda: Exactly. I found it reassuring when, the, the staff knew what happened to my child, versus my child comes home with an injury and nobody mentioned it, and I call them --

Nancy: Exactly. Yeah.

Amanda: We don't know what happened. It must have happened in, you know, the car on the way home. And you know that it didn't. So, I think just the fact that the program is able to talk about what happened itself is reassuring. I think we've also seen, Marco, on the -- we get a lot of -- Head Start is very unusual program in that we get a lot of direct reports from people and communities about concerns that they have. And one thing that we've kind of heard both ways is my child got hurt at Head Start, and they never called me, and they didn't ask how he was. And that was the worst part. And that's been for some fairly serious incidents. And we've also had other things, you know, where there was a problem, and they say, "But the staff was so supportive. They came to visit. They asked if there was anything they could do. They made a card." You know. Those kinds of things where clearly it does make a big difference.

Marco: Yeah. And I just want to speak clearly and slowly. There's some questions that are coming in related to the resources that I mentioned. The first one was Motivational Interviewing. You can just search on the ECLKC. And the second resource was A Simulation on How to Have a Difficult Conversation with Parents.

Nancy: And Marco, it's Nance. I wanted to add to that so that -- And actually, we didn't tell you this before. But the Culture of Safety is, has been updated and will be released probably in the next week, week and a half. The 10 Actions did not change. But there is some more recent data, and some newer resources in the older edition that we had written up a few years back. And along with that, is another resource. A Guide to Safety Conversations with Parents that looks at actually what are some of the better checklists that you can use in a parent's home. And the Culture of Safety, the 10 Actions itself, we give links to checklists that are appropriate for center-based care. So for classrooms, for homes, an for playgrounds. And all of the checklist which are not required, but we recommend are useful tools, or can be useful tools to use to see if your environments are safe. Or ones that are linked to Caring for Our Children, which we know are the best science-informed and evidence-based health and safety practices. And there are lots of different kinds of resources to use in homes. Some of them are organized by types of hazards. Some are by different rooms. So, what are the hazards in a kitchen versus a living room. And the other piece of this resource which is a guide safety conversations is being sure that you know how to introduce the topic of child safety in a way that parents know that you're not bringing this up because you think they can't keep their own child safe, but because this is an important conversation to have, because the research tells us that most kids are actually injured in their own home, and we know what the top, you know, risks are to children between birth and age 5. So, these are great and important conversations to have. So, I just wanted to put in a plug for that one, too.

Amanda: Many good points there. We had a comment from someone who appreciated the mention of planning, of anticipating what can happen in transition in number 7 of creating a culture of safety. And I thought that, you know, I'm really glad that she highlighted that, because we know that transitions, when we look at our data, from about children who are left unsupervised for any period of time, and I'm talking about really, you know, very inconsequential. The child was kind of in sight but not -- but is separated from the group, to children being more, you know, seriously neglected and left in a, left in a vehicle or something. But transition is the time when these things are most likely to occur. Do you have any recommendations regarding managing transitions to reduce the likelihood of children being left?

Nancy: So, our sister center, the National Center on Development, Teaching, and Learning and its predecessor, the, for preschool kids, Quality Teaching and Learning have some great resources, transition, and making it seem not so hard. And again, we hyperlinked one of the suites on transition that we encourage you to take a look at. So, if you look at your email today for the reminder for the broadcast, or the opportunity to sign up,

that hyperlink is there. And you can just go and grab that resource that really talks about transitions. And you can't avoid them, so you need to figure out how to navigate them safely.

Amanda: Terrific. Our time is winding down. I think the topic that we're ending on. We have a couple of final, final slides just to finish up today.

Along with the transitions, I would mention the, that, when we have substitute teachers, we know that's a time of exceptional risk. Or any substitute staff. And so, again, we have learned that just knowing these things, just saying these words to the fortunate people who have been able to join us on the webcast can help plant the seeds that can prevent serious incidents from occurring. So, I think it's -- we've covered a lot of territory in a short time. But don't worry because --
we've got a whole year worth of work to do. We are going to be continuing our conversation also on My Peers. Hopefully, everyone who's joined us today are active on, in multiple My Peers communities. They are a tremendous source of information from your colleagues. And we will, we hopefully will be able to share follow-up information related to this town hall. We didn't get to all the questions. We'll see if we can find a way to give you some more answers and conversations about some of the questions that came up that we didn't get to today.

Steve: Thanks, Amanda. We definitely going to try to get some of the unanswered questions up there. there will be links to the resources that Marco and Nancy mentioned. But are already on the ECLKC, but will also have them featured on My Peers that links to the ECLKC. If you haven't joined My Peers already. And there's over 10,000 that are. But if you haven't, then top link, which is at the very bottom of the, of every ECLKC page will get you to the joining My Peers window. And if you're already a member of My Peers, which we hope you are, you can join the community, or just using the drop-down menu to find all of the communities, and click on Kids Foundations and Healthy Futures, and, and, and click "Join." We really want this to be a year-long conversation, ongoing conversation. There are some materials there already from the launch broadcast that Dr. Bergeron and Ann, and David did last month. And a few people have already started to join. But we're really looking forward to launching it today with this, with this webcast, and, and seeing as many people join and take charge. My Peers is not owned by anybody except all of the members. So, it's there for you to ask questions, share resources, talk about challenges, and please, answer each other's questions, as well as ask them.

Amanda: Great. So we have, we have a slide that just highlights what you can expect coming up. You successfully navigated Creating and Enhancing the Culture of Safety. We're excited about what we got going forward. We, we want to mention that these are not single events. It's not just a matter of joining a webinar. We have lots of things in social media. There are many resources to support you. And we're trying to, to portray that this is not an add-on of extra work that you have to do, but a coherent, supportive approach that will enable people to, again, remember what brought them to this work. The joy. The humor. The curiosity, and feel successful and supported, and fully present with these amazing little people that we are privileged to spend time with.

So remember, the work can be very hard. Celebrate your successes. I would say don't be afraid of the mistakes. Create a place where you can talk about them, think about what went wrong, and find a way to incorporate improvement. Never be afraid to ask the tough questions because that is the job of Head Start. We are bringing the best that we have to families who really need it, and it's making a difference.

Okay. So, we're so pleased. We very much appreciate you joining us today. It's, it's been wonderful to be with you. We appreciate your thoughtful questions and comments, and we look forward to seeing you next month, and communicating from now to then on My Peers. Have a great day.

Nancy: Thank you, everyone.

Steve: Bye, everybody.

[End video]