

Head Start Forward: A Q&A Opportunity to Engage with Showcased Programs

Glenna Davis: Hello – hello – hello and welcome everyone to the Head Start Forward: A Q&A Opportunity to Engage with Showcased Programs. This is the sixth event in our Head Start Forward series. It is now my pleasure to turn the floor over to Dr. Bernadine Futrell. Dr. Futrell, the floor is yours.

Dr. Bernadine Futrell: Thank you so much, Glenna. I hello everyone and welcome. Welcome to our Head Start Forward webinar. I would like to start today by just pausing and taking a moment to recognize where we are both in this pandemic and as we navigate various natural disasters. I want to pause and recognize the lives lost as well as those lives impacted by all of these challenges that we're navigating. As we do this, on my heart and thinking about getting back to school and in-person services, I know that together we're navigating it together. We are working through as we recognize these challenges. I, however, see this as an opportunity for us to come together as a strong Head Start community, these Head Start forward webinars. We may not have all of the answers. But together, we have strategies and ideas and ways that we can unite and identify how to come back safely and continue to lift up and prioritize health and safety for our children and families, as well as life and school readiness.

I am so thankful for these Head Start Forward webinars and this one in particular because I truly believe that we can always do more when we come together than what we could do on our own. Today's webinar is about us coming together, and I'm thankful for that. I'm also grateful, and I want to just recognize the language that Congress is currently discussing around the American Families Plan. That is also a message of hope. It's an opportunity in that, assuming everything goes the way that it's currently written, to really recognize our Head Start workforce with wages that really get us closer to recognizing the worth and the value of all of the unseen and the seen things that our Head Start workforce does every single day. I know it's well overdue, and I know it's a place to start, but I'm very hopeful that in the American Families Plan in that language, there is an opportunity for wages for Head Start.

There's also an opportunity to move Head Start forward as a key factor in a universal preschool system as a part of a mixed delivery system, the Head Start community, and I'm also grateful for that. Again, today's webinar is about coming together, sharing ideas, and talking about ways that these wonderful programs have put things in place to keep children and families safe and keeping their doors open to serve and partner with families in their communities. I am looking forward to engaging in the Q&A and hearing even ideas from those of you who are watching this webinar because together, I know we can move Head Start forward. With that, it's my honor to welcome you to this webinar and now to introduce and turn it over to Tabitha Temple. Thank you.

Tabitha Temple: Thank you, Dr. Futrell. The Head Start community appreciates your leadership. Well, welcome back everyone to our grantee showcase. But this showcase is extremely special

because not only do we have our showcase grantees joining us, we also have Dr. Sells joining us to answer questions about vaccines. And by popular demand, Dr. Marco Beltran, senior program specialist and co-federal project officer of the National Center on Health, Behavioral Health, and Safety will join me to facilitate Q&A discussions with the showcase grantees. Please remember to complete the mentee poll that is located in the chat box. Now, I'll turn things over to Dr. Marco Beltran and Dr. Jill Sells.

Dr. Marco Beltran: Tabitha, thank you. Before we get started, I want to introduce you to Dr. Jill Sells to help answer vaccine-specific questions that we received. Dr. Jill Sells is our National Center on Health, Behavioral Health, and Safety's medical advisor. She's a distinguished scholar and pediatrician, a national leader in policy systems and programs at the intersection of health and early childhood. Dr. Sells, thank you so much for being here. We really want your help in addressing some of these questions and helping to shed light on questions that programs have about vaccines. Our first question is, can you please explain how unvaccinated staff are a risk when it has been proven that people who have been vaccinated are just as much a risk because they can still contract and transmit COVID?

Dr. Jill Sells: Thanks, Marco. So glad to be here with you all today. This is a great question. Certainly the world's a little confusing right now, so hopefully we can clear up some of this. Unvaccinated staff are a risk to bring COVID into the program because they're more likely than vaccinated staff to actually get the virus. And if they get the virus, they're more likely to get symptoms or likely to get sicker and to be hospitalized. They're more likely to transmit the virus to others. Well, it is true that some vaccinated people will get the virus, they're much less likely to do so and when they do, they're less likely to spread it than people who are unvaccinated. I think that's a key distinction. It is true that they can get it, but it isn't true that they are putting folks at much as risk as the folks who are unvaccinated.

It's really important right now with the spread of this really contagious Delta variant across the country to understand that really the people who are currently spreading the virus, getting sick, and getting hospitalized are those who are unvaccinated, excuse me. About 94% of people in the hospital right now have not been vaccinated. The other really important thing is the risk of anyone getting sick from this is really related to the amount of virus in the community, and communities that have fewer vaccinated people tend to have higher rates of COVID. Right now, with this rapid spread that's happening across the country, it is spreading mostly through those who are not vaccinated. By getting vaccinated, staff reduce the risk that they themselves will get sick, which of course is really important, and they also reduce the risk that will expose anyone in the program, and by getting vaccinated, they can help the community work to reduce the rate of virus spread in their community.

I'm happy to be here on behalf of the National Center on Health, Behavioral Health, and Safety. As folks hopefully know, we continue to talk about that layered risk reduction strategy that the CDC has also emphasized. These vaccines work really well, and they're our best way to get out of this pandemic. But evidence shows that using multiple strategies together is the safest approach, and so I also would love to remind folks that this is why even those who are

vaccinated right now need to wear masks in Head Start programs. Getting vaccinated and wearing those masks are two of those really important strategies to protect everyone in Head Start, especially the children who cannot yet get vaccinated. We really need to protect the children by surrounding them with adults who are vaccinated and wearing masks.

Marco: Thank you. Another question – we, the Office, and we, the National Center, have been taught when we're talking about programs or when programs are considering developing policies, procedures around vaccines, we make reference to this idea of side effects – not idea – we make reference to side effects, but we haven't really described them. What are the side effects of the vaccine?

Dr. Sells: Sure. A good question. No one likes getting a vaccine. It does involve the needle. It goes really into your arm, and the most common side effect from that is some pain at that vaccination site afterwards. Most people do have a sore arm, and some people get a little redness and swelling at the site, so that's to be expected. It's also not uncommon to get other symptoms that are more throughout your body. These might be feeling more tired, having a headache, some muscle aches or chills or fever or nausea. Most people don't have all of those, but a lot of people have some of them. They're very temporary, and they're not worrisome. They're actually a sign that your body is responding to that vaccine and building up that immunity that we want to get. Other side effects are very rare, and they're being followed very carefully. And the risks of all of them are substantially less than the risks of getting sick from the virus itself. That's what we're always trying to balance.

We'd love to not have any side effects. But if we do, they're less of a risk to us than the disease that we're trying to prevent. The other thing that's important for Head Start programs and others who are working to get folks vaccinated is to prepare for the possibility of side effects so that we can deal with that and make sure that programs have the staffing that they need around the time that people are getting vaccinated.

Marco: Thank you. We've been hearing a lot about breakthrough cases, and we've received several questions around breakthrough cases. Can you tell us for folks that are vaccinated and they're having these breakthrough cases, what does that mean?

Dr. Sells: Sure. Breakthrough cases, the term people are using for the people who are vaccinated and still get the virus. As I mentioned earlier, that can happen. It's not that common, but it can happen, and people are calling those “breakthrough infections.” It's also important to understand that those are expected. None of the vaccines that we have are 100% effective. Almost everyone who gets one will not end up getting sick, but some people will, and that's the term that we're using. It's important again, some of what I said earlier, to know that if you are vaccinated, and you do happen to get the virus anyway, often you don't have symptoms. You have very minimal symptoms. You're very unlikely to get very sick or to get hospitalized or to die. Again, those points we made earlier. The vaccine might not prevent every infection, but it's doing a really great job of keeping people from getting very sick. Even if you're one of the unlucky few who this happens to, the vaccine is still helping you from getting sicker.

I'd like to make a couple of other points that the CDC is really monitoring the virus itself and its variants closely and monitoring the vaccines very closely. They're continually watching for side effects, and they're continually watching to see if the vaccine is effective against the variants that we have. The very good news right now is that all the vaccines in use in the United States are effective against the Delta variant. Just a reminder, again, the best way to slow the spread of this virus is by getting folks vaccinated. It's the best way to slow the development of new variants because the faster this virus is spreading, the more variants will come around. The best way for us to make effective use of these vaccines that we have is to get as many people vaccinated as quickly as we can. Again, just a reminder one more time that those masks are that additional layer on top of this vaccine that's pretty darn good, but it needs the masks to help us in these important times as well.

Marco: Thank you. Dr. Sells, I have one more question for you. How can we learn more about COVID-19 vaccines and other risk reduction strategies?

Dr. Sells: Oh, great question. The National Center on Health, Behavioral Health, and Safety has been and continues to do a lot of work on this. I'll put some links in the chat where you can find that information. One is we have a COVID-19 section of ECLKC within the physical health section. You can go to that section to find a variety of resources that we've developed. Specific to vaccines, we did a webinar with Dr. Sean O'Leary, who is an infectious disease specialist. He really walked us through the science of how the vaccines are developed and how they work and how the safety processes are. If folks didn't catch that before and want to see that again, that is online. It's accompanied by frequently asked questions, kind of in fairly plain language about what is this vaccine and how does it work, that folks might find very helpful for themselves and to share with others? Also, a nice tip sheet on how to talk to families and staff about the vaccine. We know that there's a lot of discussions that are happening out there. It's sometimes hard to know how best to have those conversations, so our team has developed some tools that people are finding useful to help in those conversations. I'll give a link for that also on ECLKC. Finally, we're excited to have Dr. Sean O'Leary come back to join us for another webinar that he and I will be doing together on September 21st. It is really an update on COVID-19 infections and vaccines in both children and adults, and we'd love to have folks join us on that. I'll put the registration information for that in the chat as well.

Marco: Thank you. Thank you, Dr. Sells, for the useful information. Tabitha, I think it is time to hear from our showcase grantees.

Dr. Sells: Thanks.

Tabitha: Wonderful. Thank you. Thank you, Dr. Sells, and thank you, Marco. The moment that everyone has been waiting for. We'll now hear from our showcase grantees. We will do a quick roll call so that you know who's joining us today. We'll start with East Coast Migrant Head Start program.

Javier Gonzalez: Hello, good afternoon, everybody. I'm Javier Gonzales, chief operating officer with East Coast Migrant Head Start Project.

Marco: You're muted.

Tabitha: Thank you, Javier. Christine?

Christine Alvarado: Sorry about that. Hi, I'm Christine Alvarado, chief innovation officer with East Coast Migrant Head Start Project.

Tabitha: Wonderful. Welcome, Javier and Christine. We have LACOE, which is the Los Angeles County Office of Education. Who's joining us from LACOE today?

Sandra Williams: Yes. Good morning. Good afternoon. My name is Sandra Williams. I am a Head Start program manager at LACOE.

Cynthia Barboza: Good morning. Good afternoon. My name is Cynthia Barboza, chairperson for the LACOE policy council.

Tabitha: Thank you so much for joining us, Cynthia and Sandra. Cynthia, we know you're at home nursing a sick child. The fact that you're here and you're with us, we are honored, and we hope your baby feels better soon.

Cynthia: Thank you.

Tabitha: You're welcome. I know that we have a representative from Montclair.

Tanya Poteat: Hello everyone. I'm Tanya Poteat, executive director of Montclair Child Development Center. Glad to be here today.

Tabitha: Thank you for joining us. We have LULAC representative.

Mikyle Byrd-Vaughn: Hi, Tabitha and Marco. Nice to have us here. Mikyle Byrd-Vaughn, executive director, LULAC Head Start in Connecticut.

Kelly Davis: Hi, I'm Kelly Davis. I'm the program manager at LULAC Head Start in Connecticut. Thank you for having us.

Tabitha: Thank you, Mikyle and Kelly. We have friends joining us from Pace.

Angela Lange: Hello. I'm Angela Lange. I'm the Head Start director from Pace Community Action Agency out of Indiana.

Tanya Bezy: Hi, I'm Tanya Bezy, the education manager with Pace out of Indiana. Glad to be here.

Tabitha: Thank you. We're glad you're here. All right. We have some special guests from Head Start of Lane County.

Tim Rochholz: Hi, I'm Tim Rochholz. HR director, Head Start at Lane County. We're out here in Western, Oregon.

Tabitha: Tim, turn on your camera. We can't see you.

Tim: It says it's been disabled.

Tabitha: That's strange. We'll have to get that working before you answer your questions. Oh, there you are.

Tim: Thank you, host, for turning me back on. Anyway, Tim Rochholz, Head Start at Lane County out in Western Oregon.

Tabitha: Thank you for joining us, Tim.

Val Haynes: And then I'm Val Haynes. I'm the health and safety consultant with Head Start at Lane County.

Tabitha: Welcome, Val. Last but not least. Who's joining us from Friends of Children and Families Head Start program.

Lisa Burke: Hi, I'm Lisa Burke. I'm the executive director at Friends of Children and Families in Boise, Idaho.

Megan Dayton: My name is Megan Dayton. I'm the RC manager here at Friends of Children and Families.

Tabitha: Lisa and Megan, thank you so much for joining us. We're going to give our first question to Tanya, who was with MCDC. And Tanya, the Head Start community just went crazy over everything you had to share during the showcase. They were really moved by how you are able to create this caring culture, how you promote staff health and wellness. Now, let's transition a bit because you did receive questions about how do you promote social-emotional development for children while ensuring safe environments.

Tanya P: Thank you, Tabitha, and also continued thanks to the Office of Head Start in our Region II team for this opportunity to share how Montclair Child Development Center promotes social-emotional development for children while ensuring safe environments. As I shared during the webinar previously, everything we do is rooted in our mission to embrace, empower, and strengthen. One way this happens is our intentional focus on learning and engagement and building social and emotional skillsets for our brilliant early learners. Our intention is that children build self-awareness, increase self-direction, expression, gratitude, confidence, and coping skills, so they can learn to regulate emotions on their own. Our environment and daily activities are aligned to meet this goal. With the CARES funding, as I shared previously, provided by the Office of Head Start, we purchased Flex-Space desks. These desks allowed our children to physically distance without the use of plexiglass or other barriers.

We were very intentional, Tabitha, about creating classrooms that were open and inviting. We wanted our children to feel comfortable. Each child has an individual safe learning station, inclusive of all their supplies and materials that allows them to distance themselves without barriers. These flexible designs allows for movement throughout the classroom. It's not static seating at all and when COVID, as we know it, is over, our hope is that we will continue to use this flexible furniture so that children can move in groups together, or they could be apart. But they're always together, even though they're apart. During the webinar, I mentioned our collaboration with our mental health consultant, and we work together to develop unique ways that early learners express their emotions and stay connected. For example, I've referenced how children and teachers created a virtual quilt to represent the class. The virtual quilt done through Google Slides showcased student's feelings and learning during this unprecedented time.

A few other suggestions that we used and that we are using focus on social and emotional learning, so our SEL activities. We featured opportunities to model healthy socialization and social skills for children. While engaging our children in mindfulness every day, children are encouraged to share a feeling word. How are you feeling today? Also, adults are encouraged to do the same. We always ask, how are you feeling today? This focus on feeling allows us to really connect with our children because we know that this time that we're in right now is challenging. We want our children to feel supported and to know that feelings are OK, and this is something that we value and that we do on a daily basis.

Another item that was beneficial for our children during the COVID time was we created a virtual support office, which we're actually going to use while the children are in class as well. This office was created using Google Slides, and it was a way to connect to our daily activities. It has a feelings chart and many more activities, an interactive space where children can go and click on pictures to find music, mindfulness videos, coloring pages, and other videos to reinforce skills we strive to teach them during the year. We were challenged, like most organizations during this time, to teach our children. How can we teach our children to share when they are not permitted to share toys? We created a slide deck with various ideas of what sharing can mean. Sharing can look like sharing a story with a friend. Sharing could look like telling a friend about a funny thing that happened. Sharing could look like sharing how you feel on that day. It also can look like sharing problem solving ideas and how to take turns. All things that we all deal with in our Head Start community ... How to share. One thing that I think people really enjoyed because we enjoyed them so much, we created these – the children created these sock puppets, so they're sock puppets. Each child had a sock puppet and practiced providing compliments and engaged in conflict resolution scenarios using these puppets at a social distance. They learned how to understand facial expression by using imagery because we also created paper plate mask – paper plate masks. Draw your face, draw your emotions, draw your feelings on how you're feeling by looking at the paper plate mask. There were various situations and solutions that we thought of that children can engage in to build strength, recognition, and ... I'd like to add that today is our first day of school, so we're really leaning in on strength building and how to cope, how to express our emotions. We are leaning in that space today in a major way, as I'm sure many Head Starts can understand. This year, students will have a

toolbox, and this is a coping skills toolbox. And this toolbox will be in their cubby, that they can go to whenever they need a break, when they feel overwhelmed, and when they just need to calm their bodies, teaching them how to self-soothe while outside of the home, because they've been in the home for the past 13 plus months, a lot of them.

They need to learn how to breathe and focus and all of those activities to ground them. All of the social and emotional learning activities and strategies that we use with our children, they're also shared with our families, and we support our families with the help of our mental health consultant. And lastly, but surely not least, we support our magnificent teachers and their learning by providing professional learning opportunities to ensure our children have the tools they need to achieve. Again, we embrace, we empower, and we strengthen. Thank you so much.

Tabitha: Thank you so much. We appreciate you joining us, Tanya. As you said, this is your first day of your fully in-person services for this program year. Thank you for joining us. We really appreciate you sharing all those nuggets. I actually will get sock puppets for my children because I know they'll be arguing after school, so we will try some strategies with the sock puppets. Thank you so much for joining us.

Tanya P: Thank you. Thank you all. Have a great day.

Tabitha: Marco. We heard from a representative from MCDC. Now, I would like to transition back to implementing vaccine requirements. We received a number of questions for Head Start of Lane County about their approaches to keeping their Head Start communities safe.

Marco: Thank you for joining us, Val and Tim. Programs are really interested, as Tabitha was saying, in the outcome of your vaccine requirements. Tim, the first three part question that goes to you, and I hate to do that to you, but I wanted to ask a three part question, so here it goes. How many employees do you have? What is your vaccination rate amongst staff? And I know that was, you have a recent update, so you're really proud of that. And then did you lose any staff members because they didn't want to get vaccinated?

Tim: Big questions, Marco. We get asked those frequently by different agencies – Head Start agencies in Oregon, and we're glad to share information. We have 275 regular employees of Head Start in Lane County, that does not include substitutes. We have a big substitute pool also. Our vaccine rate as of yesterday was 98.5%, which means that's only five staff who are not vaccinated. Since that time, we have lost two of those staff. One is pregnant, having a baby soon. She has another young child at home. She does plan to get vaccinated and come back to us in a couple of years when her children are older. We had another staff member we lost to a private preschool program. The other three are currently working remotely till the end of October, and then we'll see what we do with them at that time. But we feel really good that our employees took this very serious. We studied the science, CDC, Oregon Health Authority, and of course, Val, who was our leader and people make good choices. And we opened yesterday in person, all of our staff returned. We're ready to go.

Marco: Great. Thank you, Tim. The next two-part question goes for Val, aka Vaccinator Val. And Val, I just love your background, your vaccination station. Here are the questions. Do you also require the influenza vaccine for your staff? And then can you share the information on vaccines that you shared with your staff?

Val: OK. As far as influenza goes, we do have ... I've been with Head Start at Lane County for 20 years, and I've actually been a public health in Lane County since 1988. I've been very involved in immunization campaigns throughout several pandemics. Influenza vaccination is something that I've always strongly encouraged amongst our employees. We did not require it in our preschool program, the 3 to 5 program. We just strongly encouraged it, and we work with our insurer to make sure that our employees are offered easy vaccination for flu influenza onsite, and I often will do those too. But for our Early Head Start program, where we work with zero to 3 and pregnant women, we have implemented for a good long time – 10 years, probably – a requirement for flu influenza there. And then if somebody was not comfortable, they would not be working in Early Head Start, so we would re-situate them. Our program was familiar with vaccination requirements prior to this. We also required pertussis vaccination after there were some cases of children that had died in California from pertussis. At that time, that was maybe six or seven years ago, Dr. Sells might know better. We implemented a requirement for pertussis vaccination for our Early Head Start staff. That existed already. And then actually, a lot of the things that I did in the influenza promotion and training I took into the COVID-19 training. We also required H1N1 influenza vaccination because I was working during the H1N1 pandemic as well. And in fact, vaccinated more children in Lane County than any other public health nurse during that time. Again, we are familiar with pandemic response, and our staff are maybe more comfortable than some would be.

And we utilize them greatly when we did our education and outreach once we were requiring COVID-19 vaccination. And the process that Tim put in place was essential in having that framework underlying it. As far as the materials we would use on sharing information about vaccines with our staff, we do vaccine education sessions with a minimum of six people from different places across the workforce to do the education and outreach. And we have videos that the group selected that will be used in that education. And it would vary, and I would encourage any program to do that, to make sure you review videos that reflect your community and answer the questions that your community has about vaccinations.

Marco: Thank you. It seems like it's built on ... Your foundation was strong, and you just built on your foundation and made it even stronger. Thank you. Tabitha, our Head Start community has questions for PACE regarding ERSEA?

Tabitha: Yes, they do. Thank you so much, Vaccinator Val and Tim. I know that you've been receiving a number of calls from grantees because you were generous to offer your documents to them as templates. What I did was I dropped the link to your website in the chat. For those watching the recorded version of this Q&A, you can just google "Head Start of Lane County," and then you will be able to identify their frequently asked questions documents related to the COVID-19 vaccine. Thank you for sharing your resources with the Head Start community.

Val: Thank you for having us.

Tabitha: All right, PACE. Thank you so much for patiently waiting. We do have some questions for you about ERSEA. Really, some relate to ERSEA, and then there's one that relates to staff recruitment. Angela, I'm going to ask you the first few questions. During the showcase, you refer to recruiting at a public pool. Does that mean that you were recruiting there, or you were throwing a pool party for families?

Angela: We actually participated in the ... It was the pool that threw the party, and we just participated as a vendor. Almost all of our recruitment events, we participate with other vendors and other community partners. We have families that might come for just the free swim, but we're there. We have our tent set up. We're available to answer any questions, and we provided them with little ducks, so then there was lots of PACE ducks in the pool. All of our recruiting efforts are really done in partnerships with the community.

Tabitha: Thank you. And then there was a comment you made during the showcase. You said your program "hit recruitment hard." The Head Start community, they were on pins and needles like, "What does that mean?" Can you please give us more information?

Angela: Yes. I simply meant that we made recruitment a priority. I talked a little bit about our community partners. That is a huge component to our recruitment. We contacted our partners and asked them what events they we're holding this year throughout the summer, throughout the entire year. We had managers that were brainstorming different recruitment ideas. We divided our counties up into different areas on the map so we could ensure that all of the areas were getting covered with recruitment efforts. We went door to door; we have all of our staff and all of our community partners involved. I simply just meant that we just made it a priority.

Tabitha: OK. Thank you. And did you have anything else you wanted to share with the Head Start community about how you approached recruitment?

Angela: I would just say that one of the other things that we find a lot of value in is we partner even with our programs within our own agency. Therefore, if our WIC or our health connection is going to an event like at the local hospital, then they will take Head Start applications, Early Head Start information. They're recruiting for us as well. We take great pride in our relationships with our programs under our same agency.

Tabitha: Thank you, Angela. Now, Tanya, Angela clearly outlined how you bring families in and enroll them in the program, and so we had some of our Head Start community colleagues asked about staff recruitment. How are you doing with staff recruitment?

Tanya B: Well, I think like, just the same as many people in many organizations, we're struggling. It's sometimes hard to find to fill every position we have open, but we really also kind of put a focus on that as well over the summer. We've done a lot of different techniques, such as we held some virtual open interviews. Of course we didn't want to just hold open interviews where everybody came in the building and unsafe, but we held them virtually. It was

just a time that we advertised, and people could apply. Then they could join at the designated time. We had them break out into their individual kind of groups, whether they were applying for a teacher, a cook, an associate teacher to kind of help just get more applicants in.

We saw some success with that in some of our positions; some of the other positions, not so much. But we did see it as a benefit. We also did some yard signs, that kind of hopefully caught people's attention. We're hiring, come see us, join our team. And then I know someone mentioned about substitutes, and we're really putting a focus on that right now, is trying to build that substitute bench so that we just have those extra. And we're really going to target our parents. If they have a day here, a few hours here to be able to work and want to gain some experience, we want to be that opportunity for them.

Tabitha: Thank you. And you know what? Actually, I have a follow-up question, just going back to recruiting for a minute. John, he asked, how do you ensure safety by promoting recruiting in person? So staff safety.

Angela: Well, safety has been a major priority, both health and safety of our staff and our children and families for the past year and a half. We do a lot of, well, of course, all of our staff wear our masks when they're out in the public. We've really been pushing the outside events. That helps with safety, better ventilation, and things like that. We will do individual baggies where they can just – families, whomever – can just walk by and quickly grab a baggie that has all of the supplies in it so they're not picking around on the tables. We do a lot of baggies during drop-offs. We'll drop off door to door things, leave it on their porch, things like that.

Tabitha: Thank you. Thank you so much for that response. And there's also a question about purchasing uniforms. I think – I'm not sure who mentioned it, if it was Angela or Tanya, you mentioned it – but you mentioned purchasing uniforms. What kind of uniforms did you purchase?

Tanya B: Well, we didn't purchase uniforms, so there might've been a little bit of a mix up there, but what we did purchase was smocks or scrub jackets for all of our staff. And we purchased multiple ones and a lot of that is because of the safety so that if an infant did spit up or anything on the teacher's shirt, they didn't have to go change their shirt. They could easily just change this scrub jacket or the smock. It's been great for our home-based programs so that our home visitors can wear these smocks or scrub jackets into the visits and then change before the next visit. They're just getting that more clean and ready to go, but they did have our logo on them, and they were all the same. But so, not technically uniforms.

Tabitha: OK. Thank you. Marco, do you have any follow-up questions for Angela or Tanya?

Marco: No. I just want to give them another opportunity to just kind of re-emphasize their health and safety strategies as it relates to recruitment. I think it's always good to hear over and over again, so as programs are engaging in the work, that's top of mind for them.

Angela: Like I said, cleaning and safety has really been a focus and a priority. We want to make sure that our staff are comfortable and the families that we are recruiting too, are comfortable. We always maintain that six feet distance, even if we're outside. We wear our protective gear whenever possible, like Tanya mentioned. And then also, just going – constantly going over those cleaning procedures and practices with our staff. Making sure that they're constantly washing their hands and that they have the sanitizer available in the vehicles, in the classrooms, so they can easily take care of that.

Tanya B: I think our online applications also just help that way we're not passing out these papers back and forth, but we have where they can just go to our website and apply for the program and avoid that contact, I guess.

Tabitha: Got it. OK. That makes sense. I like that idea. I liked the idea of the baggies and just having everything together, because I'm that parent who I'll pick at the table and get the different things, [Inaudible] like, "Everything's here. Take a baggy." I liked that. And thank you for adding information about your online resource. Tanya, Angela, thank you so much for being here with us today.

Tanya B: Thank you.

Angela: Thank you.

Tabitha: Speaking of online resources, I know that LACOE shared during the showcase that they actually use a QR code for potential families. They can scan the code and complete the enrollment application. And that information also is linked into a Child Plus. You gave us a lot of good information during the showcase, but Sandra, everyone was asking about HOPE the Bus. We have some questions for you and Cynthia about the bus. Is that OK?

Sandra: Sure.

Tabitha: OK, great. OK. Our first question that we want to ask you is around, and it piggybacks on our last conversation about recruitment. How successful was the mobile unit in targeting zip codes or counties that traditionally were not targeted?

Sandra: That's a great question. Let me just say that based on our community assessment, we actually focused on those zip codes that were assigned to us as a grantee. Our program – our in-person services actually began in July and August of 2021. In the month of August, for example, we targeted over 150 out of 209 zip codes within our attachment area, which spreads throughout all of Los Angeles County. Bus routes were actually frequented those zip codes. We were successful in targeting those zip codes, even during COVID. And after the restrictions were a bit relaxed, we were able to move to in-person services. And as a result, we served in, for example, in the month of August, we were in three of the five [Inaudible] districts that encompass LA County. But before I go on, could I take you through a quick tour of the unit?

Tabitha: We would love that.

Sandra: OK. Let's start here. Thank you for having us first, and in the LACOE Head Start early learning division strategic plan, we committed to strategies that would support the implementation of innovative programs that are responsive to community needs. To support that vision, we adopted a "We come to you" approach through the use of mobile units designed to target families and children, birth to 5 in collaboration with delegate agencies, local educational agencies, regional centers, and community partners. Mobile services allow for community outreach, a place for socializations, home visits at shelters, service delivery of public housing, parks, schools, and other public sites. In partnership with our delegate agencies, we offer comprehensive services, which include vision and hearing screening, developmental screenings, mental health screenings for pregnant women, a site for IFSP and IEP and multidisciplinary team meetings, dental screenings, physical exams, family and community engagement assessments, enrollment, eligibility, determinations, and modeling high quality and inclusive environments for children with disabilities.

Let's take a quick tour of the unit. Next slide, please. Each unit has an internet, computer laptops, television, media access, kitchen area, lounging areas, sitting areas, specialized equipment, a wheelchair lift, and other features. Next slide. Here, you see an example of community outreach, where we actually distribute materials. Next slide. Here's an example of us providing parent education inside the unit. Next slide. The mobile unit can reflect what is typically found in an early learning environment. Here we added specialized seating for children with disabilities. Next slide. Here's an example of basic health equipment. Next slide. An example of using not only the internal of the bus, but outside the mobile unit. Here, we are using the area around the unit to discuss and share information with families.

Next slide, as we've heard, it's all about safe practices. Here we are practicing health precautions outside of the unit, as well as inside of the unit. Next slide. All of this takes a lot of preparation. Here, for example, is an example of augmenting socialization through prepping the outside, as well as the inside of the unit. Next slide. Every time the bus goes out, we make sure there's trained staff available to assist families in the delivery of comprehensive services in collaboration with delegate agencies. Next slide. Here we have a distribution of materials and supplies to families. Next slide. And we operated information, sharing events, and distributed goods to families. This was particularly needed during the height of the COVID pandemic. Thank you. That was a quick tour of the unit.

Tabitha: Wow. Thank you so much, Sandra. That was an extremely insightful tour, and I'm ready to visit the bus. But before I visit the bus, I want to ask about your community assessment data. We had a question from a director who wanted to know how did communities assessment data support the planning of your bus routes?

Sandra: Great question. LACOE's community assessment first confirmed the need for an infant toddler and preschool early education. And it remains significantly high throughout the state, throughout the county, and LACOE's service area. Our strategic plan and annual funding application sought to meet that need by using innovative services that provide alternatives to

scarce facility availability in the county, and bring services closer to the families and where children and families reside in the community.

Second, mobile services target those areas that are typically underserved, including children, families who are in transition. For example, the delegate agency in partnership with a shelter can reserve the unit and offer comprehensive services through Head Start or Early Head Start. Last, the pandemic caused almost a 1½ year delay in the delivery of in-person services, and everybody experienced that. And even now, preventive precautions must be maintained, which gives rise to the use of contact-less or ERSEA activities in recruitment, such as a QR code system you talked about a little bit earlier.

Tabitha: Thank you so much. We know that, like you said, the bus goes into many different communities. And so, there was a question about how attendance is counted for the mobile bus project.

Sandra: Great question again, all families and children in the LA County [Inaudible] area can participate in mobile services in the area in which the mobile services is being delivered – in the zip code, on that day. Even families who are not enrolled are provided recruitment information and referred to our DA – our delegate agencies – and even other grantees based on the parents' address, which we can access through our online HARs system. That's our online mapping Head Start system. We developed a comprehensive mobile services database to track and monitor mobile services in the community.

In partnership with delegate agencies and community based organizations, we established MOUs to delineate roles and responsibilities. We developed a comprehensive database to capture mobile services data, including participant information, participant attendance, participant referral information, comprehensive service delivery, for example, the screenings, and that information is also entered in our Child Plus system. We tracked event type, location, who the partners were, expenses, and of course, certainly not least, supplies and inventory. Before I go on, I'd like to turn over the time that we have left to a parent who can talk a little bit about some parents' perspective in terms of how they use the mobile services. Cynthia?

Cynthia: Hi, good morning. Good afternoon, ladies and gentlemen. Yes, my name is Cynthia Barboza. I am a parent and also the chairperson for the LACOE policy council. In response to the question, I mean, at first seeing the mobile unit was the curiosity, never seen anything like it. At first, it was a "What is that?" Then it quickly, it turned into that. "What does it do? What kind of services does it provide? Can families, caregivers, and children participate? What is this Hope Bus for?"

And in answer to all these questions, this for your children and all your families. I mean, it doesn't matter if you have one child or seven children or even pregnant. I mean, the Hope Bus, is a way of having close access to a school for your younger children, ages 0-5 old. And the best part is that pregnant mothers or those caregivers that have to carry a newborn can have access to it as well. You can't forget those dads out there too. This can help families, caregivers to get some stress free on taking the kiddos to school. I think it will be nice to have the school come to

your home or near your area rather than you getting your children out there and having carrying your baby, your newborn. I mean, especially those families that need help and really need the services.

I think the Hope Bus is a wonderful thing. I have not seen anything like it. It's so cool. I just want to go back to school and get back in there. My children, when they see the Hope bus, they say "Look mommy, it's my pretend face on the bus." Or when we're driving, they say, "Look mommy, is my cool school." Or sometimes they'll say, "Mommy, look, it's my school. Why are we not in school?" It's like, "Well, because you're done with school," but they love it. I think it's wonderful. The Hope bus started to spark the parents' interest by showing up in the communities where certain events were happening to help the kids back to school and getting them items. Information was shared as it was explained earlier and provided flyers. I mean, some parents were just curious, and they would just walk up, ask questions.

I always tell the parents question the question, because you might never know, this might be something that is good for you. I know when I started to look for school, I wanted something early. At the time, I had to be in hold, and it was very expensive. I was in a very stuck situation, but I mean, LACOE made it happen. I'm here today with all of you wonderful people. And I just – I can't encourage you enough to just enroll your kids. Parents out there please ask, ask about the Hope Bus, ask about the agency. It's really great, very beneficial for parents, mothers, caregivers, newborns, especially those pregnant mothers. I mean, if I knew that we can get services as early as immediately knowing that you're pregnant, that would be such a great benefit, and it would help my family so much.

Thank you. And I hope everybody can have a chance to check out the Hope Bus. Google it if you want to. I think there're some pictures out there on Google, and we just want to make sure that the families feel comfortable. And feel that there is safety in using the Hope Bus as if it was an onsite program. They have protocols. They have all the equipment needed. If anything, they will give the parents call to pick up your child. I mean, they have a foundation to work on and that's what I love. Thank you, for having it.

Tabitha: Cynthia, let me tell you something. Aside from the Hope Bus, you are also just an extremely valuable ad to the LACOE program, just as a parent representative and as a leader on the policy council. I'm putting myself in the shoes of a parent who does not receive Head Start services, and I'm hearing you talk, and I'm getting excited. Thank you so much for the contributions that you make to the LACOE program and the community around you.

Cynthia: Oh, thank you. Please encourage your parents to get that education on those kids because they will make a difference.

Tabitha: Thank you so much.

Cynthia: Thank you for having us.

Tabitha: Thank you so much.

Cynthia: Be safe everybody.

Tabitha: Thank you. Thank you. And people are saying in the chat, “Wonderful job, yay, Cynthia!” OK, Marco. Now that LACOE has shared their information and answered some of the questions they received during the showcase, we know there are also questions for the East Coast Migrant Head Start program.

Marco: Correct. But Tabitha, I was one of those people that wanted to see the Hope Bus. I was really excited to see the pictures, and I love the wheelchair accessibility. I love everything. That was great. And then the health section. I was so excited to see the Hope Bus.

Tabitha: But I love the classroom because if a parent has never set foot in a Head Start building, they could actually see a model right there, so I liked that part.

Marco: Participants, excuse my giddiness. I got really excited about the Hope Bus. I'm going to turn it over to East Coast. Thank you for joining us, Christine and Javier. [Speaking Spanish] Good Afternoon. We have some questions about how you as a program are addressing staffing and mask mandate challenges. We had some – several questions for programs where they cannot mandate that their kids and their staff wear a mask. They feel that they are in a tough spot. How does your program mandate mask for programs when the local community does not allow them to do so?

Christine: Hi Marco, thank you. That is a really tough spot. We are not in that exact spot, but we're in a slightly similar spot. We operate in 10 states, all east of the Mississippi. And we don't operate in any states where mandates are prohibited. However, we do operate in states where masks are no longer required. There is no mask requirement for pre-school programs. And as soon as those mandates were lifted, we started getting phone calls from our staff. And by the way, we've been in operation since June of 2020. Not June of 2021, but June of 2020. And one of the very first things we did when we were doing the research to figure out how we could reopen safely was to follow the CDC guidance, follow some state guidance. And that was everyone 2 years and above would be wearing masks.

We built that mask mandate into our own COVID operational procedures. And I have to say, we are so incredibly proud of our staff for just latching onto it. They knew that that was the only way, at that time especially, that we could remain open and keep children safe. We use the best knowledge that was out there at the time. And then as time progressed, of course, some of those masks mask mandates lifted, but they are still in place for all of our programs. Again, for children 2 and up. And staff have done a fantastic job of just normalizing that practice. As soon as the child gets on a bus, as soon as a child comes into a center, as soon as a parent comes into a center, we wear masks. Again, we're not part of a school district where mask mandates are prohibited, but states aren't requiring it.

There were a lot of questions when they started lifting those mandates. But again, we feel very strongly that it's the best thing. It's our number two line of defense because we have a multi-

tiered layer of defense, which we'll talk about in this in a second. Those mandates are still in place and have just become part of our routine.

Marco: Great. And I mean, you are right. You stayed open. You had no choice. Your families had to work.

Christine: They're essential workers.

Marco: They needed their children to be somewhere. Thank you for the job that you did. A follow-up question is, so folks are really interested to learn how you are all staying fully staffed with teachers. We know that there's a national shortage that's currently taking place, and in some communities, even more so. Can you address that?

Javier: And sure, this is Javier Gonzalez, I will address that. Marco, as you may know, East Coast Migrant Head Start project provide services across 10 states, as Christine mentioned. And we have approximately 1000 employees. When we are designing these safety protocols, we obviously keep our staff safety in mind. We work very closely with our local health departments, with state health departments, our licensing consultants, to ensure that we're in full compliance across the board. When we implemented our mask mandate and our vaccination mandate, we anticipated some pushback, but as Christine mentioned, we have been in operations – in-person operations since mid-June of last year. That has given us experience to evolve our guidance and evolve our approach and also provide the opportunity for our staff to be involved with the families. All of us are a very committed to our mission, very committed to our families. East Coast Migrant Head Start project exclusively serves children of migrant and seasonal farm workers.

The longevity and our mission were key in the acceptance of these mandates for our staff. We implemented a vaccine requirement that took effect September 1st. I am very happy to report that as a result of that requirement, we did lose approximately 50 staff out of a 1000 across our 10 state service area. And more specifically, it impacted approximately 25 instructional staff, which averages out to two less than two per center, of the centers that we operated in. It had minimal impact on our service delivery because of the commitment of our staff, particularly our core staff and especially our instructional staff.

Marco: Thank you, Javier. I've been trolling your website. I know that you're putting some images on Facebook. And one of the things that I just wanted to say, thank you for putting some of the images of your staff getting vaccinated and promoting our Head Start Sleeve Up campaign. And then also for all the other participants on the webinar right now, who are promoting our Sleeve Up campaign. Thank you so much for doing that. Thank you, East Coast. And let's hear from LULAC about how they pivoted to providing quality education services.

Tabitha: You know, Marco, before we transition to LULAC, something Javier said, really it just stuck with me. He said, when we enforce the vaccine requirement, it had minimum impact on our ability to provide services. But I would tag along with that and say it had maximum impact on your ability to keep your Head Start community safe. Thank you, Javier and Christine for

sharing that with us. OK. LULAC, it's your turn. You received some questions that really have to do with one of my areas of expertise – education. Are you ready?

Kelly: Absolutely.

Tabitha: OK. This first question is for Kelly. We had someone ask, “How have you worked through pandemic limitations to continue to support teachers through coaching?”

Kelly: Again, our program has continued onsite guidance in the classrooms by having weekly cohorts with each classroom. Our coaches only go into one classroom for a week and provide that feedback face-to-face there. However, we are also offering virtual meetings with teaching teams and their coaches. Based on these conversations and observations, the coaches are able to provide, model, and assist each classroom. Supervisors are also able to go into the classroom for direct observations, but they limit the amount of time they're in the classroom at one time. And they provide non-urgent coaching feedback outside of the classroom virtually as well.

Tabitha: OK. Thank you. Thank you, Kelly. That's one visit per week. Is that what you said?

Kelly: One classroom per week ...

Tabitha: One classroom per week ...

Kelly: Yep.

Tabitha: Got it.

Kelly: The coach can go into one assigned classroom, but if another classroom needs an observation, a supervisor can assist with that, or we can do virtual observations as well. And that provides opportunities for teachers to really feel that connection with their coach.

Tabitha: OK. Thank you for sharing that. And then to build on that, there was a question asked about approaching class assessments with the limitations of the pandemic. How does LULAC approach class assessments?

Kelly: We actually have class certified management, and we also have class certified consultants. Again, we are fortunate enough to keep our cohorts and really only have one observer go into one classroom every week and spread that out through some planning and then do the follow-up directly with those classrooms as well. Again, this really keeps you from that cross-contamination piece, but also allows for meaningful observation and feedback sessions.

Tabitha: Thank you. Dr. Byrd-Vaughn, there is a question that a director asked about the program being able to maintain full enrollment, but also being able to keep physical – to enforce physical distancing in classrooms, especially at nap time.

Dr. Byrd-Vaughn: Yes. Thank you, Tabitha. Great question. For us, I think Kelly emphasized, we have been very intentional to create classroom cohorts and making sure that we eliminate as best as possible cross-contamination. As I mentioned in the webinar series, we assessed the classrooms. We made sure that furniture was removed if we did not need it in there. And we use the outdoor space a lot as well, the outdoor learning environment, we had to josh it up a little bit to make sure that our teachers could use that outdoor learning environment more, as well as inviting us speakers. And our local librarian comes to read to the children outdoors instead of in the classroom. We use a combination, but we also emphasize our PPE or personal protection equipment. And we are the program that has the uniform. Kelly and I are wearing the uniform fleece.

We do have uniforms. It was something that our staff that would be comfortable for them to come to work and have something that they get me that work. We have T-shirts, we have hoodies – they wanted hoodies – as well as smocks and masks. But we utilize that personal protection equipment and make sure that we had everything that the teachers feel comfortable with, including face masks, face shields, goggles, gloves, indoor shoes, which also addresses the challenges of physical distancing. Children are not necessarily going to stay apart until the teachers use their equipment to make sure that they feel safe in those interactions, but also encouraging the children to make sure that they remain in their own learning groups at times when it's appropriate. There's frequent hand washing, as many programs have kind of kicked that up, as well as cleaning the surfaces. And as always – the ventilation. Making sure that we ventilate the classrooms and keep the cohorts so that we reduce cross-contamination and outside visitation into the classrooms.

Tabitha: Thank you. And Dr. Byrd-Vaughn, I think I used the wrong word. I shouldn't have said enforced. Based on your explanation, it's ensure. How do you ensure? And you certainly did give us some great pearls of wisdom in terms of how you ensure environmental health and safety in your classrooms. There was another question related to teaching staff. And the question is, if a teacher must quarantine, did you say they go back to virtual learning for that entire class? There's a grantee seeking clarification from the showcase.

Dr. Byrd-Vaughn: Sure. If a teacher and a classroom is made to quarantine based on ... And similarly to the other programs, we have a close relationship with our local health department who guides us in closures. We have had very limited closures because of our safety practices and procedures. But if we do have to close, we do quarantine the classroom, and we have created and implemented an abundance of online resources – our own LULAC YouTube channel, as well as utilizing Zoom and Google Meet to do both synchronous and asynchronous lessons. It's so important to keep the engagement with the families, but we do know many of our families are back to work, and so they can go on and view these at their own pace. But at least they have that contact. And our family advocates will call, our teachers will call and connect with teachers, and we'll connect with families, especially if the quarantine is between 10 and 14 days.

Tabitha: Thank you.

Dr. Byrd-Vaughn: And if I can add Tabitha, we've also utilized iPads for our families and laptops for our teachers to allow this online continuation with the virtual learning, so there is ability to access it regardless of what materials they might have. We have replaced them or given them what they need.

Tabitha: OK. Thank you so much, Dr. Byrd-Vaughn for clarifying that a statement that you made during the showcase. I'll turn things over to Marco for just a minute to see if he wanted to ask you any questions or highlight any points that were just made.

Marco: I was just going to echo that the relationship with the health department is key. I mean, we've heard from so many programs as they're trying, or as they're struggling, or they're trying to think about what they need to put into place. Having that relationship with the health department really helps to facilitate and put things in place. And in many situations also, helps to deliver messages to staff who need to hear messages from different angles, so I wanted to commend you on that.

Tabitha: Thank you, Marco for highlighting those key points. I'll turn it over to you to speak with our friends from Friends of Children and Families, Head Start program.

Marco: Thank you, Tabitha. We have questions for Lisa. You, as the director of Friends of Children and Families. And we know that this is going to vary based on community situations, based on location, et cetera, but how do you monitor visitors in your center? And is there a limit?

Lisa: Yeah, that's a great question, Marco. We do a couple of things. Obviously, it depends on the volunteer. We monitor visitors in many different ways. All of our volunteers are first trained in all of our safety procedures and our standards of conduct before they ever enter a classroom. We also conduct a training on developmentally appropriate practice, especially for folks that are going to be inside the classroom. For classroom volunteers, which are typically family volunteers, the teachers and the center supervisors are responsible for monitoring them in the classroom and really helping to guide them and lead them, answer any questions they might have, because we really want them to feel a part of the classroom and that their impact is very positive when they're there.

Right now, we allow one classroom volunteer each day in each classroom. Our staff does ask them ahead of time if they'd like to volunteer, and then we do have a process of signing them up ahead of time, so we know who's there when. Last year, we did not allow any volunteers, and that was really hard for the program, as I'm sure many other Head Starts would say as well. It's difficult not to have volunteers in the classroom. This year, we really wanted to make an effort to make that happen. For community volunteers, our human resources or a designated staff person manages that. We are currently only allowing community volunteers that have a memorandum of understanding with us. We have several of those with clinical practices. We have nurses that come in, we have psychiatrists that come in, and we want to maintain those because they offer services for our program and our families as well. It's a partnership, but we

do have limits set in the contract, and we definitely look at the internal and external data around COVID to determine if it's safe for them to come in.

All of our volunteers are health screened prior to coming into the classroom, and they are required to follow all of our safety measures, such as a hand washing, hand sanitizing, masks, and all of those. And the center supervisor or a designated staff person, again, is responsible for monitoring them. And also with a lot of the community volunteers, we offer feedback to that community organization, especially if they're asking for performance feedback. We also have contractors that are monitored in screening as well by a designated staff person. They get the health screener to make sure that they only are coming in on a needs basis. For example, we outsource for our IT. Obviously, IT is going to have to come in to keep us up and rolling, but we do make sure that it's only when necessary. And then lastly, we do screen all interviewees. If we do interviews in the buildings, we health screen them prior to coming in. Really, anyone that's coming into our buildings is health screened, and we ensure that the safety of the program is intact.

Marco: Thank you. I mean, that's a big shift from earlier guidance when we first started to address COVID, and we were like, "People cannot come into our programs from the outside." We were very limited and a lot of our services kind of suffered, because we weren't able to connect with those community partners. Thank you for really explaining that because I think a lot of programs were really trying to figure out how to do that, and then it aligns really closely with the updated CDC guidance. Thank you. The next question is kind of more related to children. Do you have any children who were failing the entry point with COVID symptoms? So when you were doing screenings and there was a symptom that popped up, what happened?

Lisa: Yeah, that's a great question as well. You know, I think it's hard to answer, "Were there a lot?" I think that the health screener that we have, which was based on the CDC guidance and guidance from our local health organizations, is very detailed, and it really helps us understand what's going on with the child, maybe what's happening in the family. It really did help us kind of identify kiddos that might be coming in with those symptoms. Our community was great when they would go back, they would get tested. If the child tested that they were OK, we'd definitely get them back in. Especially right now, we're really trying to hone in on what is COVID and what isn't COVID because we know that our services are desperately needed. Here in Idaho, we are only one of four states that do not have state-assisted preschool, and so we are the only option for these kiddos. We have to make sure that we're getting them in here, but we want to make sure they're safe. We do everything possible to ensure that they are staying home if they need to, and that they're here in class if they can be safely.

I think the other really great thing that we did that's really been helpful, and we track all this data, which is great, is we also created a system for exposure. Parents could call in and let us know if they thought they were exposed, or their child was exposed. We've actually been able to do a lot with that and really head off a lot of any of the issues we might have. We've had very – very little chance of having to close classes. We have not had any spread that we've been able to identify in our programs, and I really attribute that a lot to that exposure. It's really where

they call in, and we have a list of questions about exposure, and I really attribute that to why we've been so successful.

Marco: And not to put you on the spot, did you work with somebody on that? Or did somebody – did your health manager and your staff come up with it? Like how did you determine the ...

Lisa: Yeah, well, couple of different things. Our health manager definitely was a part of that, our leadership team, and then of course our HSAC was a part of that plan.

Marco: Got it. Thank you. Megan, this next question is for you. Can you please talk more about your collaboration with the local public assistance office for the purpose of identifying eligible families?

Megan: Sure. Our program does partner with our local public assistance, our health and welfare office in a few ways. We do have a MOU established with them for one of their programs. We have fliers, of course, available at their various locations for families to find. And then, what we mentioned in the webinar is that periodically we do receive a mailing list of families that are enrolled in public assistance programs. Those are all kids – families with kids zero to 5, and that has been extremely helpful for us for recruitment as a large number of those families are eligible for our services. For all of our collaborations with partner agencies, we definitely start by looking at our community needs assessment, identifying programs in our service area who are actively meeting the needs of similar families, so starting with that. From there, we set up meetings with their key staff members to really talk about who our program serves, the type of services that we're offering, and then how to establish that mutually beneficial partnership together.

When possible, you know we mentioned this, we do try to create MOUs with some of these key programs. And that really serves to establish that partnership that helps provide continuity when there's staff turnover. And that then can streamline the process for these referrals back and forth. To be able to obtain lists like we're talking about, I would say that's kind of how we start, or what we try to establish is that kind of more formal relationship and get that into writing. And then one of the things I wanted to say that has actually made collaborating with partners easier during the pandemic is that everyone at this time is more familiar with virtual platforms. We're using them more regularly. That has made setting up meetings and engaging in regular communication a lot easier with everyone's busy schedules. We may not be able to do recruitment in-person as much and events, as many of those have been canceled in the last year, year and a half, but really, I feel like those community partnerships, getting the word out through those referrals and through word of mouth is in some ways easier because of these virtual platforms. That's been something we've really prioritized and been successful with.

Tabitha: You know what ... Megan, thank you so much for sharing your other strategies that you used. I want to ask, Marco, before you continue, there was a question for Lisa, because she mentioned their program operates the home-based option, and we received a question today and probably about 10 or 15 questions during the showcase about how your program ensures that home visitors are safe.

Lisa: Yeah – yeah. It's definitely a concern for our organization. One of the really great things that we do is we really talk to the parent ahead of time. We explain all of our safety procedures, we explain to them the benefits, we explain to them why masks are important, why hand sanitizing and hand washing are important. We also then partner with them. We really want them to understand that we are partners in this experience. One of the things that we do prior to going into the home is we really just have a conversation with them and really ask them, how are they doing? How are you feeling? It's really twofold. One, because we want to make sure that the environment is safe and so that we can come in and our staff stays safe, and they're safe, but it's also to help them build that relationship with the families and understand that we are there as a resource.

If I say, "How are you doing? How are you feeling?" The initial thought might go to COVID, but there are a lot of things that are happening because of COVID. And that could do with mental health concerns, or financial concerns. Having that conversation around "How are you doing? How can we support you? What resources do you need?" As well as the health screener, and saying, "Have you had any exposure? Do you have a cough? Do you have a fever?" Really blending that together builds that relationship and helps them understand that we are there to support them. We've been very fortunate in that partnering. They really don't want us there if they're sick, and they really don't want us there if we're not doing well. It really does work, and the other thing too, is that exposure for them, they're much more likely to call us before we even call them and say, "Hey, we have this situation," but the other thing is they can call us for anything. It just doesn't have to be about COVID. Sometimes this has taken over our lives so much, but we have to remember at the end of the day, we are there for those families in any way, not just for COVID.

Marco: Megan, I love me a good MOU, so I just wanted to let you know that. I'm actually disclosing way too much of my giddiness around the bus and my giddiness around the MOU. Thank you for the work that you do.

We wanted to wrap up our grantee Q&A with some vaccine implementation strategies since some of our programs have instituted a vaccine requirement. We're receiving a lot of questions on this because we know there's things that are taking place at the local level and states. We wanted to give those programs the opportunity, who have implemented a vaccine requirement, a space where they can identify some recommendations as to some of the first steps that our program needs to take to implement a vaccine requirement. I'm going to ask Head Start of Lane County, LACOE, LULAC, and East Coast to join us. And we'll start with Lane County first. What would be some of the recommendations to implementing a vaccine requirement that you would suggest?

Tim: Marco, that's a great question to finish up on. I would say for grantees who are just starting this process, is to over-educate and over-communicate. Do not assume that your employees understand about COVID and Delta, because there's a lot of information out but it's not completely accurate. Meet in large groups, mid-size groups, small groups, individuals. Give every single employee a chance to ask their question. Some are not comfortable unless it's a

one-on-one. Give them every opportunity to ask their question, to tell their story, and then to share accurate information with them. Fortunately, I work with Val, who's a nurse, and she and I together are pretty much going to answer all of those kinds of questions along with other staff who have been vaccinated to tell their stories. Use your colleagues to help, but over-educate, over-communicate.

Val: Yeah. And the one thing I'd like to add to that is to make sure that when you have your policy council engaged anyway, find members of your policy council that are also engaged and interested in vaccination. I had quite a few parents that wanted to participate in this. They had had losses in their own family. It was very personal to them. And then I always reach out to the parents of our medically fragile children in our program because it is extremely important to them to know that their children are enrolled in a program in which the staff are vaccinated.

Marco: Thank you, Tim and Val. LACOE?

Sandra: I think Tim and Val are right on point with the communicate and educate. I think that's highly critical. I would also recommend that people err on the side of the most rigid guidelines versus lax guidelines. And also, please, I think the Head Start community is part of the larger plan around vaccine promotion and providing information directly to families in terms of where to get the vaccine, what the vaccine is, et cetera.

Marco: East Coast?

Christine: Yeah. I completely agree with Tim and Sandra. You have to be crystal clear in your messaging and communicate across a variety of platforms. We did a lot of analysis of what the reasons people had for not wanting to get vaccinated, and then targeted that intervention. Some of it was face-to-face conversations between our CEO and maybe a bus driver. Some of them were town hall meetings. Lots and lots and lots of communication in a variety of methodologies. I wouldn't assume anything because you might be surprised about what your staff are thinking. I know we certainly were. And it's important to have local cheerleaders, including your policy council and your parents, your board of directors, and then individual leaders in each center who could really be the voice of the program.

And then, I think lastly, I would say, and then I'll throw it over to Javier, is be compassionate and be respectful, because some people are not going to decide to get vaccinated. But really, if you put the reasons in front of staff very clearly, out of a thousand employees, we only had 50 who did not get vaccinated, and I think that's pretty phenomenal.

Javier: I would just add, Christine, to keep the focus on our mission. For East Coast Migrant Head Start Project, it's providing high quality services to this very underserved population, the migrant and seasonal farm workers. And keeping that focus really depersonalizes it. This is something that is in order for us to maintain our doors open for this essential population.

Christine: And our children can't get vaccinated. And when we really reinforce the message that this is the only way we can keep children safe, and this is really the only way we can keep you

safe, I think people started coming along. Even in some areas where vaccine uptake was really – really low in the Southeast.

Marco: Thank you. Pace?

Angela: We have also used a lot of these same strategies that the others have been talking about. The resources, just the sharing of resources, has been important. Anytime there's going to be vaccination sites, we share that information with our staff and families. One of the things that we have done is when someone does get vaccinated, they can send an email to the whole agency and share why they decided to get vaccinated. That's kind of helped. It's just really opened the eyes to everyone on the different reasons for getting the vaccination.

Marco: Thank you. And finally, LULAC. And I think you're in an interesting situation, right? You had one strategy, and you're in a different process now. Can you explain what that is?

Dr. Byrd-Vaughn: Sure. When we did the webinar a couple of weeks ago, we were in the process of offering our staff vaccination or bimonthly testing. And just two weeks ago, Connecticut has announced a vaccine mandate that begins September 27th for all teachers, including in the ECE field. They will either have to get the vaccine or submit to weekly testing.

And just as everybody said, because we had all of these other procedures in place that everybody mentioned, it has really been better received by our staff that they know at this point that they have one option or the other. But I think it's also important to add that our staff voted and has asked us to continue doing the bi-monthly testing, even if they are vaccinated, because they feel safer with the testing, which we have continued to put into place. We have shifted and pivoted, but listened to everybody in terms of their concerns, as everybody said, and made sure that we met them where they were with their readiness.

Marco: Would anybody else like to add anything? Great. What I'm hearing, Tabitha, is that one, it's not an easy process. Two, it's a well thought out process. Based on having the opportunity to engage with some of you on the screen, I know that this isn't something that you just did yesterday. You've been working on this for a long time, in some cases, since the pandemic first started. I commend you on all the work and for really pushing the envelope and making sure that our children are safe and that our staff are safe. Thank you.

Javier: Marco, if I may, I do have one more comment. This is Javier with the East Coast Migrant Head Start Project. Make sure we have the systems in place to support this vaccine mandate as it relates to employees by providing them the time off for them to get vaccinated, providing them the support if they do get symptoms or sick from the vaccine, partnering with local providers to provide the vaccine as conveniently as possible, because many times those are roadblocks that they may have difficulty with. But putting that ahead of time so that it facilitates that mandate.

Marco: Good points. Thank you. Tabitha?

Tabitha: Thank you so much, Javier. Thank you, showcase grantees. You're on our screens. Don't turn your cameras off yet, because we recognize that while you're battling wildfires, COVID-19, hurricanes, you're doing all these things. You actually were able to make the time to share your practices with our Head Start community. And I cannot tell you how much we appreciate you and all the work that you do, as well as everyone watching this webcast.

Thank you so much for joining us. Thank you so much to all of our viewers for being open to learning some new strategies. We look forward to hearing from you, and please stay connected to the Head Start community through MyPeers, and visit the Head Start Forward page for frequent updates. Everyone stay safe and stay well. Bye!