

## Prioritizing Staff Wellness in Unprecedented Times

Glenna Davis: Hello, everyone, and welcome to Prioritizing Staff Wellness in Unprecedented Times. It is now my pleasure to turn the floor over to Sangeeta Parikshak. Sangeeta, the floor is yours.

Sangeeta Parikshak: Thank you so much, Glenna. Hello, everybody. My name is Sangeeta Parikshak, and I am a senior program analyst at the Office of Head Start. I'm a co-federal project officer for the National Center on Health, Behavioral Health and Safety, and I lead the early childhood behavioral health work at the Office of Head Start. Next slide, please.

Today, we'll be talking about staff wellness. This is not a new topic. We in the Head Start community have been discussing this for a very long time. But given the unprecedented nature of the COVID-19 pandemic, the stress that many of us are feeling at this time can be overwhelming. We want to acknowledge this today and do our best to focus on you. We will take the time today to briefly define staff wellness and discuss its relevance in the context of current challenges faced by leaders and Head Start programs. We will review the recent IM that was released through the Office of Head Start on supporting the wellness of all staff and the Head Start workforce. And most importantly, we will hear from your colleagues, two Head Start directors who can help us start to think of ways to address staff wellness in the midst of tremendous uncertainty. Next slide, please.

I mentioned I'm Sangeeta, and there's my glamor shot there. I am joined today by Amy Hunter from the National Center on Health, Behavioral Health, and Safety, who leads the behavioral health and mental health work for the center. Kathy Parson, who is executive director at Benton Franklin Head Start. And Adriana Barron, program director for Head Start, Early Head Start and Staff Child Development at CAPSLO. We will introduce them more formally later on in this presentation. Next slide, please.

Why focus on staff wellness? I imagine that if you have joined us today, you realize that the wellness of staff in early childhood programs is crucial to the well-being of children and families and that maybe you want to get some tools about how to address it more intentionally. We come to this work to serve children and families, promote their growth and development to get them ready for school and for life. But that cannot be done effectively without staff wellbeing. And when I say staff, I mean, all staff in the program, from education staff to family service workers, health managers, mental health managers, disability service coordinators, bus drivers, et cetera. And when I say, "well," I mean both mentally as well as physically healthy.

And there's research to back this up. Staff who are healthier, both emotionally and physically are able to engage in higher quality interactions of care and in turn, enjoy the work that they do. It goes without saying that even with the best of intentions, if adults in a child's life are not well, the children in their care will not experience all that adult truly has to offer, including building those supportive relationships that we know are often the key to children's long-term success, both academically and otherwise. Next slide, please.

While we have been concerned about the rates of depression and physical ailments in Head Start staff for quite a while, the COVID-19 pandemic has only further exacerbated these concerns. There was a study done in June of this year that focused on the physical, mental, and financial stress impacts of COVID-19 on early childhood educators in Indiana. They found that there were statistically significant increases in mental health concerns, including sadness, nervousness, and hopelessness after the COVID-19 stay at home order. And that only 37% of these educators rated their overall health as very good or excellent during the shutdown period, which was a big drop from 70% prior to the pandemic. Next slide, please.

And as I mentioned earlier, we are not just talking about education staff. Social workers and those working with families are in a job that comes with emotional exhaustion or compassion fatigue, as you may have heard about before. In a recent study conducted on the impact of COVID on post-traumatic stress, grief, burnout, and secondary trauma, social workers in the United States findings indicated that social workers are reporting higher than national estimates of PTSD. And given previous estimates of PTSD among social workers, this indicates there is a greater need for more emotional support for them right now. Organizational support, such as reflective supervision practices and a culture that supports both physical and psychological safety have been shown to reduce workplace stress. Next slide, please.

What does all this mean? Well, it means that early childhood services do not take place in a vacuum. The pandemic and all the approaches we need to take into account to ensure the safety of everyone in the program, from masking to vaccinations, understandably adds stress and increased responsibility on staff and Head Start and Early Head Start programs. And if we want to deliver quality services to children and families, they must be provided in an environment that fosters wellness, and that wellness begins and ends with all staff in the program.

To that end, the Office of Head Start released an information memorandum in September of this year focused on supporting the wellness of all staff in the Head Start workforce. And this IM was an attempt to put into one place all the pieces about supporting wellness so that we can be solution focused in our approach. We attempted to give examples of ways to support wellness. And what I'm going to do next is just walk through the different pieces of that IM. And after that, we'll turn it over to hear from two programs that can give us some real-life examples of how some of these suggestions have been put into practice.

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I really love this graphic, I mean, it's pretty, but it also puts into context of there are so many pieces of staff wellness that we need to take into consideration. In the IM, we share actionable recommendations for programs to utilize in the area of staff wellness and tie them to some of the performance standards to demonstrate how wellness is integral in all areas, even in child mental health. We outline all these aspects of staff wellness that you see here on the screen. It's about children and families, but it's also about making sure everyone feels respected in the program. It is about having opportunities to practice wellness activities, and it is about making sure that employees know what their rights are and that they feel valued.

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The Head Start Program Performance Standards state that programs must support a programwide culture that promotes children's mental health, social and emotional well-being, and overall health. We provide a couple of examples in the IM about how to achieve this, including gathering data on strengths of staff as well as the needs of staff and using them to create goals for staff wellness. They can then, in turn, help children and families be well. Next slide.

Standards also talk about how programs must ensure all staff and consultants follow appropriate practices to keep children safe during all activities. But this cannot be done without making sure that everyone, including staff, are taken care of. Some suggestions we provide include providing adequate vacation and sick time and supporting wellness breaks as needed. Often, we have heard – I've heard anecdotally that staff are too afraid to ask for a mental health break because we're conditioned to think that mental health care is not the same as physical health care. But if the program has a culture of wellness in place and supports all types of wellness breaks, it can go a long way to ensuring everyone in the program is safe. Next slide, please.

Programs are encouraged to foster a working environment of mutual respect, trust, and teamwork, where staff feel empowered to make decisions and know that program leadership are there to support them. This is an area that really involves relationship building and can take some time to cultivate. It's not like a check the box kind of thing, but it would take some time. It's important when you think about kind of the overall organizational wellness. I have heard of programs during the pandemic creating wellness challenges, virtually sending surprise mail to colleagues. This can go a long way to team building and making sure people feel included and respected. Next slide, please.

Programs are encouraged to use one-time ARP and other sources of COVID-19 relief funding to provide incentives to staff to support retention. Even temporary raises in pay can go a long way to retaining staff, ensuring paid leave related to COVID situations, just getting the vaccine or needing to take time off to help a family member who is ill. All of those things can be used in this one-time relief funding. Next slide, please.

The Head Start Program Performance Standards states that programs must make mental health and wellness information available to staff regarding health issues that may affect their job performance and must provide staff with regularly scheduled opportunities to learn about mental health, wellness, and health education. Ways to do this include using employee assistance programs, connecting with other program leaders to share strategies – which we are going to be doing today – providing opportunities for peers to check in with each other and decompress, and ensuring program policies and procedures comply with the Occupational Safety and Health Administration in providing a safe workplace. We also have a lot of great ECLKC resources on this as well. Next slide, please.

Programs are also encouraged to consider ways to improve workspaces and incorporate more physical activity, safety practices, and healthy options into daily work routines. We've heard that this can sometimes be challenging, particularly if we're not fully staffed, but we have heard of just doing exercises with the children can be really motivating for staff and even having those workplace challenges that we talked about earlier can really go a long way to improving someone's workday and making them feel like they're part of a team. Next slide, please.

And finally, a critical part of promoting staff wellness is really ensuring staff are aware of their rights as employees. Programs must establish written personnel policies and procedures that are approved by the governing body and Policy Council – Policy Committee, and that are available to all staff. Programs are encouraged to regularly inform staff of these policies and procedures, including their rights under applicable federal and state laws. And we have the list here and is also in the IM. Next slide, please.

I know that was a lot of information, and I think really for me, the key takeaways that I would like to emphasize are this is an unprecedented time in our country and the stress that early childhood staff are under cannot be underestimated. We can only do what is in our control and that is learning about ways to stay well and building and sustaining those important relationships across staff and learning from each other, which is what we're going to do today. And what I'm really excited. Now, I'm going to turn it over to introduce Amy Hunter from the National Center on Health, Behavioral Health, and Safety, who will be moderating the next portion of our webinar today. Take it away, Amy.

Amy Hunter: All right. Thank you so much, Sangeeta, if you could ... I was not on camera when you are talking, but if I was, you would see me doing this cheer. At the end, you know, when you were talking about focusing on being connected with each other and relationships.

But I am really excited to introduce you to two directors in Head Start. Kathy, where are you? There you are. Kathy and Adriana. Kathy comes to us as the executive director of Benton Franklin Head Start, and she's worked for the agency for almost 25 years, first in that finance manager role and then in her current role as the executive director since 2015. Ben Franklin, Head Start is in eastern Washington state, and the agency operates Head Start, Early Head Start, a small state pre-K program, and all together, they serve 467 children and families. And I'm going to do a little bio for Adriana, and then I'm going to have them each tell you a little bit more about themselves.

Adriana joined CAPSLO – CAPLSO is Community Action Program of San Luis Obispo – in 2006, beginning her 14-year career in the agency's Head Start programs. She's earned a Bachelors of Science in child development with a minor in psychology from California Polytechnic State University, and Adriana has also worked in a variety of positions through her time at CAPLSO and is experienced in providing direct service to families, promoting professional development and quality improvement, and managing and leading high-quality child-development programs. We are thrilled to have you both here. You have both had a tremendous experience, as Sangeeta mentioned in these uncertain and unprecedented times, and we're eager to hear

more about your experiences. Kathy, do you want to tell us a little bit more about your program and yourself?

Kathy Parson: Yes. Hi, everyone. We are, like Amy said, we're in eastern Washington, kind of the more arid part of the state.

I've been with the program for 25 years. We have, like I said, Head Start, Early Head Start in a small state program. We run duration and part day. Our program has been up and running in this pandemic since mid-last year, about a year ago. We've learned a lot. We've continued to learn a lot. We have 120 staff. And we are busy – really busy right now and have been, but still able to enjoy it and have fun in what we're doing.

Amy: Thanks, Kathy, and we'll definitely be coming back to you for some specific questions. Adriana, tell us a little bit about your program.

Adriana Barron: Sure. Good afternoon, everybody. My name is Adriana Barron, and I'm the regional program director for Community Action Partnership of San Luis Obispo. And CAPSLO has four Head Start, Early Head Start regional grants that fund 1,400 children. We also have two a migrant seasonal Head Start and migrant seasonal Early Head Start grants funding 2,680 children. In addition, we have five state child department program contracts funding 1,679 children, and we serve throughout California and nine counties. We have three program options. We have our home-based option, our family child care option, and our center-based option. And we have a total of 1,032 staff agency wide. I'm happy to be here with you today.

Amy: Thank you so much, and I want to remind folks who are listening in and watching, please feel free to type in your own questions. I have some for them, but please type in your own questions in the Q&A, and we'll try to get to those. I have a question for both of you. What are some of the recent challenges your program has faced and how have you prioritized staff wellness while facing these challenges? We know, and I just reiterate again, these are unprecedented times. No one has been through anything quite like this before, so I don't know. Do you want to kick us off, Adriana?

Adriana: Yes, I would love to. One of the biggest challenges we've had is around staffing. Staffing feeling tired. Staff feeling frustrated, overwhelmed. And, of course, nationwide staff shortages. But I think individualization is key for each and every staff person. They're all unique and have different needs at different times. I think CAPSLO has done a great job of morphing to the needs of staff and meeting them where they are, which is really important. Some of the strategies that we've engaged in are really being flexible with our staff and their schedules. Creating flexible hours, split shifts, remote work, and allowing for time off. Using additional funding to purchase comfortable seating for staff, adult chairs, adult seating, lighting, specific areas where staff can take a break and take their mask off and just recompose themselves before they have to go right back into the classroom.

We've had an infusion of staff wellness activities. Creating opportunities for staff continue to feel a sense of belonging and connection to one another. An example of this could be a

gratitude tree where there's an expression of appreciation towards one another at a particular site. We're really showcasing an individual – shout out, Star of the Week has been really effective in making feel staff connected, and it's really just the little things that matter.

Agencywide, we also have an employee wellness committee, which was established prior to COVID, but I think COVID just really shifted our attention towards staff wellness and mental health. And our committee consists of an executive leader management as well as a 30-hour employee and representatives from our employee council and different employees from the departments within the agency. A lot of the different types of activities that we've done are Mindful Mondays or Wellness Wednesdays. An example of this would be a 60 second – 60 seconds of deep breathing on like a snowy beach. It's a YouTube video with the quick little icon at the end that's asking you to inhale and exhale throughout those 60 seconds, and those have been really fun activities that have been emailed to everyone in the agency.

We've also done monthly challenges with different topics. For example, how many steps can you get in a month or drinking water? The last topic was on financial literacy, and we discussed, staff were able to read an article, take a quick quiz. And then one of the prizes was they would get some time with the financial advisor to build a budget or just appointments on specific topics they'd like to cover. One of my favorites also is our Luncheon Learns, which cover topics, for example, our last one was on mediation plus mindfulness equals self-care superpowers. They were really interactive presentations on fundamentals of benefits of wellness. And we have those about every other Friday, and they're recorded. They're just 30 minutes and available for all staff live. But if they're not able to attend, they can look at them later. We've also partnered with like psychology majors or nutrition majors to have them come in and lead small focus groups with our staff. We have 30-minute workouts which are also recorded but offered live early – early in the morning. We have some early risers that could benefit from that. And all of our wellness activities are all compiled onto an internet page where all of our staff have access to.

Lastly, diving really deep into our policies and procedures when it comes to recruitment and relooking at how we recruit staff is really important for us. We took a deep dive into our job descriptions. We noticed they were very lengthy, and we needed to update them with qualifications, travel vaccine policies, things like that. Getting direct and to the point. Using additional funding for recruitment, pushing out advertisements or materials, as well as looking at our interview questions. We found that when we were interviewing staff, our associate teacher interview questions were definitely harder than our teacher questions, so, we had to go in and really focus on that. Our agency also conducted an agencywide salary survey, which we're in the process of completing and then going through that so we can look at staff rates and making sure that everybody is being paid equitable with our community partners as well.

In addition, we've added support positions to the budgets, for example, substitutes or paid internships. We have a college right down the street here, so we definitely partner with the college for interns who can come in and at least support the staff, give them an extra break or give them time to complete paperwork. Janitors or family service advocates that can provide

additional support, with COVID, we just had a lot of added workload, and there's a lot of increased documentation and needs that the families have now. We have definitely added additional positions.

Amy: Wow. It's a lot. It's wonderful. I mean, I'm struck by so many themes of what you're saying, but one I want to pull out is this combination of things that you're offering for individual staff, for themselves, in terms of their own wellness. But really, also the systems approach that you have described taking, looking at your policies and procedures. And really, what I take from what you're describing is you really looked at sort of every aspect of the workplace and provided many – many different ideas and ways of supporting staff and thinking about how to do that. I want to shift gears a little bit and ask Kathy the same question. What are some of the recent challenges your program has faced and how have you prioritized staff wellness staff, excuse me, staff wellness while facing some of these challenges?

Kathy: I think recently one of the biggest challenges we faced in the state of Washington. I know programs now are facing the vaccine mandate, but in the state of Washington that happened. We had a mandate for schools and Head Start programs that went into effect in August, and then we had to be fully vaccinated by October 17th. Maybe it was 18<sup>th</sup>. And at that time when the mandate came out, our staff were 60% vaccinated, and this was despite all of the efforts that we had done to get staff vaccinated. When the vaccine very first was released last spring time to school employees and Head Start employees and we were able to receive our vaccine. I was excited. Here we go. We'll get everybody vaccinated and be back to normal. Come back. We'll get rid of the hybrid model. And it didn't happen. Staff were very reluctant to get the vaccine. And in addition to that, the area that we live in is very vaccine hesitant. We have a very low vaccination rate in our community.

In addition to that, we have a very high infection rate. I kind of follow – pay attention to those infection rates. And I'll read where the community is having a big outbreak and the infection rates high, and you go in and read the story, it's 300 per 100,000 people. Now, our community, it was 1,100 per 100,000, so we really were in an area of high infection rate. That's what we started to face early in the spring last year when we thought people would just want to get the vaccine without a mandate first, you know? What we did early on was started to educate staff about the vaccine. We attended every meeting we could, every training our state of Washington provided. Our health district at the state level provided information on vaccines before they were fully released event. Every snippet we could get about the vaccine. We provided that to our staff. Email in the beginning. Just put it out there. We didn't include our opinion on it or anything like that, but just provided staff with information. We did that.

And when we started to see that our staff weren't getting the vaccine when they were eligible to receive it, we just started kind of a gentle campaign for the vaccine. We brought in our health district nurses that we worked with and that our staff have a relationship with and trust. We did two webinars with them where – rather webinar Zoom meetings, where the nurses came in and talked about vaccine hesitancy, vaccine history, the history of vaccine hesitancy,

the efficacy rates, the side effects from the vaccines. They answered questions. And at that time, there were a lot of questions in our staff.

We have some staff that were really digging their heels in. They weren't getting the vaccine. We did that, and we started a vaccine buddy system if staff were hesitant or afraid. We offered to go with them to receive the vaccine. At that time, we had a mass vaccination site in our community with the National Guard. And at that time, it was really hard to get an appointment. When they would post new appointment availability every week, they would fill up fast. We used the Remind app and would send that notification out to all staff so that "Vaccine appointments were available. Go ahead and get your vaccine appointment made." We also provided ... When Walgreens and Rite Aid and the different pharmacy – local pharmacy started providing vaccines, we would also send that information out. We used information from our health district again on where to get a vaccine.

We provided ... We still weren't seeing a lot of movement, so we did a management, just a little impromptu video of why we received the vaccine and shared our experience. And there were about 12 of us from different ages, and we had different reasons for why, and went on there and shared that with our staff, and it was all very different. Everyone had a different reason. And it was very heartfelt, and I think that really showed our vulnerability as to why we did it. And that promoting it to our staff that they could do this too.

In addition to that, we did a vaccine clinic at our site – at one of our sites, and we brought in a local health – pharmacy. They did the vaccines. And I was very excited about that event. "OK, everybody will line up now. We're doing it here. We're making it easy." And we still had a low turnout at that event. We had about 20 staff, and family members were invited as well. But that for me as a director was my turning point of, "OK. You're not going to do this all-in-one big fight. You have to keep looking at different ways to provide information for staff to make them feel supported, help them feel supported to different ways to get them out there and get the vaccine. It was at that point where I started counting ... 10 at a time was good. That was actually success. And when I started looking at it that way, we kind of motivated us to just kind of like, keep moving people forward.

We provided, gosh, all of the different things we did kind of drawing a blank Anyway, we continued with that through the summer. And then in August, like I said earlier, we were at 60% vaccinated, and then the mandate came out. And it was kind of like a punch in the stomach. I thought, "Gosh, what will we do as a program? I don't know. We've done everything we possibly could to get staff vaccinated. It's not happening at the level that we need to operate. What will we do?" We continued with our campaign. We talked to staff. We again made available all of the different places staff could receive a vaccination staff. We had staff that were angry at us, and what my approach was just always, "These are the guidance. This is a guidance from the state. These are the guidelines. And this isn't us making you do this. This is what we have to do together to get through this." And again, left our opinions out and just educated staff, and they slowly but surely started doing it, receiving the vaccine.



At the end, 90% of our staff are vaccinated. We have some exemptions, 11. We ... One staff person left. And we're thankful for that. It's changed our life as far as operating. We're not sending everybody home on a quarantine because they travel, or they had an exposure. It's really brought us back to some sense of normalcy, and I think if staff knew what that would do for their experience, I think that they would feel better about the vaccine.

I think that so much of us getting there has to do with our wellness, in our focus of wellness in our program. Like I said, I've been here for 25 years, and we've always had a robust wellness program. We really built that up when the pandemic happened. We kind of lost. We were working from home and didn't know where some people were. They weren't checking in. Really starting to reach out to individuals and getting them the support that they needed to get through this time. We provide staff ... I sent an email out every so often encouraging staff, acknowledging – I never sugarcoat anything – acknowledging these are tough and challenging times, but we'll do this together. If you have a question, we're here. If you have a fear, we're here. We can help you answer those questions that you may have.

We do a lot of things, like Adrian talked about. We provided staff with – we purchased a subscription to Headspace. It's a meditation app that all staff have access to. We brought meditation into our practice in the beginning of our meetings. We use headspace. We've started a trauma-informed care approach with staff. We have ... Our scheduled professional development days, we've just turned those into a focus of trauma-informed care. We've contracted with a local psychologist, her husband, and then her friend that works in trauma-informed care in Ohio. They ... Five times this year, they are coming in and doing a continuation of trauma-informed care and really dealing with this pandemic. We provided staff with different tools like books. We've got a trauma healing little book that they can do to kind of walk them through a bad moment.

And then, another thing that we've done for staffs is provide them time – when they did get the vaccine – provide them time to recover if they had bad effects from it, up to three days paid time to recover and that was used very lightly. I mean, and not a lot of staff used it, but some staff did need that. We've also started to use hazard pay for the rest of this year with some of our additional funding that we've received. Because we know it's tough, and we know staff are struggling with the high infection rate. We still have a lot of children in our program that are come in sick. We've got a lot of runny noses, tummy bugs, and coughs. Dealing with that and that fear and it's, I think, really supported staff that way. And I think the other thing that we do well – we do a lot with our staff wellness – but just transparent, you know, telling staff how what we're doing, what the plan is, if we have a mandate, then we get that out there. We let staff know this is what's coming, and we'll get through this together. We also, at the beginning of the pandemic, brought staff into different committees. We worked together on planning to reopen. We work together on some of the policies and procedures that were being implemented, and I think that that made – helped staff to feel a part of this and to feel not so fearful of what may be coming because they were part of the planning and decision making.

And it's always so helpful to get the teacher's perspective. It's easy for us to stay at home and make some of these – implement these changes. But the teacher perspective was so important. I really think those are some of the things that got us to where we're at today.

Amy: Thank you so much, Kathy and Adriana, for those very thorough responses talking about the real challenges your programs have faced and the many – many things that you all have done. I know we have, I have more questions, but I know we have some questions coming from participants. Sangeeta, were there any questions that are relevant right now?

Sangeeta: Yeah, I'm just going to follow up. Let's start with Adriana. We have a couple of questions for you. The first is, well, there were two questions for you that were about the same issue. But in general, how do you know that staff are benefiting from your self-care and mental wellness initiatives? And have you noticed any improvements in staffing since implementing these interventions?

Adriana: Yes. During the pandemic, we did implement needs assessment or interest assessment for staff, so we are tracking data through that, asking them what they were interested in. And wellness was the main one. It was wellness, stress, nutrition, and finances, were the topics that had come up from the needs assessment. We do track the data. We have seen better attendance at a lot of our sites due to the activities in the wellness that we have implemented throughout. We have continued to provide surveys throughout the wellness activities that go out. We have monthly activities. We do definitely collect feedback, and we also meet once a month. Any topic that may come up or anything we need to adjust for, we're continuously looking at that.

Sangeeta: Thank you so much, and then another one, I just kind of a practical question for you is, who plans and creates these presentations that you talked, about like Lunch and Learns and exercise videos, et cetera? Is it someone in-house or do you have a partnership with communities or volunteers? Who's doing that?

Adriana: Yes. It is – we do have an employee who is dedicated to the wellness committee. It's a 30-hour a week position. However, she partners with various people within our agency, depending on their expertise. But we also partner with Cal Poly, the college, the university here, interns or people from different departments. It's just a bit of a conversation – a combination of external community partners and internal work that has to be done with. And the wellness committee themselves, the people who are on that committee, they will also participate in the preparation of the Lunch and Learns.

Sangeeta: Awesome, thank you, Adriana, and then, Kathy, we have a couple of questions for you. I'll start with the easy one, which is, could you tell us the name of the trauma healing book?

Kathy: It's called ... I've got it right here. It's "Trauma Healing Journal: Guided Journal for Mindful Trauma Recovery." We just purchased them on Amazon. I don't know if you can see it. There are fairly inexpensive, and they're nice. It's a nice little book. And then we also do with –

in our professional development, we've started actually a book study. And for that, we're using the "Positive Thinking Workbook." And it's a nice ... And we cover two chapters of that. Each one of our training, and it's by Alexa Brand. And again, we just got those off of Amazon.

Sangeeta: OK, thank you, and I know someone wanted you to say the meditation app name again, I believe it's Headspace, right? I know that because I use it too. I love that great app. It's a great app.

Kathy: We love it.

Sangeeta: Yeah. And another question for you, Kathy, is how many staff did you ultimately lose because of the mandate? And how did you prepare for the potential disruption of the loss of staff?

Kathy: The easy question is we lost one staff person out of 120. And how did we prepare for that? When ... We knew that we had a mandate, then we were on a timeline. We just really tracked it closely, and we reached out to staff and asked them what their plan was, if they were going to file for an exemption. Early on, we developed a policy and got the policy out there to staff so that they knew what the expectation was. And then gave them, how the exemptions would work. There was medical and religious exemptions.

And the medical exemptions in our area were not being granted. Those come from a physician, and we had no control over that. And then the religious exemptions, we formed a committee – was a human resources manager and myself. They fill out a form, and then we do an interactive – have an interactive conversation with about three questions. They were the same for everybody, of course. Just kind of went from there, went right out when we found out and asked, "What is your plan? We need to plan for this." And they were very helpful and let us know what was happening and fulfilled that at the end. A lot of holding our breath, which isn't sometimes very helpful, but just that, again, I think it goes back to that ongoing communication with staff and that transparency, "Where are we at?"

Amy: From a mental health perspective, probably holding your breath is not the best, right.

Kathy: It wasn't. In those early days, it was like, "Ugh." But little by little, we got there.

Amy: Yeah, one nugget of takeaway, breathe. And sometimes the mindful breathing does actually truly help. Sangeeta, do we have other questions or ...

Sangeeta: We do. People are loving you guys, Kathy and Adriana, they have a lot of questions for you. Adrianna, someone wants to know if you'd be willing to share your needs assessment that you used.

Adriana: Yeah, definitely. We can do that. I would just need to connect with you guys as to how we send it out or distribute.

Sangeeta: Sounds good, so we can do that. Let's see, I thought we had one more question here that I wanted to ask Adriana. How does your agency handle staff burnout when the agency is short staffed, and this could be for either one of you, is directed to Adriana. If either one of you want to answer that question? Go ahead.

Adriana: Sure, I can. I can start. And then, Kathy, if you have anything to add. We really have partnered with the interns in the colleges locally. Whether it be – we are in for count – our regional programs are in four counties specific that I oversee, but we have definitely partnered with colleges. The use of interns has been vital to our program and some volunteers. We've also had that heart to heart conversation with families that there are times where we may have to close due to staffing. And we've reduced some of the center hours due to staffing, and the remaining time of the day that the staff can catch up on work and things like that. But we have had to be very transparent with our families as well because we don't want to interrupt services. But if we cannot operate safely, we won't – we won't be able to operate.

We are adding additional support staff to the budgets. But again, short staffing has been a problem across the board. I have also had my education team go out and visit sites and have give staff breaks as we started monitoring our centers again. That was kind of the direction we gave our team, that we were there to support and really just connect with the staff once again. We have had some admin staff, managers, myself, other people fill in for positions when our staff are feeling uncomfortable or overwhelmed. It's not a long-term solution, but we're definitely still recruiting and actively looking for – to fill the rest of those positions.

Kathy: And we're doing almost exactly the same thing. We've added additional positions temporarily. Again, those are hard to fill, and those are positions that would help in the classroom with the additional cleaning and disinfecting that we have to do. We've added staff, we're getting some of them hired. We've done – and I didn't add this earlier – we've luckily been able to be really close to fully staffed outside of the new positions, support positions. We've really been pretty normal as far as hiring. And again, I think that goes back to us as an agency in the wellness and caring for our staff.

And the area, I mean, is able to support that, really. But we, our site supervisors, they run the sites, and they're doing everything right now, and you really see an impact with them. When we talked about it, you know what I mean? Grant planning meeting, what do we do for our site supervisors? They're burning out. We quickly put together a little plan. We went out, wrote a handwritten thank you card, went out to the sites, and said, "Hey, we're coming in on Friday. We want you to make a plan to not be here. We're covering your sites." Our admin team went out and covered sites so that site supervisors ... I think there's no greater gift than the gift of time, especially now. They were quite surprised and pleasantly surprised. We did that.

Another important piece for us is our admin team. We were here in the beginning trying to figure out automated soap dispensers and where to place them and hand sanitizer. The very beginning, and it seemed like we worked so many hours. And I ... And it's in caring for our teachers, and that goes back to caring for the children and why we're here to begin with. At some point, I thought, "I've got to worry about our admin team, too. They're carrying this load,

and we forget us.” In the summer, the group that I talked about, with the local psychologist that's doing our professional development, I did a six-week training with her. We went in. They have a leadership loft, they call it. We went in and they have love-led leadership training that they do. And we did that for admin staff. And that was so important to bringing them back up to where they could come back to pre-service and start all over again. Don't forget your admin staff because sometimes we forget ourselves.

Amy: Wonderful, thank you so much. Sangeeta, do we have other questions?

Sangeeta: There is another one that came in here around staff hesitancy that I wanted to ask you all. We've talked a lot about what you have done and how you've been successful in retaining staff, both of you. But what are your plans for helping staff with the new mask mandate, especially those staff who accepted vaccine under the idea that this would free them from masks?

Kathy: I could go first because I'm quick and easy. In the state of Washington, we've always had a mask mandate. It's never ... There was five minutes where it went away. And especially in our community with a high infection rate that we've had from the beginning of the pandemic. We've always had a mask mandate. And what we do is we provide our labor and industries, specific on what type of mask we're required to use. We just make sure we have those available for staff regularly – the surgical masks, the three ply, and then we've also got the KN95 masks. And then, another thing we've done is for children. Our children are required to mask, and we work with families that are hesitant and follow our state guidance is what we do and what we can do there. But early on, it was how will we keep children in masks? And the reusable masks, and we really looked at how do we sanitize? How are we making sure that somebody doesn't grab a hold of one that somebody else had had? What we did was drop the cloth masks, and we found little disposable surgical masks for children, and they're out there. That's just one less stressor for our staff as to how to keep those clean and safe for children. We've always had a mask mandate.

Amy: Thank you, Kathy.

Adriana: We're in the same boat as Kathy. Our agency has had that policy in place and in our state as well, so we do have a mask mandate. Everybody is required to wear a mask, even admin. We have purchased plenty of masks for children as well, and we're constantly reminding staff, staff are constantly asking staff. I've seen some really unique ways of making sure that they aren't cross contaminating masks. We had a center build, a big box where there's just a small opening so that children just kind of put the masks and or the staff put them in so that nobody can touch the mask that have already been worn. But we also provide masks for our staff and the children and families, and we have had some hesitancy from parents. But it just takes some coaching and providing additional masks at the door whenever they're coming to drop off their children.

Amy: Thank you so much. Sangeeta, should I ask a few or do you have a few more?

Sangeeta: I think you can go ahead Amy, thanks.

Amy: All right. Well, one of the things I really wanted to, I sort of have two questions, so I want you to answer whatever one you like, and you can pick. But one of my questions is, how do you see the focus on staff wellness related to all of these stressors that Head Start is facing right now? Excuse me. That was my one question. I'll give you a moment to think about. It is sort of the role of staff wellness, given everything that's going on. And the other question is, what do you draw on as a director, as you've been facing these uncertain and unprecedented times? Take your pick.

Adriana: I can go first, if you'd like me to, I can speak to what I draw on as a director. I think, first and foremost, my team. I think it's just really important to have that transparent communication with your team and always talk about your struggles and successes and have some brainstorming think tanks and things like that. Of course, ECLKC, our program instructions, Region IX, and our TA. My favorite is I'm part of a cluster of – cluster number four directors' meetings here in California, and I get to connect with additional directors twice a month from a different Santa Barbara County or Ventura County, and that has just been super valuable for me.

I am newer to the director position here at CAPSLO, so it's just been really helpful to hear struggles that they have gone through as well and similarities that we've had. Networking, and then of course, our community partners have been instrumental to and getting through this process because it's definitely been a roller coaster. But I think it's just really important to be able to build those connections and reach out to your community partners as well for support. And it's OK to ask for help and additional information if it's needed.

Amy: Wonderful. Thank you so much, Adriana. Kathy, you want to weigh in on either question or both.

Kathy: I think just the piece of wellness related to this time. I think it's critical. I think it's what's carried us through, caring for each other. We do it for the families and children that we serve. It becomes kind of automatic for us. And I think using ECLKC and all of the training and support we've had from the Office Head Start, I have relied so heavily on that.

But the nimble piece, I remember early on, we have to stay nimble, and I think that that is so critical even in the wellness piece of it, you know? What's the crisis today? Or what's the ... Is somebody burned out? Have the rules changed again? How do we jump into that, and how do we support staff in a new way all the time? I mean, and I think that's just been so critical, staying on top of whatever ... We don't have a written, I mean, we have a written plan, but we don't have a written, "Here's what we'll do next." It's like, "What do we need to do next to help staff and to support staff?" And I think that's the most important part of this, is just moving with it continually.

Amy: You all have given so much in terms of lessons learned and your focus on caring for staff like we care, as you said, Kathy, care for the children and families and the emphasis on

connection and acknowledgment and transparency. We are surprisingly about at our end. We've got about two more minutes before we have to say goodbye. I wonder if you had anything else that you didn't get a chance to share today that you wanted to share?

Kathy: Hang in there. It's tough, but it's amazing that you get to the other side of it. We were saying before we came on that reading all of the new mandates and all of that and kind of that feeling of, "Oh my gosh. I forgot what we just went through." And that feeling of, "But we got through it." And that's the main thing. You'll get through it.

Amy: Oh yeah. The place we're in isn't the place we always be, really important. Adriana, any parting words from you?

Adriana: Yeah, I think just remembering that it's about the little things and that it's that human aspect, that recognition. A simple thank you. A simple handwritten note, like Kathy was saying, goes a really – really long way. And I think it's just really recognizing the hard work that everybody has done. We're a cap agency, and we have these little note cards that we developed with the little huggy heart rate. It says, "Do your part, give a heart." We have our core values on the back. You can check it off and write a little note to an employee that you've seen, be professional or communication. And those small, simple things are so important for those relationships and the connections that we've missed for so long. I think it's just remember, it's about the little things, and it goes a long way. Thank you.

Amy: Kathy and Adriana, we can't thank you enough for being with us today and sharing your wealth of experience. Sangeeta, anything from you? And then we'll turn it over to Glenna.

Sangeeta: I just want to thank you all for being here today. I know that there were a lot more questions that we couldn't get to in our time, but this is not the end of the conversation. This is the first of the series that the National Centers will be doing on staff wellness, so stay tuned for the next e-blast that will be coming out. We will be talking even more specifically around organizational staff wellness.

Glenna: This concludes our webcast and enjoy the rest of your day.