

Addressing Child Incidents Through a Culture of Safety

Glenna Davis: Hello, and welcome, everyone, to Addressing Child Incidents Through a Culture of Safety. It is now my pleasure to turn the floor over to OHS Deputy Director, Tala Hooban. Tala, the floor is yours.

Tala Hooban: Thank you, and welcome everyone to this webinar today. It is Addressing Child Incidents Through a Culture of Safety. We have myself, I'm Tala Hooban, I am only here for a brief moment to describe the importance of child safety. Adia Brown, our monitoring lead on the branch team, and Sangeeta, our wonderful social science analyst, specifically speaking about the mental health pieces.

All right. I wanted to go ahead and start us off today to explain the importance of child health and safety. Whenever I think about child health and safety in a Head Start setting, I also think about my own children, who I so graciously and so lovingly appreciate the teachers that take care of them. I have children in K through 12, but I also have a child in child care, and the teachers that take care of him are literally my life. Any time I think about child safety, I think about how important it is for me, as a parent too, to know that he is taken care of, and so is the teacher and the center.

I want you to know that the Office of Head Start does understand that you are all experiencing workforce shortages and excess stress both at home and your staff, and you're taking on some of your children and family's issues that they might be having, that they might be confiding in you with, and that is a lot to bear. We are here to be partners in thought process and how to solve for this. Because we have seen an uptick in pretty serious incidents, and we want to make sure we are there together; we're supporting each other to make sure that these incidents are reported and are taken care of in the right way to ensure child safety and continued family trust.

With that, you get to hear from some amazing subject matter experts today, and we have some people working on the Q&A. Thank you for that. And I will turn it over to Miss Adia Brown.

Adia Brown: Hello, everyone. Hey, Tala, I'm so glad that you talked about your children, because I don't have any children, but I love young children. And I always have my nephews. And I forgot – you know, a couple of days ago, I was home in Philadelphia – most people know I'm from Philly – I went home, and I decided, "Hey, I'm going to walk down to his child care center and pick him up from school." And I went down there – he's 3 – he was, like, "Auntie!" You know, he was so excited. And I went through his classroom, signed him out, they have a little badge, you have the badge, the badge in the door – lots of safety protocols that we all know in Head Start.

But when I got into the classroom, you know me, I'm in an early childhood setting, and I'm looking around. And I looked up on the wall for the parents, and guess what was there? The active supervision documentation from the Office of Head Start, and this was not a Head Start program. I was so excited. I looked at my sister and I said, "That comes from Head Start. That

comes from our offices." They see it's really important not only for Head Start, but we are making sure that kids are safe in all kinds of early childhood settings.

And I was so proud at that moment. It just really drove home for me how important the work is that we do and how important the work is that all the people who are on this call who actually work with young children every day, and they use those documents, and they use the information that we give to keep children safe.

I'm here to talk to you about what we're going to cover today. We're going to cover some – a lot of you probably know that just recently, a report came out from the Office of the Inspector General – we call it the OIG – and a report just came out about child safety. I'm going to talk to you a little about that, what was included in that report. We're going to talk a little bit about the IM that we recently released and what that means for Head Start programs. And then Sangeeta, my friend, is going to come on and tell you a bit about training and technical assistance. Great.

Let's talk about the Office of Inspector General and their report. About a few years ago, maybe 2 years ago, the Office of the Inspector General, they started a report on the Office of Head Start. And they wanted to know about how we actually protect the children in our programs and ensured that they were in safe environments. In this report, the Office of the Inspector General said a few things about the Office of Head Start. One, they said that between 2015 and 2020, there were one in four Head Start recipients received an adverse child finding. Later on in the slides, I'm going to tell you more about what those adverse findings are, but when you see that type of report, it said to the Office of Head Start and to the general public that we need to be really thinking about safety and how we ensure it happens in our programs. And we do.

The Office of the Inspector General also found that in 1,029 incidents – they found 1,029 incidents over the course of those years. They also found that 24% of Head Start programs failed to promptly report that they had a child incident. OIG also found that there were 130 incidents that were reported to the state, but they were not reported to the Office of Head Start. In my conversation, I'm going to talk to you a little bit about that, what that means, how we can try to improve that. And we're going to go to the next slide and start that.

First of all, most of the findings that the OIG found were related to supervision. That's why I was so happy when I went into that classroom, and I saw the active supervision. I know that all of you guys know about active supervision, that you've been using our resources. Sangeeta's going to tell you more about them. But what they found in this study, that 52% of what they found of a thousand incidents was that they were all related to lack of supervision. This could be children left for 3 minutes, or children left for an entire day. We have had children who have been left on the bus for a very long time; they found a variety of those. Most of the incidents are more towards the 3 minute, 6 minute, 9 minute, but we do sometimes have more severe incidents of children being left unsupervised.

The other side of the coin was that they found that 44% of the children were involved in what they labeled "child abuse." For us, it means a lot of things; it could mean child abuse, it could be inappropriate discipline, it could be unacceptable discipline – they're all categorized into this one bucket that they call "child abuse." That doesn't look really good for the Office of Head

Start. In that bucket there many different types of incidents that were egregious and that we want to talk a little bit about. And they found that there was a small percentage, about 4% of the programs who had issues with unauthorized release. And what that means is that these are children that are either released to people that the program knows, but they're not authorized; they're not on the form to release the child to, or there have been times when children are released to an unknown individual. And those are more severe. Let's go to the next slide.

This slide really shows you how those incidents are laid out. Every incident, the incidents that we find in Head Start are rare. 1,029 incidents sounds like a lot, but when you think about the fact that we serve a million children, these are rare incidents. But they're all problematic, and they're serious. 374 incidents of physical or corporal punishment was found; 102 incidents of emotional or verbal abuse was found; 54 incidents of things like binding a child, tying a child, or punishments or rewards for food and toileting, that was found, and eight incidents of alleged sexual abuse were found. These are all very serious incidents, and we want to work with Head Start programs to reduce them. We would love for it to be zero; we know that that's impossible, but we want to have these happen very infrequently. Next slide, please.

Let's talk about our IM. Recently, the Office of Head Start, we put out an IM to try to help folks really think about reporting. Reporting is the number one way that we really help grantees to resolve issues that create circumstances that create these types of incidents. When Head Start programs report to us, we're able to provide technical assistance; we're able to get the grantees to correct incidents – lots of things happen. Reporting is a critical part of safety as it relates to what we're doing for young children. We put out an IM to help you think about what you need to do. Next slide.

The first thing, when we got the OIG report, in that report it says that the Office of Head Start needed to provide further guidance to grantees, because lots of grantees were saying, "Well, we didn't know we had to report the incident," or "We didn't know who to report the incident to," or "We didn't know the timeframe for when we needed to report this incidents." The next few slides are going to give everybody – there's 4,000 of you, I heard. That's a lot of folks. At least 4,000 people on this call. I'm going to give you the information that relates to what do you need to do when you have these types of incidents in your program.

The first thing is who you need to call. The first person that you need to call is either your program specialist or your regional program manager. And you should do it right away. I hear lots of times the programs, they wait, they say, "Well, let's report it to the state first, and wait to see whether or not the state finds it substantiated or not." That is not the correct thing to do. What you need to do is, when you have a child incident in your program, you need to report it to your office, your regional office, and to your local state and tribal entities. And you need to do that simultaneously. You shouldn't wait to see whether or not the state says that this is founded or unfounded, or however they call it in your state – you should be making these reports to both agencies at the same time. Next slide, please.

The next thing is, when. When should you be making these reports? And the answer to that is, immediately. As soon as this happens, we don't want programs to try to self-investigate it or to get the state to investigate it. We want to know that these incidents happen, and we want to know them right away. And we want you to do it without delay, but no later than seven

calendar days. Within seven calendar days, no later than seven calendar days, we want you to tell us that you had an incident in your program.

You see the sign – don't wait. Don't wait to report. We can provide you with technical assistance; we can get you the help; we can start correction – the sooner we know things have happened, the better it is for us, the program, and the children who were involved to get all the support that they need. Incidents must be reported within seven days, regardless of any type of investigation. Next slide.

And to drive that home, for all 4,000 people who are on this call – there are consequences for not reporting these incidents timely. If you're not reporting your incidents to the Office of Head Start immediately, or as soon as practicable, within those seven days, we will issue monitoring findings to programs. And these monitoring findings could very well include deficiencies. I know no Head Start program wants to get deficiency; the Office of Head Start doesn't like to give our deficiencies. But we also want to make sure that grantees are following the guidance that we have given them, and that every grantee is concentrating on making sure that all children in their program are safe.

Remember, report all incidents involving Head Start staff, contractors, and volunteers that affect the health and safety of young children in early childhood setting, including those children not funded by Head Start dollars. And what I mean by that is blended classrooms. When we talked to the OIG, there was many times where grantees said, “We didn't report this incident because this was in a blended classroom.” If the incident involves a Head Start staff, a contractor, or a volunteer, that incident should be reported. It should also be reported if that incident involves a Head Start child at any time. I want to make sure that everybody is super-clear on that – so read the slide for yourself. I know these slides are going to be available. But now you know the who, what, and when about reporting.

Here's some of the types of incidents that you should always report. A lot of people say, “We didn't know what to report.” You should always report any incident that results in serious injury or harm to children – those are critical. You must report them, and you must report them right away. You must report incidents that violate the Head Start Standards of Conduct – if you don't know the Standards of Conduct, you should look them up, because there's a lot of things. That means things that humiliate children, emotionally abuse children, where you use inappropriate discipline. The Standards of Conduct really outline all the things that staff are not allowed to do with Head Start children – bind them, spank them, use any type of corporal punishment. Anytime any of these incidents happen in your program, you need to report that to your Regional Office.

Also, you need to report incidents where children are left alone, unsupervised, or released to an unauthorized adult. I know a lot of times people want to do an investigation; you know, maybe they think, “Well, the child wasn't left for that long,” or a teacher reported – you have to report every incident that happens to the Office of Head Start that relate to children. At the Office of Head Start, we review those incidents. We look at the severity of the incident; we determine if the incident was 1 minute, it wasn't severe. You know, we may say, “Well, this is an AOC for this program, make sure that you're not leaving children.” Or if it was 30 minutes, we think it's a lot more serious. But every incident needs to be reported to the Office of Head

Start, and then we will work with the program to provide the technical assistance or the corrective action, depending on the type of incident.

Here are some more examples of things that you should report, and some of the significant incidents that we've seen. A child incident that requires hospitalization or emergency room or medical care – broken bones, sprains, chipped or cracked teeth – all of these things – animal bite – all of these things should be reported to the Office of Head Start. Inappropriate discipline should be reported – things that instill fear or humiliate children, or if anybody is pinching children, or using foul language with children – these things should be reported. And any type of potential abuse or maltreatment, including grabbing, shoving, shaking, dragging – all of those things should be reported to the Office of Head Start.

Now, I'm here to tell you that we would love it if we would be using the preventative measures that Sangeeta is going to talk to you about so that these incidents are not happening in your program – that's the most important thing. The most important thing is we want to make sure that you report it, but we also want you to take the preventative steps to ensure that teachers are well-taken care of, to make sure that if you have challenging behaviors, that you deal with those things. Sangeeta's going to talk a lot about that. But when they do happen, and in the unfortunate and the uncommon circumstance that they do happen, you must report them to the Office of Head Start. There is no waiting; there is no reporting it to somebody else; there is no getting back a report from your state or from your local child development agency – you must report it to the Office of Head Start.

If there's anything about my talk you don't remember, remember that reporting is critical, and you have to do it before seven days, seven calendar days. And finally, anything that relates to the lack of supervision or unauthorized release, you must report those as well.

With that, I'm going to turn it over to my friend, Sangeeta. She's going to tell you a lot about what you can do to try to prevent these incidents from happening. But I'm here to tell you that when they do, please make sure that you report them immediately to your regional program manager or to your program specialist. Thank you so much, and Sangeeta, I'm glad to see you here.

Sangeeta Parikshak: Thank you so much, Adia. That was a lot of information, very well said, Adia, as always. But I wanted to just start introducing myself. I'm Sangeeta Parikshak. I lead the behavioral health work for the Office of Head Start. And I just want to take a moment to acknowledge, take a deep breath, remind ourselves, this is a very difficult topic. None of us go into work in the early childhood field to harm children, and hearing that some children have been harmed can be really disturbing and can even be triggering for some people. We are understand that, and we're just really happy that you're all here to listen to this important discussion. And what Adia has laid out is very important and good information on when to report and what to report on.

But let's go back to the title of today's webinar, where we included the phrase "Culture of Safety." I'm going to talk a little about what this means in the context of child incidents, provide some ideas of why these incidents may be occurring, and I'm also going to lay out some strategies and resources that may be helpful to you moving forward. Next slide, please.

We know that child incidents, they do not happen in a vacuum, and that it happens within a larger system that we need to address. And part of this system, of course, as Adia mentioned, include the staff that work directly with children. As I was saying, no one goes into this work wanting to harm children, and there are factors based on literature review and data that we have gathered that we think are contributing to incidents in Head Start programs. And it's useful to look at this, to think about ways that we can prevent child incidents from occurring at all.

First of all, number one there, we know that there is a connection between staff wellness and child safety. The high demand of the job, especially during these COVID years, coupled with the feeling that sometimes there's really not a lot of control over what is happening in a child's life, or in a particular classroom or program, can really make it more difficult for adults to self-regulate. Especially when we know that adults themselves may be going through some of their own challenges and struggles. We talk about the importance of wellness and self-regulation and kids, but really, adult wellness, first and foremost, have to be supported by programs. This is even more crucial, given the current workforce challenges and hiring and retaining staff that you heard Tala mention at the beginning. And I'll talk more about this topic on the next slide.

The second part of what we're calling our "theory of change" is the knowledge of child development and strategies to address challenging behaviors. We know that they vary widely across staff and programs. And this is true across the board, not just in Head Start, but in early childhood programs, broadly. We know that professional development must include an understanding of what are developmentally appropriate behaviors, challenging or not challenging. Sometimes developmentally appropriate behaviors are challenging for us and how to address it.

For example, some staff may feel that a child is not complying with their instructions because they're ignoring the request on purpose. Part of our professional development is really understanding that that may be developmentally appropriate, or that there may be some meaning behind the behavior; it is not just that they're being difficult on purpose. This type of reframing can be useful, really, to help adults avoid kind of personalizing their child's actions for the child they're working with, and viewing discipline instead as something that is a developmental skill that children need to learn. I struggle with this a lot with my own 4-year-old, who is going through her own set of challenges right now. Lots of temper tantrums, and I have to remind myself that it's developmentally appropriate. It's not easy.

And then the third piece here is – I think it's really important, and the literature backs us up – to acknowledge and really accept that adults come to this work with their own personal belief systems. Discipline and punishment are actually two very different concepts, and there are some adults who believe in discipline and the role of positive guidance in interacting with children, and that is different than believing that punishing a child is the right way to teach children how to behave. These belief systems are shaped by a whole host of our own experiences, our philosophies on child-rearing, our own cultures. And while these beliefs and values can lead to personal choices that are neither right or wrong, it's not up to me or to Head Start to determine that.

Just going to back to those Head Start Standards of Conduct, that staff who work in these settings, they must follow the Standards of Conduct and really interact with children in what we call the "Head Start Way." When I go through the resources at the webinar today, I'll share one in particular that delves more into this topic. Next slide, please. And you can click it again, actually, one more time. Thank you.

I mentioned in the last slide that there are things that staff may feel are out of their control. Workplace stressors that affect mental and physical well-being of staff include a lot of these things that are on this slide here that we are calling "morale busters" for Head Start staff. But really, too many demands. Again, during COVID, we've seen that that's gone up quite a bit. Lack of recognition; feeling devalued; feeling like you just don't have the support that you need from your supervisors or your peers; poor communication across the board – we can't always control these things, but we can in leadership roles help add to how valued people feel in the workplace.

A lot of the literature links staff wellness to what we call the "emotional climate" of an organization, so whether staff perceive their workplace practices and policies as ones that value their work. "Does my organization care about my well-being? Are they supporting me in my professional development and my growth?" These are all measures of what we call "organizational climate," and it really influences how engaged employees are, how well employees are.

And there is some good information out there – the Harvard Business Review has one – about different strategies and actions that leaders can take to improve the climate of an organization. And we do have the staff wellness IM that is out on the ECLKC that mentions some of these things as well. But just at a basic level, caring for others, being interested in your colleagues, asking how they are doing and waiting for a response – those actually, there's evidence to show that that can really change the emotional climate of an organization over time. And even something as reminding ourselves that the work that we do is so meaningful, and treating each other with respect and generosity and gratitude, all of those things can go a long way to helping staff well-being and then reducing that overall workplace stress. Next slide, please.

Going back to this idea of cultural safety – if their overall stress is reduced in an organization, it is much, much more manageable to create what we call a "true culture of safety." Programs that establish a culture of safety say, "I am committed to safety at all levels of this organization, from front-line providers to managers, program leaders." This commitment that we want to make is to prioritize safety is what we mean when we encourage each of you to create and enhance that culture of safety in your program. And the National Center on Health, Behavioral Health, and Safety has created a nice document of 10 actions for a culture of safety, which we can drop in the chat later. But a couple of things – I can't go through all 10 today because we have a limited amount of time, but some of those things include reporting child abuse and neglect.

I had seen a question in the Q&A when we were talking about reporting and what the OIG report said, are we talking about staff or are we talking about reporting on parents. Of course as mandated reporters, you must report any kind of concern that you're seeing for a child's

safety and well-being. But in the context of today's presentation, we are really talking about reporting what you see happening within the program.

Another aspect of the 10 is active supervision, or actively supervising; making sure that children are never left alone, that staff position themselves so they can observe children, count, listen at all times. Of course, all of that requires a lot of energy and a lot of being well yourself, in order to really keep children safe in the program. And at the end, again, I'll provide some resources around active supervision. Next slide, please.

Put simply – I'm throwing a lot at you right now, I know that. But I just want to bring it back to applying this construct to Head Start programs – a culture of safety is one in which everyone is committed to the value of keeping children safe. It's not as easy as it sounds, because it requires a system-wide approach, but it is a very simple message, and that we all want to do what's best to do what's best for keeping children safe. Programs that embrace a culture of safety, they do things like intentionally develop policies and procedures to ensure children's safety. They integrate those policies and procedures into their agency's professional development system. They provide opportunities for training not only to new staff, but also to seasoned staff, provide updated guidance and support for them.

Conducting monitoring activities to ensure that what they have actually put in place works, and if it doesn't work, using that data to make some changes to make sure that everyone is kept safe in the program. And then making sure that we have program-wide accountability. Of course, we need to report to program leadership, but also to other staff, to families, to make sure that parents know that their children are safe in Head Start. When a report like this comes out as a deal-with thing, it doesn't look good for Head Start. We want to make sure that our families know that their children can be safe in our care. Next slide, please.

As I mentioned, and to put it another way, we really need proactive HR policies and practices to ensure a culture of safety. We want one that's intentional, that's vigilant, aware and prepared – all of those things – to keep children safe and free of harm. This slide is from the National Center on Program Management and Fiscal Operations, and it does a really nice job of laying out the different pieces of the system that are part of creating a culture of safety. I've touched on most of these, but I think it's important to see it all together in one place.

You see here the importance of training being strategic, and the onboarding process – making sure that people know what the Code of Conduct is up front, regardless of what their own personal beliefs are about discipline; providing ongoing professional development in a wide range of areas from mental health to how to address difficult behaviors; appropriate child development – all of those areas that touch on child safety, affording appropriate monitoring and supervision of staff. That includes things like reflective supervision so staff feel supported, bringing that wellness piece back in. Integrating these pieces into the annual performance review and making sure again that the Code of Conduct is front and center in any Head Start program to ensure that everyone understands what is expected and what is the Head Start Way.

I think that if we're proactive in a lot of these areas, then we can really do a nice job of preventing, distracting child incidents from occurring. Next slide, please.

I'm sure most of you are familiar with infant and early childhood mental health consultation; it's in our Head Start Program Performance Standards. Programs that are committed to a culture of safety also use that IECMHC in their programs. Mental health consultation – it has a lot of research behind it, actually. Mental health consultation is not therapy; it's really there actually to support caregivers, including staff who support their children that they're working with in the program.

Mental health consultation has been shown – the literature is pretty vast at this point – it's been shown to really improve children's social and emotional functioning, promote healthy relationships between children and staff, reduce the number of suspension expulsions, as well as reduce challenging behavior. Also, there is new research that just came out back in 2019 – fairly recent – and it indicates that mental health consultation appears to be one of the most promising approaches to reducing ECE teacher's stress. Just bringing back that staff wellness piece again – we need to reduce the stress of staff in our programs that we can keep children safe. And mental health consultation is a great way to do that. Next slide, please.

There's other strategies to support knowledge and use of what we call "positive guidance," and I know many programs are using this, but just to have it here in one place – trauma-informed care approaches, the Pyramid Model, many of these, conscious discipline – all of these are really there to help children to develop their social and emotional competencies, but also to really help adults understand why children are behaving in a certain way; help them to redirect themselves, help teachers to remain calm, or staff to remain calm in the face of challenging behaviors, and really to improve the classroom climate. If you haven't used any of these, we do have a lot of information on the ECLKC about these different approaches. Next slide, please.

I know we started today's conversation with, we have this OIG report that came out, we're very concerned about incidents that are happening in programs. We also have a lot of research that tells us that Head Start is instrumental in preventing child maltreatment. We also know that the current rise in behaviors that are challenging increase strain in staff. The increased strain on staff is real. With COVID-19, the pandemic, staff shortages – it's understandable that people may be struggling more than they were before, and addressing some of the things that are coming into the program. What the Office of Head Start has done is partnered with Penn State Center for the Protection of Children. And we have really a nationally mandated reporter training that we have worked with Penn State to develop for you. And it is on the IPD, on the ECLKC. You can take this course.

And in developing the course, we worked with Penn State to tailor it and meet the Head Start Program Performance Standards. As you're taking the course, you will see the Standards of Conduct embedded in there; you'll see some TA materials that may be useful in helping you around really figuring out, "Should I report on this? Should I not report on this? Is this something that I'm mandated to actually report on?" The reason that we decided to do this with Penn State is because their iLookOut course has been shown through randomized control trials to significantly improve knowledge about abuse and attitudes regarding what is needed to protect children from harm, particularly in ECE staff. It's really targeted to ECE staff, and now

we have tailored it to be more Head Start-focused. I hope that you're able to avail yourself of this and find it useful.

The next two slides here are a list of resources that we have pulled together. They are, by no means, a super-exhaustive list, but we wanted to pull out things that we really thought could be helpful as you get started in looking at this. You have all this information on active supervision. We also have resources on embedding health and safety in your program's culture, so learning how to create a culture of shared responsibility for children's well-being in programs. I think there might be another slide here, too, I'm not sure – yeah, there it is. In creating a culture of wellness, just really exploring more about the components of staff wellness in programs.

We have a learning module that we have there from the National Center on Health, Behavioral Health, and Safety. I mention this idea of the influence of our upbringing and discipline. This is one I want to direct you to; this is a webinar with Dr. Brenda Jones Harden, and if you haven't had a chance to listen to her speech, she is really just wonderful and an amazing expert in the field. She really talks fully on the connection between family, culture and experiences, and the way we discipline children. Just when you have the time, please tune into that as well, which is also on the ECLKC.

I think those are all my thoughts. I feel like I talked a lot, but I'm going to turn it over to see if Adia or anyone else has anything they want to say, or if we have any questions we want to answer.

Adia: Hey Sangeeta, I'm back.

Sangeeta: Hey. Yes.

Adia: Yeah, there's a ton of questions in the Question and Answer chat. So far, actually, 51 questions. We have about 18 questions open. I've been typing away. But a lot of the questions in the chat are really related to things like, "Do we have to report incidents that we had prior to the IM being released? And how far back do you want to go?" That's a little bit of a scary question because it said to me that there's programs who know that they have incidents of child safety that they haven't reported to the Office of Head Start. And folks are asking a lot about whether or not there's any amnesty for incidents that they know that they've had, but they haven't reported. I want to say out loud that I really need to take that back to my colleagues at the Office of Head Start and work on some additional guidance around that particular question.

It's really concerning that programs haven't reported those incident, but I do understand – we want to partner with programs; we want to make sure that you have the ability to keep children safe, that we can help you with that. I don't want to rush to answer that question, because I don't want it to feel like a penalty will stop you from doing the right thing, which is actually reporting the incidents of what happened to children in the program. I'm going to go back, and we're going to get some more guidance on that, and we're going to see what a larger group of folks think about how we should handle that particular question.

There's a lot of questions, too, about whether or not programs should report based on the center or based on the classroom. Those questions are really surrounded around, maybe I'm in

a center that has a Head Start classroom, and there's other child incidents that will be picked up by the state that happen in those centers, but not in this Head Start classroom, and should I be reporting those as well? We've grappled with that question as well at the Office of Head Start. The idea for the Office of Head Start is that we want to keep all children safe. However, we know that it could create a burden on programs to try to report every incident in a center that's not necessarily related to the classroom that supports Head Start.

This is another area we're going to come out – we're going to provide soon, very soon; we're going to provide more guidance on that type of question. It's a really important question. We understand that in our OIG report, that if there were 130 incidents and they did it at center level, that it could mean that there was a classroom at that center that was not related to Head Start, but the issue still occurred, and it's still something that we don't know about. We'll get you more information about those two.

There were lots of – actually, I can go to my answered questions. There were lots of questions about timing – do we really have to report this before the seven days elapsed? And the answer to that question is, yeah. One person asked me, do we have to report in six days or seven days or five days? Really, you have to report it in one day. Immediately is the first day that the incident actually happened. But the Office of Head Start understands that that may not be practicable in some cases, so we're giving you some latitude to be able to report to us in a reasonable amount of time. But you should be reporting it on Day One.

Let me see, any other questions that I think – a few want to know if we're going to share the slides – I think the slides are all going to get shared. I think you're going to get a copy of the slides.

Sangeeta: There was a question on iLookOut, so whenever you're ready, I can answer that. Go ahead.

Adia: OK, I've got one more. People were asking a lot about questions about, if there are incidents of child abuse in the home and not in the center, do we need to report that to the Office of Head Start? Incidents of suspected child abuse that you think are happening at a child's home – that needs to be reported to your local authorities. It does not need to be reported to the Office of Head Start. You have to report the incidents that are occurring that are regarding staff and children in the Head Start program to the Office of Head Start. But as mandated reporters, you have a severe responsibility to make sure that if you suspect child abuse in a child's home, that you're reporting that to the proper authorities so that they can intervene.

And Sangeeta, I'll let you answer the question on iLook.

Sangeeta: Yeah, sure. iLookOut – I think there was a question on if you're required to do the training annually. Just to be clear, everyone is required to do a mandated reporter training by their state. But if you're in Maine or Pennsylvania, iLookOut will qualify for that training. However, in general, this is a national training. We're still working on seeing if it can qualify for the requirement, the annual training. But this would be on top of your requirement. We have made it so that it's still Head Start-specific, that you should be able to benefit, and it will be

different from the mandated reporter training you're already required to do. I wanted to make sure that was clear.

There's been some questions around mental health and mental health consultation. It was one of the reasons I put mental health consultation at the end, to not say if it's hard to find a mental health consultant, it's not about necessarily that one person. Obviously, mental health consultation has a lot of evidence, but we also know that there are shortages in workforce in mental health broadly. That's why I really wanted to lay out those different types of training; the Pyramid model training or trauma-informed care approaches.

The idea is that everyone in the program, mental health is everyone's business. Everyone in the program should have some basic understanding of those child development principles, how social and emotional development and well-being is the same as early childhood mental health, and how to do that positive guidance in addressing behaviors. I know that's not easy, but that's why we talked a lot about the professional development needing to happen for all staff, not just relying on the one mental health consultant that may be available or not to help in those instances.

Adia: All right, Sangeeta, I've got a couple of questions in the chat that I have to address. There's a question that's asking, "Can you explain again where people are to report their incidents? It seems like – OK, so lots of folks want to put the incident in HSES. And that is a great place for you to report an incident. However, it's only one step. A program specialist may not see that you've reported that incident in HSES. If you have an incident like this, it's a good idea to call your program specialist and let them know that you've had a child health and safety issue and that you've put it into HSES. You can send them an email; you can give them a call, but you should definitely give them a heads up that you are reporting an incident into HSES. If you do both things, you'd absolutely be covered, and the Office of Head Start will be well-informed that you had a child safety incident.

There was one more that someone asked me to address. OK, there's a question here that says, "Can you discuss allegation versus actual incident?" Yes, I can. Grantees, grant recipients, should report out alleged incidents to the Office of Head Start as well. If there is an allegation that a child was abused in the Head Start program by staff, that should be submitted to your program specialist or your regional program manager on Day One. You should let them know that it's being investigated; you should let them know that the incident had happened, or that the allegation has occurred. But you shouldn't wait to see whether or not the state actually substantiates the incident before you report it to the Office of Head Start. You should report actual incidents and alleged incidents to the Office Head Start when they've involved Head Start teachers, volunteers, staff and Head Start children.

I'm just looking here, Sangeeta, to see if there's anything – even if we have security cameras that show the accusation is not valid. Even if you have security cameras that show that the allegation is not valid, you still need to inform the Office of Head Start that there was an allegation, and you should let them know that you have videotape, and that the videotape shows that this didn't happen in your classroom. But this is all about us making sure that everybody is informed when incidents happen in Head Start classrooms, Head Start centers,

Head Start home visiting incidents, Head Start socialization – we want to know when there are actual or alleged incidents in your program.

There was somebody in the chat who asked me about, “Do we report something that happened 10 seconds?” If we had a child that was unsupervised for 10 seconds – 10 seconds is probably too short to make a report. We gave this on – our standard gauge is 3 minutes. If it's under 3 minutes, and 10 seconds, or 1 minute, we're assuming that the program, that that is not a severe safety issue, and programs can handle that internally. After the 3-minute mark, we feel that that's more severe; we feel that there may be some other issues that are going on, and you should report them. If you had an incident that's 10 seconds – I could probably leave this camera and come back, and you wouldn't even know that 10 seconds happened, so it's probably too short. We don't want incidents that are 10 seconds.

We're getting really nice comments in the chat. People thought you did a really great job, and you did it with such a calm voice.

Sangeeta: Oh, phew! I'm so glad. It is a hard topic to talk about.

Adia: Yeah, they said you did a fantastic job, and you adjusted with an important topic, and it was very calming and reassuring. They didn't say that about me, though, so I don't know if I was calming or reassuring or not.

[Laughter]

Sangeeta: You know, there is a question in here about the OIG report, and some of the prior incidents that were not reported, that people would hope that it wasn't about abuse or lack of supervision. I don't know what you want to say about that, Adia, but I will say that part of the message that we were hoping to send is that it's not easy to report on your peers in a program. I think – and it's also, we were not sure that the expectation was clear that you had to report, regardless. If we can look at this through a lens of culture of safety, we're all in this together – it's not about telling on each other. But first and foremost, we're here to keep these kids safe. I can't speak necessarily to what those incidents were that were not reported, but I just wanted to say that it's a hard thing to do.

Adia: Yeah, I definitely would agree. And I read the report a thousand times, Sangeeta, and I even saw a lot of the incidents and where they came from. And it's hard to be in this position. But I say something all the time in my life that I think is really important. Things happen, and we can't go backwards, but we can go forward. I'm hoping that programs are hearing this message and understanding that the job of the Office of Head Start is not to penalize you. We really want to give you – I love that Sangeeta's on this call, because we really want to give you all of the tools that we possibly can to help make sure that we prevent these types of incidents. But we're never going to prevent every one of them. But you know what, we look really good when we stand up and we're accountable, when things happen in our programs, and we make every effort to try to fix them.

I read every monitoring report that comes through the Office of Head Start, and I've seen that lots of programs have gone through some really bad situations with their teachers, with children, some things that just break my heart to see in those written reports – I mean, almost

bring me to tears, they're that bad. But I'm happy that the program reported it. I'm happy that they told me about it, because now, we altogether can do something to make that situation better. Let's just all keep that in mind and go forward with the idea that Office of Head Start wants every Head Start program to be successful, and we want to ensure that every child in that program is safe.

And those two things, they're not an opposing value; they are one thing. We want your success, and we want all the kids to be safe. Think about that – report every incident. Talk to your program specialist – they're there to partner with you; they're there to help you. They're there to give you more ideas. They're there to try to make a bad situation better, whenever we can. Please make sure that you report these incidents, and let us help you when help is available.

Sangeeta: Well said, Adia. Is there any parting thoughts? I feel like I've answered most of the questions that were for me so far. Most of them are for you.

Adia: I know. I always have lots of questions. I said it one time at a meeting, I have probably the most unpopular job at the Office of Head Start. But I love the job. And I love all the people that are on this call, and I love going through the programs, and I love the kids. And like I said when I got on this call, it was such a thrill for me to go through a program that was not a Head Start program and see all the hard work that we do around safety someplace else. That means that we're making a difference. That means that we are a model. That means that most times we have every child in our program accounted for, safe, released to the right person – we are doing an excellent job. We are rocking it out there.

Head Start programs are safe programs. Head Start programs are programs that kids should be in. We do a fantastic job of doing this. Other people want to be like us. Let's keep that going. Let's make sure that we keep the gold standard of safety that every other child care program out here. Report it– make sure that we know about it. Because when you do, we're making a difference, not only for Head Start children, but for every child that's out there. I'm really excited to have this call with you guys. I'm really excited for all the questions. And I want you to have a really fantastic day. And thank you, Sangeeta, and thank you, Tala. This is pretty awesome.

Sangeeta: Thank you, everyone. Be well.