4 Steps to Healthy and Safe Learning Environments

Melissa Linn: On today's webinar, we have with us Nancy Topping-Tailby and Neal Horen. They will introduce themselves in a moment. Our presenters will take your Q&A questions near the end of the webinar. I'll turn it over to Nancy.

Nancy Topping-Tailby: Thank you so much, Melissa. Welcome, everyone. We really are eager to have this conversation with you and appreciate, as Melissa said, that you have joined us today. Here's a rather fuzzy and younger picture of me. I have the very distinct honor of being the co-project director of the National Center on Health, Behavioral Health, and Safety.

My background is that I worked for 45 years as an infinite early childhood mental health clinician. I'm treating many children with challenging behaviors but I also ran a Head Start program in Massachusetts, which is where I'm located now. I've been in the training and technical assistance system for the last 12 or 13 years working with Neal. I'm going to turn it over to my buddy and co-director.

Neal Horen: Thanks, Nancy. Welcome, everyone. My background is … I had a fruit shake and a couple of yogurts right before this, Nancy, just so you know that I'm OK. I'm a child psychologist and was mental health consultant in a Head Start program and have also been doing training and technical assistance for quite some time. You have to spin pretty far down the data birth wheel to get to where I am. We're super excited to be with you all today and to spend some time. Really encourage folks to put your questions in the Q&A. Nancy and I are paying attention. We're going to make sure we reserve time at the end to get to those. But keep the Q&A coming. Nancy, back to you.

Nancy: Thanks, Neal. Here's what we have in mind for today. We're going to talk about a pretty serious topic, which is one that we've been talking about a lot at the Office of Head Start, which is describing child incidents in Head Start programs. What are they really? What are we talking about? Why are we talking about them?

What we're most excited about is that the Office of Head Start, with support from the National Centers, have developed four core messages to really, we hope, help you figure out some new strategies or enhanced strategies that you're already using to prioritize children's safety. We hope that as you think about these messages and how you might actually use them in your program practices, and in your policies, and procedures that it will help you as you identify challenges and strategies that you can use to promote healthy and safe learning environments where the children in your programs will thrive.

That's where we wanted to start. We wanted to really start with this principle that I often start with because I really love it from the Head Start Early Learning Outcomes Framework, which I'm sure is familiar to many of you. It's that children learn best when they are emotionally and physically safe and secure. That's really what we're talking about. We're talking about why Head Start programs need to create safe spaces for children, and by safe spaces, we mean that

both their physical environments are safe, and that the adults who care for them, the folks who all work in your programs, can ensure children's physical and emotional safety and security at all times.

What is a child incident? Many of you may know this information. But we really wanted to have a shared context so it's really clear what we're talking about. There are three types of safety concerns or safety violations that rise to the level of a child incident, and they are defined as inappropriate supervision, which is when a child in the care of Head Start staff is left alone or unsupervised by actually staff consultants, contractors, or volunteers.

The second type of child incident is a violation of our standards of conduct, which includes any form of inappropriate discipline which can result in the maltreatment or actual endangerment of the health and safety of children. As you'll see in a few minutes, what we're talking about around inappropriate discipline are actual practices that really rise to the level of child abuse, the formal definition of child abuse, which we'll cover in just a second.

The last child incident is releasing a child to an unauthorized adult, somebody who is not authorized by the parent or guardian to have that child. You will all, I think, be familiar with these because these standards come from the Head Start program Performance Standards, both from the safety practices and our standards of conduct. If you haven't seen it, we have a handout today that you can download. Olivia is putting it in the chat for you.

One of the resources that we gave you is a report that was released in the fall of 2022 in September, I think, and it was done by the U.S. Department of Health and Human Services Office of the Inspector General. They looked at safety violations in Head Start programs and determined that, really, all of us and the Office of Head Start need to ensure that we do a better job of safeguarding children who are in our care.

That's why as a result of this report, we are really focused on ensuring that children have the kind of experiences that I know you all want and we all want children to have when they're with us and to ensure that children have those kinds of experiences that the ELOF talks about that are going to help them learn and grow in the best possible way.

Here's what I was alluding to. This is a definition of child maltreatment. In the public health world, they call it child maltreatment. In the early care and education world, we call it child abuse and neglect. This definition comes from CDC, and you'll see that it covers four common types of abuse and neglect, which collectively are referred to as child maltreatment. They include physical abuse, sexual abuse, emotional abuse, and neglect.

These definitions are really consistent with the federal definition, which is in the Child Abuse Prevention and Treatment Act or CAPTA and most of the common definitions that are written into state civil statutes that guide your work when you have to have training around reporting child abuse and neglect. What we're talking about is what happens when kids actually have an adverse experience or a child incident when they're with us and in their care that may or may

not actually rise to the level of child maltreatment and what can we do to make sure that doesn't happen.

To try and support the best possible experiences for children and to make sure that staff have the experiences and kind of support that they need, the Office of Head Start with the support from all of the Head Start National Centers, all four of the centers, develop these core messages to help you think through and understand what OHS expects and to give you some, hopefully, some strategies to promote safe and nurturing experiences for children that will strengthen your program practices and prevent these incidents from happening that really jeopardize children's safety.

Neal and I are going to take these one by one and give you a chance to think about them and we want to hear from you about what you're already doing, and if you're doing some of these things or ways that you might use some of these messages to enhance what you're already doing. We're going to unpack them a little bit.

The first message is that Head Start leaders support children's safety and well-being by creating safe program environments. We're calling out the role of leaders, although as you will hear in a moment when we talk about a culture of safety, we say it's not just the leader's job. It's everybody's job. We have for – Neal and I have been doing this work for, as I said before, about 12 or 13 years. Supervision has been an ongoing issue and that children have, occasionally, been left outside on buses, in schoolyards, on playgrounds, outside the building where they can't get in.

One of the strategies or tools or resources that we developed was active supervision. After doing a lot of research around how do you actually supervise a group of children, there's actually a method to it. It's not just watching. We were able to, using research, identify these six strategies that when used together, really can help new staff and even experienced staff – because we can all use a refresher – to think about what do you actually do that's going to keep children safe when you're observing them to make sure that the program environments are safe and that you know where all the children are all of the time. That's really what we're talking about here.

Active supervision is actually one of 10 actions in a culture of safety. We love this slide because it just shows everybody. It shows bus drivers, and bus monitors, and families, and teachers, and administrators. It shows that everybody has a role. One of the things that we really want to be sure we never hear is, "That's not my job." It's everybody's job. I always think when I was a director many, many moons ago, if I couldn't keep kids safe then it didn't matter how much they learned because the first thing and most important thing that parents want when choosing an early childhood program is they want to know you're going to keep their child safe when they're not with you.

Thinking about what does that look like. What does a culture of safety look like in a program and how are you going to infuse those messages in all of your communications in your program practices and make sure that whatever you do, this is top of mind all the time. We have two

resources that I'm just going to quickly highlight because we've been creating along with some of the other national centers some wonderful – we hope that you will think that they're wonderful – courses on the iPD where you can actually take courses, and you can actually get certificates, which I know are really important to all of you to be able to keep track of your professional development.

This course that I'm highlighting here really explains early childhood injuries, how they are related to children's developmental stages, what types of injuries are more common in early childhood programs and with young children. Then this concept of a culture of safety, which is strategies to reduce the likelihood. We never say you're going to be able to prevent all injuries, but you can reduce the likelihood of injuries through these 10 actions. One of which is active supervision.

Then the next one is, we actually developed a course that went live this fall, in the fall of 2023 on active supervision because we found out that a lot of you, as part of the training that you're providing for your staff at your in-service and pre-service, were having folks watch our webinars. We thought, wouldn't it be great to actually have a course that you could take and that would be a better learning experience than just watching a webinar. We developed this course, and I was really amazed when I saw how many people quickly took it. I know that many people have already discovered it.

There are two modules. The first one really reviews the six strategies. Then the second module looks at some what I call complementary strategies, which is mindfulness and the use of redundant systems, and really how you think about managing your attention. They're designed to be two modules that you can get CEUs for. If you haven't seen them, we hope that you will check them out. They're also on your handout.

I'm going to ask you to use the chat and to please share with us – and we're going to look at the chat, and Neal and I will comment – what are some of the ways that your program is currently creating safe program environments. We'd love to hear from you.

You have a safe program checklist. The checklists are great. Name to face counting. Absolutely. Door alarms.

Neal: A lot of checklists, Nancy.

Nancy: I see that, Neal.

Neal: The word "check" is in there a lot, right?

Nancy: Yep.

Neal: Counting. A lot of counting. Active supervision. Scan and count. That's great.

Nancy: I saw a child pass system.

Neal: Scanning. Roll calls periodically. Name to face. Mental health breaks. That went by fast, but I love seeing that. We're going to talk a little bit here about organizational wellness and things like that and how that relates. That's great.

Nancy: Yeah. I saw, Neal, someone also put in having coaches who come in and observe and can think about promoting best practices. When I actually reach out incidents, I'm really surprised back in my day. We didn't have this when I was a director. How many people have cameras now and are actually recording. When a child incident is reported, people go back and look. It's not like you don't have redundant systems.

The one thing that we're not going to talk about is how you do today because we don't have time and we're really wanting to prioritize the four messages. Because this is actually, you're a lucky audience because this is the first time that we have really introduced them to the larger Head Start community as a National Center.

One of the things you want to really be thoughtful about I think, Neal, is an after-action review because all of you have all of these great strategies. But when they don't work, why didn't they work and what went wrong? That's part of what you have to figure out that you can make sure that it doesn't happen more than once, right?

Neal: I think that some of this may come up in the Q&A, Nancy. I start to talk a bit here; I also want you to be looking in the Q&A because I think …

Nancy: I'll do that now. I'm going to advance the slide and then turn it over to Neal. I'll take a peek while we're chatting with folks, OK?

Neal: Great. Yeah. Thanks, Nancy. We said, there are four core messages that have been created. This is the second one. One of the things and one of the reasons that I'm talking about this is because I work primarily on the behavioral health side of our National Center on Health, Behavioral Health, and Safety. We talk a lot about positive guidance.

I just want to remind folks that the foundation of all of the work that we do from our perspective is about relationships and in particular, responsive relationships. How are we having the, quite honestly, constant back and forth that is a hallmark of a responsive relationship? I just want to talk here a second about behavior because that's what I get paid to do. It's also the thing that I think drives a lot of folks in terms of what's happening or not happening, what's going well or not going well.

Keep in mind that behavior is really about how we interact with one another, how we build or don't build relationships based on behavior. Be thinking about that as you think about the relationships that you have and your role, and other people's behavior and how that impacts you, and how your behavior impacts others. Then start to think about children because children's behavior is a form of communication.

As we think about infants and toddlers who may not have as complex verbal skills as older children, they're constantly communicating, constantly communicating through their behavior, and that has a message. Sometimes we're, as the adults, trying to interpret. Any of us who have had a baby in our arms and the baby cries, we are very quick to try and say, "I think I know what's going on and what this baby is communicating." That is really the work that happens in relationships.

The challenge becomes when, sometimes, children use their behaviors. Some folks would say, behaviors that challenge us because you don't actually have the words or appropriate skills in order to communicate what they want to communicate. That ends up being, in our response of relationship, a choice point. How do we end up responding to that behavior and do we slow ourselves down, especially in the heat of the moment when a behavior is starting to get us activated in some way. Slow down enough to say what is really trying to be communicated here.

Because if in each interaction, and as Nancy said, not so easy, you could have every camera, alarm, face check, every single one of those and there still may be something that doesn't go well. In a similar way, you may very, very much be trying to work on understanding what the behavior is trying to communicate. If a particular behavior comes up that you're not sure, you're having difficulty, it activates you. You may not be ready to do what we think is critically important, which is to always stay with positive guidance, because we know that supports that social-emotional development.

The more we're addressing what's being communicated, the more we're doing that from a positive guidance perspective, the more we're sort of promoting that child's engagement, our engagement, and our relationship with that child. I start there from that core message, and I want you to now, on this next slide, stop for a second. Nancy, if you can just click to the next slide, there you go.

Stop for a second and reflect. I know that sounds odd in some ways for those of you who work in an environment in which you don't get a second to pause and reflect. I really want you, since you at least convinced somebody to let you step out for a webinar, to picture what it looks like, what it sounds like, what it feels like when adults know what is developmentally appropriate, what behaviors should be expected, have appropriate expectations, and use positive guidance.

Now, you may be in a program where this is happening on a constant basis, or you may be thinking of a particular adult who seems to have this down pat, or you may be thinking about a particular place where it's not happening. Just want you to stop for a second because we don't often do that and yet from our perspective, this is critically important if you are to offer positive guidance. In doing that reflection, you may actually have the ability to regulate yourself.

Let's talk next about what regulation is and what it looks like in action. As we talked about in our learning objectives, Nancy I really are striving to not only explain what this is all about but to, hopefully, provide some concrete sorts of strategies. One of them is about regulation. I want to just spend a second here, on this next slide, talking about co-regulation.

When we talk about regulation, there's three different types for you to think about. There's autoregulation, the kinds of things that are just autonomic nervous system sorts of regulations. We are breathing, our heart rate, sucking reflexes in infants, whatever it is, but those are sort of autoregulation. Then there's co-regulation. For very young children, co-regulation is critical. We help children develop the ability to demonstrate the developmentally appropriate behavior, do all the things that we expect, and we expect a lot of children about what we're asking them to do, directions we give, all those kinds of things.

Co-regulation is really when there is some sort of way in which an adult is helping a child to regulate. How are they doing that? You're rubbing their back. You're bouncing a baby on your lap in a safe way, in the way that you're supposed to. But you're doing the kinds of things that will help that baby regulate because you're regulated. That's the third type of regulation, which is self-regulation. An adult has to be able to keep themselves regulated.

When that's happening, here's what really happens for that other person in the relationship – for the child. A co-regulating caregiver does all of this. I want you to start to think about why this is important, why you might end up seeing a child incident happen, is when this is not really occurring. We're using the skills we know. We're teaching and modeling self-regulation. What do I do when I get really upset with a child? My first thing that I do – learned this the hard way with three children and 16 months – is I take a really deep breath.

One of Dr. Marco Beltran's favorite things that I do is I say take a breath. I do that because I also want the child to slow down and take a breath. I'm teaching in model. I'm providing that consistent structure, positive guidance. Because then if I'm self-regulated, I'm also in a position where I can help somebody else regulate, and I'm not going to move to different strategies that are developmentally not appropriate, that might end up leading to something like a child incident.

I say all of that because I want to talk a little bit next about some concrete strategies. There we go. Look at that effect, Nancy.

Nancy: I know. I think it came on too long. It's a regulated slide.

Neal: Let's ease into this one. These are the kinds of concrete things for you all to be thinking about. Self-regulation is the kind of thing that you may want to incorporate on a daily basis. I see it. When I've seen a good educator, what I see is somebody who can get the kids really excited about something and can very quickly get them back down to where it's OK to say, "Next, we're going to move to this." Teaching it. Modeling it. Monitoring those regulation skills.

We do this very early on in babies' lives. When we start to do peekaboo, and we do other little games, interactive games, we're teaching them the excitement of when somebody's showing up from their hands and the slowing down when you're trying to figure out are they going to come out from behind their hands. That regulation of emotions, anticipating, and responding. Every child in that classroom has some different way in which they're regulating you as the adult are going to be the one who's able to assess that.

You are going to help redirect and structure things so that there are more opportunities for self-regulation. It's not chaotic. It's not hard to figure out when are the times to be very loud and running around and excited? Probably outside in a safe way – center on health, behavioral health, and safety. When are the times where we might be more quiet? When we're reading a story together or when we're slowing down. Or at meal time, we may get too excited and if we do, we might spill. All of those things. Setting limits, providing consequences, all of those are the ways in which you might do that.

I'm going to move on a little bit more quickly on the last couple I can make sure Nancy has some time to talk about the other two messages. I also think it's important that when we talk about this, that we talk much more about promotion and prevention and to think about it's not just, can you regulate yourself and be reflective? But are there particular frameworks, curricula, interventions that you all are incorporating? My guess is, with the number of folks on this call, that there's a very large number of you that are using some of these light conscious discipline like the Pyramid Model or making effective use of your mental health consultant.

All of these are really about regulation in the grand scheme of things or about teaching particular helping to support the development of particular skills for the children, but they're also for the adults. That positive guidance that we get from and these are not advertisements for particular there's many others. These are just two examples. But what happens when you're doing implementation of the Pyramid Model or you're using conscious discipline is, as the adult you're also learning the strategies and skills.

That's what's really important about this, because we also want to acknowledge that it's much harder to do any of this if somebody's experienced trauma. It's harder for adults who've experienced trauma, it's harder for children who've experienced trauma. And we want to be aware that wherever somebody's coming in in terms of their life experience, whatever has happened – we oftentimes talk about what has happened to someone – whatever has happened, we also want to recognize that and start to move. We have partners that work on our center that have done a great job of making us think about how we do trauma-informed care as a part of this positive guidance in a very, very nice way.

On this next slide, I want you to just take a look that when we talk about trauma, we really talk a bit about moving from being trauma-reactive, where most everybody doesn't feel very safe or very reactive. We just do something in the moment to what I think a lot of you have heard a lot about over the past few years about being trauma-informed, that we recognize the four R's from Substance Abuse and Mental Health Service Administration, Realize, Recognize, Respond, and Resist re-traumatization, to what our center really likes to promote which is having safe, supportive healing, to really be thinking about how all of this is about the healing that might occur.

All of this to say that when we think about positive guidance, all of these pieces … I see all the love in the chat for all the various sorts of interventions and curricula, so that's great. I just want to move on to just a couple more things. As we asked before, what co-regulation and positive guidance strategies are you using to keep children safe in your program in your work?

Yeah, there I already see Al's Pals. I see lots of folks. I like the reflecting on my own practice. Mindfulness. Pyramid Model.

Nancy: I saw a Trauma Smart because we often see more of a Pyramid Model and conscious discipline but Trauma Smart.

Neal: Yeah, these are all great. Just having a calm down area. Thinking about positive behavior supports. Second step, another great social skills intervention. Using calm hands and trying that in my tennis game. Pyramid Model. Tucker Turtle, right, from our Pyramid Model friends. Cozy corner. Helping children identify feelings. These are great. Fantastic.

Nancy: Yeah, absolutely. Should move ahead, Neal?

Neal: Let's move ahead and take this. Why don't you take the next message? I'm going to let you go ahead and keep us moving because I know you're going to take the next section if that's OK.

Nancy: This is one that we packed a whole lot into this message. I'm just going to read it for a moment. Head Start leaders cultivate an organizational culture. Now, we're starting to think about the culture of an agency. We've talked about the culture of safety. Now, we're talking about the climate of an agency that sets an expectation for child safeguarding, Dr. Garvin really likes this word, the child safeguarding and that builds trust, transparency, accountability, empathy, and equity for staff and families.

As you know, Head Start work is heart work. Equity is really at the center of all of the priorities for the Office of Head Start. One of the things that I always think about in terms of the work that I've done in helping programs think about as a mental health consultant about their organizational culture because it's really important to create an environment where staff feel safe, that helps staff to be regulated.

Part of feeling safe and supported is when folks feel like there's an equitable and just culture and people are treated the same. Doesn't mean that you can't treat somebody differently if somebody's, just like with children if somebody needs something. I used to say to my kids, this is not a democracy. We try and give everybody what they need but it's going to be fair and it's going to be equitable. Somebody isn't going to get something that gives them a leg up that isn't available to everybody.

This is really, now, sort of thinking about what do leaders do to because leaders set the tone for creating an organizational culture that is going to allow all of these things to happen. It begins to identify right, Neal, some of the important things that you need to think about when you're sort of assessing your culture. Does it create a sense of safety and transparency? A little bit later, Neal's going to talk about this concept of psychological safety and what does that mean around the ability for risk taking, accountability, empathy, and equity. Here, we're talking about staff and families. Both.

This is a definition about organizational culture. It could be a complicated concept. Gallup just distills it in the most simple of ways that I really love. It's how we do things around here, you know? We always say that. You see one program, Head Start program, you've seen one Head Start program. You've seen one Head Start region, you've seen one Head Start region. That's part of what makes our program so unique, is that everybody may do things in a slightly different way although we are all trying to do the best possible job that we can do for the kids and families that we are with.

Then PFCE talks also about the fact that an organizational culture, PFCE, our sibling center or the National Center on Parent, Family, and Community Engagement, says that your organizational culture will reflect the values, expectations, and practices that guide and inform the actions of all team members in all program environments. I think about indoors, I think about outdoors, and I always think about buses.

I love this because I'm a mental health person like Neal. One of the things that I always paid attention to was this thing that we call this parallel process. When I think about how adults are feeling and what Neal was talking about in terms of the different stages of regulation, how I feel affects how I'm able to show up and be present or not with the adults and children around me. Really appreciating that we are all interconnected. We don't exist in a silo. It's kind of like these concentric circles. It's an image that works for me.

I think about wellness as a concept within me but across all levels of a system. Now, we're starting to go from the individual to the system. What's happening with the child and individual, whether that's an adult or a child that we children and adults exist within a family. Most of us, not all of us, but most of us are lucky enough to have a family. Our families exist within the larger community but in between other caregiving systems and that's where we show up. That's where we provide care to the children that are entrusted to us.

A good rule is do unto others as you would have them do unto others. Because as we are nurtured or not, are we able or not to nurture. That's why it's so important to think about the kind of leadership that you set if you're a leader and as a supervisor, which we'll talk about in the middle of – I'm sorry, as we progress to this section, we're going to think about the person who is your closest support is your supervisor. And does your supervisor have your back? Is your supervisor somebody who's going to help you process all of the things that you need and make sure that they advocate for you?

There's lots of different dimensions to this that we think about in terms of this interconnectedness, if you will. As I said about a culture of safety, it's everybody's job but leadership sets the tone. I think an effective leader is going to create an environment. I'm not trying to gloss over the fact that I know that there are very complex and real reasons for that.

Right now, we have a workforce crisis, but I want to think about an effective leader as somebody who's going to do their very best to create a sense of joy and engagement so my staff won't want to leave. They're going to really want to do the work if we can neutralize some of the other factors that are contributing to the real workforce crisis that is a thing and is often

preventing us from having enough staff and staff with the right skills and expertise that we would want.

This is the study that I was working about. I love Mental Health America. They do some really interesting surveying like Gallup does. If you haven't checked it out, it's from 2019 but it's not really too old, and it certainly continues to be relevant. They did this interesting survey where they looked at staff perceptions and attitudes about the climate or the organizational culture where they worked. Then they asked people about the managerial style of their supervisor and what kind of impact that had on staff well-being and engagement.

They found out that it really was an important thing, that when staff perceived that the workplace practices and policies were ones that made them feel like people noticed them, and they valued their work, and they cared about how people were doing, and that there were opportunities for professional development, and that people were really supported and had the resources to the extent possible. We can't always give everybody everything they need, but to the extent that we can equip and motivate staff to perform their job well and give them the tools that they need.

That really made a difference in terms of decreasing a sense of stress and really helping people to feel more job satisfaction, and more confidence, and pride in their work. It's an interesting study, and I would encourage you to read about it. If you have a program-wide staff wellness plan or really, everything we're talking about is why we have really focused much on the importance of a program-wide staff wellness approach. This is I think good, good stuff to read and think about in terms of doing your own assessment of your culture.

If there's one thing that you take away well, I want you to take away more than one thing. I want you to take away all the core messages. If there's one other concept in addition to the importance of regulation that Neal was talking about for me, maybe they would be different for Neal than for me, it's this connection between if staff are well, they're going to be better able to take care of the kids. We don't want staff to be well just because we want them to take care of the kids, we want staff to be well because we care about our staff.

If staff aren't well, you got more problems. I promise you, we have lots of research to say that this is true. There will be more child safety incidents. We know that children need consistent sensitive caring and that involves stable relationships with adults. Right now, when you may not have stable relationships and you may have people covering for each other, all of this becomes even more important.

Again, adults who are physically and mentally and more likely to engage in positive relationships are going to do a better job of keeping kids safe. Supporting staff well-being really promotes this ELOF concept of physical and emotional safety and security that we were talking about at the top of the hour.

It's time to hear from you. Thank you, Barbara, for that comment. In what ways does your organization create an equitable culture? Here's that focus on equity. We use that word

intentionally. That allows everyone to do their best work, because that's how I think of myself as a leader of the center with Neal. I'm trying to create a center where Neal and I can give everybody what they need to do their very best work at training and technical assistance.

Meeting with supervisor one on one. Having weekly education meetings. We don't … We need assistance with. This I hope, Janine, you'll go back with them some new ideas. Lots of wellness days. Oh, reflective supervision. One of my favorites. That is important. A little hornet room? I wonder what that is.

Neal: I know. It sounds like a way you'd punish me.

Nancy: There are no hornets, only bees.

Neal: I'm guessing it's a positive. That's really cool ...

Nancy: There's a lot of good stuff in here. You all do the most amazing work, really. In the interest of time, Neal, do you think we should move?

Neal: Let's keep going.

Nancy: Everyone who works in Head Start – this is the fourth and final message – needs to adhere to the Head Start standards of conduct. I've said, I don't want to repeat myself too much – that is the job of all of the program leaders, is to create an environment where everybody understands the standards of conduct and OHS expectations. We know that people come to this work not because they want to do right by the kids and they want kids to thrive, but we want to make it possible for everyone to actually do their job and understand positive guidance. That's the Head Start way. That's what we do in Head Start.

Neal is going to … I'm going to flip it over pretty quickly because I do want to have a little bit of time at the end to chat with all of you. This is kind of a nice transition slide into this psychological safety that I alluded to before because how do you openly discuss and share concerns?

One thing I didn't tell you is that the concept of a culture of safety really comes from the notion and studies on what makes an organization be considered highly reliable, that they do the right things. The culture of safety comes from the patient safety movement where 25 years ago, hospitals said, oh my gosh, we're making serious mistakes that are resulting in people dying and being permanently injured. We need to be able to talk about things when they go wrong so we can figure out how that won't happen again.

A highly reliable organization that embraces a culture of safety will talk about mistakes. That's really scary. A lot of people don't want to. They're afraid they're going to lose their job, or they don't want to rat out a coworker, or they don't think anybody's going to do anything about. There are gazillion reasons. We think that an organizational culture that's going to promote empathy, and trust, and transparency, and all of those things is one where folks will be able to

say when things go well. But when they don't, what went wrong so that you can fix it. Neal, take it away.

Neal: I appreciate that, Nancy. I think that this last little bit here for all of you to think about is, I love that there's 800 people with suggestions and talking about how wellness is being addressed, and how safety is being addressed. What we've also come to understand is that OK everybody needs to feel safe from a psychological perspective, that you actually have to be OK saying the things that sometimes we just say to that one person.

I used to whisper to my wife, "Is this baby going to ever stop screaming?" Because I didn't think I'm supposed to say that to anyone else, that I'm supposed to unconditionally love my baby no matter how much screaming is happening or how colic ... I think that part of what we want you to take away here is that organizational wellness and your ability to even implement aspects of the four messages that we've been talking about is that you're operating on a team where it's safe to talk to one another about these kinds of things.

I'm in this classroom with this child all day, and I'm going to say something that all of you are going to run around and say, "What?" The child is really bothering me. I know we're not supposed to feel that way but we feel it. If we can say it to somebody in the context of and I want to figure out what the behavior is about, what I can do to help, what our program can do, that's very different than the child bothers me, right? Or this child pushes my buttons.

I'm saying this because in an organization and a program in which there's psychological safety, you're having the challenging conversations. I was just talking with a program yesterday and staff were telling me about that they have children where there's five different people who are dropping the child off or picking the child up and they're really trying to figure out how to engage. One of the people said something and a couple of people got really upset about what this one person said on the call.

I said, I love that you shared, that you feel safe enough to share it. Now, let's figure out what to do. In some ways, the key part of all of this is that when we talk about how to address child incidents, we talk about it from a prevention and promotion sort of standpoint of what are the things we could do so that it doesn't happen. Obviously, it happens. We're trying to reduce that, all of us. But what are we doing to ensure that everyone feels safe enough to have the conversations about that? We want to hear a little bit from you, and then we're going to get to some questions.

Nancy: Although I've been answering questions when you're talking.

Neal: That's so nice. Oh, good. Look at us being efficient. Remember, that last message was really about the Head Start standards of conduct. As somebody who gets to work with lots of different folks across the country, I know that there's a lot of standards. How are you all doing this? What are the ways in which you're making sure that everybody is following these standards? Key part of addressing child incidents.

You can put that in the chat. Training days. Observation tools. Good. QA. Quality assurance monitoring. Lots of training and modeling. I like that there's training and then the coaching piece. Safety meetings. Coaching orientation days. How do we get new folks if we're dealing with enrollment and staffing? We know that we need to continuously be sharing the knowledge, training folks, coaching folks, talking about professional development.

Nancy: Neal, I just want to lift up this comment from Crystal, which somebody else also said they liked. We have a program culture that is hard work, high quality, enthusiastic, accepting, respectful, trustworthy for staff families and children. Isn't that nice?

Neal: That's good. That's really good. All right.

Nancy: Gloria said she liked it. I liked it, too.

Neal: All right. Well, we probably should break out the big prize for the best comment that there's no prize. We just like to have good comments. We appreciate it all. All right. Last slide, Nancy, and then if there's any other remaining questions, we can get to them. Just a reminder, these are the core messages, and why are they core messages? Because what the Office of Head Start has developed in our work is, we have come to understand a lot of the key components that really are the kinds of things that effective programs can be implementing.

You all, what I love most, Nancy, is that we can put the four messages out but what I've seen is tons and tons of suggestions about how programs are already addressing each of these messages. We really want to end here. We'll do a little bit of Q&A if there's anything left. Nancy's so efficient that she answers them on the fly. She's like the person at Chick-fil-A that by the time you get up to the window, she's already got your order. Chick-fil-A, Nancy, is a fast-food restaurant that I'm ... they're not ...

Nancy: My husband likes Chick-fil-A.

Neal: All right. I just want to make sure the bill is in. All right. Hopefully, what you've taken away today is what these messages are all about, and how you can start to address them and to Randy's point, how Supreme Chick-fil-A is. We've done awful ads where we've just done advertisements for Chick-fil-A and conscious ...We're just selling stuff. I feel like we're on the Home Shopping Network. Nancy, let's get to questions because I know Melissa's going to finish this out.

Nancy: A couple of people since I've been monitoring the questions, asked about things like are there some good checklists? There's a really wonderful one for a new program, which was one of the questions. I encourage people to write to us on the info line. It wasn't coming up.

If you look at your handout, the info line is on the handout, and you'll see it on the last slide when we get to it. But you can also write to me. I gave one person my address. But write to the info line because I have some things that I would love to be able to share that ... It's just I would have to go and look for the URL, and there isn't time.

I left this one on purpose, Amber, which is why I didn't write back to you. If parents list a person under the age of 18 as an authorized person emergency contact that can pick up a child, is that allowed? I notice on the ran report template, which is when there is a child incident and you have to do the reporting, that unauthorized release of a child includes anyone under the age of 18. You know that from past experience that there's Head Start rules and then there's, sometimes, state rules and the rule is that you always have to follow the most restrictive rule if there's a difference.

I would encourage you to see what the requirements are in your states because they vary. Remember we talked about state statutes that are based off of CAPTA. Then if there's a difference between if what your state and you could also look if you're in a territory or you're in a tribe but start with your state. If it's relevant for and would be for most of you. If it's younger than age 18, then I would direct that question to your program specialist.

Then there's a question that I suspect is probably about the notice of proposed rulemaking, which is not something that we can comment on. I'm not ignoring the question, Bethany, but how will the proposed changes impact the culture of safety work? I would say that the without addressing I'm assuming that's what you meant and I would say since I can't comment on that, I know that the Office of Head Start embraces a culture of safety and anything that they do, is to take the wonderful tradition of Head Start where we've been caring and making a difference in the lives of children and families for so many years to an even better level.

A lot of thought goes into proposed changes and stay tuned for the release of the final rule. If you suspect abuse, and here's the last one I'm going to do, and you reported to the director but nothing is done, what should you do? That is one thing that we always say when we and our center train on child abuse and neglect that everyone is a mandated reporter. Most programs have policies about child abuse and reporting that. It goes to a supervisor, and it gets triaged, and then a decision is made.

If you don't agree with that decision, you can and should report yourself because that is an individual responsibility that we all have. If we think that folks who are in charge are making a decision that we don't agree with around child abuse and neglect, then you call yourself. I think at that point, Neal, we're really at the top of the hour. We didn't give Melissa much time.

[Inaudible]

Melissa: Thank you , Nancy and Neal. And thank you to all for your engagement today. If you have more questions as Nancy mentioned, you can go to the info line email, health@ecetta.info. You can also go on to MyPeers and continue the conversations with your colleagues. Next slide, please.

Nancy: That's me.

Melissa: This week is Black Maternal Health Week and the theme is "Our Bodies STILL Belong to Us: Reproductive Justice NOW!" This campaign is led by the Black Mamas Matter Alliance. In

April, the Office of Head Start is highlighting several resources to help Head Start programs advance health equity through services to expected families and birthing people. Visit the ECLKC landing page and click the icon for Black Maternal Health Week 2024 to access a curated list of resources that you can use in advancing maternal health equity.

Next slide, please. On May 21 to 23, we just want to let you know we're holding the Health and Mental Health Leaders Institute. This is a three-day online professional development opportunity for Head Start and Early Head Start staff. It covers a range of topics. The agenda will be coming soon. There is no cost to attend. You can register following this link or the QR code which is also in your handout.

Next slide, please. Please don't forget to fill out the evaluation on today's webinar. There should be a link in the chat as well as you can follow the QR code or look for the link in the handout. We just thank you so much for your participation today. You can subscribe to our monthly newsletter. Follow us on social media. We thank you for your time today. Thank you to Nancy and Neal for sharing your wealth of knowledge.

Nancy: Before you shut down, Melissa, there was one comment about this was a great webinar. Thank you for that feedback. How could we share it with other folks like if you wanted to listen to it as an in-service. Folks will get a link to the recording. Just to remind people, Melissa told you that and eventually it will make its way onto ECLKC. Thank you, Melissa, for all of your support.

Melissa: Thank you, Nancy. Thank you, Neal, and thank you everyone today.

Nancy: Here's our info line address right here that some people said it wasn't working but it's hyperlinked in the handout.

Melissa: Perfect.

Nancy: Thanks, everyone. Have a good rest of your day wherever you are. Stay safe.

Melissa: Thank you. You can close the webinar.