



**COMMUNITY ACTION
HEAD START &
EARLY LEARNING
PROGRAMS**

**2020
ANNUAL
REPORT**



Letter from the Director

Dear Friends,

As I sit to write my annual letter, I am reflecting on all the ways this has been an unprecedented year, with racial violence, increasing economic disparities, and social and political unrest center stage. And in March 2020 COVID-19 erupted in our communities, abruptly changing life as we once knew it. Our lives were turned upside down: families' financial difficulties increased and they struggled to meet basic needs. All of us experienced a sudden loss of routine, increased social isolation and anxiety about the future, and fear that we or our loved ones would become ill. Indeed, some of us became ill and some of us lost friends and family. And yet. We continued to work as we were able; we continued to parent our children, answering their questions and holding them close; we continued to care for each other as we tried to make sense of something none of us had experienced before.

Head Start & Early Learning Programs (HS & ELP) temporarily suspended on-site services in mid-March, but we never closed our doors. In our report you will see how every one of our staff—no matter their area of expertise—all pitched in, came together, and acted to ensure that the children and families in our care were well, accounted for, and had their basic needs met. From the beginning, we helped each other to remember this: while physical separation is necessary to contain the spread of COVID-19, relationships are a primary protective factor and emotional connectedness becomes more important than ever. This theme of prioritizing connection became part of everything we did and resonates throughout this report as we share with you the incredible resilience of our children, families, and staff. Each section of this report will present the story of this unprecedented year in two parts: first, by reporting on who are, what we do, and how we do it, then by providing a glimpse into how COVID-19 has impacted our work at HS & ELP.

While this has been a most difficult year, my heart is full: never before have I witnessed the depth of dedication, skill, courage, and ingenuity that was embodied by our children, families, and staff. Educators, home visitors, health and family services staff, specialists, support staff, and administrators all had to transform their practice and work virtually, and we saw an explosion of creativity as work now happened inside the Zoom box. Parents and children came, and together we learned and played and listened and shared and talked. A very special recognition goes to our educators who have been providing services on-site since July, masked and following extensive health and safety protocols. These staff did what no one had done before, continuing—against all odds—the deep and important relationships with infants, toddlers, preschoolers, and their parents. You will read some of their stories here. Their work has made a deep and lasting impact on the well-being of the most vulnerable in our communities.

I also want to recognize the involvement and generosity of our community partners and friends—never before was their support more important. A special thank you goes to our colleague, mentor, and friend Dr. Jayne Singer of the Brazelton Touchpoints Center who listened so well and expertly scaffolded our relationship-based work through a crisis. Together we held tight to our mission of deep partnership, and as you will see in the pages that follow, we made great things happen together.

With my warmest wishes and hope for the future,



Anat Weisenfreund, Director
Community Action Pioneer Valley
Head Start & Early Learning Programs



Photo: Paul Franz, *Greenfield Recorder*

IN MEMORY

On May 14, 2020, we lost our dear friend and former Head Start Director, Val Luther, who passed away from complications related to severe chronic asthma and COVID-19.

Val began her career as a teacher of children with special needs and spent her whole life caring for children and helping others care for children. She moved to Northfield, Massachusetts in about 1972 and began teaching one or two children in her living room; decades later, she retired as director of what's now HS & ELP, having served hundreds of children from across Franklin and Hampshire Counties. She loved her work, she loved the kids, and she loved the teachers. Even after she retired in 2009, she was always ready to help out with the “cuddling” program for high-risk infants at Franklin Medical Center.

Val touched so many with her warm smile, her tireless work, and her devotion to the children, staff, and families of Head Start. After her passing, her colleagues at HS & ELP remembered her as committed to the program's mission, thoughtful and empathic, and the glue that held everyone together: an ordinary person with an extraordinary heart. We fondly remember Val for her creativity as an avid knitter and cook—her ravioli was the best! She absolutely beamed with joy when talking about her family: husband Paul, daughter, son-in-law, and grandchildren. At work, Val generously gave her time and resources. She was always humble, kind, and fiercely dedicated to Head Start. Although Val was never one for the spotlight, we cannot help but pause in remembrance of this amazing woman. We are forever grateful for her contributions and for the privilege of sharing in a small part of her beautiful life's journey.

Our 2019–2020 Program Goals

Every day our work is guided by our overarching Program Goals, created together with staff, parents, community members, Policy Council, and Board of Directors. The Program Goals are responsive to our community needs and address important areas related to family and child well-being and school readiness.

Goal 1: The program will recruit and retain a highly qualified and well-compensated workforce.

Goal 2: The program will provide leadership in developing a program- and community-wide focus on infant mental health and trauma-informed care.

Goal 3: The program will expand EHS services to more infants, toddlers and pregnant women.

Goal 4: The program will implement a system of reflective practice.

Goal 5: The program will work in partnership with families to provide maximum support to the parent-child relationship.

Goal 6: The program will increase the number of Head Start children who receive dental examinations and treatment.

Goal 7: The program will increase overall child, family, and staff wellness.

Goal 8: The program will ensure that all children are supervised while in the care of HS & ELP.

Updates on the progress made toward our Program Goals have been provided throughout this report.



COMMUNITY ACTION HEAD START & EARLY LEARNING PROGRAMS

Our Mission

In 2017, staff, parents, and community members worked together to create a new mission for our program, one that demonstrates our core belief in the importance of early relationships and meaningful partnerships:

We partner with families in all that we do and believe that parents are the experts on their children. Together, we build a solid foundation for resilient and resourceful caregivers; caring, confident, and curious children; and responsive, invested communities.

Our Program Goals

Many of our families are impacted by multi-generational poverty and also by significant trauma. HS & ELP works to ensure that all our practices are deeply intentional, strengths-based, and trauma-informed. We aim to deliver services in a high quality and reflective manner: families are valued as essential partners, staff also are valued and cared for, and both are recognized as each other's most valuable resource. These core principles inform our Program Goals which are created together with staff, parents, Policy Council, Board, and community members, using multiple data sources. These goals address important areas such as supporting the **optimal development** of the **whole family**, children's **school readiness, health and safety, family and staff well-being**, and the **recruitment and retention** of highly qualified staff. Our goals also focus on providing **leadership** in developing program and community-wide **infant mental health** and **trauma-informed care** and **expansion** of our **Early Head Start** services.

Our Program and Community

WHAT ARE EARLY HEAD START AND HEAD START?

Early Head Start (EHS) and Head Start (HS) are proven, federally-funded programs that provide early education and care and comprehensive services for very low-income pregnant women, infants, toddlers, preschoolers, and their families. Our program uses an evidence-based, multi-generational approach. We work in partnership with families to help them meet their goals and provide critical support for children's school readiness. The developmental and social risks of chronic poverty are well known, and so Head Start's—and our—mission is to serve the most vulnerable families in our communities.

WHO DO WE SERVE?

In 2019–2020, Community Action's Head Start and Early Learning Programs (HS & ELP) provided services to 468 families including 165 infants and toddlers and 13 pregnant mothers in Early Head Start, and 409 preschoolers in Head Start. A variety of service options met the needs of children and their families. We operated 27 classrooms in 11 early childhood education centers, offered our home visiting (home-based) services to serve more pregnant women and families with children under five through weekly play-based learning activities, and contracted with three independently licensed Head Start Family Child Care Educators.

WHERE DO WE PROVIDE SERVICES?

Our service area spans 1,590 square miles in the Pioneer Valley of Massachusetts and includes three mostly rural and semi-rural counties (Franklin, Hampshire, and Western Hampden) that stretch from the border of Vermont to the border of Connecticut.

WHY IS HEAD START NECESSARY IN OUR SERVICE AREA?

Many families in our service area face challenging situations and need access to affordable, high quality child care and comprehensive services.

Our service area is characterized by:

- A significant number of families living in poverty
- A relatively high cost of living, driven by the costs of housing, child care, and transportation
- Inadequate public transportation systems
- An immigrant population that has come here from all over the world, with small numbers of families from each country and many different languages spoken in our communities
- A significant decline in the Early Education and Care workforce and an insufficient supply of licensed child care providers and state subsidies for child care, disproportionately impacting infants and toddlers
- Inadequate mental health resources for young children and their families and an increasing need for these services
- A concerning number of families and children experiencing homelessness
- An alarming increase in the number of opioid-related deaths over the past few years
- Strong and growing networks of community organizations to address these issues



Access ■ Opportunity ■ Community



The Impact of COVID-19

The novel coronavirus reached Massachusetts in the early months of 2020, and by the end of August it had infected 391 people in Franklin County, 1,167 in Hampshire County, and 7,664 people in Hampden County leading to a total of 951 deaths in our area.¹ As we grieved these devastating human losses, shut downs and restrictions on movement meant to slow the spread of the pandemic compounded the virus's impact on children and families.

Governor Baker of Massachusetts abruptly closed all early childhood centers in March 2020, uprooting our children, families, and staff from school, work, and life as they were once known. The pandemic also stripped away many families' protective factors, including employment, stable housing, food security, and child care—all at once, with the greatest impacts on the most vulnerable and on communities of color. These losses deepened existing risk factors.

■ **Unemployment**—In Western Massachusetts, **unemployment rates were three to four times as high as the previous year.** Many people leaving the workforce, primarily women, cited the competing demands of caregiving and working.²

■ **Early Education and Care**—Early education and care programs were ordered closed in March, with limited exceptions. Programs that reopened did so with restrictions to prevent the spread of the virus. The Bureau of Labor Statistics reported a **26.6% decrease in child care employment through September.** Locally, Sunnyside Early Childhood Center and the Hill Institute Kindergarten were among the 418 centers and family child care homes across the state that closed their doors permanently.

■ **Food Security**—Families' loss of income drove them to food banks and other services across our region. Feeding America estimated that the overall rate of **food insecurity for children in the four western counties**

increased by 76% to 40,010 in 2020.² CAPV was among the many community organizations and mutual aid networks that helped provide healthy food.

■ **Housing**—While eviction moratoria protected some families in our region through the end of 2020, loss of income and struggles to pay back rent are likely to amplify the existing housing crisis.

■ **Family Stress**—Census Bureau Pulse Survey data from September/October 2020 analyzed by the Annie E. Casey Foundation showed that **20% of Massachusetts parents had felt down, depressed, or hopeless for more than half of the days for the past week.**² Without support, these levels of stress could contribute to rising rates of drug and alcohol abuse as well as higher risks of child abuse and neglect at a time when many families are increasingly isolated and less able to get help identifying and addressing these issues.

Community Action Pioneer Valley, many other community organizations, and formal and informal networks of neighbors worked tirelessly throughout these first six months of the pandemic to support our region. By fall, early signs pointed to some recovery in employment—but also to a new wave of COVID-19.

¹ Massachusetts Department of Public Health. (2020, August). Archive of COVID-19 cases in Massachusetts. www.mass.gov/info-details/archive-of-covid-19-cases-in-massachusetts

² Darling, Ann and Rebecca Himlin et al., Community Action Pioneer Valley Community Needs Assessment, December 2020, www.communityaction.us/community-needs-assessment-action-p

HEAD START & EARLY LEARNING PROGRAMS IN ACTION: ENSURING THE WELL-BEING OF CHILDREN AND FAMILIES

Our immediate concern was to ensure HS & ELP’s families’ well-being. During the first two days after closing in March, HS & ELP’s Family Advocates, Home Visitors, and Educators rallied together and reached out to all 446 children to connect with each family, listen to their concerns, and provide support. Parents reported stressors including basic needs, isolation, unemployment, lack of child care, and fear of the virus. Some of our families experienced unique challenges, such as single parents

NEEDS

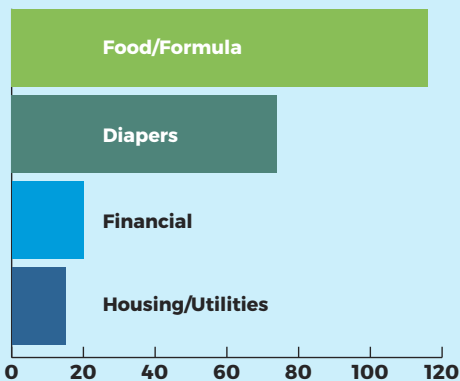


Figure 1. 2020 Children and Family Assessment: basic needs

struggling to figure out a way to safely obtain basic necessities with young children and undocumented families struggling with losing income from lost or reduced hours who feared issues that could arise from accessing safety nets. The Family Services team assessed each family’s immediate needs to devise systems of support and coordinate services (see Figure 1). The most pressing needs were for food, formula, and diapers.

During the spring, Family Advocates, Home Visitors, and Educators worked together to distribute food, diapers, and educational activities to families and to connect them to community resources. Together, they delivered 2,320 services in the first two months of the closure (March 16–May 16), which exceeded the total number of basic services delivered during the prior seven months (August 15–May 15, see Figure 2).

The Family Services team tripled the number of Emergency Crisis services delivered to families during the closure, providing 789 services. One of the primary concerns for parents was providing their children with structure and activities to do at home.

To support them, Educators:

- individually called children to check in
- set up regular class Zoom meetings
- created Zoom story times
- posted materials to Facebook
- emailed activities to families
- physically distributed materials to families

These efforts resulted in over 1,000 education-based services being delivered to families in just two months.

	August 15, 2019 –March 15, 2020	March 16, 2020 –May 16, 2020
Parenting education	326	1,177
Emergency crisis	184	789
Community involvement	284	275
Counseling on family health and safety	23	49
Total services delivered	1,717	2,320

Figure 2. Comparison of Services Delivered from August 15, 2019 to March 15, 2020 and March 16, 2020 to May 16, 2020

“Our staff can accomplish some amazing things when we are trying to work during a crisis, and we cannot celebrate or appreciate that enough. The relationships with families, children, and colleagues are truly at the center of what we do and why we are here, and as we move forward and make decisions outside of a global crisis, we cannot forget that.”

—HS & ELP Staff Member



Enrollment & Eligibility

ENROLLMENT

HS & ELP prioritizes services to infants and toddlers because we know that this population is the most vulnerable, and because we know that quality care for the youngest children and their families is critical to both short- and long-term developmental outcomes. As a result, we serve a higher percentage of age- and income-eligible infants and toddlers (15%) and a lower percentage of eligible preschoolers (32%) than the rest of the state (EHS: 5%, HS: 46%) or nation³ (EHS: 11%, HS: 36%). As part of our Program Goals, HS & ELP always seeks new opportunities to expand EHS services to infants, toddlers, and pregnant women.

2019-2020	EHS	HS
Funded enrollment	120	328
Cumulative enrollment	165	409
Average monthly enrollment (%)*	95%	97%

Figure 3. Enrollment. *These percentages do not include June–August when our part day, extended day, and home-based programs are closed. Head Start had lower enrollments in September and October due to construction-related closures at one of our Franklin County sites.

GOAL 3
 The program will expand EHS services to more infants, toddlers and pregnant women.

ELIGIBILITY

Children are eligible for EHS and HS services based on their age (birth to age 3 for EHS and 3–5 for HS) and on their income (at or below the federal poverty level, which was \$26,200 for a family of four in 2020). Children are also eligible if they are in foster care, they are homeless, or their families receive public assistance (see Figure 4). In addition, families with risk factors such as homelessness, refugee status, domestic violence, and parental or child disability are given priority for enrollment. At least 10% of all children enrolled must have a documented disability.

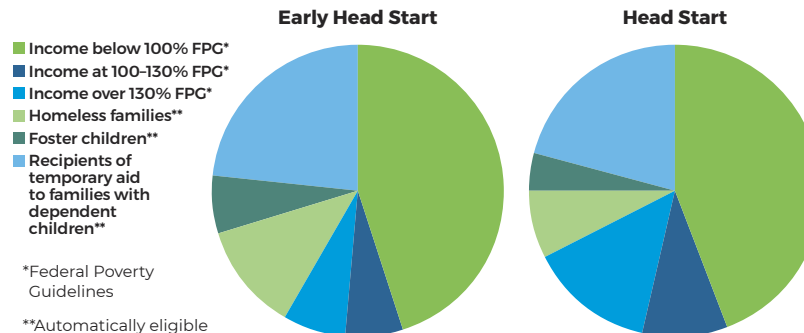


Figure 4. These graphs illustrate how the children in our program were eligible by displaying the percentage of HS and EHS children for each criterion.

³ National and state estimates are based on the 2018–2019 program year because the PIR was not reported in 2020 due to the pandemic.

“The children are just the best—getting to see their smiles daily, building relationships with them—so much growth happens in the context of the relationships we build. Compared to when they come in at 2, by the time they leave when they are 5, they are a totally different kid. It is a pleasure to see that growth and the relationship that we build over time.”

—Malarie Fairbanks, Lead Teacher, G Street

IMPACT OF COVID-19 ON ENROLLMENT

All of our centers closed for in-person care on March 16, 2020 to ensure health and safety. During this time, HS & ELP did not enroll any new children. Rather, we focused our efforts to provide continued services to our enrolled children and to support families' changing needs as a result of the pandemic. Consequently, our enrollment rate for the program year was reduced, with a steady decline from March 2020 to the start of the new school year. In March, we had 100% enrollment in all HS and EHS funded slots; however, in September, our enrollment dropped to 49% in HS and 73% in EHS.

STAYING CONNECTED

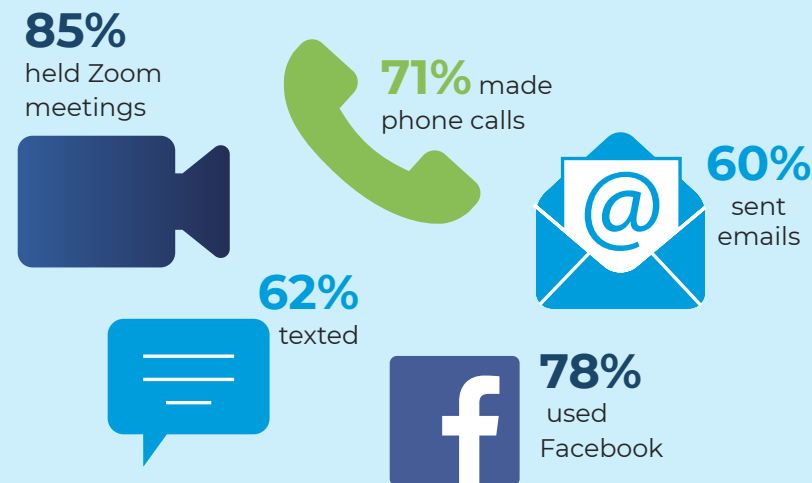
COVID unleashed deep and frightening ruptures: of routine, access to services, and feelings of control. Our program did what many other Head Start programs did: we immediately reached each family and provided them with access to most basic needs and re-configured all services to ensure seamless access. What distinguished our work was an emphasis on nurturing and protecting relationships. The Program Director set the tone from the beginning with her emphasis on “physical distance is necessary, but emotional connection is critical.” When asked what was the most helpful thing that the program staff

had done during the closure, about half of the parents mentioned how much they appreciated HS & ELP staff simply checking in to see how they were doing and if they needed anything.⁴ In addition, parents reported that Zoom class meetings were very helpful for children and families to stay connected. Parents also appreciated the distribution of food, diapers, and educational activities for children.

- “My child’s home visitor has made sure to message me and keep me updated on everything happening. She has also made sure to see how we are all holding up and always is asking if there’s anything she can do to help us through this tough time.”
- “Our teacher dropped off art supplies and my son was happy to see her. We also were given groceries. Both very much appreciated!”
- “The staff frequently check in to see how we are doing and they ask if we need anything. There are also online Zoom meetings weekly that my son loves.”
- “The teacher Zoom meetings have been spectacular for my children. My two-year-old beams with joy when she sees her teachers.”

CONNECTING BY THE NUMBERS

Staff maintained connections with families using technology:



⁴ 2020 COVID Survey Report, Head Start & Early Learning Programs, March 2021



Touchpoints: A Strengths-based Approach to Working with Families



TOUCHPOINTS-INFORMED PRACTICE

For the past seven years, HS & ELP has implemented the Brazelton Touchpoints Approach™—an evidence-based, trauma- and culturally-informed way of working with children and families—throughout our program. The developmental framework of this approach enables both staff and families to better observe children and to make meaning of their behavior and needs. The strengths-based assumptions of the Touchpoints Approach support staff in their partnerships with families and value and build on parents' expertise and knowledge of their children. Research shows that Touchpoints significantly increases participants' knowledge about child development, improves parent-provider relationships, strengthens provider relationships with each other, enhances parent-infant relationships, and boosts outcomes for children, among other benefits.

TOUCHPOINTS BY THE NUMBERS:

- Five of our staff are Touchpoints Community Level trainers.
- 120 (75%) of our staff have completed the intensive three-day Individual Level Training and six in-depth monthly reflective practice and mentoring sessions.
- 25 staff completed a Touchpoints three-day Individual Level Training in 2019.
- 53 staff have completed additional training in specialized topics such as working with children with special needs, reflective supervision, approaches to discipline, and trauma.
- 18 staff have been trained as facilitators of the Touchpoints Parent Curriculum.
- 10 staff participated in a Parent Curriculum "booster" training for facilitators in September 2019.

GOAL 5

The program will work in partnership with families to provide maximum support to the parent-child relationship.

TOUCHPOINTS PARENTING GROUPS

One of HS & ELP's Program Goals focuses on working in partnership with families to provide maximum support to the parent-child relationship. HS & ELP offers all parents the opportunity to participate in our Touchpoints Parenting Groups where parents have the opportunity to learn more about development, their children, and themselves as parents, in a strengths-based setting with other parents. During the 2019–2020 program year, we offered groups at our Amherst and Westfield sites.

Parents attended a series of five consecutive sessions that engaged them in discussion and reflection on the following topics:

- Parenting your unique child: joys and challenges
- Understanding your child's development
- Exploring your family's culture and language
- Nurturing and caring for your children: keeping your children safe and healthy
- Discipline: your role as parents over time—teacher and guide

A preliminary assessment of the effectiveness of our parenting groups by the Brazelton Touchpoints Evaluation team found that there was a declining trend in parent *perceived conflict* with their children and an uptick in *perceived closeness* with their children after participating in a parent group. Although the sample size of parent group participants is too small to conduct significance testing, the small changes in parent perceptions of the child-parent relationship are trending in a promising direction that indicates a strengthening of the parent-child relationship.

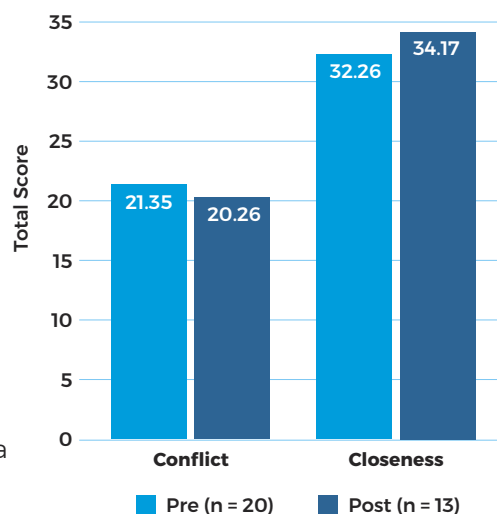


Figure 5. Conflict and closeness

COVID-19'S IMPACT: STRENGTHENING CONNECTIONS

HS & ELP's adoption of the Brazelton Touchpoints Approach proved to be a vital tool in helping HS & ELP staff remain connected to children, families, and each other. The Touchpoints Approach's key principles provided a foundation for staff to navigate the uncertainty and disruption caused by the pandemic, focusing on strength-based practices, valuing connection, and going beyond their traditional roles to support families⁵ (see Figure 6). Staff reported that Touchpoints training has been "very" to "extremely" helpful to start conversations with families, build and maintain relationships with families, and maintain relationships with colleagues during this time.

In line with this approach, the Program Director focused her efforts on "holding," supporting and scaffolding staff with an authentic and engaged listening stance so that they in turn would be able to provide these same critical supports to children and families in need. To help do so, Dr. Jayne Singer from the Brazelton Touchpoints Center provided an intentional space for reflection and planning with staff. Prior to reopening each site, she and the Program Director, the Director of Education, and the Director of Child and Family Support Services met with center-based staff returning to work in person to explore their concerns and give them space to voice their hopes and fears. These valuable conversations directly influenced how the reopening was managed to address staff concerns and support them in their work going forward.

To what degree have the following components of Touchpoints-informed practice been helpful in your interactions with families during the COVID-19 pandemic?

	MEAN
Be willing to discuss matters that go beyond your traditional role	4.40
Value disorganization	4.33
Focus on the parent-child relationship	4.32
Recognize what you bring to the interaction	4.31
Value and understand the relationship between you and the parent	4.25
Value passion wherever you find it	4.05
Look for opportunities to support mastery	4.04
Use the behavior of the child as your language	3.91

Figure 6. Staff ratings of components of Touchpoints-informed practice that have been helpful with interactions with families during the COVID-19 pandemic

Note. Five point scale ranging from 1 = Not at all helpful to 5 = Extremely helpful

⁵ 2020 COVID Survey Report, Head Start & Early Learning Programs, March 2021



School Readiness

SCHOOL READINESS MISSION: At Head Start & Early Learning Programs, we seek to build a foundation for lifelong learning. We work with families and the community so that children can develop caring relationships, confidence, and curiosity. Caring, confident, and curious children are ready for school.

THE HEAD START ADVANTAGE

Every year, HS & ELP sets School Readiness Goals based on expectations for children's growth and progress across multiple domains of knowledge and cognitive skills (see Figure 7). In a typical year, our program tracks and analyzes school readiness outcomes three times a year for all Early Head

Start and Head Start children using the research-based assessment tool *Teaching Strategies GOLD*. Because of the pandemic, only the fall and winter outcomes were assessed during the 2019–2020 program year.

Our returning children, compared to newly enrolled children, show an advantage across *all* school readiness domains (see Figure 7).

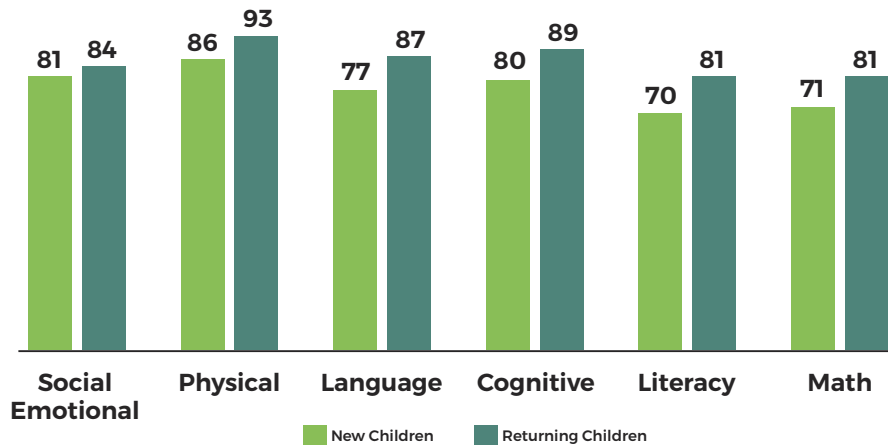


Figure 7. This graph highlights the advantage of returning children compared to newly enrolled children (Period 2–Winter). Numbers indicate the percentage of children meeting or exceeding age-level expectations.

CLASSROOM ASSESSMENT SCORING SYSTEM (CLASS)

CLASS is an observation tool that measures the quality of interactions between educators and children. CLASS measures three areas: 1) *Emotional Support* (positive relationships among teachers and children), 2) *Classroom Organization* (how well classrooms are managed), and 3) *Instructional Support* (interactions that teach children to think and support language development).

HS & ELP'S FALL 2019 CLASS SCORES

HS & ELP's fall 2019 scores were among the top 10% nationally in Emotional Support and Instructional Support! HS & ELP's Classroom Organization outperformed the national median score (see Figure 8).

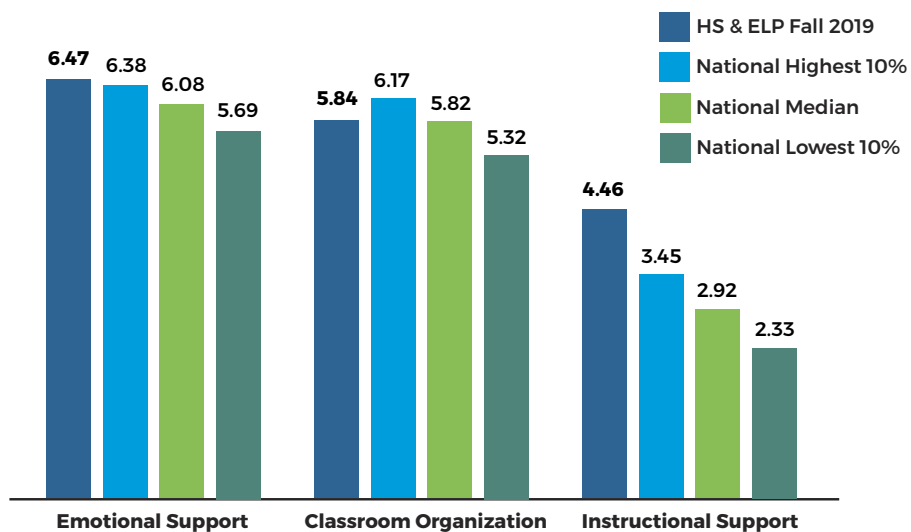


Figure 8. All scores from 2019.



THE IMPORTANCE OF SAYING GOODBYE

The abruptness of the closure in March due to the pandemic did not allow a chance for staff and children to say goodbye. Given that many of our children have experienced trauma around difficult separations, Educators wanted to provide closure for children. The Educational teams at each site thoughtfully planned their farewells to the children. Some sites organized car parades with staff driving in decorated cars with signs wishing families well and saying goodbye. Activity bags, food, and end-of-the-year materials were also given to families at this time. Other sites set up parking lot farewell drive-bys where parents stopped by and picked up materials, and children, families, and Educators had the chance to say goodbye.

Our Staff

Our staff are the heart of our program, and their strengths shone through the pandemic. Their dedication, skill, and passion drive our work with children and families and were clearly evident as they helped families navigate the challenges brought on by COVID-19. As our first Program Goal reflects, all quality care depends on highly-qualified, skilled, and reflective staff. HS & ELP supports staff through continued efforts to increase compensation and provide staff with the professional development they need for mastery and excellence.

GOAL 1

The program will recruit and retain a highly qualified and well-compensated workforce.

INCREASING COMPENSATION

Over the last decade, our intentional and strategic efforts have resulted in substantial salary increases for HS & ELP staff, with a particular emphasis on making Educators' salaries more competitive. From 2012 to 2020,

Lead Teachers' salaries increased by 41%, Teachers' salaries by 41%, and Teaching Assistants' salaries by 51%.

In July 2020, HS & ELP implemented the "Years of Service Award," a longevity bonus that recognizes employees for their continued service to Community Action at set milestone years: Year 3: \$100, Year 5: \$250, Year 10: \$500, Year 15: \$750, Year 20: \$1,000, Year 25: \$1,250, and every five years thereafter: \$1,250.

"In some ways, I have felt more connected to my team because there has been an intentional effort to communicate with team members in ways that were not utilized prior to the pandemic. I feel like I have more time to accomplish the tasks of my job and intentionally provide more relationship-based services, specifically utilizing the Touchpoints Developmental Framework and providing information about resources."

—HS & ELP Staff Member

Professional Development

REFLECTIVE PRACTICE

Meaningful professional development supports retention, and HS & ELP supports staff through a wide variety of high-quality local, regional, and national opportunities. Working with young children and families—and especially with those who have experienced adverse events—is difficult and deeply emotional work, and HS & ELP understands that staff who do this work require emotional care. As part of our immersion in the Brazelton Touchpoints Approach, HS & ELP has been intentional in our implementation of reflective practice and reflective supervision to support staff retention and improve program quality. Reflective practice provides a space for practitioners to learn from their experience and gain insights into themselves and improvements in daily practices. It has been shown to prevent burnout because it helps safeguard practitioners from emotional fatigue, detachment, and a sense of helplessness. Moreover, reflective practice is crucial to building strong partnerships with children and families because it provides staff with the opportunity to actively engage in critical thinking about their own reactions, behaviors, judgments, and intentions in their work with children and families and integrate this thinking to make discoveries about future interactions. Moreover, reflective supervision has been shown to support staff retention by helping to address the mental health needs of staff and reducing work-related stress. We have intentionally integrated reflective practice and supervision throughout our program in each department and provide opportunities across disciplines.

REFLECTIVE PRACTICE BY THE NUMBERS⁶

- 62% of staff said supervision was one of the most valuable professional development opportunities offered, making it the third most frequent choice.
- 70% of our staff named reflective supervision as one of the main ways they help reduce their stress.
- 97% somewhat or strongly agreed that, “The supervisors here are good at supporting staff.”
- 98% somewhat or strongly agreed that, “We believe that together we can meet challenges in our program.”

GOAL 4

The program will implement a system of reflective practice.

MassAIMH Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health[®]

Anat Weisenfreund, HS & ELP’s Program Director, in her role on the Board of the Massachusetts Association for Infant Mental Health, and as an advisory member of the MassAIMH/MSPCC collaboration, worked closely with other MassAIMH Board Members to bring the *Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health* to Massachusetts. The Endorsement honors professionals who apply infant and early childhood mental health (IECMH) principles to their practice. Endorsement is achieved through documentation and verification of required specialized education, work, in-service training, and reflective supervision/consultation (RSC) experiences. The Infant Mental Health Endorsement (IMHE) system is one of the first and most comprehensive efforts, nationally and internationally, to identify best practice competencies across disciplines and practice settings, offering multiple career pathways for professional development in the infant, early childhood, and family fields.



⁶ 2020 COVID Survey Report, Head Start & Early Learning Programs, March 2021

In Fall 2019, the first Massachusetts Leadership cohort of six earned MassAIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health[®] including our very own Home Visitor, Emily Clem, as an Early Childhood Family Specialist (ECFS). Congratulations, Emily!

What does the Endorsement mean for your work with families and children? How does it inform your work?



“I have several years of work and education prior to arriving at CAPV, and it’s been interesting to reflect on just how much more I’ve grown both professionally and as an individual in just the three years since I arrived here. I think that has to do with the culture here [at CAPV].”

“The Endorsement process allowed me to recognize

what I’ve accomplished already, to really see it in a concrete way. Then, it gave me an idea of where I could deepen my practice and offered trainings and learning opportunities, things of that nature, to do so.

“Additionally, the Endorsement process allowed me to reflect on cultural competency, and the importance of that area, especially existing in 2020 and managing a lot of the things that have come to the surface. Especially reflecting on the Diversity-Informed Tenets for Work with Infants, Children and Families—thinking, how do we practice that, how does that look in the everyday? This really supported my growth as a practitioner and a community member.”

Meet Our Staff: Perspectives on Working During the Pandemic

We connected with three of our Lead Teachers to learn more about their experiences teaching during the pandemic. Lead Teachers are responsible for overseeing the supervision and well-being of our children, collaborating with parents on their children's school readiness goals, and providing guidance and support for their teaching staff.

At the start of the pandemic, state-mandated closures were sudden and swift. All three Lead Teachers reported that while it was difficult not to see children every day, families and classrooms found new ways to connect.



“We ... contact the families either by making phone calls, text messages, and emails. It was hard not to be in person but the relationship with their parents grew a lot. They ended up being able to connect more sincerely and being more open to talking. Families were more engaged.”

— **Ricardo Pena**, joined HS & ELP in 2013, Lead Teacher at Amherst Community Child Care, parent of an HS & ELP graduate

Ricardo shared about how they kept in touch with parents: “We ... contact the families either by making phone calls, text messages, and emails. It was hard

not to be in person but the relationship with their parents grew a lot. They ended up being able to connect more sincerely and being more open to talking. Families were more engaged.” Families also connected

with HS & ELP-organized Facebook groups. “All of the parents were on the group ... the tech is what brought us together the most when we could not be together in person,” Malarie described. Technology was also essential to supporting staff. HS & ELP had Zoom meetings with supervisors and weekly check-ins. “This helped connect us to our supervisors and

our colleagues. If any new policies or other things were changing, that's when they would keep us up to date,” said Nadyne.



“It's important to let families know if you are going through a tough time it's okay to ask for help, that's what CAPV is here for. If we cannot provide it, we will find what you need ... Advocate for yourself. Everybody needs help. It can be scary to ask, but you have to, especially if you have a child at home.”

— **Nadyne Soto**, joined HS & ELP in 2019, Lead Teacher at Westfield



“... we still participate in all parts of our day, we still read together, and the [pandemic] adjustments have become a part of our routine.”

— **Malarie Fairbanks**, first joined HS & ELP in 2007, Lead Teacher at G Street

In the months that followed, staff navigated the ever-evolving pandemic situation and prepared for eventually re-opening classrooms. HS & ELP established health policies, and “there was a lot of communication about what had to happen once we returned on site,” Malarie reported. Implementing these new policies, like extra cleaning and social distancing, was a new experience. “For me,” Ricardo said, “this helped me to look for different ways to teach and different techniques to use,” like having circle time and mealtime more spread apart than before. “I think that the ... kids we have had [in person] have been keeping up with the pace and have learned the new way of doing things. They are liking it, and I like it!” he added. Nadyne expressed appreciation for how her site started with two children and gradually increased from there. The children that started first were able to “help and teach each other. We are encouraging that,” she said. Malarie described that “we still participate in all parts of our day, we still read together, and the [pandemic] adjustments have become a part of our routine.”

Connections between staff also strengthened as they came together to navigate the new teaching landscape and learned to rely on each other in new ways. Malarie said that for her, when thinking of this time, “The phrase that comes to mind is, ‘We’re all in this together.’” Ricardo described how the pandemic has encouraged staff to take better care of themselves, in order to be even better caretakers for others: “Everyone is being very present, and we [are] more mindful of ... taking a day off if we don’t feel okay. Everyone is taking better care of themselves. Before we went the extra mile, to be at the work site no matter how we feel, but now we know if we don’t take care of each other, then we can’t take care of others 100%. That has helped us as a team to make sure that everyone is fine.”

**We are so grateful to
all of our staff for their
exceptional work in
this difficult time!**

Health Outcomes

Good health is necessary for strong children and families, and Community Action’s Head Start & Early Learning Programs partner with families and community organizations to provide health education, screenings, and access to medical care.

We always aim to respond to the unique challenges and circumstances that impact access to health care. This year more than ever, responsiveness was a key aspect of our approach to reaching our health goals. We found new ways to connect children and families to dental homes and to respond to the evolving situation of the COVID-19 pandemic.

	Early Head Start		Head Start	
	2018-19	2019-20	2018-19	2019-20
Health insurance	99%	98%	100%	100%
Medical home	100%	100%	100%	100%
Up-to-date immunizations	82%	83%	94%	94%
Dental homes	62%	72%	94%	95%
Dental exams	N/A	N/A	72%	71%

Figure 9. Dental and medical outcomes for 2018–2019 and 2019–2020

DENTAL DAY

Increasing the number of Head Start children who receive dental examinations and treatment is one of our Program Goals. This is to ensure that all children have access to routine preventative care that promotes their oral health.

To advance this goal, we continued to collaborate with the Community Health Center of Franklin County. Together, we hosted a Dental Day at the Washington Street site. Seventeen children received examinations and dental care on-site that day. This also helped to establish the Health Center as the children’s dental home for future routine and emergency care. Additionally, we provided dental health resources and materials to all families.

GOAL 7

The program will increase overall child, family, and staff wellness.

GOAL 6

The program will increase the number of Head Start children who receive dental examinations and treatment.

“On Dental Day a dentist comes to school to complete dental exams for the students. This eliminates the need for parents to schedule an appointment, take time off of work, or find transportation. The children get to see their friends visit the dentist as well, which may help them become more comfortable with the idea of letting the dentist look at their teeth. The children were excited to get into the dentist’s seat and proud when they were all done. It was a day full of joy and smiles—I’m so thankful I was able to be a part of it.” —Paige Elliott, Family Services Assistant





HS & ELP's Health team was instrumental in providing guidance and support on how to safely and effectively navigate the pandemic and reopen our centers.

Top Row L-R: Jennifer Guetti-Slocum (Health Manager), Lynn Sherry (Health Specialist), Angela Latham (Health Clerk).

Bottom L-R: Patricia Hanrahan (Health Specialist), Rowan Crocker (Health Clerk), Karoline Moriarty (Nutrition Specialist).

HEALTH & FAMILY SERVICES ADVISORY COMMITTEE

After we closed in March, we continued to monitor the circumstances of the pandemic, and by July we slowly started to reopen our full day sites. HS & ELP administered surveys to all staff and families and had ongoing reflective opportunities with staff to assess how they felt about coming back to work and care so we could respond effectively—together. Staff from all departments helped to chart the course for reopening by collaborating on developing safety protocols and procedures.

Through these conversations, many staff and families expressed concerns about contracting the virus, desires for adequate safety protocols, and wariness to visit medical practices for routine care. Accordingly, we wanted to identify the most up-to-date health information and practices. HS & ELP hosted a Health & Family Services Advisory Committee in May. During the meeting we connected with doctors, dentists, WIC providers, and representatives from local community health centers and food pantries. Together, we strategized about how to safely reopen and how to support families in seeking medical care.

When it came to on-site changes, the group discussed guidance on the infectious control protocols that would be vital to reopening, including:

- Using different entrances when arriving on-site
- Extensive cleaning procedures, including frequently sanitizing and rotating classroom materials

- Reducing touches to food by no longer serving meals “family style”
- Having staff wear masks and gloves, and encouraging children to do so as well
- Frequent hand-washing

Everyone agreed that flexibility was key and we would continue to monitor recommendations and adjust accordingly. All HS & ELP staff—Directors, Educators, Health and Family Services teams—worked together to create new protocols to safely reopen. Before returning to care, each family met with staff members who reviewed the new protocols and answered any questions that the family had.

In addition, because many families expressed fear about going to see doctors, the second focus of the Advisory Committee was identifying strategies to help families safely return to medical offices to receive routine and preventative care services. Primary care offices reported taking numerous safety measures. These included offering telehealth appointments when possible, limiting the number of patients permitted in waiting rooms, having separate hours for well-visits versus symptomatic patients, and extensive cleaning and sanitizing procedures. Head Start disseminated this information to families to encourage them to remain up to date on their children's medical and dental services. Social media was also used as a channel to distribute monthly newsletters from doctors' offices that emphasized the importance of immunizations.

Volunteers & Policy Council Representatives

Parent volunteers contributed their perspectives and practical skills to our program by attending family meetings and participating in governance and planning activities (e.g., Policy Council, Self-Assessment, Health Advisory Committee, and Education Advisory Committee), building items on site, and completing parent-child activities to extend classroom and home visiting work. These added up to 2,371 hours towards our in-kind donations. Community volunteers included librarians, providers offering dental care, college students interning in the Education and Family Services Departments, neighboring high school health students participating in health activities with children, and a local HVAC company offering their time to help evaluate our heating system. Numerous donations were made by parents, staff, and other community members including: building supplies, play kitchen equipment, chairs, books, arts and crafts supplies, toys, school supplies, pillows, clothes and winter coats, a stroller, scrubs for educators, and face masks for children.

VOLUNTEER SPOTLIGHT

Robin Cooley, who works at the Westfield Food Pantry and Soup Kitchen, is the grandmother of one of the children attending Head Start at our Westfield Site and has been an ongoing support.

In August 2020, she was able to arrange the following donations for our families:

- \$300 worth of fresh produce and 28 bags of nonperishables for 15 families through the Food Bank
- 15 gift cards (\$25 each) to a local grocery store through a grant from the Boys and Girls Club
- 4 cases of diapers



POLICY COUNCIL PARENT SPOTLIGHT

The Bain-Purdy family
(left to right): Cora Bain-Purdy, Michael Purdy, Etta Bain-Purdy, Kayden Bain-Purdy, Felix Bain-Purdy and Josh Bain, Policy Council Chair

All four children of Michael Purdy and Josh Bain attended CAPV Head Start & Early Learning Programs. Josh was an active member on Policy Council for four years, three as the Chair. Josh shared his thoughts on his family's experience at HS & ELP: "My family enrolled in Head Start for child care but little did we know we would get so much more. Our children were better prepared for elementary school than most of their peers. Through volunteering with the Policy Council, I learned self-empowerment and became confident in advocating for my family."

POLICY COUNCIL OFFICERS

Chair: Josh Bain

Vice-Chair: Ashley Spencer

Secretary/Treasurer: Ashley Woodman

POLICY COUNCIL PARENT REPRESENTATIVES

Abby Ayala-Melecio

Josh Bain

Enid Castellar

Krystal Crespo

Rebekah Fielding

Heather Frotten

Gessell Morgan

Andrew Roberts

Severiana Rodriguez

Ashley Spencer

Savannah Thornton

POLICY COUNCIL COMMUNITY REPRESENTATIVES

Carolyn Broudy, M.D., Director of Family Connections Center

Ellen Cain, liaison from Community Action Pioneer Valley Board of Directors

Linda Gillespie, retired from Zero to Three

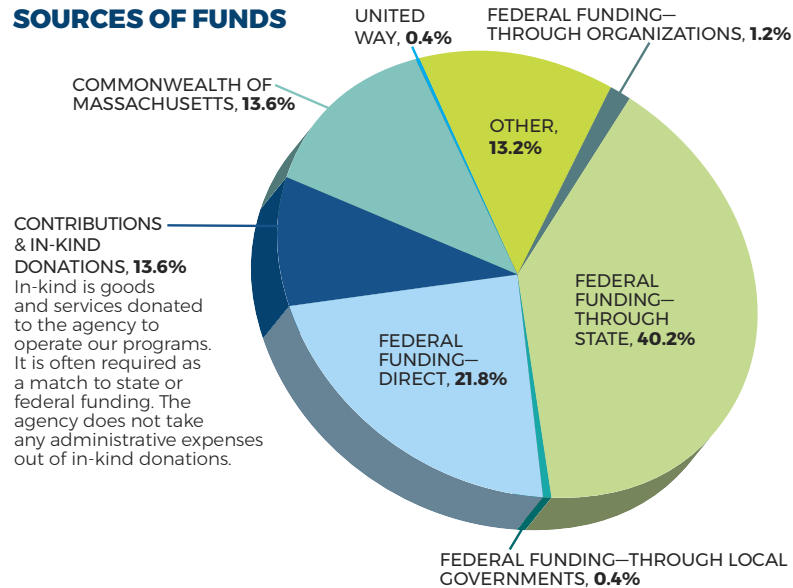
Ashley Woodman, Program Director, UMass Developmental Disabilities and Human Services

"My family enrolled in Head Start for child care but little did we know we would get so much more."

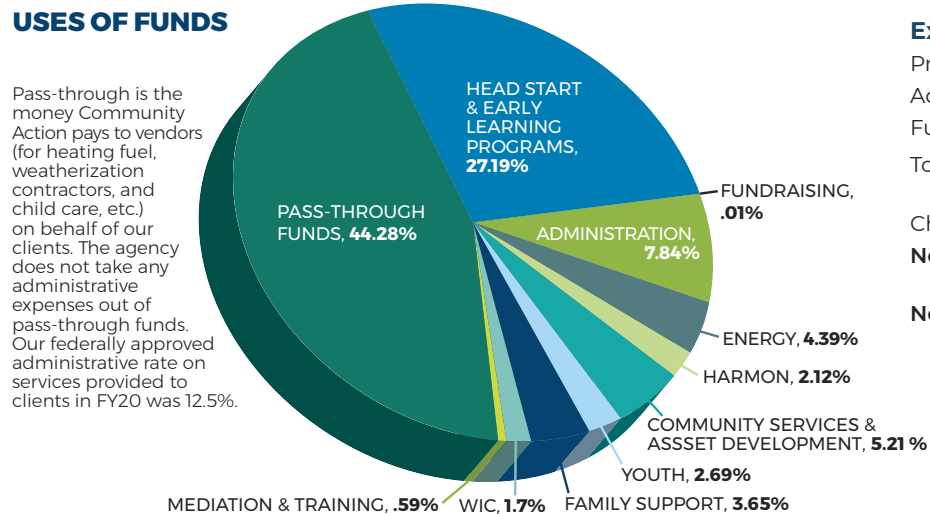
— Josh Bain, Policy Council Chair

CAPV Financials

SOURCES OF FUNDS



USES OF FUNDS



Community Action Pioneer Valley and subsidiaries

Consolidated statement of activities for the year ended September 30, 2020 with comparative totals for 2019.

	Without Donor Restrictions	With Donor Restrictions	Totals	
			2020	2019
Revenue and support				
Federal contracts	\$8,811,174	—	\$8,811,174	\$7,109,517
State contracts	15,353,788	—	15,353,788	15,996,720
Other contracts and grants	2,937,602	50	2,937,652	4,532,234
In-kind	2,656,348	—	2,656,348	2,586,377
Donations	112,477	141,684	254,161	129,418
United Way	112,178	—	112,178	137,466
Parent and other program service fees	544,183	—	544,183	534,906
Employment assistance services	569,089	—	569,089	1,204,272
Investment income (loss)	(5,060)	—	(5,060)	(699)
Other revenue	91,170	5,762	96,932	200,535
Net assets released from restrictions	111,986	(111,986)	—	—
Total revenue and support	\$31,294,935	\$35,510	\$31,330,445	\$32,430,746
Expenses				
Program	\$28,832,638	—	\$28,832,638	\$30,358,305
Administrative	2,529,744	—	2,529,744	2,074,379
Fundraising	2,238	—	2,238	4,977
Total expense	\$31,364,620	—	\$31,364,620	\$32,437,661
Change in net assets	(69,685)	35,510		(6,915)
Net assets — beginning of year	\$2,384,505	\$120,078	\$2,504,583	\$2,511,498
Net assets — end of year	\$2,314,820	\$155,588	2,470,408	\$2,504,583

Head Start & Early Learning Programs

Financial Highlights

Head Start & Early Learning Programs of Community Action Pioneer Valley, Inc.

Statement of revenue and expense with budget comparison for Head Start for the year ended September 30, 2020

	Total HS & ELP Actual	Other HS & ELP Actual	Head Start & Early Head Start Actual	Total HS & ELP Budget
Revenue and support				
Head Start	\$4,908,686	—	\$4,908,686	\$4,920,664
Early Head Start	1,866,655	—	1,866,655	1,874,747
USDA Food and Nutrition Service through Massachusetts Department of Elementary and Secondary Education	180,861	180,861	—	274,650
Massachusetts Department of Early Education and Care (EEC) subsidies	2,451,409	2,451,409	—	2,180,982
Massachusetts EEC Head Start State supplemental	472,684	472,684	—	502,725
Massachusetts EEC Universal Pre-Kindergarten	120,381	120,381	—	120,380
Department of Children and Families	—	—	—	—
CPPI, Northampton Public Schools	66,597	66,597	—	92,700
Town of West Springfield Office of Community Development	10,713	10,713	—	15,000
Parent fees	126,149	126,149	—	250,00
In-kind rents, goods and services	977,643	—	977,643	977,316
Other revenue	23,140	23,140	—	—
Other revenue (CARES funding)	66,858	27,000	39,858	384,918
Total revenue and support	\$11,271,776	\$3,478,934	\$7,792,842	\$11,594,082

Administration for Children and Families Reviews

- In the week of 2/10/2018, the Administration for Children and Families (ACF) conducted a Focus Area 1 review for Community Action's Head Start and Early Head Start programs. Our program was found to be in compliance on all measures and no corrective action was required. This was our most recent audit.
- Community Action's independent audit submitted a consolidated financial statement for the period ending September 30, 2020 and concluded, "There were no findings or questioned costs for the year ending September 30, 2020."

Head Start FY20 funding note:

- The variance between HS/EHS revenue budgeted and received is due to unspent funds at year end, September 30, 2020. A carryover of funds was granted, allowing the program to move and utilize \$20,069 in HS/EHS Training funds and \$345,060 in COVID One-Time funds to FY2021.
- Department of Early Education and Care (EEC) Head Start State Supplemental grant revenue is used to meet the 20% non-federal share requirement.

“Children do not stop developing, even in time of crisis. Supporting parents and the parent-child relationship in the home is the #1 way to support a child’s growth and well-being.”

—HS & ELP Staff Member

	Total HS & ELP Actual	Other HS & ELP Actual	Head Start & Early Head Start Actual	Total HS & ELP Budget
Expense				
Salaries & wages	\$5,187,004	\$1,668,675	\$3,518,328	\$5,401,262
Payroll taxes	577,084	183,591	393,493	697,144
Fringe benefits	994,702	335,896	658,806	1,105,111
Facility rent & mortgage interest	37,438	8,143	29,296	35,706
Facility operations/maintenance/furnishings	467,167	137,082	330,085	493,564
Property & general liability insurance	32,882	6,880	26,002	30,125
Direct care consultants	60,283	20,938	39,345	43,462
Subcontracted direct care	318,277	278,893	39,384	287,734
Staff training, conferences & meetings	58,103	1,120	56,983	63,084
Staff mileage/travel	41,027	6,312	34,715	77,250
Meals and food preparation supplies	194,521	160,764	33,757	288,268
Client transportation	179,916	77,070	102,846	388,000
Vehicle expenses	42,190	2,642	39,548	47,850
Program supplies/materials and equipment	204,466	15,603	188,863	122,114
Office, telephone, advertising and other misc. expenses	139,089	33,680	105,409	102,650
Leased office equipment	—	—	—	—
Depreciation of property & equipment	2,778	894	1,884	3,400
Capital expenditures	521,536	—	521,536	110,000
Unallocated costs	—	—	—	384,918
In-kind expenses	977,643	—	977,643	977,316
Allocation of indirect costs	1,002,829	307,909	694,920	1,086,630
Reimbursable expense	\$11,038,935	\$3,246,092	\$7,792,842	\$11,745,588
Accrued vacation expense	55,088	—	55,088	—
Non-reimbursable depreciation expense	64,408	2,565	61,843	—
Non-reimbursable indirect costs	21,803	21,803	—	—
Prior year costs	2,013	240	1,773	—
Write-off of uncollected parent fees	11,262	11,262	—	—
Non-reimbursable expense	154,575	35,870	118,704	—
Total expense	\$11,193,509	\$3,281,962	\$7,911,547	\$11,745,588
Net revenue over expenditures	\$78,266	\$196,971	\$(118,705)	\$(151,506)



Agency Partner



**COMMUNITY ACTION
HEAD START &
EARLY LEARNING PROGRAMS**

Access ■ Opportunity ■ Community

**To speak with our staff
about enrolling your child in
one of our program options,
call 413-387-1250.**

info@communityaction.us
www.communityaction.us
www.facebook.com/CAPVHeadStart

At an Educator/Family Services Zoom meeting, the Director of Education asked Education Site Supervisors and Family Advocates to submit one word on how they were feeling and created a word cloud.