



OFFICE OF HEAD START

The Administration for Children and Families

COMPILATION OF CAMP SERIES QUESTIONS AND ANSWERS

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COLLABORATING

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PLANNING

The Office of Head Start's CAMP series is designed to:

- Empower grantees to make reasonable decisions
- Explore how meeting Head Start Program Performance Standards (HSPPS) requirements may look different
- Reinforce grantees need to use community data and state and local guidance to make informed decisions
- Ensure the health and safety of staff, children, and families comes first

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Part 1301 – Program Governance

1. Do programs need to provide information, reports, and training to their governing bodies during the COVID-19 pandemic? [Governing body, 45 CFR §1301.2](#)

Answer: Yes, programs are required to provide information, reports, and training to their governing bodies during the COVID-19 pandemic. Governing bodies play an important role in grantee decision-making processes. Governing bodies should play an active role informing budgetary and other decisions impacting all aspects of program design and service delivery in an effort to best meet the needs of enrolled children and families. Training for governing bodies can happen virtually. Governing bodies should be continually updated on changes and challenges as programs navigate through their COVID-19 response.

2. Are there any changes in the expectations for Policy Council? [Policy council and policy committee, 45 CFR §1301.3](#)

Answer: No. Programs should establish Policy Councils for the 2020–2021 program year and should find creative solutions for their engagement. Policy Council members can meet via the phone or through other virtual connections. Programs should work to ensure parents remain an important part of the decision-making process as programs navigate through their COVID-19 response.

3. Are programs allowed to keep community members and parents on the Policy Council past the five years during the 2020–2021 program year? [Policy council and policy committee, 45 CFR §1301.3](#)

Answer: Programs should make every effort to recruit and elect Policy Council members to replace the seats held by members who have exceeded their five-term limit. However, if programs are unable to hold elections due to the COVID-19 pandemic, they can keep current Policy Council membership in order to maintain a quorum, until elections can be held.

4. Are programs able to host virtual board, parent committees, and policy committees? Are digital signatures accepted? [Parent committees, 45 CFR §1301.4](#)

Answer: Yes. Finding creative solutions to program governance during the 2020–2021 program year will be an important part of successful recovery efforts. Programs may host virtual board, parent committees, and policy committees. Digital signatures and electronic records are recognized equivalents of official paper files.

1302 Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance

5. How does remote recruitment and enrollment change documentation needs? Will programs be required to conduct in-person enrollment interviews? [Determining, verifying, and documenting eligibility, 45 CFR §1302.12\(a\)](#)

Answer: Programs can always use virtual tools, such as video conferencing or picture messaging, to verify eligibility. In these scenarios, programs should document how they verified a child’s eligibility and obtain required documentation as soon as feasible. Programs continue to have the option to conduct an enrollment interview by phone or video conference if an in-person interview is not possible. Until programs are able to gather this information, attestation will suffice, so long as the decision-making process is documented.

Example: A child is transitioning from Early Head Start to Head Start and the program must re-verify the family's income eligibility. The family does not have access to a scanner or fax machine to send the program proof of income. Instead, the family displays their pay stubs while video conferencing with program staff. The program confirms proof of income and documents in their files that the family's income was verified on a video conference. Later, when the family attends in person, the program gathers the required documentation and adds it to the existing file.

6. Are programs required to collect signatures from families when completing enrollment paperwork? [Determining, verifying, and documenting eligibility, 45 CFR §1302.12](#)

Answer: There is no federal requirement for family signatures unless the family is providing a self-declaration of no income or experiencing homelessness. In those cases, programs may accept a family's declaration if program staff describe their efforts to verify this information and document how they are completing this process. If the enrollment process is virtual, programs should collect the signatures, if necessary, as soon as feasible.

7. Which of the following forms of payment do not count toward a family's income when determining eligibility: return-to-work stipends, unemployment payments, extra \$600/week unemployment payments, and hazard pay? [Determining, verifying, and documenting eligibility, 45 CFR §1302.12](#)

Answer: When determining if a family is income-eligible, only Coronavirus Aid, Relief, and Economic Security (CARES) Act stimulus payments and the extra \$600/week unemployment funds are not considered as income. All other funds count toward a family's income.

8. Any thoughts about holding children in Early Head Start after three years for a longer period? [Determining, verifying, and documenting eligibility, 45 CFR §1302.12](#)

Answer: Early Head Start programs should continue establishing a transition plan and moving children to a preschool slot as soon as possible after their third birthday. Transition planning must begin at least six months prior to each child's third birthday to support continuity of care and take into account family circumstances, the child's development, and the availability of other opportunities and options for the child in the community.

9. If programs are serving a reduced number of children, is a program's over-income percentage based on the program's new capacity or their total funded enrollment? [Determining, verifying, and documenting eligibility, 45 CFR §1302.12\(d\)](#)

Answer: The 10% of over-income enrollment is based on the program's actual enrollment. Programs should use the number of children enrolled rather than funded enrollment to calculate this percentage.

10. Will stimulus payments authorized under the CARES Act and unemployment compensation payments made to individuals who have lost employment during COVID-19 count as income for Head Start eligibility purposes? [Determining, verifying, and documenting eligibility, 45 CFR §1302.12\(i\)](#)

Answer: The CARES Act payments or "stimulus payments," officially called recovery rebates, are not considered as income for program eligibility determination. The CARES Act recovery rebates are refundable tax credits paid in advance and, therefore, not considered income. Emergency unemployment compensation payments established by the CARES Act are also excluded when establishing Head Start income eligibility. The CARES Act payments are new short-term, federally funded assistance directly related to the COVID-19 pandemic and thus are treated differently than regular unemployment compensation for purposes of Head Start eligibility.

11. How do programs document income eligibility for families they are recruiting whose income has changed because of COVID-19? [Determining, verifying, and documenting eligibility, 45 CFR §1302.12\(i\)](#)

Answer: Generally, grantees verify a family's eligibility by reviewing their past 12 months of income. If a family can demonstrate a significant change in income, program staff may rather consider current income circumstances when determining eligibility. When verification is done virtually, programs must document their decision-making process. Programs may accept a family's self-attestation if program staff describe their efforts to verify this information.

12. Will programs be required to re-verify a returning child's eligibility? [Determining, verifying, and documenting eligibility, 45 CFR §1302.12\(j\)](#)

Answer: Programs do not have to re-verify a returning child's eligibility unless they are moving from Early Head Start to a Head Start program. In that scenario, program staff must re-verify the family's eligibility.

13. Should programs continue to recruit and enroll new families during COVID-19? [Recruitment of children, 45 CFR §1302.13; Enrollment, 45 CFR §1302.15\(a\)](#)

Answer: While outreach and recruitment are encouraged for planning purposes, programs should be cautious not to overpromise availability and access to services during recruitment. After prioritizing services to currently enrolled children, programs can determine whether they have the capacity to enroll new children. Programs should assess local health conditions when making this decision and consider the needs of children and families within the community and their capacity to deliver services. During this time, outreach and recruitment should keep pace with the availability of services.

14. Due to reduced class sizes based on public health and safety guidelines, how do you recommend we prioritize children for services? [Selection process, 45 CFR §1302.14\(a\)](#)

Answer: Grantees should prioritize serving currently enrolled (returning) Head Start and Early Head Start children first. Programs should serve all currently enrolled children and attempt to pair families with a program option that meets their individual needs. Programs should continue to use their selection criteria when determining how to enroll and prioritize children on the waitlist.

All programs are encouraged to revisit their selection criteria to ensure it is relevant to the current health crisis. As always, programs must ensure they are serving the most vulnerable children.

15. How can we prioritize families experiencing housing instability or homelessness as we reopen our programs? [Selection process, 45 CFR §1302.14\(a\); Enrollment, 45 CFR §1302.15\(c\)](#)

Answer: Programs should prioritize returning children for enrollment. They should also consider that some families may have had to seek temporary shelter due to job loss, homelessness, or illness. Programs should remain in touch with families and ensure currently enrolled families receive program services and supports. If homelessness prevents currently enrolled children from returning to the program, the program may consider reaching out to other service areas to assist these families in finding alternative Head Start or Early Head Start services, whenever possible.

If a program has followed federal, state, and local health guidance, has served all currently enrolled children, and has enrollment slots available, they may enroll new children and consider homelessness as a priority in their selection criteria.

16. Will programs be penalized if they do not reach full enrollment at this time? Will limited enrollment impact grant funding? [Enrollment, 45 CFR §1302.15\(a\)](#)

Answer: No. Programs' current funding levels will not be reduced if they are unable to meet full enrollment during the 2020–2021 program year. As many programs may not be able to serve their funded enrollment while responding to the COVID-19 pandemic, programs' current funding levels will not be reduced. Actual enrollment figures will not be considered in determining a grantee's enrollment status at this time. The Office of Head Start (OHS) will continue to monitor programs' monthly enrollment, but evaluation of under- or fully enrolled grantees has been paused.

The only cases in which adjustments could be made to a program's funding or funded enrollment, as a result of under-enrollment, would be where there is authority to designate a grantee as chronically under-enrolled based on enrollment data reported prior to COVID-19 program closures.

17. If a family typically attends center-based services and asks to move to home-based, can programs overenroll home-based to accommodate them? Should programs fill their vacated center-based slot? [Enrollment, 45 CFR §1302.15](#)

Answer: Programs should reassess their service delivery options based on the identified needs of children and families. Programs have the flexibility this program year to reallocate their enrollment slots across program options, depending on community need and their capacity to do so. Note, if a program moves a child to home-based and the program has the capacity to enroll another child in the vacated center-based slot, then they should enroll the child.

18. How is actual enrollment counted with virtual services? [Enrollment, 45 CFR §1302.15](#)

Answer: Programs should count enrollment for virtual services in the same way in-person services are counted. Programs should include all children in a given month who have been enrolled and participated in virtual learning opportunities or virtual home visits.

19. If a child has a long absence due to COVID-19 related risks or illnesses, how long can the slot be held for them? [Attendance, 45 CFR §1302.16\(a\)](#)

Answer: If a child has extended or frequent absences due to COVID-19-related concerns and the family attests that the child will return to the program, programs should not consider the slot a vacancy. Programs should revisit their policy for determining when a slot becomes vacant to ensure it is relevant to the current pandemic.

If their facility is closed due to COVID-19, programs should continue to provide services to enrolled children and families using technology and other creative means, to the extent possible. Even if the program has not been able to engage a family during an extended absence, programs are expected to consider that slot enrolled unless the family has told the program the child will not return.

20. Will programs be penalized for low or variations in attendance? [Attendance, 45 CFR §1302.16\(a–b\)](#)

Answer: Programs will not be penalized for low attendance or variation during the 2020–2021 program year. However, it is critically important that programs track and analyze the cause of absences for all children regardless of what type of services they are receiving.

Current requirements for attendance and attendance tracking in the HSPPS will remain the same. A program's monthly average daily attendance rate might fall below 85% due to COVID-19-related concerns. Programs are encouraged to use attendance data to inform what services they are providing during the pandemic and whether those services are meeting the needs of families.

21. How should programs track attendance for virtual center-based services? Should programs count each day the child interacts with them or each day the program offers services? [Attendance, 45 CFR §1302.16](#)

Answer: In virtual environments, programs must track attendance for each child in a similar way to tracking attendance for in-person center-based services. A child is considered in attendance if the program offers services to a particular child on a given day and that child participates in those services.

22. Should programs track attendance for home-based services? [Attendance, 45 CFR §1302.16](#)

Answer: Yes. Programs should track attendance in order to have a record of services provided and ensure they are meeting the needs of each family. During virtual service provision, recordkeeping is essential. Programs should collect and assess attendance data to determine whether the home-based services are effective for each family receiving this method of service delivery.

1302 Subpart B – Program Structure

23. Are programs expected to operate the program options they are funded to operate? If OHS will allow flexibility in program options, what is the accompanying waiver process? [Determining program structure, 45 CFR §1302.20](#)

Answer: No. All programs should reassess the options they operated before the COVID-19 pandemic to determine what options or combination of options, including locally designed options, will work best for the 2020–2021 program year. Programs may determine it is not safe or feasible to provide center-based or home-based services at their pre-COVID-19 capacity. Since group sizes in centers will likely be smaller, programs may choose to provide home-based and virtual services for some or all enrolled children. Those service decisions could change throughout the 2020–2021 program year as local conditions improve and stabilize. Programs do not have to obtain a waiver before changing program options for the 2020–2021 program year. Instead, programs are required to notify their program specialists using the correspondence tab in the Head Start Enterprise System (HSES) when changes in program structure are being implemented.

24. Would programs have to get permission from their Regional Office to use home-based in place of center-based during this time? [Determining program structure, 45 CFR §1302.20](#)

Answer: No. Programs do not have to obtain permission from their Regional Offices to operate home-based in place of center-based services during the 2020–2021 program year. However, programs are reminded to always document such changes and keep their Regional Office informed as changes occur in program services and operations.

25. If programs are providing both in-person and virtual center-based services, can parents choose which days their child attends the program in-person and which days children receive virtual services? [Center-based option, 45 CFR §1302.21](#)

Answer: Programs should work individually with families to make these decisions. For programs offering both in-person and virtual services, it is important for programs to communicate timely and effectively with every parent. Parents should fully understand what services are being offered and what choices they have in selecting services that

best meet the needs of their families. Programs are encouraged to take into account the preference of parents to the greatest extent possible when making such decisions in order to support service delivery options that families are comfortable with during this time, while continuing to provide high quality learning opportunities for all enrolled children.

26. What are OHS requirements or recommendations for center-based classroom group sizes during the COVID-19 pandemic? [Center-based option, 45 CFR §1302.21\(b\)](#)

Answer: Programs need to follow state and local guidance on physical distancing recommendations and must protect the health and safety of children and staff, which will very likely result in reduced group sizes in center-based programs. In general, programs should consult official state and local guidance to make decisions on appropriate group size. Programs have flexibility to decide group sizes need to be smaller than state or local guidance to safely serve children. When making decisions, programs should determine the square footage needed to maintain physical distancing between children. Programs must consider the additional square footage necessary for naptime when children are not wearing face coverings and need to be farther apart.

27. Can the grantee make decisions to reduce class size based on local data? [Center-based option, 45 CFR §1302.21\(b\)](#)

Answer: In general, programs should consult official state and local guidance to make decisions on appropriate group size. However, programs have the flexibility to decide group sizes need to be smaller than recommended by state or local guidance in order to safely serve children. When making decisions, programs should work with their health managers and Health Services Advisory Committees (HSAC) to explore different strategies and approaches for implementing safety precautions in the classroom, such as physical distancing. Programs should also consult the Q&A for [OHS CAMP: Session 1](#), which provides additional details on how to make decisions regarding group size during program year 2020–2021.

28. If a program’s state does not have specific guidance in place regarding group sizes in relation to the COVID-19 pandemic, how should the program implement reduction in group sizes? [Center-based option, 45 CFR §1302.21\(b\)](#)

Answer: Programs should work with their health managers and HSACs to explore different strategies and approaches to ensure they can adequately implement physical distancing in their classrooms. Programs are encouraged to consider the safety of children and staff when determining group size and the number of different contacts between children and staff throughout the day to reduce the risk of spreading COVID-19. Programs should consider ways they can alter their daily schedule and routines as needed to keep small groups of children and staff together during the entire program day. They should avoid mixing different groups of children and staff members with other groups, to the greatest extent possible. Programs should build in sufficient time for disinfecting procedures, as appropriate. These are difficult decisions for programs to make, and decisions will vary across states and communities. OHS continues to stay informed on best practices and consult with experts. If necessary, we will return to this and other pressing program structure questions in future CAMP Series webinars to offer additional guidance to programs.

29. If programs are operating with reduced group sizes, do they still need two qualified staff in each group? [Center-based option, 45 CFR §1302.21\(b\)](#)

Answer: Yes. Two qualified staff are necessary to ensure high quality and safe environments for children in the vast majority of cases. While OHS will allow a waiver of the two-teacher provision for Early Head Start groups of four or fewer, it requires the grantee have a second adult in the room. If a grantee believes they have a compelling reason that a teacher and teacher assistant are not necessary to ensure high quality and safe environments in very small Head Start groups, they should discuss it with their Regional Office.

30. If class sizes are smaller, is it possible for the second staff person to be absent for brief periods from the classroom without interjecting a new person to the group? [Center-based option, 45 CFR §1302.21\(b\)](#)

Answer: Yes. As has been the case during normal program operations, it is permissible for the second staff person to be absent from the classroom for a brief period without bringing in a substitute, such as to use the restroom or to walk children to the building exit. However, to ensure the health and safety of all children, if the second staff person must be absent from the classroom for a longer period of time, the program must ensure a floater or substitute staff

is available to cover this absence in the classroom. We recognize that programs are working hard to implement rigorous health and safety practices to reduce exposure of children and staff to possible infection. Therefore, to minimize the number of additional staff that are introduced into any given classroom, programs are strongly encouraged to be consistent with the floaters or substitutes assigned to specific classrooms, to the greatest extent possible.

31. If a teacher gets sick and has to leave the center mid-day, would the program be able to continue the day without a substitute or second adult in the classroom or would they need someone to immediately step in? [Center-based option, 45 CFR §1302.21\(b\)](#)

Answer: In general, two staff are necessary in the classroom to ensure high quality and safe environments for children. Programs are reminded to consider what they would do in such a situation prior to the COVID-19 pandemic; programs should already have policies in place for ensuring safe, high-quality environments if a staff person must go home mid-day. We also recognize that programs are working hard to implement rigorous health and safety practices to reduce exposure of children and staff to possible infection. Therefore, to minimize the number of additional staff that are introduced into any given classroom, but to also ensure classrooms remain safe for children, programs are strongly encouraged to be consistent with the floaters or substitutes assigned to specific classrooms, to the greatest extent possible.

32. If we divide the classroom space where one class is sharing the same space (e.g., dividing an Early Head Start room so that four children use one side of the room and four use the other side of the room), can each group just have one teacher if they are in the same room? [Center-based option, 45 CFR §1302.21\(b\)](#)

Answer: Yes, this is allowable as long as the two teachers can see both groups of children through the divider. Programs are reminded that in this situation, the children on one side of the divider should not be left alone at any point, even if the teacher must step away from the classroom for a brief period. In these situations, the program should utilize floater staff to cover a brief absence by one teacher.

33. Are center-based programs required to meet their typical service duration for the 2020–2021 program year? [Center-based option, 45 CFR §1302.21\(c\)](#)

Answer: No. As programs adapt their program schedules due to the COVID-19 pandemic, OHS does not expect that center-based programs will be able to meet their typical service duration for the 2020–2021 program year.

34. To promote physical distancing and overall health and safety, what flexibilities will OHS allow for program schedules and service duration for center-based and family child care programs? [Center-based option, 45 CFR §1302.21](#); [Family child care option, 45 CFR §1302.23](#)

Answer: OHS will allow flexibilities in program schedules and service duration that will ensure center-based and family child care programs meet physical distancing guidance and the overall health and safety needs of children. Such changes may include reducing the number of hours per day or days per week that children receive services. Programs should carefully consider state and local health and safety guidelines, as well as the individual needs of their children and families. For instance, programs that serve a large number of working families should balance health and safety with the needs of their families to have high-quality care for children during working hours. For enrolled children who cannot be served in the center, programs should provide alternative services, such as home-based, virtual, or other grantee-determined service delivery options.

35. Will duration requirements still go into effect in August 2021? [Center-based option, 45 CFR §1302.21\(c\)](#)

Answer: Yes, the requirement for Head Start programs to provide 1,020 annual hours of services to at least 45% of their center-based funded enrollment will still go into effect on Aug. 1, 2021. Programs are encouraged to review the [Federal Register notice](#) and [Program Instruction](#) that discuss this requirement in more detail. If we make a determination in the future to delay the implementation for this requirement, we will announce that to the grantee community.

36. Are there consequences if programs cannot conduct the required number of home visits in home-based programs?**Home-based option, 45 CFR §1302.22**

Answer: No. Due to the COVID-19 pandemic, home-based programs may not be able to conduct the required number of home visits in person during the 2020–2021 program year. To the extent possible, programs should provide the required number of home visits to each enrolled family. This can be done through virtual services, a combination of virtual and in-person services, or other creative options, such as conducting home visits in outdoor spaces, if safe and feasible. If programs conduct in-person visits, home visitors should comply with physical distancing and other related health and safety requirements. Programs will not be penalized if they are unable to achieve the required number of home visits during the upcoming program year, whether in-person or virtual. This also applies to the required home visits for children in center-based programs.

Similarly, home-based programs may not be able to conduct all required group socializations in person. Programs are encouraged to be creative in conducting them. As they may be more difficult to conduct during the COVID-19 pandemic, programs will not be penalized if they are not able to achieve the required number of group socializations, whether in-person or virtual, in the 2020–2021 program year.

37. If a parent cannot participate in virtual visits, do we need to drop them from home-based? **Home-based option, 45 CFR §1302.22**

Answer: No. Asking parents to commit to a 90-minute virtual home visit may be unrealistic. Programs should work to build relationships with children and adults over time and try to increase length of the home visit incrementally to an amount of time that works best for the parents and child. Programs should also be as flexible as possible in scheduling virtual home visits to accommodate parents' work or conflicts.

Even when a parent or caregiver is not available to participate in a virtual home visit, many children — especially preschoolers — can benefit from a virtual visit. They can listen to a story, tell a story, ask and answer questions, and learn about shapes, numbers, and letters. Children can practice social and emotional skills such as identifying feelings and practicing turn taking in conversation.

Finally, enrolled families may desperately need the comprehensive services Head Start programs provide. Meeting children's basic needs is foundational to school readiness. Deliveries of food, formula, and diapers, as well as educational materials such as books, crayons, paper, puzzles, and other supplies, are vital to children's development. Connecting with and supporting parents is also essential. Programs should continue ensuring children have health insurance, are up to date on Early and Periodic Screening, Diagnostic and Treatment, and families are able to obtain other needed community services.

38. For family child care programs, are child development specialists still required to conduct regular visits to each family child care home not less than once every two weeks? **Family child care option, 45 CFR §1302.23(e)(1)**

Answer: Child development specialists will likely not be able to conduct regular on-site visits to each family child care home during the 2020–2021 program year. Programs can choose to conduct these visits virtually. Programs should take in to account the preference of the family child care provider when making decisions about how to conduct these visits (e.g., in-person or virtually). Keep in mind, the goal of small group sizes is to reduce exposure to other outside individuals. However, programs are expected to maintain the same frequency of visits to the greatest extent possible, whether in-person or virtual.

1302 Subpart C – Education and Child Development Program Services**39. Should education services be delivered in-person or remotely during the 2020–2021 program year?** **Teaching and learning environment, 45 CFR §1302.31**

Answer: During the 2020–2021 program year, programs have the flexibility to deliver education and child development services in person, virtually, or a combination of both, in response to the COVID-19 pandemic. Programs should individualize education services based on the needs of children and families, including service delivery mechanism (in-person or virtual). Services could change throughout the course of the upcoming program year as local

conditions evolve. Regardless of the service delivery mechanism, it is important to communicate to both new and returning families what education services will be like during the upcoming program year.

40. If community conditions result in a program offering virtual services to some or all of the children enrolled in the center-based option, what are some of the important considerations for service delivery? [Teaching and learning environment, 45 CFR §1302.31; Curricula, 45 CFR §1302.32](#)

Answer: Programs offering virtual services to children enrolled in a center-based option should consider how they will individualize these services for children and their parents and how service delivery will differ from the typical model where children are served for three to six hours or more in classroom environments. Programs should consider staffing needs, the availability and capacity of parents, and ensure a clear understanding of how virtual services can be engaging and impactful. If parents or other adults in the home are not able to support their child's participation in the virtual environment, programs need to consider alternative services that are appropriate for those families.

If virtual services are provided to some or all of the children enrolled in the center-based option, managers and staff must determine how they will provide comprehensive services and are reminded that the [Head Start Early Learning Outcomes Framework \(ELOF\)](#) and school readiness goals are essential to planning. As program managers and staff plan virtual services, considerations could include the:

- Appropriateness of using a center-based curriculum
 - Programs may use a home-based curriculum if more appropriate.
- Ability to follow the scope and sequence of the curriculum used
- Appropriate computer software/hardware and physical materials needed for successful service delivery

Programs should also consider the

- Time staff need to develop individual, small, and group lessons
- Delivery of materials and supplies to families
- Number of children that each teacher can accommodate

Finally, programs should consider their ability to promote progress toward school readiness in the virtual environment and ensure the delivery of services focuses on social and developmental growth for young children and rising kindergarteners

41. Are there guidelines on how to perform center-based services virtually? What is the required number of meetings per week? What is the ratio of individual sessions to group sessions? How can programs make a connection with the curricula used by families? [Teaching and learning environment, 45 CFR §1302.31; Curricula, 45 CFR §1302.32](#)

Answer: Programs can use ECLKC resources to assist them in making decisions about virtual service design. The design should be based on the needs, abilities, and interests of families and the capacity of staff. ECLKC resources can also help programs in their thinking about how to use school readiness goals and curricula to plan virtual teaching and learning. For example, some programs are considering using home-based curricula when parents are available. It is very effective when parents are engaged in teaching and support throughout the week.

Teachers may want to plan individual, whole group, and small group sessions to address different goals. Many programs provide packets of materials that children can work on with support from a parent or other caregiver. Local programs will likely have to experiment before deciding on the length and frequency of virtual learning experiences they can schedule each week. Keep in mind what works best for children and families and allow adequate time for teacher preparation.

42. During the 2020–2021 program year, how should programs provide education services in the home-based program option? [Curricula, 45 CFR §1302.32; Education in home-based programs, 45 CFR §1302.35](#)

Answer: Programs must ensure they plan home visits jointly with parents and focus on the critical role of the parent in the learning and development of their children. Programs must ensure the home-based curriculum has an organized developmental scope and sequence and include learning experiences based on the child's developmental progressions. Programs will not be penalized if they are not able to provide the required number of group socializations during the 2020–2021 program year.

For in-person home-based services, programs must ensure the family is comfortable with a home visitor coming into the home, or conduct visits in other creative ways (e.g., physically distanced in an outside space).

For virtual home-based services, programs must consider whether the parent has the time and capacity to participate in this service model and should follow the previously mentioned guidelines for in-person curriculum implementation, parent engagement, and socializations.

For additional resources on home-based service delivery and COVID-19, reference the materials on the [Staff Resources for Remote Services](#) page.

43. If a program must make significant changes to a curriculum in order to provide education services during the 2020–2021 program year, are they still required to consult with an external expert and assess whether the adapted curriculum is facilitating child progress? [Curricula, 45 CFR §1302.32](#)

Answer: No. During the 2020–2021 program year, programs are not required to consult with an expert to develop or evaluate curriculum adaptations that are necessary for providing education services. However, programs are encouraged to work alongside experts, where possible, when making these kinds of decisions to ensure curricula continue to align with meeting school readiness goals.

When developing and adapting curricula for the upcoming program year, programs are encouraged to utilize the [ELOF](#) as a guide. This framework identifies age appropriate expectations to help programs plan experiences and activities that match a child's skills and abilities. This framework can be utilized for center-based, home-based, and family child care service models.

44. How can programs continue to support the development of dual language learners (DLLs) during the 2020–2021 program year? [Teaching and the learning environment, 45 CFR §1302.31\(b\)\(2\)](#)

Answer: Programs are expected to continue to support the development of the home language for children who are DLLs, in addition to supporting English language acquisition (for preschoolers who are DLLs) or experiences that expose the child to English (for infant and toddlers who are DLLs). In order to meaningfully engage children who are DLLs in education services, it is critical that program staff be able to communicate effectively with parents of enrolled children. In instances where parents have limited English proficiency and no staff members speak the parents' home language, programs should have a process in place to ensure effective communication with the parents in their preferred language. This can be through use of community partners, consultants, interpretation services or software, or other technology options.

45. Should school readiness goals be modified or just the delivery of services? [Curricula, 45 CFR §1302.32](#)

Answer: As programs modify their delivery of services to meet the needs of children and families during the COVID-19 pandemic, they should continue to ensure their ability to promote progress toward school readiness. The delivery of services should continue to focus on social and developmental growth for young children and rising kindergarteners.

46. How will OHS handle CLASS® reviews during the 2020–2021 program year? [Curricula, 45 CFR §1302.32](#)

Answer: OHS is in the process of determining how to best proceed with Classroom Assessment Scoring System (CLASS): Pre-K® observations during the upcoming program year. There are several factors, including the complexities of administering CLASS® in these unprecedented times and the OHS statutory mandates related to the assessment of teacher and child interactions. This will be a challenging school year for programs, and the uncertainty is uncomfortable. OHS is making measured and informed decisions about all monitoring activities, including Classroom

Assessment Scoring System (CLASS): Pre-K®. [Update: [Fiscal Year \(FY\) 2021 Head Start Monitoring Protocols](#) on the ECLKC describes monitoring strategies and updates for the 2020–2021 program year.]

47. During the 2020–2021 program year, are programs expected to complete developmental screenings? [Child screenings and assessments, 45 CFR §1302.33](#)

Answer: Yes, programs are expected to complete the required developmental screenings as soon as possible. This is especially important this year, as there may be delays in the referral and evaluation process for children eligible for Individualized Family Service Plans or Individualized Education Programs. There are developmental screening tools designed specifically for parent administration and programs may expand to use more of these tools during the upcoming program year. Programs are also encouraged to consult the screening vendor for adaptations and guidance on how to use the developmental screening tool in various environments.

Programs should document decisions made regarding when and how to complete the screenings and are reminded that they will not be penalized if it takes longer than the timeframe required by the HSPPS to complete screening in 2020–2021 program year.

48. During the 2020–2021 program year, are programs expected to complete assessments of children? [Child screenings and assessments, 45 CFR §1302.33](#)

Answer: During the upcoming program year, programs should make every effort to complete the required assessments of children. Understanding child progress during the year is important for individualizing and understanding the effect of instruction. However, it may be more difficult to complete direct or observation-based assessments of children in the upcoming program year. Programs are also encouraged to consult the assessment vendor for adaptations and guidance on how to use the assessment tool in various environments.

Programs will not be penalized if they are not able to complete all assessments of children during the 2020–2021 program year.

49. How will the teachers do their observations if the services to children are virtual? [Child screenings and assessments, 45 CFR §1302.33\(b\)](#)

Answer: OHS recognizes that center-based teachers will not be able to follow regular procedures for ongoing observation-based assessment. To the extent possible, they should continue to collect information that helps them understand each child's status and progress. If possible, parents can collect or photograph samples of children's work. Parents can also share their observations of what children know and can do. Even when all contact with children is virtual, teachers can directly observe children's responses and questions, which will inform them about children's status and progress. It will not be the same as in-person observation, but OHS is confident programs will do the best they can during this unprecedented time.

50. How should programs address family engagement requirements related to teaching and learning during the 2020–2021 program year? [Parent and family engagement, 45 CFR §1302.34](#)

Answer: Education services staff and parents should continue to communicate regularly about a child's learning, development, routines, activities, behavior, and progress. Parent-teacher conferences should continue, as needed, no less than two times per program year. These conferences can be completed virtually if needed.

Education staff should continue to ensure that parents understand the purpose and results of developmental screenings and assessments. In particular, programs should consider that during the coming program year parents may play a larger role in completing screenings and assessment tools. As always, parents should be invited to provide feedback on newly selected curricula and instructional materials used in the program.

1302 Subpart D – Health Program Services

51. How can programs support staff members' wellness and resilience when they are also part of the community that has been exposed to trauma?

Answer: Many staff members are facing the same stress, anxiety, worries, and exposure to trauma as the families they serve. Validating staff members' feelings during these uncertain times is important. Understanding what stressors staff may be facing at home can help support work-related expectations that are flexible and manageable (e.g., single mom homeschooling, caring for a sick family member, financial insecurity, mental health, etc.). Creating spaces and times to check in about staff needs while providing social connection and support is critical for supporting wellness. Encourage staff members to practice daily self-care in some form. This may include taking breaks from news related to the COVID-19 pandemic, making time to unwind, taking care of their body (e.g., movement, eating, sleeping), and connecting with loved ones daily. Sharing information about changes to center policies, procedures, and timelines can help reduce anxiety about the unknowns of the future and returning to work. Help staff think about what they might need as centers reopen (e.g., support in finding child care for their own children, considering what transportation to work will look like, checking in about pre-existing health concerns or risks, evaluating readiness to return).

52. How do parents and staff talk to young children about the COVID-19 pandemic?

Answer: Young children have questions about the COVID-19 pandemic. It is important to think about truthful, age-appropriate responses to these questions and to check in regularly with children about this topic. Keeping answers simple and age appropriate are key. Don't avoid questions you do not have the answers to. It is acceptable to say, "I don't know."

Young children may have fears or worries related to the COVID-19 pandemic. It is important to validate those feelings and reassure children that important adults in their lives are doing everything they can to keep them safe and healthy. As new information is available, continue the conversation about the COVID-19 pandemic with children.

These are some questions young children may have, and possible ways to respond:

- "Why can't I go to school?"
Example response: "School is closed right now. Your teachers and friends are home, just like you. When school is open again, you can go back to see them."
- "Will I get sick and die?"
Example response: "Everyone gets sick sometimes. We wash our hands and wear our masks to stay healthy. If you get sick, we will take care of you until you get better."
- "Why do I need to wear a mask?"
Example response: "We wear masks to keep ourselves healthy and to keep our friends healthy, and to keep other people healthy."
- "When will the germs be gone?"
Example response: "Doctors and scientists are working hard to make the germs go away. I will let you know when the germs are gone."

53. What additional safety precautions should programs take in response to COVID-19? [Safety practices, 45 CFR §1302.47](#)

Answer: It is critical for programs to plan ahead to minimize the spread of COVID-19. Programs should promote risk reduction strategies and ensure they have adequate supplies to maintain a safe and healthy environment.

Programs should:

- Implement physical distance strategies through increased spacing and small groups.
- Intensify cleaning, sanitization, disinfection, and ventilation.
- Reference the list of [Environmental Protection Agency \(EPA\)-approved disinfectants](#) when determining which products to use.
- Wear face masks and change soiled clothes and smocks.
- Support proper hand-washing behaviors.
- Adjust activities and procedures to limit sharing of items such as toys, belongings, and supplies.

- Train all employees on health and safety protocols. Develop plans for a variety of scenarios, such as an individual becoming sick or absenteeism among staff.
- Revise procedures for drop-off and pick-up to limit parents coming into the centers.
- Ensure staff take extra safety precautions when diapering a child. Display diapering procedures on all changing areas as a reminder to staff. When changing a diaper, staff should follow U.S Centers for Disease Control and Prevention (CDC) guidance and adhere to strict hand-washing protocol and the use of gloves. When disinfecting the diaper changing area, programs should use EPA-registered disinfectants that are fragrance free.

While taking these precautions, staff caring for infants should continue to provide developmentally appropriate care. This includes holding infants while they are fed, comforted, and cleaned appropriately.

54. Are there safety precautions that programs need to take when children arrive?

Answer: Programs should follow the [CDC](#) recommendations for screening children and staff, as well as any local or state public health guidance. In addition, programs should consider the following during pick-up and drop-off:

- Stagger arrival and drop-off times.
- Plan arrival and drop-off outside the facility.
- Provide hand sanitizer for sign-in and sign-out.
- Limit direct contact with parents and guardians.
- Refrain from hugging and shaking hands.
- Limit staff who welcome and screen children at drop-off.

For programs that are providing transportation services, please review [ACF-IM-HS-20-04 Head Start Transportation Services and Vehicles During the COVID-19 Pandemic](#).

55. Should programs conduct health screenings upon arrival, including temperature checks for children and staff? Are there COVID-19 testing guidelines for staff, children, and parents?

Answer: Programs should follow the CDC recommendations for screening children and staff, as well as any local or state public health guidance.

Infectious disease experts advise daily health screening, including temperature checks for staff and children. Screening is the most effective method to conduct daily health checks. Your screening procedures should include the following questions:

- Did the child or staff member have a fever over 100.4 F the last 24 hours?
- Did anyone in your household have a fever over 100.4 F in the last 24 hours?
- Does the child or staff member have a cough?
- Is the child or staff member experiencing shortness of breath or difficulty breathing?

Check the [CDC](#) site regularly for updated list of symptoms and health screening recommendations.

56. Where can programs purchase appropriate supplies for health staff to conduct screenings?

Answer: Programs should work with their HSAC to contract with vendors capable of delivering needed supplies on a recurring basis. It is important programs do not run out of the supplies necessary to ensure continuity of services. In addition, programs should consider reaching out to their state Head Start Associations or their local Child Care Resource and Referral (CCR&R) Agency to discuss other programs' success with particular vendors, or if any service organizations within their community have resources available.

57. What about hand sanitizers? Which ones can be used?

Answer: Hand sanitizers using an alcohol-based active ingredient must contain 60% to 95% ethanol (ethyl alcohol) to be effective in killing most germs. Hand sanitizers used in early care and education programs are an appropriate alternative to the use of traditional hand-washing, if soap and water are not available and if hands are not visibly dirty.

Providers should check their hand sanitizer products to determine if a product is on this list of [hand sanitizers](#) with potential methanol contamination. The Food and Drug Administration recommends consumers stop using these hand sanitizers and dispose of them immediately in appropriate hazardous waste containers. Do not flush or pour these products down the drain.

58. How do programs support families in preparing for the transition back to school?

Answer: Families can begin to prepare their children for the transition back to school by previewing, practicing routines, and reassuring children that they will be safe. Share resources with parents with information such as listed below.

- **Previewing:** School may look very different as children return to centers. Be prepared to talk to your child about some of the changes that may happen. Check in with your child's school to get updates on new policies and procedures.
 - "When you go back to school, I won't be able to walk to your classroom. We will say goodbye in front of the school."
 - "When you go back to school, your teacher and classmates will be wearing masks just like you. These masks help to keep everyone safe and healthy from germs."
- **Practicing School Day Routines:** Think about starting to practice waking up with enough time to get ready and get to school on time. If bedtime has been creeping later and later, now is a great time to practice going to bed earlier in preparation for school. Starting to limit screen time can also support children's transition back to school. If you know when school is reopening, you can start a countdown. For example, make a calendar and start crossing off the days until school starts.
- **Reassuring:** You or your child may be feeling anxious about returning to school. Let them know it is ok to feel nervous. Remind them of the fun they have at school (e.g., "What are you looking forward to the most when you go back to school? Who are you excited to see?"). Remind them that the important adults in their life will always do their best to keep them healthy and safe (e.g., "We are all going to wear masks now to keep you safe, your classmates safe, and teachers safe."). Plan ahead with your child on how you will say goodbye the first day of school (e.g., secret handshake, 10 hugs and kisses, waving from the door). Remember, children are in tune with your feelings. The calmer and more positive you are feeling about going back to school, the better they will feel about it.

59. How can teachers help explain changes young children may see at school because of the COVID-19 pandemic?

Answer: It may feel overwhelming to think about the changes children will experience when returning to centers. Education staff can support young children in understanding the changes they may encounter by preparing them ahead of time, actively teaching the new routines, and responding to children's needs through supportive and nurturing relationships.

- **Preparing:** New policies may include wearing a mask and getting your temperature taken before entering school. Programs can help prepare children for this by making a visual with pictures of the new routine or a video of what entering school will look like upon return. Programs may also use a social story that can be shared with parents before the start of school. Some activities that were previously available in the classroom may no longer be available (e.g., sand or water table, number of children in each play area of the classroom). Program staff can begin to think about explaining to children why these favorite activities might not be available (e.g., "The sand and water tables are closed right now, but you can play with the blocks or puzzles."). Updating rules, schedules, and routines to account for COVID-19-related changes can help children understand the new expectations or daily schedule (e.g., "Hugs and kisses are for home; at school, we can air high five.").
- **Actively teach new COVID-19-related changes and skills:** It is important programs actively teach the changes that have occurred to daily schedules, routines, or classroom rules. Programs may also have new COVID-19-related safety procedures or policies to teach children as well (e.g., mask wearing, social distancing in the

classroom). Using strategies that are fun and engaging to teach new skills can reduce some of the anxiety children may be experiencing (e.g., use familiar songs with new lyrics to teach about mask wearing or hand-washing; use role plays with a co-teacher to teach about social distancing; use puppets or props and social stories to teach new skills). The [Super Friend social story](#) can also be modified to help support new COVID-related changes (e.g., Super Friends wear masks to keep themselves and their friends healthy. Super Friends wash their hands to keep themselves and their friends safe. Super Friends use air high fives to show their friends they care about them.).

- **Relationships:** Connect and check in with children often throughout the day. Having a calm, reassuring, positive presence will help children adjust quickly and feel safe in their new school environment. Give positive feedback frequently to children during the day. Be patient with yourself and the children. Change is hard for everyone!

60. What are some general tips and strategies teachers can use to support children returning to their classroom after center closures?

Answer: As children return to school, it is important education staff meet them where they are. Many children will be returning who have experienced additional trauma and stress due to the COVID-19 pandemic. Providing consistency, predictability, and safety through nurturing relationships and supportive environments will help children transition back to school.

- **Start with Relationships:** Connect, connect, connect. Use responsive relationships to help children, families, and staff feel safe, secure, and valued. Provide positive, descriptive praise and feedback across the day. Find times to connect with individual children through play. Keep families in the loop. Check in with your co-workers across the day. For children who have experienced trauma, one nurturing and responsive adult relationship makes all of the difference!
- **Schedules:** Update visual schedules and include time for new safety procedures (e.g., extra hand-washing). Re-teach the new schedule and refer to it often across the day. Having a consistent predictable schedule provides children with a sense of safety and security.
- **Routines:** Be prepared to teach new routines and practice them often throughout the day. Think about ways to make routines engaging and fun, and places to connect with children. For example, when teaching mask wearing:
 - "I am going to use a familiar song and change the words to talk about wearing a mask. We will sing the song every day before transitions to remind kids to keep their masks on."
 - "I am going to do a role play with my co-teacher about how and why we wear masks at school now."
- **Expect Behavioral Changes:** The COVID-19 pandemic has been hard for everyone. Be prepared to see behavioral changes in children. Remember, behavior always communicates a message. Think about what needs a child is trying to have met by their behavior and try your best to fill that need. Have classroom rules with visuals posted and re-teach these rules across the day. Provide positive praise for children who are following the rules. Kids feel safe when they know the expectations and rules. Be patient with children and yourself. Everyone is experiencing more stress.
- **Emotional Literacy:** Children may show a wide range of feelings throughout the day. Label and validate these feelings (e.g., "You look worried; it's ok to feel worried. Let me sit with you until you are feeling less worried."). Think about places in the schedule where you can check in with individual children about their feelings, as well as times to teach feelings to the whole class. For example:
 - Place a feelings face chart by the sink. As kids are doing extra hand-washing, check in with them about how they are feeling.
 - Read a book or social story to the whole class and ask children, "How are the characters feeling? How might you feel in a similar situation?"

- **Self-Care:** Staff should do frequent check-ins with themselves across the day. Notice your own emotional state. It is ok to feel worried or overwhelmed. Think about activities you enjoy in the classroom and make sure to engage in those (e.g., doing art with the children, going on walks outside with the class, having dance parties). You may find you need more breaks across the day. Be prepared to communicate with your colleagues and ask for help when you need it. Drink plenty of water, get lots of sleep, and don't forget to eat during the day. Breathing really does help!

61. How do staff support children who may be experiencing separation anxiety?

Answer: Children may show more anxiety around separating from their parents or caregivers right now. One reason a child may not want to leave a parent or caregiver's side is because this is their way of feeling safe and secure during these stressful times. Share the following strategies with parents to support children who are dealing with separation anxiety.

- Routines and schedules help children to feel a sense of predictability and security.
- A special object from home (transitional object) can also help with separation. They help kids to hold a piece of their caregiver with them even when they are not together. They can also support the message that you, their caregiver, are coming back at the end of the day (e.g., giving your child a picture of you to take with them to school or something small from home that belongs to you).
- Reassuring your child that you are going to do everything you can to keep them safe and identifying school as a safe place will also help the transition back.
- Checking in with your own emotions and levels of anxiety. Young children pick up on our stress and worries; we can help them during these moments by labeling our feelings and modeling a strategy (e.g., "Mom's feeling a little worried right now. I am going to take five big, deep breaths to help the worry leave my body.").

62. How can programs ensure physical distancing measures when providing in-person services? Specifically, should staff distance from infants and toddlers?

Answer: Social distancing can prove difficult among children in Head Start and Early Head Start programs. Since young children do not "physically distance" well, serving a smaller number of children can help to increase the square footage per person. This can also help to reduce contact compared to when children are sharing a smaller space. Programs have flexibility to decide if group sizes need to be smaller than state or local guidance to safely serve children. When making decisions, programs should determine the square footage needed to maintain physical distancing between children. Programs must consider the additional square footage necessary for naptime when children are not wearing face coverings and need to be farther apart.

Staff caring for infants should continue to provide developmentally appropriate care. Infants should still be held while being fed, comforted, and cleaned appropriately.

63. Are staff required to wear masks when providing in-person services? Are Head Start and Early Head Start children required to wear masks? [§1302.47 Safety Practices](#)

Answer: The CDC recommends wearing cloth face coverings in settings where other physical distancing measures are difficult to maintain. Therefore, Head Start staff, and most children, should wear face coverings. There are some exceptions to this general guidance.

Cloth face coverings should not be placed on:

- Children younger than age 2
- Anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the cover without assistance
- Children eating or napping

Children who have difficulty wearing a face covering should never be forced to wear a mask, or disciplined for removing or expressing discomfort with wearing a cloth face covering.

To be effective, face cloth coverings need to fit both children and adults properly. Wearing masks that are too big or ill-fitting will compromise the efficacy of the mask.

It is recommended to wash a mask every day. If the mask gets wet or appears soiled, it is no longer effective and should be washed. Extensive washing may cause the face covering to lose shape, which would affect the efficacy of the mask. Therefore, having an adequate supply of new masks is vital.

Staff caring for infants may also consider face shields in addition to face cloth coverings, since droplets from spit or drool can enter the eye, contributing to infection. Face shields should not replace face cloth coverings as shields are open at the bottom, allowing droplets to enter.

64. Are there strategies to help encourage children to wear a mask?

Answer: To help children wear a mask, programs can use social stories to explain their importance. A social story is a simple description of a situation, concept, or social skill. It is individualized for each child and features the child as the main character. Social stories can help build a child's confidence to better cope with situations they find challenging or scary.

Also, families can practice wearing face coverings at home and role model how to wear them. Programs can provide choices in cloth coverings for children and introduce them in dramatic play (e.g., children can put them on dolls).

65. How will naptime change? How can programs individually store naptime supplies? Is outdoors naptime an option?

Answer: Cloth face coverings are not recommended for children napping. Children's naptime mats (or cribs) need to be spaced out as much as possible, ideally 6 feet apart. Place children head to toe in order to further reduce the potential transmission of germs. Bedding (e.g., sheets, pillows, and blankets) should be of a type that can be washed. Each child's bedding should be kept separate from other children's bedding, on the bed, or stored in individually labeled bins, cubbies, or bags. Bedding that touches a child's skin should be cleaned weekly or before use by another child. If weather and air quality permit, napping outdoors may reduce the risk of an infection. If choosing this option, be sure children are protected from the sun.

66. What can programs do to address adequate ventilation in response to COVID-19? [Safety practices, 45 CFR §1302.47](#)

Answer: Efficient ventilation means moving indoor air outside and bringing fresh air inside. This helps reduce the risk of infection when accompanied with other strategies such as cloth face coverings, hand hygiene, physical distancing, screening, and cleaning and disinfecting. Programs should consider hiring licensed heating, ventilation, and air conditioning (HVAC) experts to inspect and assess their current HVAC systems and be advised on how to ensure ventilation systems operate most effectively.

Programs should also maximize the time spent outdoors, bringing a class (or part of a class) outside, weather and air quality permitting. If weather allows, open windows and screen doors as long as they do not create a safety, supervision, or health risk (e.g., poor air quality). Fresh air is optimal.

There are many other practices recommended for efficient and effective ventilation in the [Caring for Our Children \(CFOC\) Online Standards Database](#). For additional ventilation expertise, programs can contact the American Academy of Pediatrics regional [Pediatric Environmental Health Specialty Unit](#). More resources are available from the [American Society of Heating, Refrigerating and Air-Conditioning Engineers](#).

67. Should there be a change in policy of how we evaluate child wellness when they come to school with symptoms of runny nose and illness?

Answer: Programs should follow the [CDC recommendations for screening](#) children, as well as any local or state public health guidance. It is important to communicate new or updated health-related inclusion or exclusion policies with all staff and parents.

68. Are programs required to have an isolation area if a child presents symptoms of COVID-19? Should staff be in full personal protective equipment (PPE) when supervising children placed in isolation due to concerns of COVID-19 exposure? [Safety practices, 45 CFR §1302.47](#)

Answer: All programs should have a plan when a child becomes sick during the day. CFOC standards provide guidance on caring for ill children (3.6.2). CDC recommends keeping sick children separate from well children and staff. An isolation room or area (e.g., a cot in the corner of the classroom) can be used to isolate a sick child with appropriate supervision until the child can go home. Clean and disinfect surfaces in your isolation room or area after the sick child is sent home. Staff should continue wearing their face covering, washing their hands routinely, and changing clothes or smocks that become soiled. A staff member should stay with the isolated child to monitor symptoms and care for the child. Classroom staff-to-child ratios should be maintained. Therefore, use of floaters to care for an ill child will allow programs to maintain required staff-to-child ratios in classrooms.

69. Can programs exclude a child from in-person services if they present symptoms of COVID-19?

Answer: The CDC recommends children (and staff) who have a fever of 100.4 F or above or other signs of illness not be admitted to the facility. Parents should reach out to their child's pediatrician and receive further guidance. While the child is home, programs should reach out to the family and determine if further support is needed. Programs should also consult their local health officials about exclusion.

70. Can programs exclude a child from in-person services if someone in their family tests positive for COVID-19?

Answer: Programs should consult their local health officials about exclusion and re-admittance criteria. General recommendations are for a child to stay home for 14 days if they or a member in their household is confirmed to have COVID-19. The CDC offers [further guidance](#) for anyone who has been around a person with COVID-19.

71. Should programs close due to a positive COVID-19 case? Are programs required to notify their Regional Office if an individual affiliated with the program tests positive for COVID-19? [Safety practices, 45 CFR §1302.47](#)

Answer: Programs are encouraged to develop an internal plan in the event an exposure event occurs in their facilities. If such an event occurs, programs should act quickly and follow CDC procedures by notifying local health officials immediately. These officials will help program leadership determine an appropriate course of action. Based on CDC recommendations, programs will likely close for two to five days. This initial short-term closure allows time for local health officials to gain a better understanding of the COVID-19 situation impacting the program and so program leadership can plan to clean and disinfect the affected facilities. Work with local health officials to determine appropriate next steps, including whether an extended duration is needed to stop or slow further spread of COVID-19. Programs should notify their Regional Office as events occur that impact their program operations. For additional resources related to planning and responding to the COVID-19 pandemic, reference the [CDC](#).

72. What is the necessary communication to families in a center if there is an infected child or family? Should contact tracing be conducted? If so, by whom? [Collaboration and communication with parents, 45 CFR §1302.41](#)

Answer: Some states and local jurisdictions have protocols, either from the licensing authority or public health agency, for notifying families when there is an infected child or family in child care programs. Follow the appropriate guidance, which may vary whether an individual classroom or an entire program needs to be notified. If protocols are not available from your state or local jurisdiction, work with your HSAC and coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure. The communication to staff and parents should align with the communication plan in the program's emergency operations plan. Plan to include messages to counter potential [stigma](#) and discrimination. In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act (ADA).

Contact tracing is done by local, state, and tribal health officials, not by programs. Additional information regarding is available from the [CDC](#).

73. How do adults respond to a child who has lost someone to COVID-19 and the child is afraid their other loved ones will leave them? [Child mental health and social and emotional well-being, 45 CFR §1302.45](#)

Answer: Children who lose someone close sometimes worry that other family members will die, too. If worries of this sort arise, you can acknowledge the concern (e.g. "You sound really worried."). Reassure the child that key adults in the circle of their family are healthy and being very careful to stay safe. You might add that you expect the surviving loved ones to be around when they are all grown up. Make sure your lesson plans include relaxation activities and that your classroom maintains a consistent, positive routine. Focus on connecting with this child repeatedly through the day and find activities that engage them and play to their strengths.

74. What is the role of a teacher if a child experiences death in the family? [Child mental health and social and emotional well-being, 45 CFR §1302.45](#)

Answer: Bereaved preschoolers need extra connection with caring adults during such a lonely time in their lives. Teachers have an important role in supporting the child and surviving family members. Children need normal routines and activities. They need attentive listeners who will give them time to tell their version of what happened to their loved one, how they learned about the death, and about what they shared with the person they lost. They may want to tell this story many times because it relieves some of the hurt. You do not need to have something special to say. You just need to show interest, sit close, listen quietly, and validate their feelings, like, "You really miss your mommy," or "It was so much fun to take walks with grandpa," or "Your daddy loved you so much."

Just listening is an important gift. Encourage the child to bring in a picture if they like. Provide extra opportunities for creative play and artistic expression, since many children will tell their "story" through play.

Make sure someone in the program spends extra time over several weeks with the surviving parent to give them a chance to talk, too, and answer questions about how to respond to the child's needs at home. Perhaps they can create a memory box or include the child in rituals like lighting memorial candles or drawing pictures, consistent with their culture and family traditions.

75. If parents are uncomfortable with taking their children to health care professionals, what should programs do?

Answer: Programs are expected to take actions that are feasible, reasonable, and safe in terms of continuing to provide services and implementing management and oversight systems. Programs should communicate with parents to understand their concerns. Partner with pediatricians and other medical providers who serve children in the program to encourage parents to get well-child checkups and needed care. They can help explain to parents the safety considerations that the medical provider is implementing during a well-child visit and the impact of missing or delaying well-child visits, vaccinations, and appropriate screenings. They can underscore the concern that continued delays in vaccination may result in secondary outbreaks with preventable illnesses.

Programs will not be held accountable for requirements that are not possible or reasonable for them to achieve during the 2020–2021 program year. Programs should maintain records of services they provided and those that were not provided. Programs can use [ACF-IM-HS-19-01 General Disaster Recovery Flexibilities](#) to determine flexibilities in HSPPS requirements.

76. As programs reopen during the COVID-19 pandemic, can they exclude children that are not immunized from attending in-person settings?

Answer: Programs must comply with state immunization enrollment and attendance requirements and the HSPPS related to children experiencing homelessness. Programs must follow state requirements on exclusion, as well as any exemptions from vaccine requirements. If upon enrollment programs identify children who are not up-to-date on immunizations, they must work with parents to bring children up to date. Programs should work with their local health officials to determine if there have been any changes to their immunization requirements due to COVID-19.

77. Will programs be granted additional time to meet health screening requirements? Can hearing and vision screenings be conducted virtually? [Child health status and care, 45 CFR §1302.42\(b\)](#)

Answer: Programs should take actions that are feasible, reasonable, and safe in terms of continuing to provide services and implementing management and oversight systems. Programs will not be held accountable to meet timeline requirements that are not possible or reasonable for them to achieve during the current closures. Programs

should maintain records of services they provided and those that were not provided. Programs can use [ACF-IM-HS-19-01 General Disaster Recovery Flexibilities](#) to determine flexibilities in HSPPS requirements.

78. Will telehealth screenings and well-child exams meet the 45-day requirement as an initial screening/exam if children live in an area with spiking numbers? Or should programs wait until a child can be seen in person and document their attempts to get screenings/exams until that can happen safely? [Child health status and care, 45 CFR §1302.42\(b\)](#)

Answer: If telehealth is being used by the child's medical provider, it will meet the HSPPS requirement. However, programs will not be held accountable for timeline requirements that are not possible or reasonable for them to achieve during the current closures. Programs can maintain records of services they provided and those that were not provided.

Many health care offices have set up systems to see children safely during the pandemic so children can receive the recommended immunizations. They may be scheduling well-child and sick visits at different times and locations or limiting the number of families in a waiting area.

79. Are there flexibilities related to staff ensuring oral health hygiene and proper toothbrushing? [Oral health practices, 45 CFR §1302.43](#)

Answer: Programs should continue promoting effective oral health hygiene for all children receiving services. Toothbrushing in group care settings is suspended until it is considered safe again. There is a possibility of transmitting the virus to others via salivary droplets from spitting into a sink or a cup after brushing. Encourage parents to brush their child's teeth with fluoride toothpaste before they come to their early childhood education (ECE) program and before bedtime. Programs can also share resources about toothbrushing and supplies with families.

80. Is there new guidance around family-style meals? [Child nutrition, 45 CFR §1302.44](#)

Answer: Meals should be provided in the classrooms if programs are providing in-person services. If programs typically serve meals family-style, staff should now plate each child's meal to avoid multiple children using the same serving utensils. Staff should ensure children wash hands prior to and immediately after eating. If programs are not providing in-person services, they should consider alternate ways to distribute food to children. Ensure the distribution strategy takes into consideration community spread of COVID-19 to avoid gatherings in a group or crowd, such as a cafeteria setting.

Programs are encouraged to follow applicable regulations and guidance related to safe preparation of food.

81. The U.S. Department of Agriculture (USDA) issued waivers for child nutrition programs through June 30, 2021, for the School Breakfast Program (SBP), National School Lunch Program (NSLP), and Child and Adult Care Food Program (CACFP). What does this flexibility allow for?

Answer: The USDA waivers for SBP, NSLP, and CACFP allow for:

- Meals that do not meet normal meal pattern requirements when necessary to keep kids fed.
- Meals to be served outside of group settings and outside of standard times to facilitate grab-and-go and other alternate service options.
- Parent/guardian pick-up of meals for students participating in distance learning.

82. What do we do about CPR training since many people will be unable/unwilling to do in person training even if we can offer it? [Safety Practices, 45 CFR §1302.47](#)

Answer: The American Red Cross is allowing an existing enrollee to extend their current certification for 120 days beyond the original expiration date. They are providing provisional certification courses in First Aid/CPR/AED and Basic Life Support. Students can take the online portion now and complete their skills test within 120 days. Additional information is available at the [Red Cross Learning Center](#).

83. How should centers handle the cleaning and storage of materials for children? Should we be putting things like crayons, markers, and other materials such as toys for each child in a container labeled with each child's name so only he or she uses those materials?

Answer: Toys that cannot be cleaned and sanitized should not be used. Toys can be shared within a group, but they should not be shared with other groups of children unless they are cleaned and sanitized first. Any toy that a child puts in their mouth or is otherwise contaminated by body secretions or excretions should be set aside until it can be cleaned and sanitized, either by hand or in a mechanical dishwasher. Cloth toys or dress up items should be used by one child at a time and then laundered before use by another child. For items such as crayons, markers, play dough, and paint brushes, programs may consider creating individual bins for each child.

To clean and sanitize toys, put on gloves and clean toys with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. Toys can be placed in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so they can be rotated through cleanings. Classrooms and family child care homes should clean the hard, smooth surface toys at the end of the day (half-day or full-day) or when a toy is soiled, put in a child's mouth, etc. Supplies such as crayons, markers, and other material that can be difficult to clean can be individualized in a container labeled with each child's name. It is recommended to keep these difficult to clean supplies and toys to a minimum.

84. What are the recommendations for cleaning and disinfecting playgrounds when used by multiple classrooms?

Answer: Outdoor play should still be strongly encouraged for young children. However, outdoor play space should not mix classrooms of children and staff at the same time. Classrooms should practice hand-washing before and after outdoor play. Outdoor areas, such as playgrounds in schools and parks, generally require normal routine cleaning, but do not require disinfection. However, high touch surfaces such as tricycle handles, balls, outdoor toys, and door knobs should be cleaned and disinfected between uses. Adjust schedules as needed to allow time to disinfect high touch areas between playground uses by different groups of children. Disinfectants do not work if there are any signs of dirt. Cleaning using the products you typically use at your facility should come first, followed by the use of an appropriate disinfectant. Guidance for the selection of EPA-registered disinfectants for ECE settings is available from the [EPA](#) and the [CDC](#).

85. Does OHS have guidance on how best to proceed when supplies are out of stock? Right now, health supplies are back-ordered with vendors. We are concerned this could impact reopening.

Answer: Programs need to plan ahead to ensure they have sufficient supplies on hand and are able to receive needed supplies on a recurring basis. Programs should work with their HSAC, Head Start Association, and their local CCR&R to learn about vendors or other community agencies that have supplies available. Head Start Associations also may be able to bulk order for their grantees to expedite purchase of supplies.

If programs do not have an adequate supply of health supplies (e.g., thermometers, cleaning supplies, etc.), they should not be open.

86. Can you talk about how to support infants and young toddlers with "at the door" drop-off? This is very different than our current gentle separation practices. We will have many new children entering in September — many under 2 years old — so some of the strategies you are suggesting don't apply as well to this non-verbal age group. Additionally, we cannot reassure and calm young children without hugging and physical support. How do you suggest making this separation process smooth for infants and toddlers?

Answer: "At the door" drop-off may be very different from how you usually handle the drop-off routine. Yet, despite it being different, you can still emphasize making social and emotional development a priority. Young children take their emotional cues from the adults around them; the more comfortable staff and families feel, the more likely young children will adjust to a different way of doing the morning routine. Also, remember that infants and toddlers can be hugged and picked up to be cared for and calmed, even during COVID-19. Physical support is an essential part of caring for infants and toddlers. Keeping a calm and consistent routine, whether it is at the door or in the classroom,

can go a long way in helping very young children feel safe and secure. Here are some strategies you might want to consider.

- Prepare families for the new routine. The more parents and caregivers feel comfortable, the more they are able to convey a sense of security and safety to the children, as well as explain the new routine and practice. Try talking to parents about this virtually before children start attending.
- Solicit feedback from families about how to make the "door drop-off" as comfortable as possible. It can help families buy into the new process and feel more comfortable.
- Depending on the age of the children, consider using a social story to review the new drop-off routine and about adults wearing masks. Social stories can also help separation anxiety in general. Families can use a social story about the new drop-off at home to prepare. This can help to reduce parent's anxiety, too. Here is an [example of a social story](#) about wearing masks.
- Try to have the same person receive the child each day during drop-off.
- Consider using a greeting song, offering the same few words at drop-off, and establishing the same activity routine each day (e.g., after drop-off, we have breakfast then read books together).
- Assist receiving staff to pay increased attention to their interactions with the children and families during the drop-off transitions. Staff can pay attention to their own emotions (e.g., facial expressions and tone of voice ideally demonstrating genuine interest, warmth, and positive affect). Staff can reflect on how their eyes express their emotions since their mouth will be covered by a mask. Be sure to include reflective supervision to ensure there is time for staff to discuss how they are feeling about all of these changes.
- Label children's emotions (e.g., "I see you are really sad right now. Daddy will be back after nap.").

1302 Subpart E — Family and Community Engagement Program Services

87. How should family service workers and other program staff support parents who are not comfortable returning their children to an in-person setting? [Family engagement, 45 CFR §1302.50](#)

Answer: During this time of high anxiety, programs should prioritize consistent, two-way communication with families about what to expect when the program reopens. Programs should gather parents' questions, concerns, and input and give them clear program guidance about planned operations for the health and safety of staff, children, and families. Programs' communications with parents should be routine, written, and done virtually or by phone in both one-on-one and group forums. Because parents have many different concerns that are unique to their family situation, programs should approach each case on an individual basis. Programs also have the flexibility to plan different approaches to meet the needs of groups of parents with common concerns. For example, programs could prioritize some families for in-person services and other families for virtual service provision. Programs and families can agree to revisit approaches like these at a certain date and as local health guidelines change.

88. How can programs provide virtual services to families with limited internet access? [Family engagement, 45 CFR §1302.50](#)

Answer: If families have limited internet access and cannot support the child's participation in the virtual environment, programs need to consider alternative services that are appropriate for those families. Programs can consider in-person home-based services that include appropriate health and safety measures (e.g., conducting home visits outside) or other ways of individualizing education services based on the needs of children and families.

In the event that more reliable internet services are available and the family lacks resources to access them, the reasonable cost of more reliable services may be paid with base grant or CARES Act funding if other community resources are not available to support the cost, if necessary for the delivery of remote services.

89. Will programs be expected to host family engagement events for the upcoming program year? [Family engagement, 45 CFR §1302.50](#)

Answer: No. Family engagement events are not a requirement, although many programs offer events for families to interact with each other. Programs should look to local health guidance to determine when and how it is safe to plan any in-person events. Events in each community will look different depending on local circumstances. Programs may plan virtual interactions between families.

90. Should programs continue to provide family engagement services to parents that have contracted COVID-19? [Family engagement, 45 CFR §1302.50](#)

Answer: Yes, programs should continue to provide family engagement services to all parents. In the event a parent has contracted COVID-19, programs can provide services virtually to continue supporting the family's well-being and the child's learning and development. It is critical for programs to maintain communication with families to understand their evolving needs and provide applicable resources to support well-being, family safety, health, and economic stability.

91. Should programs still provide parents opportunities to volunteer during the upcoming program year? [Family engagement, 45 CFR §1302.50\(b\)\(4\)](#)

Answer: Yes. Opportunities for parents to volunteer are a key part of parent engagement. However, opportunities to volunteer will likely look very different this program year. Programs that open centers may have new health and safety policies that restrict any volunteers from entering the centers. All programs should ensure any opportunities for parents to volunteer are in accordance with local health guidelines. Parents can volunteer virtually; for example, parent volunteers could host a virtual story hour, conduct video lessons, or assist teachers in planning activities. It is also important to keep in mind that parents may have less time to volunteer this year. They may be coordinating schedules for each of their children who may be engaged in full-time or part-time virtual learning.

92. During the 2020–2021 program year, are programs still required to offer a research-based parenting curriculum to parents? [Parent activities to promote child learning and development, 45 CFR §1302.51\(b\)](#)

Answer: Yes, programs should meet the requirement on using a parenting curriculum to the extent possible. Programs should offer parents the opportunity to engage in parenting education and virtual parenting education groups and classes if necessary. Programs could also offer parent-to-parent support. Programs should be particularly attentive and flexible with parents during this time. Carefully consider whether the selected curriculum is appropriate for the circumstances of the parents and the setting in which it will be used. If a program must adapt their curriculum, they are not required to work with an expert to develop the adaptation for the upcoming program year.

93. Are programs required to offer individualized Family Partnership Agreements with families during the 2020–2021 program year? [Family partnership services, 45 CFR §1302.52](#)

Answer: Yes. Individualized Family Partnership Agreements are critical to family success. The circumstances of families are likely made more challenging by the COVID-19 pandemic. It is essential that programs partner with families to determine needs, strengths, resources, and goals. Programs should continue to develop and review Family Partnership Agreements and offer family services.

94. What are some of the best ways to connect parents with each other and not break confidentiality? [Family partnership services, 45 CFR §1302.52\(c\)](#)

Answer: Programs can begin by ensuring that parents know what parent peer networking options are available to them. Programs can develop an electronic or paper communication to share with all parents that explains the options for connecting with other parents. Invite parents to indicate their interest by using check boxes or signature lines. The communication should explain how this approach helps the program be responsive to parents' interests for connection and privacy. Depending upon program operations and local health and safety guidelines, the communication could be delivered through email, home drop-off, in-person, the child's take home activities, verbal communication with parents over the phone, or other typical means of program-family communication.

95. How can programs help parents that are experiencing a high level of stress and anxiety during the 2020–2021 program school year? [Family partnership services, 45 CFR §1302.52](#)

Answer: During this time, it is especially important to draw upon the program's best relationship-building practices with families. Use the systems the program has in place to support both staff and families during challenging times. Connect with parents regularly and in ways that convey empathy, caring, and interest in how they are doing. Prioritize program communications that help families make sense of their options and their child's health and safety. Connect

parents with each other to provide parenting support networks. Offer concrete supports and resources to ease family stressors where possible and make referrals for mental health and health services, as needed.

96. What are some of the resources programs can provide to families that have lost their employment during the COVID-19 pandemic? [Family partnership services, 45 CFR §1302.52](#); [Community partnerships and coordination with other early childhood and education programs, 45 CFR §1302.53](#)

Answer: Families' financial, education, employment, and career needs and goals may change during the COVID-19 pandemic. Program staff should partner with families and support them in strengthening their economic security during this time. Programs can partner with families to access federal assistance, apply for unemployment insurance benefits, and pursue educational opportunities. When working with families, programs should also utilize existing community partnerships to offer local support.

For additional resources related to partnering with families to build economic security, reference the [Supporting Children and Families During COVID-19](#) section on the ECLKC.

97. How can family service workers support families who have become or are at risk of becoming homeless? [Family partnership services, 45 CFR §1302.52](#); [Community partnerships and coordination with other early childhood and education programs, 45 CFR §1302.53](#)

Answer: Given the economic impact of the COVID-19 pandemic, it is critical to regularly check in with families about the stability of their current living situation. Program staff should help families maintain their housing to the extent possible. They should also support families experiencing homelessness by establishing or strengthening partnerships with local housing authorities, hotels and motels serving as shelter sites, local shelters, homelessness service providers, and faith-based entities. In addition, helping families with transportation and other critical needs such as food and health care will also support those whose housing circumstances have become unstable.

98. We are concerned about children's safety and the higher incidents of abuse and maltreatment. How can we help to prevent child abuse in the home? [Family partnership services, 45 CFR §1302.52](#); [Community partnerships and coordination with other early childhood and education programs, 45 CFR §1302.53](#)

Answer: Programs should continue regular interaction with families to assess safety during the pandemic. It is critical for programs to provide families with telephone numbers to local domestic violence shelters, child protective services, and community mental health centers that have moved to telehealth appointments, as necessary. Programs might partner with local schools to identify children and families who may benefit from family support visits, either virtual or in person, especially for families of children who are enrolled but not attending online classes. Facilitating parent peer learning groups could foster support systems for parents while stress is heightened. Another way for programs to help keep children safe is to work with the state or local child welfare agency to develop local partnerships for families who have been reported for abuse or neglect but were screened out, as they need particular support.

1302 Subpart F – Additional Services for Children with Disabilities

99. If a program was unable to meet the HSPPS requirement of ensuring that at least 10% of their total funded enrollment was filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA) for the 2019–2020 program year, are they required to submit a disabilities waiver request? [Allotment of Funds Limitations on Assistance, §42 USC Sec 640 \(d\)\(1\)](#)

Answer: Yes. Most programs were able to meet the 10% disabilities enrollment requirement for the 2019–2020 program year prior to the program closures due to the COVID-19. For programs that did not meet the requirement and have not submitted a disabilities waiver request to their Regional Office, the waiver request process will be simplified and the deadline for submission extended to Aug. 31, 2020.

Grantees should submit:

1. Data regarding the extent of the shortfall
2. A brief summary of factors that created barriers to fulfilling the requirement

Grantee requests for disabilities waivers for the 2019–2020 program year which meet these minimal requirements will be approved and documented in HSES.

100. In program year 2020–2021, are programs required to ensure at least 10% of their total funded enrollment is filled by children eligible for services under IDEA? When is a program required to submit a disabilities waiver request?

[Selection process, 45 CFR §1302.14\(b\)](#)

Answer: No. In program year 2020–2021, the 10% disability requirement will be based on a program's actual enrollment. If programs are unable to ensure 10% of their actual enrollment is filled by children eligible for services under IDEA, they must submit a detailed request for a disabilities waiver. Specific details regarding the information required in a disabilities waiver request will be available to grantees in the HSES resources tab.

Grantees should be mindful of ensuring adequate tracking and documentation of efforts to recruit, enroll, and provide services to the required percentage of children with disabilities throughout the program year. Programs may not know their actual enrollment capacity at the beginning of the program year; therefore, may submit waiver requests later in the program year.

101. If centers are not allowing parents and visitors to enter in an effort to limit the spread of COVID-19, should exceptions be made for LEAs to assist with children with disabilities? What suggestions do you have for offering special education and therapeutic children with disability services and evaluations that require in-person contact?

[Coordination and collaboration with the local agency responsible for implementing IDEA, 45 CFR §1302.63](#)

Answer: While programs need to follow local health guidance, it is also important that children receive special education and other services that are needed. Programs must work closely with Part C (Early Head Start) and Part B (preschool Head Start) providers to plan the delivery of services, including for children served in center-based, home-based, and through virtual delivery. Itinerant special education teachers, therapists, and others who are providing in-person services should wear masks, follow hand-washing guidance, and observe physical distancing guidance to the largest possible extent while working with Head Start and Early Head Start children.

1302 Subpart I — Human Resources Management

102. If state or local fingerprinting offices have been closed indefinitely due to COVID-19, do grantees still need to comply with background check requirements? [Personnel policies, 45 CFR §1302.90\(b\)](#)

Answer: At a minimum, grantees must comply with current Head Start Act requirements found at Section 648A(g), which states grantees must complete a criminal record check prior to hiring a new individual. Despite the current closures of many state and local fingerprinting offices, a name-based check can be completed using an internet-based background check service. The comprehensive background check requirements found in the HSPPS, which include fingerprinting, are scheduled to go into effect Sept. 30, 2021.

Those grantees that are required to follow their state licensing regulations to comply with the updated Child Care and Development Block Grant Act requirement on background checks should check with their individual state licensing department about additional requirements. At this time, the federal Office of Child Care has approved waivers on various components of the comprehensive background checks for nearly half the U.S. states and territories. Child Care and Development Fund administrators are making [state-based decisions about waivers of background checks](#) for licensed programs during the COVID-19 pandemic. Many states are accepting the same name-based checks referenced above, in addition to a check of the [National Sex Offender Public Website](#).

103. Programs may have lower numbers of staff or new staff. How can we mitigate incidents of maltreatment or children left unattended? [Personnel policies, 45 CFR §1302.90\(c\)](#)

Answer: Programs must ensure sufficient supports exist to detect and mitigate inappropriate teacher-child interactions that could result in maltreatment or a child being left alone. Incidents of maltreatment or a child left unattended are often related to insufficient support of staff who are overwhelmed, or who lack the skills necessary to consistently implement positive strategies to support children's well-being and safety. Programs must recognize this

coming year will be challenging, particularly as centers open and staff, parents, and children learn new health and safety procedures, and plan to support staff accordingly.

104. If programs are providing virtual services to enrolled children and families, how can they continue to promote effective communication with families with limited English proficiency? [Personnel policies, 45 CFR §1302.90\(d\)](#)

Answer: Programs must continue to ensure staff are able to communicate effectively with children who are DLLs either directly or through interpretation and translation, and to the extent possible, with families with limited English proficiency. In instances where a family has limited English proficiency and no staff members speak the family's home language, programs should ensure effective communication with the family in their home language through use of community partners, consultants, interpreters, and virtual technology options. Culturally and linguistically appropriate communication plans must address services to meet the unique needs of each family within the program.

105. If a center-based program transitions to home-based due to COVID-19, will center-based teachers be required to have a home-based Child Development Associate (CDA) credential? [Staff qualifications and competency requirements, 45 CFR §1302.91\(e\)\(6\)](#)

Answer: No. During the 2020–2021 program year, a center-based teacher who provides home-based services does not need to obtain a home-based CDA credential. Programs are encouraged to support teachers who are newly working with families in a home-based environment. There are [free online courses](#) which highlight best practice strategies for connecting with families in the home visiting environment.

For additional resources to support teachers providing home-based services, reference the ECLKC information on [remote home visiting](#).

106. For programs with teaching staff completing their CDAs and needing observations, how can they complete this requirement if in-person observations cannot be completed at this time? [Staff qualifications and competency requirements, 45 CFR §1302.91](#)

Answer: Programs should seek out information from the Council for Professional Recognition, the agency that administers the CDA, to obtain details on the process for completion of the CDA requirements. If observations cannot be done, the program should document why the completion of the CDA has been delayed.

107. Must programs ensure that all staff receive the required 15 clock hours of professional development during the 2020–2021 program year? [Training and professional development, 45 CFR §1302.92\(b\)\(1\)](#)

Answer: Yes, programs should ensure all staff receive the required 15 hours of professional development during the 2020–2021 program year. Programs must continue to provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities. Programs might consider modifying individual and program-wide professional development plans in response to programmatic changes.

OHS offers many online learning modules on the ECLKC where staff can earn continuing education units (CEUs) and certificates of participation, through the [Individualized Professional Development \(iPD\) Portfolio](#) and [Early Educator Central](#). To support staff in their efforts to effectively communicate with families who are DLLs, [webinars and resources](#) are available on the ECLKC that address ethnic backgrounds, culture and heritage, language, etc.

108. Are programs expected to continue to meet coaching requirements? [Training and professional development, 45 CFR §1302.92\(c\)](#)

Answer: Yes, programs must continue to meet the intensive coaching requirements of the HSPPS, which require programs to identify staff that need intensive coaching. Implementing these intensive coaching requirements might look different during the 2020–2021 program year, as some programs may modify their program options and schedules. Programs providing center-based, home-based, and family child care services should consider how to continue coaching while limiting exposure of other adults to children and teaching staff. In an effort to reduce the risk of spreading COVID-19, programs may want to consider other ways to provide coaching, such as remote or virtual

coaching for individuals or groups. If programs provide virtual education services to children, they could also consider providing virtual observations of education staff and virtual coaching visits.

OHS continues to provide strategies and resources to support programs in this area and encourages programs to reference the [Head Start Coaching Companion](#) on the ECLKC. The ECLKC also provides [professional development resource topics](#) (e.g., practice-based coaching, teaching, and home visiting strategies) that can support all staff and those education staff not receiving intensive coaching.

109. May programs hire staff if they are not able to get required health screenings? [Staff health and wellness, 45 CFR §1302.93\(a\)](#)

Answer: A candidate for hire may begin working virtually, even if they are not able to get required health screenings, if it is a sensible decision for the grantee. However, all required health screenings for new hires must be completed prior to the employee coming into in-person contact with children, families, and staff.

110. If staff are at increased risk for severe illness from COVID-19, how can programs prioritize their safety?

Answer: This is a very challenging time for staff and staff whose family members are part of populations identified by CDC as being at higher risk of serious illness or needing extra precautions from COVID-19. For staff who are at higher risk, programs should carefully consider whether those staff can continue to fulfill their duties if they are unable to return to in-person work environments or can perform needed and necessary work in alternative environments. For instance, if programs are providing some virtual services, they could assign those staff to teach or provide home visits or other services in the virtual environment. Every effort should be made to align available positions with the strengths and needs of existing staff.

1302 Subpart J — Program Management and Quality Improvement

111. If programs are facing conflicting advice from other funding streams (e.g. pre-K or child care subsidy), how should they determine the correct path? [Management system, 45 CFR §1302.101](#)

Answer: Management and governing bodies should assess based on the most current health data and what is in the best interest of the children and families, with health and safety being the top priorities. And as is normal, if there is a requirement from HSPPS or licensing agencies, the more stringent applies for those programs that are licensed.

112. During the 2020–2021 program year, are programs required to aggregate and analyze child assessment data at least three times during the year? [Achieving program goals, 45 CFR §1302.102\(c\)\(2\)\(ii\)](#)

Answer: Programs are encouraged to analyze and aggregate assessment data, if available. Understanding child progress at points in the program year is important for individualizing for children and program planning. However, programs will not be penalized if they are not able to complete this process as described in the HSPPS during the upcoming program year. Programs are reminded to document decisions made regarding when and how to complete child assessments.

113. If local guidance and OHS requirements differ during the upcoming program year, what should programs do? [Implementation of program performance standards, 45 CFR §1302.103](#)

Answer: Programs should make local decisions that best support and protect the health and safety of children, families, and staff. We understand that there may be different and sometimes conflicting information related to the COVID-19 pandemic. Programs are encouraged to review issued guidance on flexibilities to program requirements on the [COVID-19 page of the ECLKC](#). Programs should document the basis for any decisions that conflict with HSPPS requirements.

1303 Subpart A – Financial Requirements

114. What costs are allowable during the COVID-19 pandemic? For example, can programs purchase thermometers for temperature checks, reimburse staff for internet services, or reimburse the Policy Council for paper and internet used for virtual meetings? [Factors affecting allowability of costs, 45 CFR §75.403](#)

Answer: The principles for establishing the allowability of costs has not changed due to the COVID-19 pandemic. The cost principles require programs to ensure their costs are reasonable in light of the circumstances in existence at the time their spending decisions are made. If, in light of current operations, an expense is necessary to deliver services to enrolled children and families, it is reasonable. All of the goods and services noted above may be allowable if they relate to the delivery of services to enrolled children and families, whether center-based, remote, or some combination of the two. Adequate documentation must always be maintained to demonstrate compliance with cost principles.

115. If high-risk staff work remotely and it results in a diminishment of duties and responsibilities, is their pay expected to be adjusted accordingly? [Compensation – personal services, 45 CFR §75.430](#)

Answer: Staffing decisions should be made in consideration of current and projected service delivery options and associated staffing needs. Staff work assignments and compensation are locally determined decisions. Programs need to review applicable wage and hour laws and their approved personnel policies and procedures. Programs should work with human resource and legal professionals to make reasonable and legally sound decisions about staff salaries and benefits. Programs must take responsibility for making staffing decisions that meet the needs of enrolled children and families.

116. Is furlough an option? We don't want to lose the effort and funds expended to the development of the employee. [Compensation – fringe benefits, 45 CFR §75.431](#)

Answer: Before a program makes a determination to furlough staff (meaning the program is requiring staff to take unpaid leave while still considered employees), the program must review its personnel policies and procedures to assess whether furloughs are currently addressed. The availability of unemployment compensation benefits for employees placed on forced leave without pay should also be considered. Programs that do have policies governing the use of furloughs should ensure there is a full understanding of the legal requirements and other consequences that could occur as a result.

117. If programs have bus drivers or kitchen staff whose jobs cannot be done from home, should they place them on unemployment insurance? [Compensation – fringe benefits, 45 CFR §75.431](#)

Answer: We recognize that staff wages and benefits are a major cost in any Head Start or Early Head Start budget. In making staffing decisions, the first question a grantee must ask is what staffing is needed to support program services, now and in the upcoming months. For example, could the program make a planned shift from remote to center-based services without cooks and bus drivers? Important decisions such as work assignments, hours worked, payment of wages and benefits, layoff, or separation from employment impact the program, its budget, and individual employees. They should be made in consultation with fiscal, human resource, and legal professionals.

118. Would the hazard pay come from the program's current budget? What if the current program budget is unable to support the costs of hazard pay? Will additional funds be available to programs to apply for? [Compensation – personal services, 45 CFR §75.430](#); [Compensation – fringe benefits, 45 CFR §75.431](#)

Answer: If a grantee believes that a salary incentive such as hazard pay is warranted, the hazard pay must be supported by the grantee's written policies and procedures and comply with the compensation requirements of the Uniform Guidance at 45 CFR §§75.430 and 431. If the hazard pay is necessary to prepare for, respond to, or recover from the COVID-19 pandemic, it can be paid with CARES Act one-time funds or with base grant funds. No additional COVID-19 funding opportunities are anticipated.

119. Must grantees pay staff salaries if they test positive for COVID-19 or require them to use sick leave? [Compensation – personal services, 45 CFR §75.430](#); [Compensation – fringe benefits, 45 CFR §75.431](#)

Answer: While COVID-19 is foremost in current thoughts, programs should have pre-existing policies and procedures to address leave and wages for staff diagnosed with communicable diseases. Programs must follow (or develop, if needed) their own personnel policies and procedures to address how the program will address employees testing positive for COVID-19. Consider local, state, and federal laws, rules, and regulations applicable to staff illness and pay.

120. What does the in-kind requirement look like for the 2020–2021 program year? Will programs be mandated to meet the 20%? [Federal financial assistance, non-federal match, and waiver requirements, 45 CFR §1303.4](#)

Answer: The ways programs have often met the in-kind requirement may not be options at this time. For example, many programs have relied on parent volunteer hours to support their match requirement, and those hour could be significantly lower this program year. While we encourage programs to be innovative in how they contribute to the match requirement during the 2020–2021 program year, programs can always request a waiver of all or a portion of the match requirement at any time during their current budget period, under the existing authority as stated in the HSPPS.

121. When parents volunteer virtually, what is the best way to document in-kind for their time? [Federal financial assistance, non-federal match, and waiver requirements, 45 CFR §1303.4](#)

Answer: Existing guidance on the valuation of in-kind contributions remains a helpful reference even when volunteer time is spent virtually. Volunteer hours must be calculated at the rates of other employees who perform similar work, such as a teacher's aide or teacher's assistant, for documenting in-kind contributions. Additional information is available on the ECLKC [Volunteer Services](#) page, which includes an excerpt from HHS Grants Policy Statement.

1303 Subpart F – Transportation

122. How can programs support transportation staff safety?

Answer: Programs should do the following to ensure transportation staff safety:

- Strongly encourage staff members who are sick to stay home, particularly those who have tested positive or are showing COVID-19 symptoms.
- Make available and ensure the use of cloth face coverings per recommendations.
- Make available and ensure the use of hand hygiene supplies per CDC recommendations.
- Assign vulnerable workers alternate duties that minimize their contact with children, families, and other employees, if possible.

123. How should vehicles be cleaned between uses?

Answer: Programs should clean and disinfect vehicles between each use pursuant to CDC's recommended process using products that are EPA-approved for use against the virus that causes COVID-19. Be sure to thoroughly clean and disinfect commonly touched surfaces. Ensure safe and correct use of cleaning and disinfection products, including storing products securely away from children. Cleaning products should not be used near children. Staff should ensure there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic vapors.

124. Can programs use agency vehicles to transport food and supplies?

Answer: Yes. When programs use agency vehicles to transport food and supplies, they should:

- Minimize contact between vehicle operators and other staff, children, and families as they load and deliver supplies.
- Make available and ensure the use of cloth face coverings and hand hygiene supplies, as described above.
- Ensure staff maintain at least 6 feet (about two adult arms' length) between each other and families receiving supplies.

125. Can staff support families with transportation if families live in a place that does not have access to public transportation? [Purpose, 45 CFR §1303.70](#)

Answer: Head Start programs are required to serve the highest need children in their service area. Such children often need transportation services in order to attend. Programs should consider transportation services that meet the HSPPS requirements and can be efficiently provided. This may be through direct provision (i.e., program employs drivers and monitors and owns or leases vehicles), contract with student transportation provider, or partnership with school district. If a very high-need family lives in an isolated area and there is a parent available at home, the home-based options might be appropriate. Lack of transportation should not prevent eligible children from receiving Head Start services.

126. Are children screened before they get on the bus? If so, who does that screening? [Purpose, 45 CFR §1303.70](#)

Answer: Programs should conduct a health check of all children and staff before they board the vehicle. We encourage programs to consider training and equipping bus monitors to use a non-contact thermometer. Programs should not transport individuals with a fever of 100.4 F (38 C) or above or who show other signs of illness.

127. How will the students practice social distancing on the bus? [Safety procedures, 45 CFR §1303.74](#)

Answer: We advise programs to refer to [ACF-IM-HS-20-04 Head Start Transportation Services and Vehicles During the COVID-19 Pandemic](#) for guidance related to transportation. This IM notes that programs should position children as far apart as possible, with one child per bench and no consecutive rows; children from the same home may sit together). If possible, ensure children sit 6 feet away from the vehicle operator. Programs may need to do extra bus runs or contract additional transportation services to meet community needs.

1304 Subpart A – Monitoring, Suspension, Termination, Denial of Refunding, Reduction in Funding, and Their Appeals

128. If a grantee had an area of noncompliance or a deficiency and the region will be scheduling a follow-up review, are there flexibilities related to the specified timeframe for correcting the finding? [Monitoring, 45 CFR §1304.2](#)

Answer: In most circumstances, programs are still required to maintain the correction timelines for deficiencies or areas of noncompliance as specified in the Head Start Act. However, flexibilities may be necessary depending on the case or the nature of the finding. Programs for whom this is a concern should reach out to their program specialist.

Staff Compensation

In the spring of 2020, OHS authorized programs to continue to pay wages and provide benefits for staff who would otherwise be employed but are unable to report to their full work duties during center closures. The ability of grantees to pay wages and benefits remains in effect through Sept. 30, 2020. The following two questions and answers address what comes next:

129. Are programs expected to continue to pay wages and benefits to staff whose work is not needed for the delivery of program services? [Factors affecting allowability of costs, 45 CFR §75.403](#)

Answer: The primary purposes of the wage and benefit payment flexibility are for the program to retain the ability to direct the remote work of staff and to assure that staff are subject to recall to active employment when needed. As programs develop their plans for delivery of services during the upcoming program year, associated staffing needs must also be established. It is anticipated that programs in some areas will continue to offer remote services, while others will resume center-based services or create some combination of remote and on-site services, depending on their individual circumstances and communities. Once staffing needs are determined, programs are expected to instruct staff to engage in designated remote work activities or return to their centers. If a staff member is unable or unwilling to accept their work assignment, grantees may, subject to any applicable laws and regulations, terminate the staff member's employment with the organization. In making decisions about individual staffing and employment status, grantees are reminded to assure compliance with applicable requirements, including their own leave policies, collective bargaining agreements to which they are a party, state employment and leave laws, the federal Family and

Medical Leave Act, and the ADA. Programs will need to work closely with their human resource, benefits, insurance, and legal professionals in making employment decisions.

130. Do programs have the flexibility to make budget adjustments to hire additional staff to assist with health, safety, and sanitation requirements? [Revision of budget and program plans, 45 CFR §75.308\(e\)](#)

Answer: Yes, many programs have hired additional staff. Hiring more staff to assist with health, safety, and sanitation requirements is an allowable program cost and the CARES Act funds can be used for such needs. Under the [ACF-IM-HS-20-03 Coronavirus Disease 2019 \(COVID-19\) Fiscal Flexibilities](#), in order to allow grantees more flexibility to spend funds as needed to respond to COVID-19 and, when possible, quickly move to reopen closed centers, prior approval is waived for budget transfers between direct cost categories for an aggregate amount not to exceed \$1 million between Jan. 20, 2020 and Dec. 31, 2020.

131. Can staff receive a stipend for using their personal cell phones while providing virtual services? [Factors affecting allowability of costs, 45 CFR §75.403](#)

Answer: Yes, staff may receive a stipend for using their personal cell phones while providing virtual services. However, programs should continue to follow applicable cost principles and should ensure all cost are necessary, reasonable, and allocable to Head Start use. It may be difficult to allocate between the normal personal cost of the cell phone and the additional program cost due to virtual service delivery, as many cell phone plans are unlimited. Any reasonable basis can be used to allocate between the normal, personal use and Head Start use of a cell phone; but if allocation is not possible, the program could provide a stipend for the additional cost. Adequate documentation must always be maintained to demonstrate compliance with cost principles.

132. Can CARES Act funds be used to pay staff hazard pay? [Compensation–fringe benefits, 45 CFR §75.431](#)

Answer: If a program wants to provide a financial incentive for staff to return to work as centers open, the program must develop policies and procedures to establish the circumstances under which a financial incentive (e.g., hazard pay) will be provided, the amount(s) to be paid, and how payments will be implemented. All incentive payments must meet the requirements of the Uniform Guidance at 45 CFR §75.431.

Specific Timeline/Timeframe Flexibilities

133. Is OHS providing flexibilities related to timelines for:

- i. **Completing developmental, vision, and hearing screenings?**
- ii. **Determining whether a child or pregnant woman has access to health care?**
- iii. **Determining if a child is up to date on preventive and primary medical and oral health care?**
- iv. **Scheduling newborn visits with each mother and baby?**

Answer: While adhering to these standards is vitally important, programs will not be penalized in the 2020–2021 program year if they are unable to meet these requirements within the required timeframes due to challenges related to the COVID-19 pandemic. Programs are expected to make every effort to complete these requirements within the timeframes and should document those efforts.

134. Is OHS providing flexibilities related to completing developmental, vision, and hearing screenings within 45* calendar days of when the child first attends the program? Or for the home-based program option, receives a home visit? [Child screenings and assessments, 45 CFR §1302.33\(a\)\(1\)](#)

Answer: Completing developmental, hearing, and vision screenings is vitally important. Ensuring these screenings are done as early as possible may be even more important during the current crisis, so that programs can begin working with families on necessary referrals and services. However, programs will not be penalized if they do not complete this requirement within 45* calendar days of when the child first attends the program. Completing these screenings will likely be challenging in the 2020–2021 school year, particularly for children who are receiving virtual services. Programs should continue to obtain an advance authorization from parents for all health and developmental screenings they administer.

*30 calendar days if the program operates for 90 days or less.

135. Is OHS providing flexibilities related to determining whether a child or pregnant woman has access to health care within 30 calendar days of when the child first attends the program? [Child health status and care, 45 CFR §1302.42\(a\)\(1\)](#) or [Enrolled pregnant women, 45 CFR §1302.80\(a\)](#)

Answer: Programs must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care and health insurance coverage. If programs cannot meet the 30-day requirement, they will not be penalized, but we expect programs to make this determination as quickly as possible. These determinations should be able to be made even if programs are providing remote services. In instances where the child does not have such a source of coverage or care, the program must continue to assist the family in accessing a source of care that meets the standards. Similarly, programs must ensure that pregnant mothers have access to health insurance as soon as feasible. If pregnant women do not have current health insurance, programs must assist them in accessing a source of care to ensure they are receiving critical prenatal health care services.

136. Is OHS providing flexibilities related to determining if a child is up to date on preventive and primary medical and oral health care within 90* calendar days of when the child first attends the program? [Child health status and care, 45 CFR §1302.42\(b\)\(1\)](#)

Answer: Programs are required to support parents in ensuring children are up to date, both for their preventative as well as primary medical and oral health care, as soon as feasible for the 2020–2021 program year. Programs will not be penalized for determining this information after the 90-day timeline. Programs must complete this requirement as soon as possible and should document their efforts to meet these requirements.

*30 calendar days if the program operates for 90 days or less.

137. Is OHS providing flexibilities related to scheduling newborn visits with each mother and baby within two weeks after the infant's birth? [Enrolled pregnant women, 45 CFR §1302.80\(d\)](#)

Answer: Programs should make every effort to schedule the newborn visit within two weeks after the infant's birth. However, if the family is not comfortable with a home visitor coming into the home, the program should consider other ways to support the mother and her newborn infant. Programs should ensure they are best meeting the needs of each individual family and remain sensitive to what is culturally appropriate for them.

138. Will OHS allow flexibility for any other timelines in the HSPPS?

Answer: The other timelines embedded in the HSPPS are achievable and do not require flexibility due to the COVID-19 pandemic. Programs can reference these [HSPPS timelines](#). Below are some examples of timelines that programs can still accomplish with intentional planning:

- All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal, and program-developed health, safety, and child care requirements to ensure the safety of children in their care. [Safety practices, 45 CFR §1302.47\(b\)\(4\)](#) ([Staff training](#))
- Teachers hold parent conferences, as needed, but no less than two times per program year. [Parent and family engagement in education and child development services, 45 CFR §1302.34\(b\)\(3\)](#)

139. If I still have questions, where can I go to find answers?

Answer: The [COVID-19 page of the ECLKC](#).

This section is regularly updated with guidance and resources from OHS to help all programs support staff, children, and families during this challenging time. And links to the recordings for the entire [OHS CAMP Series](#) will be available there on-demand until August 30, 2020.