Consolidated Q&As from the Head Start Forward Webinar Series

Office of Head Start's Expectations

FAQs from the ERSEA and Program Structure Webinar

Q1: What is OHS's expectation related to service delivery for classrooms and home-based services? Enrollment, 45 CFR §1302.15; Determining program structure, 45 CFR §1302.20(b)

A1: Programs should work toward full enrollment and full in-person comprehensive services, contingent upon the U.S. Centers for Disease Control and Prevention (CDC), state, and local health department guidance, and in consideration of local school districts' decisions. OHS acknowledges programs are in different stages of fully returning to in-person services. All programs are expected to continue providing or move towards providing in-person services, as local health conditions allow.

Through calendar year 2021, programs may need time to 'ramp up' to in-person services to meet their full funded enrollment. This ramp-up period should already be underway. It is a time for programs to:

- Review their updated community assessment
- Adjust their recruitment strategies and selection criteria in response to the community assessment data
- Consider their staffing plan and how best to support staff
- Assess the capacity of their existing facilities and determine if additional space may be needed
- Engage in planning for in-person comprehensive services for all enrolled children as soon as possible

Programs must communicate closely with their Regional Office during this time and discuss how they will reach full in-person enrollment while remaining consistent with their approved programs options.

Q2: Are programs expected to meet service duration requirements in PY 2021-2022? Center-based option, 45 CFR §1302.21

A2: Programs are expected to return to their approved program options as soon as possible, including the provision of in-person comprehensive services for their full funded enrollment. During the ramp-up period when programs are moving toward normal in-person program operations, programs may need to temporarily serve enrolled children for fewer hours per day or

days per week, based on local conditions. Change of scope applications should only be used to make **permanent changes** to program design that reflect the needs of children and families as shown in the community assessment, not **temporary changes** to service delivery due to COVID-19.

As described in PI 21-02, by Aug. 1, 2021, each Head Start center-based program must provide at least 1,020 annual hours of planned class operations over the course of at least eight months per year for at least 45% of its funded enrollment or submit a request for a waiver of this requirement. Programs should be carefully planning for how their program design will meet this service duration requirement by Aug. 1, 2021. Programs are reminded that this requirement is based on an assumption of normal program operations. We understand actual service hours may look different during the ramp-up period to full in-person comprehensive services.

By January 2022, OHS expects that all programs will have returned to in-person comprehensive services for their full funded enrollment. If a program determines that a permanent change in their program design is warranted through analysis of their community assessment, they should submit a change in scope application to their Regional Office. Additionally, all programs must have plans in place that allow for adaptation to changing guidance and to changes in community conditions. These may affect achieving full enrollment or cause programs to temporarily suspend in-person services.

FAQs from the Mental Health and Staff Wellness: Emotionally Strong Together Webinar

Q3: Currently, we are submitting monthly Center Status Reports that include the number of children receiving in-classroom and virtual participation. Will this monthly reporting process continue through the ramp-up period?

A3: Yes, OHS requires programs to continue submitting Center Status Reports throughout the summer and anticipates the same during the ramp-up period.

Virtual and Remote Services

FAQs from the ERSEA and Program Structure Webinar

Q1: Can programs continue to use virtual and remote services to serve more children while complying with health and safety guidelines? Determining program structure, 45 CFR §1302.20

A1: The use of virtual and remote delivery of program services for children is an interim service delivery strategy during an emergency or disaster. They are not an acceptable long-term replacement for in-person comprehensive services. Programs should transition children served virtually or remotely to in-person services as soon as possible, depending on local conditions. For PY 2021–2022, it is unallowable to have a program option run entirely by technology or

through delivery of educational material to children's homes, for example. Further, the use of virtual or remote services for children's comprehensive educational services will not be approved as a locally designed program option.

However, OHS will allow flexibility through Dec. 31, 2021. During this ramp-up period, programs may deliver virtual or remote services to some enrolled children and families, if local health conditions necessitate or if the program is meeting individualized needs. The goal is to move towards in-person comprehensive services for all children beginning in September 2021. If that is not possible, programs must communicate with their Regional Office about the continued use of virtual or remote services for some enrolled children during calendar year 2021. OHS anticipates that programs should be able to fully return to their pre-approved in-person program options by January 2022.

Q2: Given new capacity (e.g., technological advances and familiarity) will programs be expected to conduct virtual/remote services in future weather- and disaster-related situations? Safety practices, 45 CFR §1302.47(8)

A2: Programs may establish policies and procedures for responding to future weather and disaster-related events by implementing virtual and remote services. All programs are expected to have plans in place to allow for changes in community conditions that may temporarily suspend in-person services. In these scenarios, programs may consider providing temporary virtual services until in-person operations can resume.

FAQs from the Moving Forward for ERSEA Success Webinar

Q3: What are allowable virtual program enhancements?

A3: This table provides examples of allowable virtual services, which include, but are not limited to:

Virtual Services for Flexible Use Only During Ramp-up Period	Virtual Services for Flexible Use During Ramp-up and Indefinitely
• Home-based socializations • Parent-teacher home visits • Educational services for children, in select cases and in consultation with the Regional Office	• Policy Council meetings • Governing body meetings • Parenting curricula meetings • Parent meetings • Home visits for medically fragile children • Intakes • Coaching software

Q4: If programs cannot accommodate all children with in-person services five days per week, can programs provide some days in-person and some days remote/virtual for each child? Enrollment, 45 CFR §1302.15; Determining program structure, 45 CFR §1302.20(b)

A4: Programs should transition children served virtually or remotely to in-person services as soon as possible, depending on local conditions. However, OHS will allow flexibility through Dec. 31, 2021. During this ramp-up period, programs may deliver virtual or remote services to

some enrolled children and families, if local health conditions necessitate or if the program is meeting individualized needs. This includes options such as providing a combination of in-person and virtual services for individual children, if necessary, to meet health and safety guidelines.

Programs are reminded that they must communicate with their Regional Office about the continued use of virtual or remote services for some enrolled children during fall of 2021. OHS anticipates that programs should be able to fully return to their pre-approved in-person program options by January 2022. For PY 2021–2022, it is unallowable to have a program option run entirely by technology or through delivery of educational material to children's homes. The use of virtual or remote services for children's comprehensive educational services is considered an interim strategy in the presence of an emergency or disaster and will not be approved as a locally designed program option.

FAQs from the Mental Health and Staff Wellness: Emotionally Strong Together Webinar

Q5: Can programs include in their policies and procedures the use of virtual make-up days throughout the year? For example, if it snows and programs need to cancel classes that day, can they make up the day virtually? ACF-PI-HS-21-04 OHS Expectations for Head Start Programs in PY 2021-2022

A5: Per PI 21-04, programs may establish policies and procedures for make-up days related to unexpected closures. Programs can provide virtual make-up days for weather-related closures so long as it is in their policies and procedures. Programs should make reasonable determinations if families have ongoing access to internet and the technology required to make temporary, weather-related virtual services is a viable option.

Home-based Services

FAQs from the ERSEA and Program Structure Webinar

Q1: What should programs do if home-based staff are hesitant to go into families' homes for visits or are worried about going from one home to another due to concerns with COVID-19 transmission? Home-based option, 45 CFR §1302.22(a)

A1: Throughout the COVID-19 pandemic, programs have been creative about conducting in-person home visits and group socializations. Staff who are not comfortable going into families' homes due to concerns related to COVID-19 transmission can continue to conduct visits where they can be physically distanced, including in an outdoor space, on porches, or in a group socialization space. Purchasing pop-up tents or other options that can provide shade or cover during rain and make in-person services more comfortable for staff, children, and families are an

appropriate and encouraged use of CARES, CRRSA, and ARP funds. These funds may also be used to provide access to the COVID-19 vaccine for adults.

FAQs from the Mental Health and Staff Wellness: Emotionally Strong Together Webinar

Q2: Are there other alternatives for home visits when staff have concerns about transmission, such as in settings where porches, backyards, and outdoor space is very limited, and/or staff use public transportation for home visits (and cannot transport a pop-up tent)? Home-based option, 45 CFR §1302.22(a) and (d)

A2: Being fully vaccinated has been shown to be the best way to prevent COVID-19 infection or severe illness. Masks, also shown to be effective in preventing COVID-19 infection, are required when using public transportation. Most importantly, programs must continue working with their local health departments and Health Services Advisory Committees (HSACs) to follow recommendations for in-person home visits based on community risk.

Programs that cannot conduct an in-home visit — or have limited outdoor options — should consider alternatives, such as conducting home visits at a public location with more space and improved ventilation. Such locations include libraries, community centers, churches, etc.

Q3: Programs understand how the expectation to return to in-person applies to children attending centers. However, does the same expectation apply to children enrolled in the home-based model? Determining program structure, 45 CFR §1302.20(b)

A3: The expectations for in-person services are the same for the home-based program option as they are for center-based programs. The goal is moving toward in-person comprehensive services for all children beginning in September 2021, as local health conditions allow, or earlier for programs providing summer services. If that is not possible, programs must communicate with their Regional Office about the continued use of virtual or remote services for some enrolled children during the 2021 calendar year. OHS anticipates programs should fully return to their pre-approved in-person program options by January 2022.

While OHS acknowledges some parents and home visitors have expressed hesitation to return for various reasons, a "ramp-up period" is afforded to programs to help recruit and transition families and staffs' return to address their concerns. During this ramp-up period, programs may deliver virtual or remote services to some enrolled children and families, if local health conditions necessitate or if the program is meeting individualized needs. The ramp-up period should be underway now and extends through December 2021.

FAQs from the Health and Safety Considerations Webinar

Q4: How can programs support safe home visits? Home-based option, 45 CFR §1302.22(a)

A4: Before entering a home, home visitors and other Head Start staff who make home visits should first assess their own risk of transmitting infection and risk of complications, if they get infected. They should also identify family members in the visited home who may be at greater risk of transmitting the disease or having complications if infected with COVID-19. Home

visiting programs should contact families prior to the home visit and ask about the following indicators:

1. Signs or symptoms of a respiratory infection, such as a fever (subjective or confirmed >100.4 F or higher), cough, sore throat, or shortness of breath
2. Contact with someone with COVID-19, known exposure to someone with suspected or confirmed COVID-19, or ill with respiratory illness within the last 14 days

If the response from staff or the family is yes to either of the items above, the home visiting program should not conduct the face-to-face visit and proceed with an alternative mode for the visit (e.g., telephone and/or video communication). The program should also be in contact with the family to discuss when it would be safe and appropriate to continue in-person home visits.

If none of the indicators are positive, home visitors or other Head Start staff who make home visits should continue to take precautions to prevent the spread of COVID-19. As a precaution, the home visitor should:

- Maintain a distance of at least 6 feet between the home visitor and family members during a visit and, if possible, conduct the home visit outside
- Use properly fitted masks to reduce the risk of asymptomatic spread of the disease
- Perform a self-assessment of risk by daily temperature checks for fever and an assessment of symptoms of infection prior to entering the home
- Exit the home immediately and notify the program supervisor if any person is found to be ill within the home
- Minimize contact with frequently touched surfaces at the home
- Use a hand sanitizer that contains at least 60% alcohol before entering the home and after the visit
- Avoid touching eyes, nose, and mouth

Programs must continue working with their local health departments and HSACs to follow recommendations for in-person home visits based on community risk. Per prior Head Start Forward guidance, programs that cannot conduct an in-home visit — or have limited outdoor options — should consider alternatives, such as conducting home visits at a public location with more space and improved ventilation. Such locations may include libraries, community centers, churches, etc.

Enrollment

FAQs from the ERSEA and Program Structure Webinar

Q1: Does OHS advise programs lease temporary space to meet expectations around full enrollment and comply with physical distancing, per CDC and local health guidance? Enrollment, 45 CFR §1302.15

A1: OHS understands that some programs, when planning and assessing their organizational readiness to meet OHS's expectations, will confront challenges meeting full enrollment in their

current facilities due to local health conditions and CDC guidance. If a program cannot serve their full enrollment in their current facilities due to physical distancing requirements and class sizes, they should consider additional temporary space to meet both full enrollment expectations and to adhere to health guidelines. Programs may use CARES, CRRSA, and ARP funds in these instances and must be in communication with their Regional Offices.

If a program is unable to find suitable facilities options or the options are not feasible, they should communicate with their Regional Office to discuss alternatives. While virtual or remote services are not a long-term replacement, programs may consider them as an interim strategy during the ramp-up period, if restrictions associated with local health conditions preclude programs from serving their full funded enrollment in their existing space. These decisions must be made in consultation with their Regional Office.

Q2: What happens to programs that were reporting under-enrollment or participating in the Full Enrollment Initiative prior to the COVID-19 pandemic? Enrollment, 45 CFR §1302.15

A2: All grantees will start fresh and with a clean slate at the beginning of PY 2021. If a program was participating in the Full Enrollment Initiative prior to the pandemic, their enrollment status will reset. Programs previously designated as chronically under-enrolled will no longer carry this designation and will also have their enrollment status reset. While monthly enrollment reporting is required, programs' reported enrollment in January 2022 is the first month of enrollment that OHS will evaluate for consideration as part of the Full Enrollment Initiative.

Q3: Should programs plan to recruit and enroll new families for PY 2021–2022? Recruitment of children, 45 CFR §1302.13; Enrollment, 45 CFR §1302.15(a)

A3: As grantees look to implement summer programming and plan for PY 2021–2022, OHS expects programs to prioritize recruiting eligible children and families. Programs should have robust waiting lists so children can be enrolled immediately as slots open up, and so programs can make significant strides toward achieving full enrollment.

The pandemic has created and exacerbated longstanding disparities and inequities for families who have been marginalized for decades. The number of children and families in poverty has grown significantly. All grantees should update their community assessments to guide their intensive recruitment efforts and to ensure they are reaching families most in need of services. As always, programs must include specific efforts to actively locate and recruit all eligible children and, in particular, those whose families are English language learners, experiencing homelessness, or affected by substance misuse, as well as children with disabilities and children in foster care.

Q4: 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)

A4: No, programs will not be penalized if they are not at full enrollment through the end of calendar year 2021. OHS expects all programs to work toward full enrollment and full comprehensive services, contingent upon CDC, state, and local health department guidance, and in consideration of local school district decisions. In September 2021, OHS will begin reviewing monthly enrollment in the HSES and discuss program plans for moving to full enrollment.

OHS will reinstate pre-pandemic practices for tracking and monitoring enrollment in January 2022. At this time, OHS will evaluate which programs enter into the Full Enrollment Initiative.

All programs will start fresh, including those participating in the Full Enrollment Initiative prior to the pandemic. Reported enrollment in January 2022 is the first month of enrollment that OHS will evaluate for the under-enrollment process.

Q5: How will the 10% disability enrollment be determined in 2021–2022 (funded, actual or cumulative enrollment?) Selection process, 45 CFR §1302.14(b)

A5: For PY 2021–2022, the 10% disability requirement will be based on a program's funded enrollment. Programs must monitor recruitment and enrollment of children with disabilities throughout the program year. Programs facing difficulty in meeting the 10% enrollment and identification of children with disabilities must be in communication with their Regional Office to discuss challenges and define strategies to implement prior to submitting a request for a disability waiver. If programs are unable to ensure 10% of their funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA) prior to the end of the program year, they must work with their Regional Office to submit a detailed request for a disabilities waiver.

FAQs from the Moving Forward for ERSEA Success Webinar

Q6: If a grantee is unable to serve its full enrollment in the fall, during the ramp up period, does the grantee need to submit a temporary reduction in enrollment? Enrollment, 45 CFR §1302.15

A6: Programs should not request a temporary enrollment reduction if they are unable to serve their full enrollment in the fall. Programs also should not request a temporary enrollment reduction if they are providing a combination of in-person and virtual services to children during the ramp-up period in fall of 2021.

Q7: What should programs do if enrolled/returning families do not want to participate in in-person services? Enrollment, 45 CFR §1302.15(a)

A7: As programs work toward full enrollment consistent with their approved program option beginning in PY 2021–2022, the priority is to enroll children and families who are most in need of in-person services. In-person slots cannot be held for families who have decided they do not want their child to return to an in-person service program.

During the ramp-up period toward full in-person enrollment, programs may consider using CARES, CRRSA, or ARP Act funds to temporarily provide virtual and remote services, in any program option, for currently enrolled families who may need more time before returning to in-person services. Program communications with families should be clear that these virtual services are a temporary approach for use during the program's ramp-up period and will be discontinued at the end of the calendar year. Programs should not guarantee that in-person slots will be available if/when a family feels ready to return to in-person services. Programs and families may opt for regular check-in points to reassess a family's readiness to return, and if at a time that a family is ready, and there is no slot available, families should be added to the waitlist. If toward the end of the program's ramp-up period families continue to express hesitancy for in-

person services, staff and families should explore alternatives placements that will better meet families' needs for virtual services.

Income Eligibility

FAQs from the ERSEA and Program Structure Webinar

Q1: 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

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 instead consider current income circumstances when determining eligibility. Programs must document their decision-making process. If the family reports no income for the relevant time period, a program may accept the family's signed declaration to that effect if program staff does one of the following:

- Describes efforts made to verify the family's income and explains how the family's total income was calculated
- Seeks information from third parties about the family's eligibility, if the family gives written consent

Q2: What is new in the American Rescue Plan that I need to know to determine a family's income eligibility for Head Start programs? Determining, verifying, and documenting eligibility, 45 CFR §1302.12

A2: Like the CARES and CRRSA Acts, unemployment insurance does not count toward a family's income under the ARP.

Similar to other tax credits, like the Earned Income Tax Credit, the new ARP monthly Child Tax Credit and the Child and Dependent Care Tax Credit do not count toward income for purposes of determining eligibility.

The American Rescue Plan provides additional tax credits, refunds, and benefits.
Read Partnering with Head Start Families to Access Benefits, Tax Credits, and Supports Through the American Rescue Plan to learn more.

FAQs from the Moving Forward for ERSEA Success Webinar

Q3: If programs are serving a reduced number of children, is a program's over-income percentage based on the program's current capacity or their total funded enrollment? Determining, verifying, and documenting eligibility, 45 CFR §1302.12

A3: The 10% of over-income enrollment is based on the program's actual enrollment. Programs should use the number of children actually enrolled rather than funded enrollment to calculate this percentage.

We know programs need to be able to plan for over-income slots, and that is more easily accomplished using the funded enrollment. However, when programs' actual enrollment differs greatly from funded enrollment, the number of over-income slots should be based on actual enrollment to remain consistent with the intent of the law. OHS recognizes that enrollment numbers may fluctuate during the ramp-up period and will not be penalizing programs as they navigate this period.

The pandemic has created and exacerbated longstanding disparities and inequities for families who have been marginalized for decades. The number of children and families in poverty has grown significantly during this time and OHS recognizes that prioritizing low-income families is especially needed to ensure we are serving children and families with the greatest needs.

Q4: Do unemployment benefits count as family income? Are the additional unemployment benefits provided through COVID-19-related funds handled differently? Determining, verifying, and documenting eligibility, 45 CFR §1302.12

A4: The first $10,200 of unemployment benefit payments received in 2020 is no longer taxable, so grantees may use an unemployment statement to calculate annual income, and then subtract the first $10,200 (since it would not be reflected as income on the IRS 1040). Programs would need to maintain documentation of the calculation and make sure it is in your ERSEA procedures for the 2020 year.

For families currently receiving unemployment payments, there is a $300/week federal increase in payments until Sept. 6, 2021. This increase is not available in all states. The additional increase, also referred to as "extra," should also not be considered for income eligibility. The 1099-G forms do not have a separate distinction between regular unemployment and the additional increase, so programs will need to show their calculations when factoring that additional increase out of the unemployment income.

Q5 How should programs verify that unemployment was due to the pandemic? Is parent attestation sufficient? Determining, verifying, and documenting eligibility, 45 CFR §1302.12

A5: Parent attestation is a sufficient way to verify that unemployment was due to the pandemic. Because the 1099-G forms do not differentiate between regular unemployment and the additional increase due to COVID-19, programs will have to rely on the attestation. Programs should maintain documentation of this attestation for their records.

FAQs from the Mental Health and Staff Wellness: Emotionally Strong Together Webinar

Q6: Will the federal poverty guidelines be updated to reflect higher minimum wages?

A6: Any changes in federal poverty guidelines or in the way the federal poverty guidelines are applied to Head Start eligibility is determined by Congress. For additional information about the federal poverty guidelines, including how they are calculated, please visit https://aspe.hhs.gov/poverty-guidelines.

Staffing

FAQs from the Moving Forward for ERSEA Success Webinar

Q1: What if some staff are hesitant to return to in-person services in the fall of 2021? Determining program structure, 45 CFR §1302.20(b)

A1: Programs must prioritize returning to full in-person comprehensive services as soon as possible, which requires sufficient qualified staff to work in-person with children. OHS recognizes that some staff may still be hesitant to return to in-person services. All programs should be developing plans and strategies now to support staff and address their individual fears or concerns — including gathering input directly from staff — as they make the transition back to full in-person services. If staff are unable to immediately return to full in-person services due to factors related to the COVID-19 pandemic (e.g., lack of child care; school-age children not yet returned to full in-person schooling; fears of COVID-19 transmission), a program may consider temporary alternate roles for those staff who continue to directly benefit the program.

At the same time, programs should be working to promote staff members' return to in-person services as soon as possible. For instance, programs can implement strategies to address staff hesitancy, such as offering information on health and safety practices and/or ensuring staff have sufficient paid leave to get vaccinated. If unvaccinated staff have lingering concerns related to vaccination, programs can point staff to resources from the CDC or other authorities on the science behind vaccinations.

Programs should not delay opening classrooms for in-person services if current staff are unable or unwilling to return in-person. Programs must have policies in place about how to adequately staff their programs to meet OHS's expectation of providing comprehensive in-person services for their full funded enrollment as soon as possible and no later than January 2022.

Q2: Some programs have a particular challenge in finding education staff (e.g., teachers, home visitors, etc.) with the right qualifications. How can programs address this challenge? Staff qualifications and competency requirements, 45 CFR §1302.91

A2: Recruiting and retaining qualified staff have been longstanding challenges in early childhood education. OHS supports and values the Head Start workforce and recognizes that each staff member plays a critical role in the delivery of a high-quality Head Start program and in meeting the goal of returning to full in-person comprehensive services. OHS recognizes that education and child development staff have a very demanding job with many important responsibilities. Programs should carefully examine and assess why they are struggling to find and retain qualified education staff and develop plans to address those challenges. Input from current and prospective employees is key for understanding the full picture of challenges with staff recruitment and retention. OHS also encourages all programs to re-examine the kinds of supports they have in place for staff and consider additional supports that could be added with COVID-19 funds.

To address staffing challenges, programs may consider hiring individuals as teaching assistants or aides and work with those individuals to develop a plan for achieving the required degree or credential to move into a lead teaching position. Programs can use Head Start funding to offset costs for staff associated with obtaining a degree or credential. Programs are strongly encouraged to work with interested parents and assist them with achieving necessary credentials to move into a teaching or other staff position. Programs are also encouraged to reach out to and/or partner with a local community college or university to see what flexibilities can be offered to staff who are seeking their degree while also working full-time, such as offering courses on-site at the program.

FAQs from the Mental Health and Staff Wellness: Emotionally Strong Together Webinar

Q3: Programs continue to struggle with recruiting and retaining qualified education staff. Low wages for education staff are one major challenge. What can programs do to address this challenge? §75.431 Compensation—fringe benefits

A3: The Head Start workforce experienced staff shortages and high turnover rates before the pandemic, especially among education staff. OHS recognizes staffing challenges continue to persist throughout the current national staffing crisis. We understand some programs are experiencing loss of staff to other industries due to higher pay and incentive packages offered by competitors. We know staffing challenges are hindering the ability of some programs to move towards fully in-person comprehensive services for all enrolled children.

OHS is pursuing a variety of options to provide further support to grantees to address staffing challenges. However, it is critical programs take steps to enhance staff recruitment and retention strategies. We strongly encourage grantees to consider the options below to improve major staffing challenges. These strategies should be pursued in collaboration with the Governing Body and Policy Council. We also strongly encourage programs to discuss strategies with their Regional Office.

- **Use of one-time funds as a short-term solution:** We highly encourage grantees to use their one-time ARP and other sources of COVID-19 relief funding to ensure sufficient staff are recruited and retained for the 2021-22 program year. This could include hiring bonuses, hazard pay, return-to-work incentives, child care stipends (e.g., provide staff with stipends to access child care for their children so they can return to their job at the program), retention bonuses, or temporary raises in pay for positions that are difficult to fill. These need to be reasonable and paid, subject to an established written policy of the grantee for allowability (see 45 CFR §75.431). We also understand what would be considered reasonable today may be different than what would have been considered reasonable in the past. Grantees should determine what incentive packages are necessary to recruit and retain staff for this coming program year, with consideration given to reasonableness. Grantees' written policies and procedures should be updated to reflect any staff incentives. Grantees should carefully communicate to program staff that any bonuses or incentives funded with ARP or other COVID-19 relief funding are not permanent increases in pay or recurring bonuses or incentives. Grantees may consider ways to link such bonuses or

incentives to a commitment from the employee to remain in their position with the program for a certain period of time.

- **Identify and work towards long-term solutions:** The use of one-time funds is a temporary solution to a problem that will continue beyond the 2021-22 program year. Grantees should carefully examine and assess challenges to finding and retaining qualified education staff and develop measurable goals and plans to address those challenges on a long-term basis. This could mean significant changes in program design and budgets to better attract and retain qualified education staff (e.g., through improved wages and benefits for qualified teachers; professional development and career growth opportunities for all staff; guaranteed breaks; staff wellness supports; etc.). Major changes to the overall program design and budget should be thoughtfully considered, reflect data on staffing challenges (e.g., directing resources to positions experiencing highest turnover), and consider wage comparability and data from the community assessment. Grantees are encouraged to reach out and work with their Regional Offices on potential changes to their program design and budget.

The overall goal of this guidance is to encourage grantees to leverage one-time funds as necessary to recruit and retain education staff for the 2021-22 program year, while also taking steps now to develop and implement an actionable long-term plan for improved recruitment and retention of education staff. Importantly, incentive packages using one-time funds and long-term plans to better recruit and retain staff should advance equity in personnel policies. For example, it is important for programs to consider targeting resources to education staff or other frontline staff who are currently undercompensated for the qualifications they hold and work they do.

We understand this will be a major lift for programs, but it is necessary to ensure programs are able to recruit and retain qualified education staff.

Helpful Resources

- Staff Recruitment and Retention
- Wage Comparability Survey
- Human Resources Systems to Recruit and Retain Responsive Staff

Use of American Rescue Plan (ARP) Funding

FAQs from the Moving Forward for ERSEA Success Webinar

Q1: Can programs use American Rescue Plan (ARP) or other COVID-19 relief funding to support staff? ACF-PI-HS-21-03 FY 2021 American Rescue Plan Funding Increase for Head Start Programs

A1: Yes, programs can use ARP and other sources of COVID-19 relief funding to provide supports for staff. Specific examples are provided in more detail in PI 21-03:

- **Planning sessions for staff.** Preparing for a return to in-person comprehensive services starts by ensuring everyone has the knowledge, skills, and resources necessary to operate effectively. COVID-19 relief funding can be used to invest in planning sessions to prepare for the ramp-up to full in-person services in the summer and fall.
- **Staff wellness and mental health support.** Conduct employee wellness surveys or engage in other data collection to better understand the needs of team members. Increase access to mental health consultation and therapy services for staff, contract with an Employee Assistance Program (EAP), and institute a comprehensive staff wellness program that includes activities such as mindfulness breaks and opportunity for self-reflection.
- **Additional staff.** Hire additional classroom staff and/or floaters to meet physical distancing requirements or reduce group size and to ensure all staff receive an adequate break during their day. Full-time floaters reduce the need to bring in outside substitutes.
- **Professional learning and development for staff.** Provide professional learning experiences on key topics, such as equity, diversity, inclusion, bias, economic mobility, trauma-skilled practices, and other topics.
- **Other personnel costs.** Offer fringe benefits and expanded leave (e.g., vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans. We will discuss this in more detail in the next question.
- **Vaccine support.** Provide transportation assistance to vaccination sites and temporary coverage to allow absence from the workplace for vaccination. Offer paid time off, sick leave, or other paid leave for the time spent receiving vaccination and if staff members experience side effects post-vaccination.

Q2: Can programs use ARP and other sources of COVID-19 relief funding specifically to provide hazard pay, temporary wage increases, or a bonus for staff? §75.431 Compensation—fringe benefits

A2: Grantees have asked numerous questions about using ARP or other COVID-19 relief funding for short-term compensation in addition to regular salary and wages, either as a hiring bonus, hazard pay, return-to-work incentive, retention bonus, or temporary raise in pay. Regardless of how they are characterized, additional compensation payments are covered by the regulations noted below. Critical language for allowability is contained in §75.431(a). For Head Start grantees, compensation in addition to regular salaries and wages is allowable if it is reasonable in amount and paid subject to an established policy of the grantee. Grantees should also be prepared to address required withholdings and employer match costs for one-time and short-term compensation.

75.431(a) Fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (e.g., vacation, family-related, sick, or military), employee insurance, pensions, and unemployment benefit plans. Except as provided elsewhere in these principles, the costs of fringe benefits are allowable provided that the benefits are reasonable and

are required by law, non-federal entity-employee agreement, or an established policy of the non-Federal entity.

Recruiting and retaining qualified employees, including those returning to centers for the delivery of in-person services, is an important aspect of Head Start moving forward. As grantees develop compensation plans to achieve their employment goals, it remains important to adhere to applicable fiscal regulations and general cost principles to assure allowability.

FAQs from the Mental Health and Staff Wellness: Emotionally Strong Together Webinar

Q3: How can programs use ARP funds for staff wellness and mental health? ACF-PI-HS-21-03 FY 2021 American Rescue Plan Funding Increase for Head Start Programs

A3: Grantees can use their ARP funds to support Head Start employees' wellness and to provide mental health support. PI 21-03, issued in early May, provides examples of how grantees can use these funds. We know the incredible toll the pandemic has taken on folks in various ways – uncertainty, anxiety, trauma, grief, loss. We want to make sure grantees know they can use the ARP funds to help support in various ways, such as:

- **Offer or expand fringe benefits**, which can mean offering mental health days or time for mental health appointments — essentially sick leave — so long as it's specified in a grantee's policies and procedures.
- **Institute a staff wellness program** that includes activities such as mindfulness breaks and opportunity for self-reflection. As part of instituting a wellness program, grantees can also invest in the physical space to support these efforts. This could mean purchasing equipment, supplies, or materials to put in existing space (such as coffee machines) or it could also mean renovations to create a space that was not there previously.
- **Hire additional staff to reduce group size**. This is something programs can think about to reduce staff stress and support the return to fully in-person services.
- **Provide return-to-work incentives, child care stipends, or other bonuses**, if reasonable, are allowable uses of the funds so long as it is an established policy and procedure, and these measures are also a part of staff wellness.

Grantees understand the needs of their staff and the circumstances of their communities best. It will never be possible for OHS to address all aspects of every program's employee support needs. If programs keep in mind the cost principles — necessary, reasonable, and allocable — along with adequate documentation and supportive written policies and procedures, they can answer the allowability questions for their own unique supports. We encourage programs to engage in those discussion with their Regional Offices.

Health and Safety

FAQs from the Mental Health and Staff Wellness: Emotionally Strong Together Webinar

Q1: What do grantees do if there is conflicting guidance between local government and the CDC?

A1: Local health conditions should drive programs' decisions in cases where there is conflicting guidance from the CDC, local health departments, or other partners. Programs should review the available guidance, continue working with their Health Services Advisory Committee (HSACs), and, with their community conditions in mind, make the decision that best supports the safety of staff, children, and families.

Q2: How should we address vaccine hesitancy for staff and families? ACF-PI-HS-21-03 FY 2021 American Rescue Plan Funding Increase for Head Start Programs and ACF-PI-HS-21-04 OHS Expectations for Head Start Programs in PY 2021-2022

A2: OHS understands vaccine hesitancy from both staff and families is a challenge to returning to full in-person services. While many Head Start staff and families have gotten or are eager to get a COVID-19 vaccine and resume full in-person services, others may have questions about vaccine safety and side effects and want to know more before committing. Vaccine hesitancy comes from many sources and takes many different forms. Understanding who is hesitant to be vaccinated, why, and what information they need to make a decision are critical. Please view Tips for Talking to Head Start Staff and Families About the COVID-19 Vaccines for strategies on how to have these conversations.

Vaccination is the safest way to protect individuals and the people they live and work with from getting COVID-19. It's also an important part of the CDC mitigation strategy and moving Head Start Forward to return to safe, comprehensive in-person services. OHS recently announced updated guidance and flexibilities to assist with these efforts, including vaccine outreach and support, as local conditions allow. The guidance in PI 21-03 and PI 21-04 will help grantees determine which one-time investments best support staff, children, and families, while adhering to federal, state, and local guidance. Additionally, OHS encourages programs to explore Vaccinating OHS Staff and Vaccination for Head Start Families for examples of vaccine outreach and support activities Head Start programs can consider.

Receiving the COVID-19 vaccination is a personal decision. Ensure your staff and families have access to reliable information and resources to make this decision for themselves or in consultation with their doctor. Programs should work with their HSACs, local health department, or community health partners to make sure you have trusted resources easily available to make it easy for staff to share with families.

FAQs from the Health and Safety Considerations Webinar

Q3: Does OHS recommend that programs require the use of masks for in-person services? Safety practices, 45 CFR §1302.47

A3: Yes. Based on CDC guidance and the recommendations from the American Academy of Pediatrics for mask wearing indoors to create safe schools during the COVID-19 pandemic,

Head Start programs should make mask use universally required, regardless of vaccination status of staff. Reasons for this include:

- All Head Start and Early Head Start children are not yet eligible for vaccination.
- Staff model consistent and correct mask use for children aged 2 and older.
- It is difficult to monitor vaccine status of staff and parents.
- Many communities have low vaccination uptake where the virus may be circulating more prominently.
- Increased community transmission of a variant that is spread more easily among children or is resulting in more severe illness from COVID-19 among children.
- Masking is effective in reducing transmission of the virus and protecting those who are not vaccinated.

Q4: Toothbrushing was suspended in PY 2020–2021. What is OHS's guidance now as it relates to oral health hygiene and toothbrushing? Oral health practices, 45 CFR §1302.43

A4: Programs should continue to promote effective oral health hygiene for all children receiving services. Toothbrushing in group care settings may resume if the program can implement strategies to reduce the possibility of transmitting the virus to others via salivary droplets during brushing. It is recommended that program staff helping children with brushing be fully vaccinated against COVID-19 and wear a properly fitted mask covering their nose and mouth for additional protection.

Q5: Is there new guidance around family-style meals? Child nutrition, 45 CFR §1302.44

A5: CDC guidance says there is a very low risk of transmission from food, food packaging, surfaces, and shared objects. Programs can resume family-style meals if they implement strategies to reduce the possibility of transmitting the virus. Seating children farther apart and providing as much fresh air as possible are parts of a layered approach to protect children. Keep masks on until children and adults are eating. Staff should ensure children wash hands prior to and immediately after eating.

Q6: How can programs support transportation safety? Safety procedures, 45 CFR §1303.74

A6: Programs should continue to position children as far apart as possible, with one child per bench and children not seated in consecutive rows. Children from the same home may sit together. The vehicle operator and bus monitor should practice all safety actions and protocols as indicated for all program staff, including the use of a mask and hand hygiene. Weather permitting, open windows on buses to increase ventilation on the buses.

Q7: How should programs evaluate child wellness and determine if a child is sick?

A7: Programs should work with their Health Services Advisory Committees (HSAC) to revisit their sick child policy and update it as needed. Given that young children display frequent upper respiratory symptoms, seasonal allergies, and other symptoms, which will be difficult to distinguish from COVID-19, OHS is concerned some children could be unnecessarily excluded from programs. Programs should work with the child's health care provider and local health department to determine the most appropriate exclusion criteria, with the goal of maximizing in-person attendance while minimizing the risk of COVID-19 exposure in the program.

Q8: What is the status of the Public Health Emergency?

A8: The Secretary of the Department of Health and Human Services (HHS) has the authority, under section 319 of the Public Health Service Act, to determine that a public health emergency exists. Once a declaration is made, it remains in effect for 90 days and can be extended. Effective July 20, 2021, Secretary Xavier Becerra extended the public health emergency that was initially declared on Jan. 27, 2020. It has been renewed every 90 days. For more information on the renewal determination of a public health emergency, view the following Public Health Emergency Declaration.

Q9: How can programs support safe home visits? Home-based option, 45 CFR §1302.22(a)

A4: Before entering a home, home visitors and other Head Start staff who make home visits should first assess their own risk of transmitting infection and risk of complications, if they get infected. They should also identify family members in the visited home who may be at greater risk of transmitting the disease or having complications if infected with COVID-19. Home visiting programs should contact families prior to the home visit and ask about the following indicators:

1. Signs or symptoms of a respiratory infection, such as a fever (subjective or confirmed >100.4 F or higher), cough, sore throat, or shortness of breath
2. Contact with someone with COVID-19, known exposure to someone with suspected or confirmed COVID-19, or ill with respiratory illness within the last 14 days

If the response from staff or the family is yes to either of the items above, the home visiting program should not conduct the face-to-face visit and proceed with an alternative mode for the visit (e.g., telephone and/or video communication). The program should also be in contact with the family to discuss when it would be safe and appropriate to continue in-person home visits.

If none of the indicators are positive, home visitors or other Head Start staff who make home visits should continue to take precautions to prevent the spread of COVID-19. As a precaution, the home visitor should:

- Maintain a distance of at least 6 feet between the home visitor and family members during a visit and, if possible, conduct the home visit outside
- Use properly fitted masks to reduce the risk of asymptomatic spread of the disease
- Perform a self-assessment of risk by daily temperature checks for fever and an assessment of symptoms of infection prior to entering the home
- Exit the home immediately and notify the program supervisor if any person is found to be ill within the home
- Minimize contact with frequently touched surfaces at the home
- Use a hand sanitizer that contains at least 60% alcohol before entering the home and after the visit
- Avoid touching eyes, nose, and mouth

Programs must continue working with their local health departments and HSACs to follow recommendations for in-person home visits based on community risk. Per prior Head Start Forward guidance, programs that cannot conduct an in-home visit — or have limited outdoor options — should consider alternatives, such as conducting home visits at a public location with

more space and improved ventilation. Such locations may include libraries, community centers, churches, etc.

Q10: Due to COVID-19, many children have missed check-ups and recommended childhood vaccinations. How can OHS support childhood vaccinations? Child health status and care, 45 CFR §1302.42

A10: Families have been doing their part by staying at home as much as possible to help stop the spread of COVID-19. An unfortunate result is that many children missed check-ups and recommended childhood vaccinations. The CDC and AAP recommend every child continue to receive recommended vaccinations during the COVID-19 pandemic.

The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The declines in routine pediatric vaccine doses administered might indicate that children and their communities face increased risks for outbreaks of vaccine-preventable diseases. Programs should remind parents of the need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues. If a child is due for a well-child visit, programs should advise parents to call their health care provider's office and ask about the special measures they have in place to safely offer well-child visits.

As Head Start programs continue to reopen and offer in-person learning and care, it is particularly important for staff to remind parents to work with their child's doctor or nurse to make sure they get caught up on missed well-child visits and recommended vaccines.

Q11: Will OHS require that staff of Head Start grantees get the COVID-19 vaccine?

A11: The decision to require the vaccine remains a program- and/or employer-specific decision, and subject to applicable federal and state laws. Programs should consider guidance from the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA), as well as state and local guidance, in making that decision.

Q12: Can Head Start grantees require staff to get the COVID-19 vaccine?

A12: Yes, Head Start grantees may require staff to get the COVID-19 vaccine. If a grantee chooses to require vaccination for staff, it is important to develop supportive policies and procedures that take into consideration requests for reasonable accommodations for employees with disabilities, medical conditions, or specific religious beliefs and practices. Grantees should consult the U.S. Equal Employment Opportunity Commission and the CDC for further information.

Universal Preschool

FAQs from the Mental Health and Staff Wellness: Emotionally Strong Together Webinar

Q1: What is the president's universal preschool plan (UPK) and how do Head Start programs fit in? Justification of Estimates for Appropriations Committees FY2022 (pg. 371-3)

A1: President Biden has proposed spending $200 billion in UPK funding over 10 years. Specifically, it would be a national partnership with states to offer free, high-quality, accessible, and inclusive preschool to all 3- and 4-year-olds. This proposal reflects the administration's commitment to early education as one of the most significant investments we can make as a country to increase access to opportunity for children and their families.

The administration's preschool proposal includes a mixed-delivery system. It leverages existing capacities and plans to work in tandem with existing preschool programs, such as Head Start and licensed child care centers and licensed family child care providers, to enable children to attend preschool in a range of settings that meet quality standards. Head Start programs are and would remain a key part of this mixed-delivery system. In this proposal, all employees in participating preschool and Head Start programs will earn at least a living wage of $15 per hour, and teachers with comparable qualifications will receive compensation commensurate with kindergarten teachers.

This is only a proposal by the administration and therefore would need to be passed by Congress to be implemented.