



**OFFICE OF HEAD START**

An Office of the Administration for Children & Families

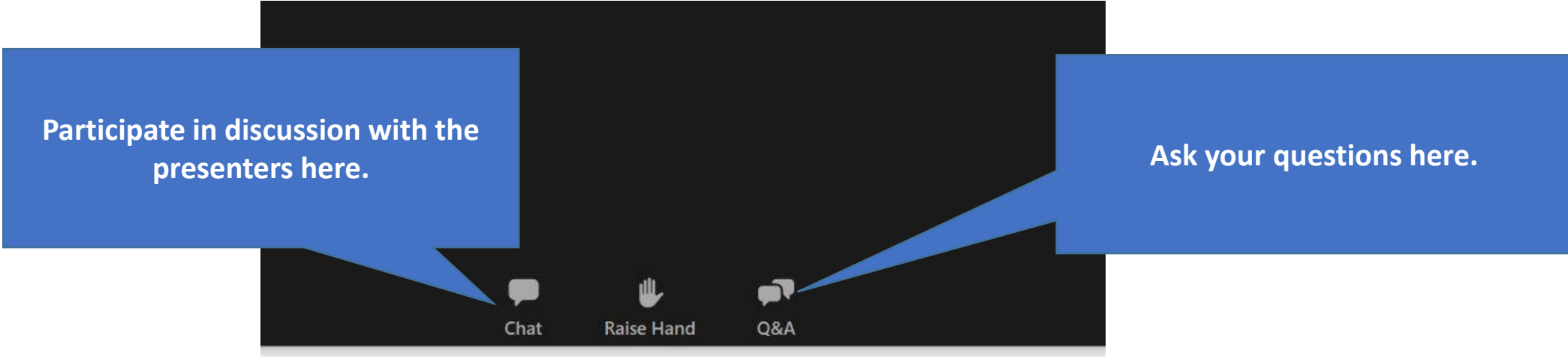


# Webinar 1: ERSEA and Program Structure

6/1/2021

# HOUSEKEEPING ITEMS

- All participants are in listen-only mode.
- Participate in discussion via chat.
- Submit all questions via Q&A.

A screenshot of a meeting control bar with three icons: a speech bubble for 'Chat', a hand for 'Raise Hand', and two speech bubbles for 'Q&A'. A blue callout box points to the 'Chat' icon, and another blue callout box points to the 'Q&A' icon.

Participate in discussion with the presenters here.

Ask your questions here.

# Today's Session Overview

---

- Defining Head Start Forward
- Review of [ACF-PI-HS-21-04](#)
- 45 CFR §1302 Subpart A – ERSEA  
*Eligibility, Recruitment, Selection, Enrollment, Attendance*
- 45 CFR §1302 Subpart B – Program Structure
- Q&A

# Defining Head Start Forward

- The Head Start Forward campaign is designed to support programs as they continue and return to in-person comprehensive services and work toward full enrollment, as local health conditions allow.
- Through webinars, guidance, and other resources, the Office of Head Start (OHS) will prioritize areas of immediate concern to programs, including:
  - ✓ ERSEA
  - ✓ Program structure
  - ✓ Mental health and staff wellness
  - ✓ Health and safety considerations

# Defining Head Start Forward

The Head Start Forward campaign is about honoring how our experience during the pandemic is forever part of who we are and *carrying forward together*.

---

It is about continuing and returning to what we know works: engaging, nurturing, teaching, and supporting children and families in person. It is about doing what Head Start programs do best in the ways we do it best.

# Program Instruction ACF-PI-HS-21-04:

## *Office of Head Start (OHS) Expectations for Head Start Programs in PY 21–22*

- Issued May 20, 2021
- Key takeaways from PI 21-04

### **Operating Status and Enrollment**

– For PY 2021- 2022, OHS expects Head Start and Early Head Start programs to:

- ✓ Work toward full enrollment
- ✓ Provide full comprehensive services
- ✓ Return to their approved program options

as CDC guidelines, state and local health department guidance allow, and in consideration of local school districts' decisions.

# Program Instruction ACF-PI-HS-21-04

## *OHS Expectations for Head Start Programs in Program Year (PY) 2021–2022*

### **Operating Status and Enrollment** *continued*

- In September 2021, OHS will begin reviewing monthly enrollment in the Head Start Enterprise System (HSES) and discuss program plans for moving to full enrollment. OHS views this period as part of ‘ramping up’ to full enrollment. Programs should be:
  - Returning to full enrollment in approved program options as soon as possible, understanding that various conditions may limit full ability to do so
  - Communicating with Regional Offices if they are unable to be fully enrolled or serve children in person in their approved programs options
- 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.

# Program Instruction ACF-PI-HS-21-04

## *OHS Expectations for Head Start Programs in Program Year (PY) 2021–2022*

### **Operating Status and Enrollment** *continued*

- Beginning January 2022, OHS will reinstate pre-pandemic practices for tracking and monitoring enrollment.
  - All instances of prior under-enrollment will reset in January 2022. If a grantee was participating in the Full Enrollment Initiative prior to the pandemic, OHS will reset their enrollment status.
  - Grantees previously designated as chronically under-enrolled will no longer carry this designation and will also have their enrollment status reset.
  - Reported enrollment in January 2022 is the first month of enrollment OHS will evaluate.



# Program Instruction ACF-PI-HS-21-04

## *OHS Expectations for Head Start Programs in Program Year (PY) 2021–2022*

### **Virtual and Remote Services**

- Virtual and remote services for children are considered an interim strategy in the presence of an emergency or disaster and will not be approved as a locally designed option.
- For PY 2021–2022, it is unallowable to have a program option run entirely by technology or delivery of educational material, for example. OHS may still support some portion of services to continue remotely, such as food delivery.
- OHS recognizes that programs have discovered new virtual strategies for engaging families and reinforcing early learning and development at home. Innovations in virtual practice should be used as enhancements rather than substitutes for previously approved program options and service delivery, such as parent conferences.

# Program Instruction ACF-PI-HS-21-04

## *OHS Expectations for Head Start Programs in Program Year (PY) 2021–2022*

### **Recruitment and Selection**

- As grantees look to summer programming and PY 2021–2022, OHS expects programs to prioritize recruiting eligible children and families.
- 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. If a program determines that their pre-pandemic approved program option will not meet the needs of the community, they must submit an updated community assessment and request approval for a change in scope.
- Programs should also revisit their established selection criteria based on findings from their updated community assessment.
- The funds grantees have received from the Coronavirus Aid, Relief, and Economic Security (CARES) and Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Acts, as well from the American Rescue Plan (ARP), can and should be used to support enhanced community partnerships and related recruitment efforts.

# What are OHS's expectations related to service delivery for classrooms and home-based services?

Programs should work toward full enrollment and full in-person comprehensive services, contingent upon 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 toward 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 to 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 consistent with their approved programs options.

§1302.15 Enrollment  
§1302.20(b)  
Comprehensive services

## What are OHS's expectations related to service delivery for classrooms and home-based services? *Cont'd*

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.

§1302.15 Enrollment  
§1302.20(b)  
Comprehensive services

# Can programs continue to use virtual and remote services to serve more children while complying with health and safety guidelines?

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 moving toward 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.

**§1302.20 Determining program option**

## Does OHS advise programs lease temporary space to meet expectations around full enrollment and comply with physical distancing, per CDC and local health guidance?

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.

§1302.15 Enrollment

# What are allowable virtual program enhancements?

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

<b>Virtual Services for Flexible Use Only During the Ramp-up Period</b>	<b>Virtual Services for Flexible Use During Ramp-up and Indefinitely</b>
<ul style="list-style-type: none"><li>• Home-based socializations</li><li>• Parent-teacher home visits</li><li>• Educational services for children, in select cases and in consultation with the Regional Office</li></ul>	<ul style="list-style-type: none"><li>• Policy Council meetings</li><li>• Governing body meetings</li><li>• Parenting curricula meetings</li><li>• Parent meetings</li><li>• Home visits for medically fragile children</li></ul>

## 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?

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.

§1302.47 (8) **Safety practices**



## 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?

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.

§1302.22(a) Home-based option

## What happens to programs that were reporting under-enrollment or participating in the Full Enrollment Initiative prior to the COVID-19 pandemic?

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 OHS will evaluate for consideration as part of the Full Enrollment Initiative.

§1302.15(a) Enrollment

## Should programs plan to recruit and enroll new families for PY 2021–2022?

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 long-standing 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.

§1302.13 Recruitment of children  
§1302.15(a) Funded enrollment

## Will programs be penalized if they do not reach full enrollment at this time? Will limited enrollment impact grant funding?

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.

§1302.15(a) Funded enrollment

## How will the 10% disability enrollment be determined in PY 2021–2022?

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.

### [Inclusion of Children with Disabilities, ACF-IM-HS-20-01](#)

§1302.14(b) Selection process

## Are programs expected to meet service duration requirements in PY 2021–2022?

Programs are expected to return to their approved program option(s) 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 [ACF-PI-HS-21-02](#), by August 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 8 months per year for at least 45 percent 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 August 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.

§1302.21(c) Center-based option

# What is new in the American Rescue Plan that I need to know to determine a family's income eligibility for Head Start programs?

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.

§1302.12 Determining, verifying, and documenting eligibility

## How do programs document income eligibility for families they are recruiting whose income has changed because of COVID-19?

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

§1302.12(i) Verifying eligibility



# Save the Dates

---



## **Head Start Forward Webinar Series** *Registration information coming soon!*

Tuesday, June 1, 2021, 1–2:30 p.m. ET

**Friday, June 25, 2021, 1–2:30 p.m. ET\***

Wednesday, July 14, 2021, 1–2:30 p.m. ET

Wednesday, Aug. 4, 2021, 1–2:30 p.m. ET

Wednesday, Aug. 25, 2021, 1–2:30 p.m. ET

\*Please note the date change.

# Questions

---



