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WELCOME TO OHS CAMP

Session #1



ADMINISTRATION FOR
CHILDREN & FAMILIES



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OHS CAMP Series

Each conversation is designed to:

- Empower grantees to make reasonable decisions
- Explore how meeting 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



Today's Session Overview:

☐ § 1302 Subpart A – ERSEA

Eligibility, Recruitment, Selection, Enrollment Attendance

☐ § 1302 Subpart B – Program Structure:

- Program Options
- Service Duration
- Program Schedules
- Group Sizes & Staffing

☐ Breaking News



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§1302 Subpart A – ERSEA



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

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 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. OHS will continue to monitor program's 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.

§1302.15(a) Funded enrollment



If class sizes are reduced based on public health and safety guidelines, how do you recommend we prioritize children for services?

Grantees should prioritize serving currently enrolled (returning) Early Head Start and 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.

§1302.14(a) Selection criteria



How can we prioritize families experiencing housing instability or homelessness as we reopen our programs?

Programs should prioritize returning children for enrollment and should consider some families may have had to seek temporary shelter due to job loss, homelessness and 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.

**§1302.14(a) Selection criteria &
§1302.15(c) Reserved slots**



Will programs be required to re-verify a returning child's eligibility?

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

§1302.12(j) Eligibility duration



Will stimulus payments authorized under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and unemployment compensation payments made to individuals who have lost employment during COVID-19 count as income for Head Start eligibility purposes?

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.

§1302.12(i) Verifying eligibility



How do programs document income eligibility for families they're 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 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.

§1302.12(i) Verifying eligibility



Should programs continue to recruit (and enroll) new families during COVID-19?

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.

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



How does remote recruitment/enrollment change documentation needs? Will programs be required to conduct in-person enrollment interviews?

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.

§1302.12(a) Determining, verifying, and documenting eligibility



If a child has a long absence due to COVID-19 related risks or illnesses, how long can the slot be held for them?

If a child has an 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 the program itself 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.

§1302.16(a) Promoting regular attendance



Will programs be penalized for low attendance or variation in attendance?

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 percent 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.

**§1302.16(a) Promoting regular attendance &
§1302.16(b) Managing systematic program attendance issues**



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§1302 Subpart B – Program Structure



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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?

No. All programs should reassess the options they operated before the Covid-19 pandemic and 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 of the enrolled children. Those service decisions could change throughout the course of 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, rather programs are required to notify their program specialists using the correspondence tab in HSES when changes in program structure are being implemented.

§1302.20 Determining Program Structure



In order 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?

Yes. 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 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 health and safety guidelines of state and local officials, 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 services or other grantee determined service delivery options.

**§1302.21 Center-Based Option &
§1302.23 Family Child Care Option**



Are center-based programs required to meet their typical service duration for the 2020-2021 program year?

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.

§1302.21(c) Service duration



Are there consequences if programs cannot conduct the required number of home visits in home-based programs?

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 through either 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 group socializations. As it may be more difficult to conduct group socializations 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.

§1302.22 Home-Based Option



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?

Child development specialists will likely not be able to conduct regular onsite visits to each family child care home during the 2020-2021 program year. Programs can choose to conduct these visits virtually. Programs should take into account the preference of the family child care provider when making decisions about how to conduct these visits (i.e. in-person or virtually), keeping 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).

§1302.23(e)(1) Child development specialist



If programs are operating with reduced group sizes, do they still need two qualified staff in each group?

Yes. Two qualified staff are necessary to ensure high quality and safe environments for children in the vast majority of cases. However, OHS will allow a waiver of the two-teacher provision for Early Head Start groups of four or fewer but requires that 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 this with their regional office.

§1302.21(b) Ratios and group size



What are OHS requirements or recommendations for center-based classroom group sizes during the COVID-19 pandemic?

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 that group sizes need to be smaller than state or local guidance in order to safely serve children. When making decisions, programs should take into account 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.

§1302.21(b) Ratios and group size



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?

Programs should work with their health managers and Health Services Advisory Committees 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 and 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 different 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 webinars in this series to offer additional guidance to programs.

§1302.21(b) Ratios and group size



Breaking News

Staff Wages and Benefits: Flexibility Through Sept. 30

In recognition of the unique circumstances associated with COVID-19, programs may 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.

Programs are expected to pay staff who are working remotely their regular wages and health benefits. All staff should be paid for hours they were regularly scheduled to work before the COVID-19 closures, regardless of whether staff can perform all of their job duties remotely. Please note, the continued payment of wages and benefits does not apply to program staff who would normally be laid off during annual end-of-year program closures for summer breaks in service.

The ability of grantees to pay wages and benefits as described in the notice remains in effect through Sept. 30, 2020.



Breaking News

USDA waivers for child nutrition programs have been extended through June 30, 2021 for the SBP, NSLP, and CACFP.

These flexibilities 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.



Next Week's Topics:

- ❑ § 1302 Subpart I Human Resources Management
- ❑ § 1301 Program Governance
- ❑ Timelines in HSPPS