

## Supporting Grantee Leadership Regarding Coronavirus Disease 2019 (COVID-19)

Dr. Deborah Bergeron: Good afternoon, everybody. Thank you so much. This is Dr. Bergeron. I'm here with...

Ann Linehan: Ann Linehan

Colleen Rathgeb: And Colleen Rathgeb

Dr. Bergeron: And we're thrilled that you guys are joining us this afternoon. We – as we all know, this has been kind of an up and down week-and-a-half, two weeks, and we've been working really hard here to try to make sure that we get as much information out as possible, but we know there are still questions.

We're in a very fluid situation, so even this webinar will only be so relevant in a couple of days because we see things changing so much. So, with that in mind, we thought it might be nice to hear directly from us. And what we plan to do is to, first of all, review some guidance that was pushed out late last week on Friday, which we think covers the vast majority of questions that we're getting. And then, touch on some questions that have been sent to us from various resources so that hopefully we can answer questions you have. And by the end of this conversation, you'll feel a little bit better in terms of knowing the direction on – on – that you should be taking on the major issues.

And you know, we were talking prior to coming online and thinking like the theme for this conversation is really going to be common sense. We really want you to feel like you can be reasonable and thoughtful and just use common sense in making decisions. Now, I know that that sounds antithetical to the normal operations of a federal program because you've got guidelines and you've got regulations and all of those things. And I understand that. But I think in the – at the center of all of this, and this is what the guidance on Friday was trying to do, is to paint a picture for you that is: We trust that you know your situation and that this is not something any of us has ever done before.

And so, we're going to try really hard to be reasonable and – and we want you to feel like you can make good decisions. I will say that it's not exactly that we've never done this before. We've never done this before, but Head Start does have experience dealing with pretty big disasters in certain parts of the country. So, hurricanes, tornadoes, wildfires, things that are devastating to communities. Maybe the new piece is this has pretty much shut down the country. So, from a – from a reach standpoint, this has had a massive impact; but it is similar in that we have to make different decisions when we are faced with something that is devastating to the community. And so, we're kind of tapping into our experience and some of our guidance around disasters and looking at ways to apply that to this situation. So...

Ann: And Debbie, one of the things you said when we started this, this may – the information we shared today may not be as relevant in a week or two. And I think that's a reminder that one of our colleagues said. You know, people have got to be checking the CDC website every day because the guidance that they gave out last week may have changed, there may be more. So, it really is people have got to use the resources – the expert resources. They're outside of the Office of Head Start.

Dr. Bergeron: Right. Yeah. I would say the Head Start guidance people get today will still be relevant in a week, but I think it's the pieces related to the virus, our responses to it, because there are still

unknowns that we just have to be willing to be fluid and flexible and read and pay attention to what's going on.

Ann: And I think there are going to be – already folks are submitting a lot of questions, and we'll do what we can today. We're not going to get to everything, but we also want to be sure that people – the grantees are submitting their questions to their Regional Office. And then, we are working in partnership with our Regional Offices because we want to get out consistent messages that are – that are really dependable across all our 12 regions.

Dr. Bergeron: Absolutely, and those – those regions are well-equipped. We stay in constant contact. So often you can get a much quicker answer to the questions that are – that are standard. So, we encourage you to do that. And what we're going to do is share with you on your... The slides that we share with you are going to be the ECLKC website that we've – we've dedicated to coronavirus, to specifics around this issue.

So, if when we hang up you still have questions, you'll probably be able to find your answers here. So, I wanted to touch on... And those three pieces of – of sort of messaging that was sent out on Friday. One – two were e-blasts and one was a webinar. And the webinar that I did with Dr. Beltran around, we called it, managing infectious disease. So, he was absolutely wonderful about providing some really great highlights around what do you need to be doing. And granted, all of this information is on the CDC, but I thought he did a fantastic job of boiling it down for you. So, I highly encourage you to watch that webinar.

Prior to him joining me though, there's a little bit of an introduction where I think I tried to share with you, again, as you manage this kind of a – sort of a new experience to use common sense, to be reasonable, and also to display for all of your staff and your community leadership that's measured and calm, because people are looking to you as to how to behave and react. And I think you can set that tone really beautifully.

So, beyond the webinar. Then, there were two e-blasts that went out. One of them dealt with program closures. Well, we talked about this in the webinar, as well. And I really encouraged in the webinar, if you don't already link your closures to the school system, at least for this purpose, you might want to do that. And long-term, you might want to do that just because – for the sake of, say, weather emergencies, it's certainly an easier way for the community to know what's happening. Sometimes it's difficult if smaller entities are doing something different than the school system is, then parents get confused about what's going on. But that's kind of up to you. Again, that's a local decision. It's going to depend on, you know, how you're structured.

Ann: Well, and I think one of the things that – that Marco keeps reinforcing is the grantee should be looking to their local health departments for guidance. And we know some local health departments have sent out a community set of mandates or edicts. We've seen it happen in the county and obviously at the state level, too.

So, it's really, again, I think the point we want to stress, you cannot be asking us should we close or not. That is not our responsibility. We do not have the information that you have. This is – when we talk about federal to local, this is a beautiful example. You are the experts. You've got the medical partnerships within your community. It has got to be what is in the best interest of your children, families, and staff.

Dr. Bergeron: And I think I would be safe to say we're not going to run around and [inaudible] your decision-making. Right? We trust you. We wouldn't give you the funding if we didn't.

Ann: And what we ask, because this is really important, is that anyone who makes a decision to close, inform your Regional Office, your program specialist on that decision. We're not... And again, you are reporting a decision. And it's really important for us, nationally, to be able to have that information. And – and we know it's self-reporting, but I think right now we have...

Colleen: Yeah, we actually are collecting that. So, if you've closed and haven't informed your Regional Office, do that. This is all self-reported and we're collecting it in a dashboard, and I'm able to then report that to the assistant secretary on a daily basis. We have about 4,500 centers closed nationwide, about 200,000 slots impacted. That's my report as of last night. I'm guessing it's much higher as of this afternoon. And also, there are probably folks that are left out of that because they haven't reported to the – to the Regional Office. So please do that for sure.

Ann: And I think, and this is kind of bleeds into the next one you're going to talk about, but when we talk about program closures, we're talking about, generally, centers and services or the home-based model. That's what's shutting down. That doesn't mean that the entity still doesn't function, because there's a lot to running any organization. And I don't know if our grantees are aware, but at this point every – all our Regional Offices are gone to telework. We still have the expectation that they're accessible and available to carry on the work is if they were in their office.

Colleen: Right, right. That is a good point, and we're fortunate that technology allows us to stay in touch, to communicate. There are ways that... I mean, I've seen some incredibly creative teachers from Head Start online reading stories and sending those videos out to parents so that... I will tell you just a personal story. My daughter is a teacher of special needs kids and she is doing this; and what that's doing for her – her students to keep some consistency. They depend on seeing her. And that sort of ability to hear her voice is important. They rely on it and – and it's helped to keep them calmer. So, I think there are all kinds of things you can be doing. Take advantage of the technology.

But that does go right into wages. So this was the very first thing I thought about, was if we're going to close for any extended period of time, what's going to happen to our hourly employees? Because I think of a – of many things. Number one, this is not lasting forever. And when we reopen, we certainly still need to have staff. So, this is longevity of the program. Number two, there's a huge economic impact on a local community if everybody loses their paycheck, and particularly in our communities that are maybe more week-to-week paycheck folks. And number three, I hear a lot of talk in Head Start about how teachers want to be part of a profession. They want to be sort of equated with school teachers with the way school folks are treated. A school system... I think I can speak blanketly for every school system in the country that there isn't a school system that went down that isn't paying their teachers.

I just think that's good practice. It's professional, it's respectful, and I think it sends a good message to your employees about how important they are to you. So, we came out with some guidance here. Initially, we used the—I'm sorry—the disaster relief guidance, which – which works really well, but it's short-term. So, we ran into...

Ann: And I think whatever we talk about today in terms of policy decisions, particularly around the wages, we have that flexibility through April 30. Now, we can't predict how long this is going to last, but we know that gives us plenty of time to reassess if it appears like, you know, program closures will continue.

But I think just reinforcing what you said, you know, we think it's important to continue, particularly, the healthcare benefits in addition to their pay. But we don't... When we refer to another IM like the

flexibilities, it's not – everything is not carved in stone. For example, that flexibility IM talked about 80 hours. You know, up to 80 hours, sort of two weeks. And this is a different time and a different situation. We're talking about if you have staff that work 24 hours a week, that's what they should be paid for and they should get their commensurate – you know, other benefits. In addition, even though some staff will not be able to do the job that they traditionally do every day, it doesn't mean because they're being paid that they're not available to contribute to supporting the program while the services are diminished.

There... I mean, Debbie you talked about the creative things that teachers could do. I also think, having been a grantee, we all wear different hats. And if something – you know, if we close down over here, if I'm a teacher, I want to know how I can be useful someplace else. And so, we want people to be meaningfully engaged while the services are diminished. We think there's a lot of creativity, which sort of flows into the whole next one, the food one.

Dr. Bergeron: Right.

Ann: But there's a tremendous amount that people can do. And we had a meeting – well, several meetings every day – updates here on the COVID-19. But our assistant secretary says, "Well, I don't expect any of you to be backed up on your paperwork. I mean, there are things that – that are going to give us – if I'm not doing this because I don't have the opportunity, what else can I do, again, to be productive?" And that also feeds into—and maybe we could mention it now, Colleen—that there are some flexibilities we can't exercise. And maybe we want to talk about one that folks are going to need to pay attention to.

Colleen: Sure. So just – just to reiterate, the folks – the things you're seeing up on your screen about the programs closures and this information explicitly about the ability to pay wages and salaries during the time period is up on the ECLKC. So if you go up there, you know, click on the COVID-19 page, the information is right there so that you don't just have to get it for what – from what we're saying right here.

But I think Ann is really right about something that we can be flexible about and that we really need people to be able to still be doing the work and programs still functioning even if they're not closed. And one of those things is your regular refunding application, as well as the new application that you guys are just – you've just gotten funding guidance letters for the cost of living adjustment for your programs and for the applications to submit for quality improvement funding.

So while we understand that programs are both focusing on a lot of things right now in light of this emergency, we also don't have any flexibility with the end of the fiscal year coming right up. And so, we are not going to be able to give folks extensions on their regular refunding applications or on these applications for [inaudible] quality. So again, while folks, you know, may be working in different places, may be working while they're at home, or that... They need to be able to do the administrative work to make sure that we can still keep the basic function of funding your programs and funding these – getting new funding increases out to you on the same timeline that we – we set out.

Ann: I've been calling... That reminds me of another related issue that – and we've gotten a lot of questions about program closures. Are we going to have to make the days up? And we are – you are paying your staff. You will not have the funds to make the days up. So, these are not going to be... And we just want to alleviate that stress from folks. When your program's closed, if it's closed for 30 days or 15 days, you're not making – we are not expecting that you would have the funding or the capacity to extend to make up those days. I just...

Colleen: Yeah, that's actually a really good point. That's good for your parents to know because I'm sure they're thinking about that, too. And you know, I was thinking about the creativity piece behind the – the instruction. If you've got teachers doing recorded either lessons for parents or story reading for children, catalog those things. I mean, you could create a bank of virtual instruction to tap into for the inevitable, you know, snow storm or whatever you might have next year and take advantage of the work they're doing at home to create a database of activities for you.

Ann: And I think the other thing – the other issues that I think are around the closures that we've heard—and maybe, Colleen, you can expound on this—people are saying, "Oh my heavens, I'm not going to make the 45-day screening deadline," or "What am I going to do about enrollment if the kids are not, you know, attending?" Do you want to speak to those?

Colleen: Absolutely. So first, let's talk about screening. So, we've gotten a lot of questions that said, you know, what if a child's vision screening or their developmental screenings, that those come up during the time that we're closed? We understand you're closed. Folks cannot do screenings if that would be done in their centers. We understand these will not happen. This is something, again, we will be looking at when we come out and look at records in the past, we'll understand you're closed. There's no expectation that folks can do things when they can't possibly do them.

Ann: We're like suspending that – that time and it's going to have to give it on another end, because it's...

Colleen: Right. People are going to get the time to be able to, you know... Obviously when folks and kids are back, they have missed those screenings and will want to be able to get them back up and do it as quickly as possible. But there is not any expectation that folks can be doing things like that when they're not there.

Similarly, with enrollment, we've gotten folks saying, "What's the expectation if we're – if we have to be closed for – for public health reasons, we have been closed past 30 days, what does this mean for our enrollment?" Again, we absolutely – we don't expect programs to be disenrolling children because they haven't attended for 30 days in these cases because they're – you're closed. Or again, that even before programs closed, families may have been worried about having children... Your attendance may have gone way down, or for programs that are in areas where they're still able to be operating, their attendance may be low. We understand that. We do not...

Dr. Bergeron: With the idea just to keep record, right? Just document what's going on. And you know, in relation to enrollment, I'm almost thinking if you're closed, you have – you have parents at home with their kids, do things that keep them feeling enrolled. Right? You could make phone calls to every parent. Teachers could call their parents every day just to check on them, make sure they're okay. Those kinds of touch points not only, you know, assure you that they're still enrolled, but it ensures the parents that you're still there, because this is very different.

I... We... I would say none of us has gone through something like this before. So, your anxiety level is at a certain place. Your parents are feeling similar anxiety about all kinds of things, including, I'm sure, when this is done, can they still come back? Are they still part of your program? Well, hopefully some of the virtual things you're doing will prevent that from even thinking that they will...

Ann: Well, that's why the ongoing communication with parents is so important. And to the extent that they can connect with their children and the children can see their faces, I think is really important.

Dr. Bergeron: So important, yeah. So we had a couple of other things go out related to... This – this was a big one. Well, the first one up there is the additional flexibility. That's the disasters.

Ann: Right.

Dr. Bergeron: So you can read that. That's related to what we were just talking about. But then the next thing was, so many of our children rely on breakfast and lunch at Head Start. And we've seen, actually, the nation rise to this. The K-12 system is doing a lot of really good stuff around delivery.

But the very first day, I think somebody said, we need to tell them they can use their buses to deliver food or whatever. So we know that you're already being creative. I've seen lots of really great things online. If you're not already doing this, you definitely should be. You might have to be clever about how, especially as the game changes, you know. The most recent number is 10, so you can't have 50 people in your gym picking up food. I mean, that won't work. You're going to – you're going to kind of nullify this sort of semi-quarantine that we're in. So you want to make sure you're respectful of whatever the CDC is saying to do, and follow those guidelines. There's a lot of guidelines around food delivery just to be – just to be safe.

I did see a really great post just before I came in here of a Head Start. I should have noticed which one so I could call them out. But they had – they created, you know, lunch for today, breakfast for tomorrow, or something like that, and it was their daily bookbag. And so they're going and delivering lunch for today and breakfast for tomorrow in the middle of the day so kids get both meals—one's for tomorrow, one's for today. Kind of cool. It's in a cute little bag and the teachers are helping put this together. So lots of ideas. You guys know your community best. The key piece is to know the USDA did a great job of getting language out very early about the flexibility here, and you don't need to be worried about that.

Colleen: And I do just... On that, I think we will continue. We know that in certain states, this is being – this has been more challenging than others. And those – you know, those... There... We are dependent on state waivers and those state communications. So from our end, we will be working with USDA here to try to ease that – that working relationship, identify where there are problems. And so to the degree that you are running into problems in your state, if you do, stay in communication with your Regional Offices and let us know where there are barriers there. We can't – you know, we can't guarantee... This is not something we can – we control, but we can do our best to work from the federal side on that to try to get those flexibilities available in all the states.

Ann: And I think, Colleen, as we have always said with our traditional USDA reimbursement, that there are always costs – generally costs that exceed what the reimbursement is and that they could use their federal – Head Start federal funds. So I think in this case, if you are still struggling with the state, whether or not you can bill doing something creative with food, we would not want that to thwart your creative ideas about, you know, using our Head Start federal funds until the – the USDA funds get freed up to do those creative things. I mean, the – the important thing here is let's find a way, to the extent possible, to get some nutrition into the homes.

Dr. Bergeron: Yeah. And I think the sentiment across the country is flexibility. I mean, that's what you're hearing really; state level, local level. So, I think eventually everyone will come around.

Colleen: We got a similar question that came in. Ann, it made me think of it when you were talking about, you know, you can use Head Start funds for things like nutrition to get those – make sure that families are getting that. We had a question that... They're in a local area, families weren't able to

find diapers and wipes, that they were running out of those kind of necessities that they would normally be able to get from their program if they were open, and program is wanting to know, is that something they could – they could provide to families?

And so, I think we want to be able to let them know that that is absolutely [coughing] in connection to the idea of staying connected with families, being able to support them. That is absolutely something that they could be providing.

Dr. Bergeron: Those would be plans that you're using during the day.

[Inaudible]

Ann: That's a legal argument. [Laughter] That's precisely... Because we made – for many of us in Early Head Start, we made such a big issue. You can't charge parents for diapers and you can't require parents to bring in their own – you know, their supply of diapers. So we made such a big issue of that. But I think it's the perfect scenario. We're saying, look, if those – if those babies were in Early Head Start or, you know, we've got some preschool kids that aren't yet toilet trained, we'd be supplying the diapers. So in this case, be creative. I think that's so... I'm so glad you brought that up.

Dr. Bergeron: Yeah, you could probably apply similar thinking to materials. If you were going to do an art project and you wanted to deliver a little art project packet to your parents so they could do it with their kids. I mean, if that were – those were materials you're going to buy anyway, they're just doing it in a different place. Right?

Colleen: So we've gotten a lot of – a lot of questions. People asking about, are there resources for distance learning or ways to be able to help families around this? How can programs share their ideas on things that they are doing to be able to connect parents? And so, I was wondering if you guys have thoughts on that.

Dr. Bergeron: Follow me on Twitter! [Laughter]

Ann: When you think about, you know... I just think about things like, well, parents may not have, you know, computers, but I think most families have some sort of iPad or phones. And I even think about how people keep in touch with their relatives through Facetime. I mean, setting up some regular...

Colleen: So many possibilities.

Ann: I think that there are, without... I mean, I think this all causes us to think about, OK, we really never thought about how we would function virtually, you know, on a full-time basis. I think it's all making us think about how we need technology, particularly in these times. I would just say, even here in the office, we found a better way to connect with our colleagues remotely. And we're all thrilled because it makes us so engaged. So I – and I don't think that these are costly ones.

Colleen: So I think – I think Debbie's right. She said it jokingly, but absolutely following [inaudible] on social media. She's sharing when programs are posting things that they're doing. I know that we're going to be looking to see what we can be sharing on ECLKC, as well as practices that folks are doing. And so...

Dr. Bergeron: And also... Yeah, because not only am I getting posts around teachers doing creative things, which then I – I retweet all that stuff. So, OHS\_Director. If you're not on already, join Twitter

while we're on this call and then follow me and you will get all of it. But I've also seen feeds from things like Xfinity that's providing free internet right now to to families in need because they know people are at home and they're kind of stuck, and whether it's to work or for their kids to access at school. So we're seeing a lot of organizations step up.

I've seen gyms doing virtual PE lessons. I've seen teachers who are retired saying, "I used to be a reading teacher. If you need help, mom, let me know and I'll be happy to log on and – and converse with you and help you." I've seen a math teacher, a history teacher, a PE teacher, and an English teacher post those – those posts. So there is a lot of charitable thinking, I think, or whatever – selfless thinking going on right now about, what can I do if I'm stuck in my house to support somebody else? And I think you would be really surprised as to just what Twitter alone or Facebook could provide you if you're on those – those resources.

Colleen: Yeah. And we know that, you know, the 2,800 people that are out there listening to this right now all coming up with amazing ideas and that they can be sharing those ideas and finding ways to share them with each other is – is, yeah, absolutely what we're hoping for.

Ann: Colleen, there two – two other issues that I think about bubbling up. One is the – the requirements, because I know people get nervous about requirements. You know, we require that the boards and the Policy Councils meet. And we know that these kinds of gatherings are probably not in the best interest in terms of, you know, containing the spread. So we want to... Again, use your common sense. Is there a way, and I know many of our migrant programs are really used to doing this, you know, through – through video or through some fancy IT connection. I think there are ways of continuing to keep in contact with people, keeping people informed. We certainly want the Policy Council to feel engaged and valued and they're thinking about, you know, program decisions. But again, that's the requirement that you think we can't be meeting. Relax. We understand. But the responsibility is, OK, so how can I keep them engaged?

Dr. Bergeron: I saw that posted on a virtual meeting with Policy Council and the board just this morning.

Colleen: And a lot of folks are asking, you know, if the refunding deadlines, like we talked about, they cannot be relaxed, you know, if people have trouble getting the approval from their Policy Council and governing bodies, are there suggestions or any – any flexibility we can think about there?

Ann: Well... Go ahead.

Dr. Bergeron: I think you have to have some virtual conversations. So whether those are through something like a free video conferencing, there are a lot you can sign up for free to use—Skype, Facetime. Or if it's through an email conversation where you're all chiming in on – on a particular issue, trying to have some kind of a chat conversation. Because what you don't want to do is put that on the back burner, because once your program opens, it's going to be – feel like a fire hose, I think. You know? And so, you're going to – you're going to want to take care of as much of that business as you can now so it's not waiting for you later, because the other stuff you can't do now will be waiting for you later.

Ann: I think the other issue we want to talk about is monitoring. I know that that's been really on folks' minds. And of course, my other favorite subject is in-kind, as everybody knows. But monitoring, we have – we have cancelled for... Colleen, and I'm going to... FA2 for – how long for FA2 monitoring?



Colleen: We had said through the end – through March, we have cancelled all of the on-site CLASS® or FA2 reviews; and we are looking at what to do about April, but no decisions have been made yet.

Ann: However, for FA1, except for some accommodations we made this week because it came so sudden, that's something we do virtual remotely anyway. It's something that, you know, programs should be prepared for. Management staff should be able to make those phone calls, you know, records. Yeah. So FA1, you know, will – will absolutely continue.

Now, and I'm so glad you brought up the in-kind thing. We have always had the waiver capacity if a program cannot meet its match. Clearly, these may be times where you would be getting services or you might be getting cash that you're no longer getting that would help make that match. Really look at that carefully. If you feel that you need to – you can't make the 20% or you can't make – maybe you've already gotten a waiver and you – you know, you've got a waiver and you have to make 13%, you're saying, I think that's going to be shaky now. Get those – you know, think about getting those waivers in. The last thing we want to do is have anyone end up with a disallowance because of a lack of sufficient match. So really think about in-kind as you're going through these weeks. And, you know, it could be more than – more than weeks.

Colleen: People have also asked questions about, what if they're working in partnership with – with child care providers. So we've gotten some explicit questions around, if child care partners have to close because of the – the emergency, are programs able to continue to pay for those slots that – that they want, you know, the children to be able to continue to be enrolled in? So...

Ann Linehan: I mean, I think that we would want to – we want to convey the grantees can continue to pay contractors that are necessary to continue services or be able to resume services as soon as possible. So if the purpose of the payment is reserving the slots for the Head Start/Early Head Start children during a mandatory closure, we would say you've got to continue to pay.

Dr. Bergeron: And then continue to serve those families virtually. So if you're making phone calls, they should still get a phone call. Like, you know, that – that you want them to feel enrolled even if they're at home, I think is the idea. Yeah.

Colleen: And just to make sure you remember like, you know, to... Again, we talked about the beginning – Debbie talked about a lot, these are local decisions. We want folks to look at their partnership agreements and see if there's any provisions in the partnership agreements for that. Make sure that, you know, they are working within their own procurement and their, you know, fiscal policies and procedures. But yes, we want programs to be able to do what they can and what they need to do in order to make sure that slots can be kept for children that can't be in them right now so that they can resume services as – as soon as we are able.

Ann Linehan: I think one thing that we'd like to do, and a – and a colleague just reminded us, we have a very active MyPeers network. I think... Alana, how many active community groups do we have?

Alana Buroff: We have 10,000 members.

Ann: 10,000 members. And on MyPeers, they're sharing a lot of best practices and – you know, regarding the COVID-19. So I would urge you, one, to get into your MyPeers learning community, and if you're not part of it, it may be a good time to really look at what group it would be applicable for you to join—on the ECLKC, I should say.

Dr. Bergeron: And – and I think it's worth noting, if you're not already part of MyPeers, that that's truly a separate conversation. We don't... Like, I'm not going to jump on a MyPeers group and have a conversation with you. And the nice thing about that is that really gives you an opportunity for peer-to-peer interaction, collaboration.

You can complain to each other if you want to. I won't – I won't be there. But – but you can also share ideas and problem-solve, and maybe just commiserate. I mean, it's hard and it can feel very isolating, especially if you're a director and you're it. So you're – everyone's looking to you and you're kind of by yourself; and getting together with other directors who – and sharing their experiences, sometimes it's just therapeutic to do that. So, highly encourage you to take advantage of that.

Colleen: Also related to partnerships, we've had a number of folks asking about, what support or what we can do – we're programs, we rely on a subsidy, and they may not be getting the full subsidy rates because children are not attending. And so again, that is something that we are really, here, looking to our partners in child care and the state to make sure that – that we do everything to support states to use the flexibilities that they have within – within child care to be able to pay for subsidies based on enrollment, not intended. But these are things that are more local and state decisions. And so, we – where programs are really struggling with this, we want you to reach out individually to your Regional Office to understand those struggles and to see if there's other ways we can support programs' flexibilities. So we understand that this can be a particular struggle at these times – you know, times right now.

Dr. Bergeron: And didn't Office of Child Care put some guidance out on this? I feel like they did.

Colleen: Yes. [Inaudible]. Again, reminding them they do have that possibility to be able to make those payments. Yeah.

Dr. Bergeron: So, I mean, it's worth knowing that's out there if you wanted to make folks aware in case they missed it.

Ann: So clearly, as we said with other flexibilities—because I just saw question on duration—we know if you're out, I mean, two weeks, then some programs are not going to make the required hours. Again, this pandemic is overtaking what we would normally do. We're not going to say – we're not going to ding you because you didn't make those hours. Again, applying, I think, common sense. And it's interesting there – we've seen several questions that have asked—and we're not going to go there, but I just want to say something—but when we reopen, what do we have to do medically?

I... There was even one that said, do we have to take the temperature of the folks coming in the building to make sure that...? You will be getting, from your health, from – from your local health department, from CDC, all the important information that will address, you know, when you are preparing to start up again. That's not something that the Office of Head Start, again, would be answering. We're looking to the medical experts in the local health departments. They will be probably giving guidance to school systems about reopening. But again, that's not something that we would want you to think that we're going to have the answer. That really has got to be a locally generated, you know, conversation.

Colleen: I'm looking at a question up there, Ann, that – that says "guidance on paying contractors," and the example is bus companies for transportation. So there's not a – there's not a definitive answer to this, but I would answer it this way. You need to think about who these folks are and their

value to your operation and whether it's rational and – whether it's rational to continue paying in order to secure the service.

So let me give you an example that I'm thinking about. I thought a – this is private pay child care. I saw somebody post something that says, "I have to keep paying my child care if I want my spot back when I have to go back to work." It's kind of the same thing. If – you know, if you want those folks to still be there, then you need to think about whether that's something that's necessary. I think it's – it's a little bit tough with contractors, whether that's a large organization, a company, or a person, and – and how influential your decision's going to be. I think what we've done is given flexibility to consider paying staff; and that could be a contractor if it's somebody doing work for you, I suppose.

But I just get very nervous that it is something like this about a community completely falling apart at a time when the funding is there. You have your funding for the year. That doesn't mean, you know, we're – we're encouraging you to be totally loosely goosey on spending money, but to really think through who's impacted. If school opens on Monday, do I want those buses at my beck and call? And if so, and maybe think of ways of using them while you're closed. You could deliver food using the bus, for example.

Ann: And I think this also raises the issue, if I were a grantee, I might say, "Gee, I wonder if – if we reviewed all our contracts, what do we have sort of special language to sort of cover situations like this?" And I think even Belinda was saying when we talked about the child care, you know, sort of covering those slots so the children don't lose them, it would – it... I think an experience like this, again, makes us rethink what are the things that we need to look at a little bit more carefully so we are better prepared when these kinds of events happen. And that gets into the whole preparedness subject, also.

Dr. Bergeron: I also saw a word come up on a question that said recruitment. What I did – couldn't read it fast enough to know if they were saying teachers or kids, but I can address both of those.

Colleen: I was going to say, exactly, questions on both.

Dr. Bergeron: Yes. So I – I think it goes back to the beginning of this conversation, like common sense; right? So let's say we're talking about kids. Do we expect you to be out having recruiting fairs? No, not at all. But if you got a phone call from a homeless family that needs to be enrolled in Head Start, and by enrolling them for right now, you can provide breakfast and lunch and then they come to your program when you open and they become part of your community. I would not turn those people away if you've got a slot. So I think there's like a balance between, you know, aggressive recruitment. That doesn't make a whole lot of sense since we're not really having a lot of public presence, but certainly not turning people away who might be looking for a slot if you've got one.

In terms of recruiting staff, I think the answer is similar in that I don't know that I would be out aggressively recruiting. Not sure how you would do that. But if you have somebody who was in the queue to be hired and you want to make sure they're there when you reopen, I think I would continue that process as best you can. Get them cleared. I mean, I don't know if some of our criminal background checks offices have closed down. So you're going to have to adjust based on your local situation. But I would like you to think of this "closure" as more of a redesign of your program while we're not in session, and to try to avoid completely shutting all boxes off if there are things you can get done during this – during a time when you're not, you know, holding sessions. Maybe that would include a Skype interview of a – of a potential teacher that you were supposed to meet face to face. Meet her online and ask her – you know, interview and see if you can have her in the queue to hire. Things that – you know, anything you could not put off, I would – I would go ahead and do.

Ann: I want to ask a question about, and I – I don't understand it, but I'm going to encourage them to call their grant specialists. Can we be approved to draw down funds in advance? And I... So I'm not exactly sure what that has meant because programs can always – they have the ability to draw down, I think—and I'm not the fiscal expert. I think... Is it a month or two weeks' worth of what they're going to need in advance to cover the bills? But I – I would say you need to talk to, you know, your Regional Office. Your grant specialist, fiscal – grant or program specialist would be able to give you advice. And since I don't fully understand the question, we want to direct you to your Regional Office.

Colleen: We got a question, Debbie, talking about the connections with – with LEAs. And one of the concerns was, if LEAs are closed or the organization – the agency that's responsible for IDEA and for younger kids, what about the disabilities? The ability to meet the 10%? So they can't get folks – children... You can't refer children and get them through the process to see if they're eligible for an IEP or an IFSP. What about the – the, you know – should they be applying for waivers?

I think you said before, like, folks should be documenting. Like, if they're having problems meeting requirements, if they can't get those services because LEA is closed, we understand that you're not going to be able to do that and we're not going to come in and ding you or hold you responsible for not being able to do that. But we want people to be able to document that and to be able to, you know, note that they are unable to get these referrals through because they are closed.

Dr. Bergeron: Absolutely. I think that's – I think all of this has the same theme to it. On the other hand, if it's a mere act of paperwork that needs to be finished, then yeah, you could probably get that done. I mean, most school systems are requiring their teachers to be online. So if you've got a special education assessor who would normally receive a report, you could get it over. Maybe you have a conversation. You might even be able to have a virtual meeting for all I know. I don't know, you know, if folks are prepared for that. But to just think outside the box of what could I get done. Even if – you know, if the process would include an actual assessment with a child, that's not going to happen; that you're not going to be able to do that.

Colleen: But just because the schools are closed might not mean all of the folks that are working are not going so...

Dr. Bergeron: That's right. I think most school systems, the sentiment I have gotten is that they expect their staff to be working, whether they're teaching online or whatever. So I think in terms of communication with the school system, you should have at least a little bit of success there. But what you wouldn't be able to do would necessarily be able to finish the IEP process if you were in midstream, but that's going to be true for all children not just ours. And that's just going to be a reality of this.

Colleen: I think we've talked a lot about – when we talk about the – the requirements around the number of days or the duration of services, we've talked about it the most in the classroom sense. And so, we've got a couple of folks rightly asking around home-based services. And I think... My thought—and you guys jump in—would be the same principles apply. Like you cannot – if you cannot be making home visits right now, the – and we understand that, you know, in many – in most cases are not going to be able to be doing that. We want you to try to make up those home visits as best we can when services are able to resume. And that's something that you – you know, you believe you're able to do safely, but – is that we want people to try and make those up, but we also will understand that there'll be cases that they will not be able to make all of those up before the end of the year.

Dr. Bergeron: But if your family has a computer or a phone, could you Facetime and check-in and just say, you know, "I know I can't do a visit?" And depending on what that visit looks like, are there pieces of it that you can do remotely? Then, I would encourage you to do that.

Colleen: We've got a couple of people, actually, Debbie, asked what to – who they should be following on Twitter. So what exactly is your Twitter to follow? And we don't have the ability to put it up right here, but if folks go – you want to go back to the vlog to show where people can get the – the video message from Dr. B. right there from the front of the ECLKC. In that vlog, I think you mentioned you – you call out your Twitter. Folks can get it from – if they look at that vlog, they can get right on the page, can see what to follow there.

Dr. Bergeron: Absolutely. And if you just go to Twitter and in the search, if you were to just search "Head Start," you'll get the top Head Start handles, and that's going to include the Office of Head Start, which is a different handle. OHS\_Director, that's personal – well, not personal, but like director related. So, it looks a little different. The Office of Head Start tends to be the – the account that posts information, and then I tried to focus on what's happening on the ground and the more personal things, and then we put them together. We retweet each other's stuff to kind of make sure it's getting the reach.

But you've also got the – Head Start Associations all have Twitter and they do great jobs posting things. I would highly recommend that you're following your school system and/or your principal or your elementary school, or however they do it. Most school systems are on Twitter. And through that, you can find out what they're doing and maybe see opportunities for collaboration both now and in the future. And then of course, all the organizations around early childhood have great information that they push out through Twitter. So... And your community partners, philanthropy.

So the whole reason that I push Twitter is not just for times like this, although boy is it great at times like this. But if you're able to start promoting what you do in a virtual environment to your own constituencies—so your own community, potential partners, maybe not even just ones that are partners... As you look for opportunities for more partnerships, as you look at philanthropy for grants opportunities and you're – you're having those conversations or filling out a grant application, it's an entirely different ballgame if they already kind of know who you are. And Twitter gives you a chance to sort of give that precursor view of who you are before you, say, meet someone at an event. So that's really the long term benefit. But for right now, there is a ton of stuff that you can find just by, you know, being on Twitter. Follow those big heavy hitters. And right now, of course, I'd followed the CDC for sure. And I would follow HHS because then you're going to get, you know, a lot of that big information around this particular incident.

Ann: And I think we've – I hope that we have allayed a lot of fears and I think we've covered some important points. I think there are some individual fiscal questions that I would want to direct folks to, you know, their – again, their Regional Office. And – and again, funnel all their questions to the Regional Offices. And as we look at those questions with our colleagues, you know, we'll then sort through, is it helpful to have this kind of a discussion, you know, with folks on the phone. We want to keep in communication in ways that are helpful to you.

And I think, Alana, this one will be... It's recorded. Is this recorded or not?

Alana: It's recorded. We're not sure how...

Ann: It's recorded. We're not quite sure if it's going to be available and not. OK. OK. So, but we'll – we'll let you know if it is, because I think people have a lot of interest in other people being able to listen in. But this is not the only communication we're going to have.

Colleen: I think that's right. I think this is also really helpful for us to kind of get the questions, to hear what people are needing, and to figure out ways – best ways, multiple ways we can communicate them.

And one thing I've seen as a question coming up, people want – only want to make sure they really understand what's going on with monitoring. So – so to make sure they – they understand that. And so, Debbie or Ann, jump in, but I think what we can firmly say is that any on-site reviews, CLASS® or a focus area two, that were set to occur in March have been postponed. We have not yet made any official determination about April reviews, though we understand – you know, we'll be doing that quickly.

We understand to the degree that programs are closed, obviously they can't come in. We are checking daily and hourly the CDC recommendations to be able to make those decisions, and we'll be communicating those as soon as we have them. So for on-site reviews, there's not yet a decision about April and May, but we will be communicating that as quick – as soon as we know. FA1 reviews, as Ann said, so those are the off-site reviews where they're mostly telephone. We're expecting those to go on as scheduled. So, that is something we expect folks to be able to do. And some people have asked about...

Ann: I forgot one really important thing.

Colleen: Yes.

Ann: Or did I say it, around DRS negotiations? Did I say it?

Dr. Bergeron: No.

Ann: Oh, this is... I'm sorry to interrupt, because Shauna will absolutely annihilate me if I don't talk about that. As you know, we do our designation renewal when it comes to competitions every year. This is the time of year when our regional staff begin to reach out, to talk to the successful applicants to begin negotiations. This is a situation where grantee staff must be available. We cannot do – we cannot... We have to avoid any delays in getting these grants done timely. I mean, this is so important. We have to avoid any backups and so that – that just made me think about it. So, yeah.

Colleen: Yeah. I think that just speaks – I think that is absolutely in connection with the ideas of the things that we can't give flexibilities on around the connect – the things that are connected to the funding; that we really need to make sure that we don't do anything to jeopardize our ability to get that funding out to grantees.

Similarly, people asked about what if they're in the corrective action plan for monitoring findings. You know, it's – again, it's going to depend on what the corrections are. Are they things that you need to be doing in-person trainings on or things in your – actually in your facilities? You may not be able to do those. Are there other things that may be able to continue to go on?

Ann: If there are separate issues, then, you know...

Colleen: Yep. Things that are more administrative that you're able to do? We actually expect people to continue to be operating to the degree that they can and making progress in areas that they can.

There's some, like the DRS negotiations or the funding, that we have no flexibility on, and we really want people to use their best judgment. Like, I think the way Debbie started this...

Dr. Bergeron: Yeah, it's like common sense. Right?

Colleen: It's hard. I mean, we're all learning as we're going, and it's not going to be perfect.

Dr. Bergeron: I was just reading online about state testing for K-12. I mean, those – that's kind of like our monitoring. Those schools are held accountable. But states are going to have to make these decisions depending on how long this pushes out. It's whether that's a reasonable thing to do. So we're going to have to make the same kind of decision, and we will do that based on all the information we have and the notion that it is absolutely not our goal to set you up for failure. So, just keep that in mind. We're here to support and—both you, the families, the children—and to make sure we continue to provide excellent service.

Ann: And, Debbie, we work pretty quickly. This will be posted early next week.

Dr. Bergeron: Oh, good. But you can say you saw it first.

Ann: Yeah, exactly. [Laughter]

Dr. Bergeron: No. I appreciate everybody showing up. I hope this was helpful. I can guarantee I didn't answer everybody's – all of your questions. I'm sure there are other ones lingering out there, but please contact your regional folks with those questions. Or maybe go back and check out the vlog and the – and the written information we've given you. I really feel like all the answers are there. If you keep in mind, reasonable. Reasonable. We're just looking for reasonability. But if you need more – more guidance, your Regional Office will be able to do that. That's it.

Colleen: So thank you, everyone. Have a great day.

Ann: Keep safe.

Dr. Bergeron: Yes!