

New Standards for Vaccination and Masking

Glenna Davis: It is now my pleasure to turn the floor over to Dr. Bernadine Futrell. Dr. Futrell, the floor is yours.

Dr. Bernadine Futrell: Thank you, Glenna. Good afternoon, Head Start. Hello, everyone, and thank you so much for being with us today to hear an update regarding our Performance Standards. I am grateful for all that you have done, all that you continue to do as we continue to move towards providing our Head Start services for children and families across our nation.

I'm Dr. Futrell. I'm the director of the Office of Head Start. I'm also a Head Start baby, and I'm thankful for the work that you do, and I know personally that my life has been impacted – saved rather – because of the Head Start program. And I know that there's so many children and families – millions – who are – who have that same story because of the work that you do. And I thank you so much for that. Today, we're here to talk about the new Performance Standards regarding masking and vaccination for Head Start community. This is such an important step to really building us back towards our in-person services in a way that does what we always want to do first, and that's prioritizing the health and safety of our children and families and our Head Start workforce

I know that over the past two years at this point, we have been navigating and continue to try to understand a storm that we are in the middle of. And I thank you to the Head Start community, for your leadership. I also know that with this announcement, with this information, where we've been has taken a toll on our Head Start community. And I know that there's anxiety and concerns and thoughts as we even approach the new year as this pandemic continues to reveal itself as we learn more and more about it. But one thing I want you to remember that's in my heart of hearts, and I know you all share it, is that the Head Start program – all of you – continue to lead, and we have a long history of partnering with children and families in times just like this – in moments like this, where there's uncertainty. There's anxiety there, the stress, trauma, adversity. And Head Start always shows up and always leads the way in these challenging times.

And I know now as we're in the middle of it, I want Head Start to take pride in knowing that we've been doing it, and we'll continue to do it. But for a Head Start program – for all of you who've shown resilience, commitment to this work, I know now's the time that we get to come together and build towards getting back to our in-person services. But it's also a time for us to come together as a united Head Start community. You all have shown so much strength since the onset of the pandemic, and your resiliency, your flexibility, your dedication to our commitment has not changed. We've learned a lot. We have so much to grow from these experiences, and we also have so much opportunity in front of us. I want us to build on those strengths as we continue to do all that we can to prioritize the health and safety of our children and our families, our community, and then also knowing that if we do this, we do it together.

We know that it's been challenging, but OHS is here. We're here to help. We're here to partner with you, and we will continue to do that. As I shared in my email to all of you, we are going to continue to share what we can when we can, as the details of this rule continues to come out, as well as provide additional support in the weeks and months ahead as we join together to move forward in implementing these new requirements.

Today, I have with me, Kate Foy, who's going to walk through the rule that was published today, and also, we're going to share some answers to some of the frequently asked questions that we've been getting from you and from others in a Head Start community around what this IFR – this interim final rule with comment – means for the Head Start community, how to implement it, and other questions that may come. I encourage you, as you listen in, if you have questions, thoughts, or comments, to put it in the chat so that we can take it and use it as we continue to update and refine our communications back to you.

With that, I want to welcome you and say thank you once again for all that you do every single day. And especially today, as we continue to navigate this pandemic that we continue to learn more and more about. I thank you for prioritizing children and families and prioritizing yourself, your colleagues in this work. With that, I'm going to welcome Kate Troy, who's going to walk through both requirements, as well as some of the specific language in this interim final rule. And then after that, we're going to go through some of the questions that we've been hearing. Thank you. Kate?

Kate Troy: Sure. Thank you, Dr. Futrell. Hello, everyone. It's a pleasure to be with you this afternoon or late morning for some of you. We're going to bring up a PowerPoint slides deck to walk through with you all to share with you the information in the interim final rule with comment. This is a vaccine and mask requirement to mitigate the spread of COVID-19 and Head Start programs. I'm going to begin. Next slide, please.

Just as some foundational information – Head Start has nearly 280,000 staff and contractors. Office of Head Start has the responsibility to establish program requirements for Head Start programs that you all know as the Head Start Program Performance Standards. This interim final rule with comment period, which I'll be referring to or you'll hear referred to as the IFC, is really the implementation of the Biden administration's COVID-19 action plan, which they announced back in September on September 9th. And you can learn more about it on the website. It's called “Path Out of the Pandemic” and has quite a bit of information about the requirements for other federally-funded schools and programs, and Head Start is really one part of that broader path out of the pandemic. Next slide, please.

OHS is releasing – tomorrow, it will become public in the Federal Register – new Program Performance Standards from masking and COVID-19 vaccination for grant recipient staff. Today at the link you see here – it is actually available. It is unpublished, but available for viewing – and then it will be published tomorrow on November 30th, 2021. And again, it's called an “interim final rule with comment.” Next slide, please.

I want to begin by talking about the mask requirement. What I just mentioned, there is a mask requirement and there's a vaccine requirement. These slides here to show you exactly where in the Head Start Program Performance Standards these new requirements will appear. The mask requirement is in 1302.47 under safety practices. And I'm not going to read it here because we'll get to all the details in subsequent slides. But I just want to share with you that it's a new little six here that goes through the requirement for masking, who it applies to, what the exceptions are around when people do not need to be masked. This is how it appears in the Program Performance Standards. Next slide, please.

What does it require? What is the masking requirement? It requires universal masking for all individuals 2 years of age and older, with some exceptions, which we'll get to. It applies to all individuals of Head Start programs 2 years of age and older when there are two or more individuals on a vehicle owned, leased, or arranged by the Head Start program; when they are indoors in a setting when Head Start services are provided. And for those not fully vaccinated, they are outdoors in a crowded setting or during activities that involve sustained close contact with other people. This is when individuals in Head Start programs are required to be masked. Next slide, please. Let's talk about the exceptions.

There are exceptions for individuals who cannot wear a mask or cannot safely wear masks because of a disability, as defined by the Americans with Disabilities Act. Children when they are napping, children and adults when they are eating or drinking, and children with special health care needs, for whom the program should follow the advice of the child health care provider regarding the best type of face covering. Next slide, please.

The mask requirement is effective immediately upon publication of the rule. I know I mentioned that it is on display today with the Federal Register, but it will be effective and publicly available tomorrow on the 30th. And that is the effective date of the rule and that is the effective date for the mask requirement. Next slide, please.

Let's shift to the vaccine requirement. This is the part of the rule that was discussed more during the Biden administration's announcement on September 9th, and I know that people have been anticipating the rule making that happened through this rule to make this a requirement. In the context of the Performance Standards, it becomes part of 1302.93, Staff Health and Wellness. And this is the part of the Performance Standards that talk about the programs really must ensure that staff don't, because of communicable diseases, pose a significant risk to the health or safety of others in the program. The vaccine requirement – it appears in two places in the Performance Standards. The first is 1302.93 and applies to staff. Again, I won't read it all, but this is where it applies. This is where it appears. It's it talks about who it applies to, what the exemptions are, and what happens with those who receive an exemption. Next slide.

The similar language appears again in 1302.94 with respect to volunteers. This is largely the same exact language, but it just appears in two places in the Performance Standards because that's the structure of our standards. Our standards have some requirements for staff, and then they have requirements for volunteers. That's why it appears where it does. Next slide, and let's

go into more details about what the requirement is. The requirement is that all staff, certain contractors whose activities involve contact with or providing direct services to children and families and volunteers in classrooms are working directly with children, are vaccinated by January 31st. Next slide.

What do we mean by “all staff”? When we say, “all staff,” who exactly is included? The definition of staff is in 1305.2 of the Head Start Program Performance Standards and is defined as “paid to adults who have responsibilities related to children in their families who are enrolled in programs.” Consistent with this definition, “all staff” in this FR refers to all staff who work with enrolled Head Start children and families in any capacity, regardless of funding source. And when we talk about Head Start, we're including Head Start, Early Head Start, and Early Head Start Child Care Partnerships. Next slide, please.

Some other details about the vaccine requirement. There are exemptions. Exemptions may be granted for those with medical conditions as documented by a medical provider or those with sincerely held religious beliefs. And this is a term that's used in other federal vaccine requirements. The Center for Medicaid and Medicare Services has a federal requirement for the vaccine for its staff. There's also the OSHA rule. This language is similar across those federal vaccine requirements.

Those who are granted an exemption for one of the reasons listed above are required to undergo regular testing. And when we talk about regular testing, we mean at least weekly, which is specified in the regulatory language – the language in the standard – at least weekly, and it is for current COVID-19 infection. And the reason is that's differentiating between some tests that are taken to see if you have antibodies and if you've been exposed to COVID previously. But this testing is really referring to testing for current COVID-19 infection to see if you are – if you have COVID at the time of the test.

Aside from those who are granted exemptions, which we will talk about a little bit more in detail, aside from those who are granted exemptions for one of the reasons above, there is no testing option as an alternative to the vaccine requirement. Next slide, please. When we talk about the exemptions and the process for determining exemptions, it is the responsibility of the Head Start program to establish a process for reviewing and granting the exemptions. And the other piece related to that is it's also the responsibility of programs to develop and implement a written COVID-19 testing protocol for those granting vaccine exemptions. Programs should be consulting with their Health Service Advisory Committee, local public health officials, along with recommendations from their agency's legal counsel and human resources department in the development of this COVID-19 testing protocol. Next slide.

Let's talk a bit more about what we mean by fully vaccinated. Consistent with CDC definition, people are considered fully vaccinated two weeks after their second dose in a two dose series, such as Pfizer or Moderna, or two weeks after a single dose vaccine, such as Johnson and Johnson. It's really that – those additional 14 days, those additional two weeks are what's included in what makes people fully vaccinated. There's a time period at which your body is developing immunity in response to the vaccine and to be fully vaccinated includes that full two

weeks post vaccine. But what I want to be clear about is the compliance date for the vaccine requirement is January 31, 2022. But what this is referring to is simply having the second shot in a two-dose series or the first dose in a single dose. This means that by January 31, 2022, staff, certain contractors, and volunteers have had their second dose of Pfizer or Moderna or the Johnson & Johnson vaccine by January 31st. That two-week period would come after the compliance date for this rule. Again, if you have not completed the 14-day waiting period required for full vaccination, you have still met the requirement if you just have that shot. This tiny flexibility really just applies to the initial implementation of this IFC and does not have any bearing on the ongoing compliance. Next slide, please.

Consistent with OHS guidance that we issued in May, that program should be working towards full enrollment and in-person services contingent upon local health conditions by January 2022. This vaccine requirement is very much intended to dovetail with that timeline so that when children and families are – when programs are fully in-person, that we are creating a safe environment as we possibly can for staff, children, and families. We all know that getting vaccinated takes time. I just want these dates to be out for folks to understand what the timeline is for the vaccine and whatever for compliance by January 31st. Really, it means that your first dose of Moderna would be January 3rd. Your first dose for the Pfizer vaccine would need to be by January 10th, and then the second dose for both would be by January 31st, as well as your first and only dose of the Johnson & Johnson would need to be by January 31st. I think it just, knowing that it takes time each, you know, the different vaccines have a series of days built in between your first and second for a two-part series. It's just, I think, helpful to have that vaccine timeline in mind. Next slide, please.

I'm really hoping that that you all have an opportunity to read the full interim final rule with comment period. It really lays out the justification for why the Office of Head Start is doing this rule, and it's really about ensuring that all staff and Head Start settings receive COVID-19 vaccinations to really be protecting children and families. It's to really surround children with vaccinated adults and really reduce the transmission of COVID-19 from staff to children and families. We think – we feel strongly and know that this will result in fewer closures at Head Start programs, reduced transmission would support fewer closures, which really, as you all know so well, create instability and stress for children and families. And it really disrupts their opportunities for sustained learning and socialization, nutrition, and continuity and routine. And it also really supports the Administration for Children and Families priority of sustained in-person early care and education that is safe for children with all of its known benefits to children and families, which you all know – you really see firsthand in the work that you do every day. Next slide, please.

Really wanting to make sure that we are keeping everyone apprised of the resources available. There is a series that we've made available through ECLKC through a series of e-blasts, which really talk about voices from the field about experiencing vaccinating Head Start staff. Programs that have a vaccine requirement in place and have really learned from their experiences about establishing an exemption process or really strategies that worked well for them to reach staff and to make really important partnerships. We want to make sure that folks can tune in to that

“Vaccinating Head Start Staff: Voices from the Field.” There's also a number of other resources that are noted here that are strategies for talking with staff and increasing vaccine confidence, information in the MyPeers community, and lots of other resources to come, which I'll touch on briefly now as well. Next slide, please.

There's also a lot of other resources to consider. Because there are other federal vaccine requirements that are in place, there's just a wealth of information that I think would be really beneficial for Head Start programs. Everything from, you know, building confidence, best practices. There's a lot of resources out about supporting programs in developing a vaccine requirement, establishing exemption processes. There is information from OSHA. There's also a resource from the equal opportunity – EEOC, which is what programs should know about COVID-19 in the ADA, the Rehabilitation Act, and other EEO laws. I think all of these are going to be really helpful since a lot of programs throughout that receive federal funding are in a similar place of establishing policies and procedures. Next slide, please.

Now we are going to shift to a number of FAQs that we have that really are tailored to address key issues and key questions that have come into us over time. I just want to say that I know it has been a really challenging time to have an announcement come forward from the President from the Administration and then a time period by which we need to move through the rulemaking process. And I know during that time, it was very difficult for programs to have a lot of questions and need to wait for the rule to come out. We really appreciate all that you have – just the waiting period that you've been through, and you've done a really wonderful job of elevating questions that are important to you, and we have collected all of them. We are zeroing in on a number of them that we think are shared among the broader group. And we'll do our best to get through these today and then continue to put them in the questions so that we know what's most important to you. And Dr. Futrell is going to help us as we go through these FAQs. Next slide, please.

Dr. Futrell: Thank you, Kate, and again, thank you, everybody. As Kate has shared, we know that you are handling a lot of things right now. And we thank you for your, again, your commitment, your persistence and just the connection that we all have towards supporting our Head Start children and families, especially during these times and also our Head Start workforce, knowing the challenges that we're navigating. Again, this is an opportunity to really move forward and to build together as we roll out the vaccine and the masking for Head Start to really prioritize health and safety as we come back into our programs. But I also know that this has created a lot of questions and even concerns within the Head Start community.

What we're going to try to do is answer some of the questions that we've been hearing, and we kind of prepare them in advance from things that you guys have been sending. We want to encourage you to continue to share via the Q&A here today, as well as sharing via the official comment process on the whole. We're going to go through these FAQs. Kate, if I could, I do want to just address one that I see a lot of people asking about ... We are hearing that you want to have access to download the PowerPoint, as well as this recording as soon as possible. We

will issue these slides as well as the recording to everyone and make it available for you to download it on the ECLKC website.

Do want to put that answer out there first to get started. And then now let's kind of talk about some of the more – some of the other questions that we've been hearing a lot about. And again, please share additional ones that we'll take, and I'll be able to improve and use in our communication efforts around the rollout of the IFR. With that, Kate, the first question we have is, could you answer how will this new requirement be monitored?

Kate: Sure thing. I know that there are a lot of questions about monitoring, and we have some information now, and we will also be following up with additional information. We're working through more specific questions that we anticipate you will have. For now, I will say that OHS will monitor this requirement in the same way it monitors other health and safety requirements included in the Performance Standards. Programs really need to have a way to document vaccination status, including exemptions granted. If there's an exemption granted, that would need to be documented, and the records would need to be available for purposes of monitoring. Big picture, I think the answer is that we will do it in the same way that we've been doing other health and safety requirements. But like I said, we will follow up with more questions because we know that there are more specifics around this topic, which we certainly appreciate, and we'll absolutely follow up with more details.

Dr. Futrell: Thank you. The next question is, when does this take effect?

Kate: Sure. I know we touched on this briefly, but I think we get this question a lot, and just want to make sure. The rule itself, the interim final rule with comment period is effective as of tomorrow. Tomorrow, November 30th, 2021, is when the rule is published and effective. That's what it means to have this emergency regulation, is that it is effective immediately upon publication. That date – and we'll get into this in the next slides – but that date, the compliance date is a little bit different for vaccines and masking, but the regulation itself is effective tomorrow. Next slide, please.

Dr. Futrell: Thanks, Kate, and walking right into the next one. The timeline for both the masks – to comply with the mask requirement, as well as the vaccine requirement.

Kate: Sure. I know we talked about this as well briefly, but I think it just bears repeating – is that, again, the rule is effective tomorrow, and the mask requirement is effective tomorrow as well. The mask requirement is effective upon the publication of the rule. The compliance date for the vaccine requirement is what is the end of January. Even though the rule is effective, the vaccination date is January 31, 2022. I know we talked about this briefly, but again, our compliance date does not include that two weeks that's required for one to be fully vaccinated. What we are asking of staff is just to make sure you either have your second shot in a two-dose series or the one shot for J&J by January 31st. And that timing flexibility is just for initial compliance. And we know then that the two weeks that's required for full vaccination will come after January 31st for those that wait till that date to be vaccinated. Next slide, please.

Dr. Futrell: Thanks, Kate, and this – I see a lot of this question in the chat, so I'm glad we can talk about this one. Can you share who is included in the vaccine requirement mandate?

Kate: Sure, I know this is a common question. I'm just going to go back again to the definition of staff from the Performance Standards. It's really paid adults who have responsibilities related to children and families who are enrolled in programs. For the IFC, what we mean by “all staff” is all staff who work with enrolled Head Start children and families in any capacity, regardless of funding source. And we mean that for Head Start, Early Head Start, and Early Head Start Child Care Partnerships. We get a lot of questions that are, you know, does the executive director or what about somebody who kind of works behind the scenes administratively and doesn't have contact with children? And what we really mean by all staff is all of those people. No matter what your role is in the Head Start program, the expectation is that you would meet the vaccine requirement.

The contracting piece is a little bit different, and for contractors, we are asking for contractors who do work directly with children and families to meet the vaccine requirement, knowing that programs might have, you know, for example, a contracted cleaning staff that comes overnight and literally has no contact with children or others who come periodically for maintenance or things like that. That is the reason for the distinction is that for staff that are onsite every day with children, no matter what your role is, that you are vaccinated to really, again, surround children with vaccinated adults.

And it's also the same for volunteers. Like I mentioned, that this is a requirement that's added to 1302.93 for staff and 1302.94 for volunteers. The expectation is that volunteers also meet that vaccine requirement and are also allowed to have the same exemptions that are in place for staff. Again, this really means outside service providers. It means transportation staff, and then contractors who are in the classroom working directly with children and families are also apart of requirement, as our volunteers who are working in the classroom directly with children. I hope that was clarified. Next slide, please.

Dr. Futrell: Thanks, and I do want to point out that these questions we're reviewing are the ones we've been receiving since the first announcement in September. Any new questions that you put in the chat we're going to use to kind of update this slide and continue to share information, so we encourage you to continue to the most questions. But some we may not get to, but I see some of them that we will be getting to today. Kate, next question. What if staff are still working virtually or remotely due to a high incidence of COVID-19?

Kate: Yes, thank you for that question. This is an important question. Program staff need to comply with a vaccine requirement by January 30th. Even if staff are working remotely or virtually right now, there really is the expectation that they comply with the vaccine requirement by January 31st. And I know we have talked about flexibility to deliver virtual or remote services during the ramp-up period. But since virtual and remote is not a long-term program option, we really want to make sure that staff are fully vaccinated and are getting that – are meeting that vaccine requirement by the 31st. Next slide, please.

Dr. Futrell: OK, Kate, this question, we get a lot, but I want to kind of have you expand a little bit around why this rule is being issued as an interim final rule with comment period without going through the notice and comment rulemaking?

Kate: Sure. I'm happy to describe this a little bit more. I know that commonly the Office of Head Start releases what we refer to as a "Notice for Proposed Rulemaking." An NPRM is like what we did with the Performance Standards when there was a revision of the Performance Standards. We release an NPRM, and then we ask for comment for a certain amount of time. And then we gather all those comments, and we really analyze them, and we use them to shape and tweak the policies. And then we issue the final rule after that period. I know that that's a process that is much more familiar to all of us. What is different about this interim final rule with comment period is it's really an emergency regulation, and it's used in instances where it's really urgent to respond.

Ensuring safety and protection from COVID-19 is really our utmost priority. And given the rapidly evolving public health emergency, the real surge with Delta over the summer and into the fall, and the unpredictability of the pandemic that we all continue to experience, OHS really found good cause and worked in collaboration with our legal counsel to issue an emergency regulation. And that's what is referred to as this interim final rule with comment. It allows agencies like OHS to take immediate action to protect the health and safety of children and families that we really deem so important that we waive that initial comment period, and we make it effective immediately. What this still does is it still allows for a comment period. Your views are valued, and we want to hear them. And there is an opportunity for you to provide comment. The difference is just that the rule is in effect immediately, and then we have the opportunity following the comment period to make changes if we see fit. We can leave it intact entirely, or we can make changes with feedback.

We wanted to make sure people kind of understand that difference and why it came out as an interim final rule this time. Next slide, please.

Dr. Futrell: Thank, Kate. This next question, right, connected to that around, "Will my feedback be considered?" And you just kind of share, but if you want to share exactly the timeline for getting that feedback in.

Kate: Absolutely, just to give more detail. It's a 30-day comment period, so you have the opportunity to submit formal comments. The interim final rule with comment actually has, as in the past, it has instructions about where to submit those comments, how to do that. They must be in by December 30th, 2021. And at that point, ACF will consider and respond to comments if we decide to issue kind of a subsequent – what we call a final – final rule. If we go that route, that would be issued after the closing and some months later – I'm sure some period later after we've had a chance to read and analyze and take all those comments into consideration. Next slide, please.

Dr. Futrell: OK, this question actually just came through the chat as well. Can you talk through the process for staff to seek a religious exemption?

Kate: Sure. As we have noted, it's the responsibility of the program to establish their own process to permit staff to request a religious exemption from the COVID-19 vaccine – the vaccination requirements. And OHS requires programs to ensure that requests for religious exemptions are documented and evaluated in accordance with applicable federal law and as a part of a program's policies and procedures. These really need to be built into the policies and procedures. And we actually, you know, we will be sharing resources with programs about how other grantees have navigated the exemption process, just to lift up examples for folks in this period of developing those. And there are also really a wealth of resources anyway pointed to that can support programs in doing this. Next slide, please.

Dr. Futrell: Next question, how will programs determine if an individual's request for a religious exemption is valid?

Kate: Sure. OHS is really encouraging programs to review the Equal Employment Opportunity Commission's Compliance Manual on Religious Discrimination. It has quite a bit of information on religious exemptions, and I think is a really good resource to start with in addressing this question and giving programs the tools and information they need for this question.

Dr. Futrell: Thank you. But to put a finer point of the program, managing that and taking in those religious requests for religious exemptions and then making those decisions at the local level.

Kate: That's right.

Dr. Futrell: Next slide. Similarly, let's talk about the medical exemption, I know there's a difference here from the religious. Kate, what is the process for staff to seek a medical exemption?

Kate: Sure. Similar to religious exemptions, again, it's the program's responsibility to establish their own process that permit staff and certain contractors and volunteers to request a medical exemption. I think what's different about this – and again, both of them would need to be documented, so the program's decision about both would need to be documented – what's a little different about the medical exemption is that programs that ensure that all documentation confirming a recognized clinical contraindication to COVID-19 or a medical need for delay for certain staff, contractors – or for staff, certain contractors, and volunteers are signed and dated by a licensed practitioner. This means that it's not the individual requesting the exemption. It's really a licensed medical provider who is practicing within their respective scope of practice based on applicable state and local laws.

Dr. Futrell: Thank you. And with that question that kind of alluded to, what happens if a state law prohibit vaccine mandates, and how can a test expect the program to follow its requirements if the state prevents them from implementing this rule?

Kate: This is a great question. I know it's so real for many of you who are in states where the state has prohibited discrimination in hiring based on vaccination status. So many of you are

confronting this on a daily basis. Really, under the supremacy clause of the U.S. Constitution, this regulation preempts any state law to the contrary. The fact that the Head Start program is a federal to local program, we have the authority to add to our Performance Standards in a way that supports the safety of children and families. We are able to do that, and that federal requirement supersedes what's happening at the state level.

Dr. Futrell: Thank you. And what about the OSHA injunction? What does it mean for this rule?

Kate: And this is another ... I know we've gotten this question frequently, and I know a lot of folks are trying to navigate, particularly those programs that are, you know, more than 100 employees and for whom they are navigating the specifics of the OSHA requirement, as well as the Head Start requirement. And really, this is playing out in the court system, and we will see how it evolves. But I think the most important thing right now is that it does not affect the Head Start rule. The Head Start rule goes into effect tomorrow and remains independent of the decision on OSHA.

Dr. Futrell: Thank you. Now, I know this one is top of mind for all of us as we have experienced workforce challenges before the pandemic. The pandemic is here and is expanding it even more, and we at OHS are committed to partnering with programs to really identify how to provide support here. But we do know that this will have an impact on the workforce. Kate, can you talk specifically to this question? But I do want to just share with the Head Start community. We are working on additional TA and support and other – understanding all of the options that we have to really support you when it comes to workforce and as well as kind of moving back towards in-person in January.

I wanted to pause and say that here, but I know this is specifically related to the vaccine requirement. With that, Kate, can you speak to what we've considered in terms of the impact of the vaccination requirement on the Head Start workforce?

Kate: Sure. Thanks for those remarks, Dr. Futrell. I just only add a tidbit that we know this is very real and it's challenging, and we know that the staff vaccination requirement may result in the loss of some staff because they will not get the COVID-19 vaccine. And that said, we just really strongly believe that vaccination is such an important requirement that really prioritizes the health and safety of staff, children, and families, and again, really surrounds children with vaccinated adults and creates an environment as safe as we can. And it's really our responsibility as the Office of Head Start to create as safe as an environment as we can for children and families in our care across the country. That's really kind of what it comes down to.

And programs are encouraged to assess staff vaccination levels and to plan for vacancies as soon as possible. And I know many programs have done that, and we've learned of efforts programs are engaged in to survey their staff or just really check in with people through conversations to really understand where they are with the vaccine timeline. We know that – we understand that's just an important part of program planning. And program funds, including the American Rescue Plan Supplemental Funding, can be used as needed to recruit and retain staff, and it can also be used for paid leave to make sure that staff, when they go for their

vaccination, that they have leave and that they can also have time to recover from any side effects. Just want to make sure, again, that that's at the forefront of people's minds to really consider how they can use those ARP funds to support these efforts. Next Slide, please.

Dr. Futrell: Thank you. Thank you, Kate, and again, thank you all so much for being here today. Kate, I'm wondering – I know we're at the end of our FAQ – but could we go back to the timeline? I thought a lot of questions around timeline for compliance. The rule is in effect on tomorrow when it's published. But can we go back to the slide around like actual vaccine timeline, if you could talk through that?

Kate: Sure, absolutely. Yes. I think ... I know many are vaccinated now, and many are fully vaccinated now, so I know this time frame doesn't apply if you already have your vaccine or if you're, you know, on track to have it before January. But if not, this timeline really specifies when you would have to get that first dose in order to be compliant by January 31st. If you're getting the Moderna series, you would have to get your first shot by January 31st in order to make the January 31st deadline. I think just because the time period they require between your first dose and your second dose, you would need to start on January 3rd.

If you're getting the first dose – if you're getting the Pfizer vaccine, you would need to get your first dose on January 10th. And a second dose for both of those, the vaccine and Moderna – the Pfizer and Moderna, you would need to have your second, of course, on January 31st. And then if you're having only one, the Johnson & Johnson, the one that's a single series – the single shot series, you would just need to make sure you have your shot on or before the 31st to be compliant with that date.

Dr. Futrell: Thank you, Kate, and then could I also ask if we could go back to the slide on masking? I see a few comments asking for that. Thank You.

Thank you. Kate, can you walk through that?

Kate: The exceptions?

Dr. Futrell: The mask requirement, so yeah.

Kate: Oh, sure. OK.

Dr. Futrell: This slide right here. Thank you.

Kate: Yes. OK. The mask requirement is effective with publication of the rule, so that means beginning tomorrow, when it's effective, there is a universal masking for all individuals ages 2 years and older. It really applies to all individuals in Head Start programs, 2 years of age and older. And it really applies to when there are two or more people on a vehicle that's owned, leased, or arranged by the Head Start program; if they are indoors in a setting when Head Start services are provided. The reason it's worded that way is to really capture, you know, the various settings where Head Start services are provided. If it's in a home-based program or in

child care, if it's in a center-based option, all of those are a setting where Head Start services are provided, so folks would need to be masked.

As well as for those not fully vaccinated, when they are outdoors in a crowded setting or during activities that involve sustained close contact with other people. And you will see that in the rule, we do note that just the nature of this work, just because of health and safety and providing supervision for children really does require periods of sustained close contact with other people. It's just something to keep in mind outdoors that we really envision that the vast majority of time spent outdoors if you're unvaccinated would be masked, just given the nature of the work.

Dr. Futrell: Thank you. Thank you, Kate. And I'm seeing other questions come in, and again, we're going to use these to update and share this additional information. The recording from today will be made available as well as the PowerPoint – the PDF download of the PowerPoint, we'll make that available as well. I thank you all so much for coming today. I do want to speak to ... I just saw like a few questions around following up on the supporting for the Head Start workforce, supporting for staff and a lot of questions. Kate mentioned a quite a lot really, of our Head Start workforce was already vaccinated, I think, in September.

For those staff who are already vaccinated, just want to remind for some of you who are asking questions like, "How do you support that?" You can also use your ARP funds to really incentivize and support and retain staff, not just around supporting those to get the vaccine. We do want you to do that with the funding, but you can also continue to support the workforce in those other ways. And the Office of Head Start issued an IM at the end of last month highlighting the ways to support the Head Start workforce with those ARP funds. We would encourage you to see that, and we'll put a link to that and the follow up email to this as well, because I did see quite a few comments come around supporting staff.

Kate, thank you so much for walking through this. We recognize it's a lot of information. This is one of many conversations that the Office of Head Start will have, as well as resources to share the details and how to implement this IFC as we move forward in getting back to in-person services and supporting our Head Start program. I thank you again because I know this road we're on is one that continues to go long and turn and do all kinds of things. But I truly believe that together, we are really making significant impacts in the lives of children and families across the country, so many that we can't do without all of you – without your heart, your commitment to be a part of the Head Start community, to be a part of the Head Start family.

As a child who benefited greatly from Head Start, as a former assistant teacher in Head Start and a former staff member at the National Association, now director of OHS, I thank you all so much for your commitment. It's not lost on me. The hours, the time, and all the things that comes with a great journey of being a part of moving Head Start forward. Thank you all so much. We will continue to share updates as we get them, and we will be able to give you the PowerPoint and the slides and the recording as soon as it is possible. And then we also wanted to share we know a lot of people may try to get in, but couldn't get in. This recording will be made available for them as well. Thank you so much, Head Start.