

Part 2: Universal Masking and COVID-19 Vaccine Requirement FAQs

Glenna Davis: Hello everyone, and welcome to Part 2: Universal Masking and COVID-19 Vaccine Requirement FAQs. 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 so much, Glenna. Good afternoon, Head Start. I am Dr. Futrell, the director of OHS. And I am really honored to be doing this work with each and every one of you, who continue to put our children, families, and our Head Start communities on a path towards recovering as we move forward out of the COVID-19 pandemic and navigating what's in front of us as we continue. I want to thank you all so much. And really, before we start today's webinar, I'd like to pause and take a moment just to acknowledge, celebrate, and honor all of you on the line and all of those that you represent on this line today for your sacrifice, your commitment, your work, your dedication – all the things that are not even seen when it comes to leading and working in Head Start programs across our nation in the midst of this global health pandemic. I thank you very much for your work, your commitment, and your partnership.

As we open up today's webinar with that recognition of where we are in this place, I also want to acknowledge that for some programs and for some of you on this line, that implementing this Interim Final Rule regarding the COVID-19 vaccine and masking requirement for Head Start programs has been a challenge. It's been challenging to implement for many reasons, and it has caused some anxiety. And we are hoping through this webinar and other resources, that we can help navigate and provide the tools for you to navigate as we move forward regarding this IFC. As a team, the Office of Head Start, we recognize fully the importance of every individual in our Head Start workforce, and the critical role of you, our program staff, and our partners in the implementation of the IFC and the delivery of high-quality, comprehensive, family-centered services – child and family-centered services for our enrolled children and families.

All staff across the Head Start workforce, you have a tremendous responsibility of performing a job that creates the future and supports young children through early learning, health, mental health, and family well-being. With the added layer of this pandemic and the unknowns and the uncertainties that we continue to discover, we know that this job has become much harder. And we commend you for your dedication and your service to keeping the children and families in your care safe. We also know that there are many states and localities in this moment that are changing or lifting their masking requirements. For now, the CDC guidance on masking remains the same, and that's what is in the IFC, and OHS will continue to share in our resources to support programs during this time.

Additionally, we want to let you know that we have been working to support vaccine efforts as the vaccine is made available for kids under 5. We're hopeful with layered mitigation and multiple people being eligible to be vaccinated that we can soon move forward from where we are. Since the last IFC FAQ webinar, OHS has received many questions and feedback on the types of things that you want clarity on. Today's conversation, we're hopeful to lift up and respond to some of the things that we're hearing. For example, we continue to receive

questions about who is covered in the IFC. We also know that our programs are interested in the monitoring component of this. And we've heard from our regions that have shared examples about disruptions in services from partners and providers that do not have masking and vaccine requirements in some of our non and joined states.

With this in mind, today's webinar seeks to speak to some of those items and more. And because today is the first time that we've been together to talk about an FAQ since the January 31st compliance date, we expect to offer additional FAQs by some of the comments or questions that you may lift up in today's webinar for us to consider providing comments on.

To get us started with today's webinar, I am pleased to welcome Kate Troy, who will walk through with our team some of the FAQs and responses for the interim final rule. Thank you. Kate?

Kate Troy: Thank you. Good morning, good afternoon, depending upon where you are. I am so pleased to be here today. Thank you, Dr. Futrell, for your opening remarks. I am here today with wonderful colleagues who are going to cover the ground that Dr. Futrell mentioned. And with me today is Shawna Pinckney, our acting deputy director of the Office of Head Start, as well as Adia Brown, our acting division director for Planning, Oversight and Policy.

We are so excited to be sharing this time with you and hope that the information we have can be helpful in understanding questions we've received about the IFC. Let's get started. Shawna, I'm going to direct the opening questions to you. Which states in my region are part of the injunction?

Shawna Pinckney: Thanks, Kate. Good afternoon, everyone. The list of the states that are included in the injunction are shown on the screen. I'm just going to walk folks through them really quickly. They cover quite a large number of our individual ten geographical regions, but we do want to walk through the list of the states with you. The states that are currently included in the injunction are Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wyoming and West Virginia.

Kate: Great, thank you, Shawna. Next question, please. If my state is part of the injunction, can my program still enforce vaccination and masking?

Shawna: We strongly encourage all of our programs to consult with your individual legal counsels, especially if you're in states that currently ban masks or prohibit vaccine status as a condition of employment. Again, consulting your legal counsel is the best way to understand the individual limitations that might exist for your programs or any exceptions that may also exist within each state's laws and policies.

Kate: Great, thank you, Shawna. And this next question is one that we've certainly heard through informal questions and through our formal comment period on the IFC: How does OHS plan to make the vaccination and making requirement a performance standard for some states and not others?

Shawna: It's important to first clarify that our Head Start Program Performance Standards apply to all Head Start programs. That's really important as the foundational framework here. Future developments in the litigation – our current litigation – and the issuance of the final rule will determine if there are any additional changes to the new Head Start Performance Standards, specifically on vaccines and masking that are currently in effect. Now for those states that are not enjoined – the states that are not included in the list that I read out previously – we, the federal government, will continue to implement the Interim Final Rule with Comment Period – the IFC on vaccine and masking.

Kate: Thank you, Shawna. Next question, please. This is also another one we've gotten frequently around masking and children. Are children required to mask 100% of the time in classrooms? How should programs handle situations where kids take off their masks?

Shawna: This is also a really important question as our programs work so hard to navigate through providing services in this period of the pandemic. Most importantly, we should communicate that children should never be disciplined for not wanting to wear their mask. We ask our grantees to treat mask wearing as an emerging and new skill, where you can help children learn how to wear their mask consistently to be healthy and safe by showing them how to wear masks so it fits securely over their mouth, nose, and chin.

Also, help children to find a mask that's comfortable and that they can keep on all of the time. You'll continue to give positive feedback to children for their efforts, where you can try to keep it playful. Additionally, children would not be masked when eating, drinking, or napping – that's really important guidance. And we encourage all of our programs to review this link here that we will include in the slides when posted on face masks in our Head Start programs.

Kate: Great, thank you, Shawna. Next question. We have another question also related to masking and children. Is it OK for children not to wear masks outdoors if close contact can be avoided?

Shawna: Yes. During periods of outdoor play and activity that do not involve close contact, children can be unmasked. And in accordance with the CDC guidance, adults who are not fully vaccinated must wear a mask outdoors in crowded settings or during activities that involve sustained close contact. Some other things for programs to consider is that the CDC defines "close contact" as being less than 6 feet away from other people for more than 15 minutes. You can think about that guideline when you're trying to consider whether the adults in an outdoor setting need to be masked while outside with children.

Also, children younger than 5 are not yet eligible for the COVID-19 vaccine. And even if there are periods of outdoor play where children are unmasked, there would also very likely be periods of sustained close contact that staff would need to engage in to care for and supervise young children. During those times, we would suggest that children be masked.

Kate: Thank you, Shawna. I know we have gotten lots of questions around mask use outdoors. I think those clarifying details are really helpful. Let's shift now. Our next question is focused on testing. We've gotten a lot of questions around what we can do to support programs and accessing testing. Is OHS doing anything to help grant recipients access testing for staff? Additionally, does OHS have a recommendation for providing COVID-19 tests for children?

Shawna: We've been working to inform our programs of a partnership with Operation Expanded Testing. And again, we'll include the link in the slides when they're posted. Operation Expanded Testing is a COVID-19 testing program funded and administered by the CDC. It's a quite large program – a \$650 million program – with a primary objective of supporting safe learning environments for children. The Operation Expanded Testing program supports schools, child care programs, and other congregate settings to access no-cost testing for program recipients. We're quite excited about offering access to this program.

Kate: Thank you, Shawna, for that information. And we have become aware that a number of our Head Start programs are using Operation Expanded Testing, and so that is really great. And hoping that some other programs can become just aware of this opportunity, just of the great opportunity that it is for programs to get free testing, which is such an important part of our mitigation strategies. Let's shift again to the next question, please. This is related to an important question around HIPAA. Does the Health Insurance Portability and Accountability Act, or HIPAA, which it's commonly referred to, the privacy will impact or prevent Head Start programs from asking about vaccination status?

Shawna: Per the Department of Health and Human Services – our federal agency – per the HHS guidance, the Privacy Rule does not prohibit any person from asking whether an individual has received a particular vaccine, and that could include the COVID-19 vaccine. However, we understand, again, that folks have a lot of questions in this area, and we offer this link to go to for more guidance specifically on the HHS HIPAA policy.

Kate: Great, thank you, Shawna. Next question, please. Under the home-based program option, do parents fall under the vaccine requirement when families gather for group socialization? Should programs limit group socializations to only those parents who are fully vaccinated?

Shawna: Another really good question I know we've been receiving a lot of. The IFC currently does not require that parents attending a home-based socialization be vaccinated, although an individual program policy may require it. Again, even though the IFC does not require that parents be vaccinated in cases of a home-based socialization, your individual program policies may require that. It's also important to note that the IFC requires universal masking for all individuals 2 years of age or over when Head Start services are being provided. Making a distinction here between the parents and the children in cases where Head Start services are being provided, that the children should be masked while the services are being provided.

Using multiple layers of mitigation strategies, which we always strongly encourage, in addition to masking, such as physical distancing and ensuring well-ventilated space, remains critically important to protect the health and safety of children and families. Your program should continue to always follow the CDC guidance, monitor your local health conditions, and work with your Health and Services Advisory Committees to inform your program decisions.

Kate: Thank you, Shawna, yes, I think that is important. Even though the IFC does not require vaccination for parents, it's really that universal masking requirement is still in place for all individuals over 2. Both children and adults present at the socialization would be masked. I think those are ... Thank you for walking us through that.

Thank you so much, Shawna. Now we are going to shift to some questions around monitoring, which I know is really of interest to the field. And we've certainly gotten lots of questions about monitoring. Let's go ahead and jump in. Next slide, please. How will OHS monitor – be monitoring the vaccine and masking requirements?

Adia Brown: OK, thanks for the question. How are you doing? You OK?

Kate: Yeah, I'm good. How are you?

Adia: I wish I could ask that of everybody. I think OHS is going to monitor very carefully. We know that folks are really anxious about monitors coming out and monitoring [Inaudible] during the pandemic totally. A lot of anxiety that people are having. But also, with this IFR that just came out, that also just adds a lot of stress for folks. The monitoring teams are all being trained to come out and really work with your programs, monitor you guys, and do it with a lot of respect in partnerships with you as grantees. When folks come on site, they're really going to ask you about documenting your vaccination status. They want to know about your staff. They want to know who has been vaccinated. Who's got an exemption. And programs are really encouraged to document these things, know what's going on in their program, and be able to give that to the viewers.

But also, what's really important is your policies and procedures around this. The reviewers will also ask you about your policies and procedures, how you are implementing these different things in your programs. They really want to talk and hear from you about the best way you've decided to do this in your community.

Kate: Great, thank you, Adia, that's super helpful. Let's go to another question on monitoring. Will programs receive a monitoring finding if children are having difficulty keeping masks in place?

Adia: Good question, right? And you guys heard Shawna talk earlier about what we feel about masks. I'm going to tell you guys as the person who really oversees monitors, talks to the reviewers and things like that – I also have little kids that I'm around all the time. I have my little 3-year-old nephew. He's great. I just saw him a couple of days ago. He's a real cool guy. And one thing that we know is that it's really difficult sometimes for kids to keep their mask on. It gets hot. They want to talk. It's difficult for you to hear them. One of the things that we're looking for when we come out to monitor the programs are your approaches to really supporting kids in wearing their mask.

We hope that programs are really wanting to help children wear their mask, wanting them to stay safe. We're looking to see how well you're actually doing that. We're not going to penalize you if one or two or a couple of children are having a hard time wearing a mask, and the teachers are helping the child to wear them. We know that this is, as Shawna said, an emerging skill that children are gaining in the program. They're gaining it all over the country. And we want to make sure that we are very cautious about working with you to understand how you're implementing mask wearing in your program.

Kate: Thank you, Adia. That is such great information that I know was of interest to a lot of people. We've gotten a lot of questions centered on that topic. Let's shift to another monitoring-related question. Will OHS issue deficiencies for masking or vaccine requirements?

Adia: Another good question, Kate. Everybody's always worried about deficiencies. When we think about compliance with masking and vaccine requirements, we really want to limit this to areas of concerns or areas of noncompliance. And if an area of noncompliance is identified during the review, just like with any other area of noncompliance, the program has time to make a correction. The program has time to systemically think about, how could they improve this? What could they do better? How can it make their program safer? We're want to give programs opportunity to do that and give them time to do that.

However, just like regular findings, if a program is unable to correct a noncompliance, then that could result in deficiency. The first thing out of the gate, we're not trying to make programs deficient in this area. We're really trying to understand what's happening in programs, help programs to improve where they can, and try to do the safest thing that we can for children and families.

Kate: Thank you Adia for walking us through that. Next question, please. Adia, will OHS issue a monitoring finding if the program has difficulty finding out the vaccine status of partners and others not employed by the Head Start program who provide services to enrolled children?

Adia: That's a good question. You know, Kate, I had some conversations with some programs that are actually getting monitored this week. They were our first programs that we're going to monitor. And we talked about this. And you know, we actually offered them a little bit of relief because we said no. You can see on the screen that we say no. And how I described this to them is, like, your locus of control. Your locus of control, it's really difficult sometimes to really get information from partners and different things like that. If partners or others not included at Office of Head Start didn't provide you with that kind of documentation, it would be very difficult for you to get it.

When we monitor your programs, the things we really want to know, that we're really going to look at is, do you have policies and procedures that are related to this? Do you have signs that require consistent masking, as well as testing of partners or other people who are not employed by Head Start who do not provide their vaccine documentation? We're looking to programs who really institute policies and procedures that they honor the spirit of the IFC and that they also work with their partners and try to do the things that they can to make sure that their children are safe. But we're not going to issue findings if you don't have that physical documentation from the partners.

Kate: Thank you Adia. That is really helpful information. I believe we have one more question related to monitoring. Let's go to the next one. What documentation of vaccine status or testing will OHS require during monitoring review?

Adia: Kate, most grantees, they have a tracking system, and those tracking systems, they track all kinds of things. A lot of times we'll come in, we'll ask grantees to tell us about all of the staff qualifications as it relates to early childhood. Do you have a CBA or do you have a BA? Similar to that, we're looking for grantees that have a tracking system that proves they require proof of

vaccination. This can include vaccine cards or it can include your testing procedures; it can include the proof of testing, so grantees really have the opportunity to set up the tracking system that they feel fits their need. And the reviewers will come and take a look at that tracking system and determine through both looking at your complete tracking system and also doing a sample to determine who in your program has actually been vaccinated or if they had an exception.

Grantees, hopefully you guys – I know a lot of you guys on the phone. I talked to a lot of you guys – and I know that you have really good tracking systems. As you think about it, think about how you want to add this to your tracking system, and it will make it, as my nephew says, "easy-breezy" for the reviewers to take a look and see who has what.

Kate: Thank you Adia, that's really helpful, again. Great. OK, we have one final question that is not specific to monitoring, but I think is certainly one that we've gotten a number of times. According to the CDC, patients who have recovered from COVID-19 can continue to test positive for up to three months after illness onset. Should programs continue with at least a weekly testing of an exempt staff member who recently recovered from COVID?

Adia: Kate, I wish Marco was here to answer this question because this is really his wheelhouse. He does a really good job at this. But he gave a really good answer here on screen. The IFC requires that programs develop their own policies regarding weekly testing. Again, you heard me say a lot that the policies and procedures are really important, so I hope the grantees are putting together policies and procedures that they can share with other people.

Per the CDC, people who have recovered from COVID-19 can continue to have detectable – have positive tests over time. What OHS is encouraging programs to do is to work with your Health Services Advisory Committees for how to best develop policies that accommodate this particular scenario. That means, grantees, that you have everything you need to develop the policies that accommodate this. We say weekly testing. We also know the CDC says that these tests can continue to show up as positive, and we're leaving it to you and your Health Services Advisory Committee to come up with the best policy to accommodate this. OK?

Kate: Thank you, Adia. Thank you all for joining us today. I am so appreciative to Dr. Futrell for her opening remarks. So appreciative to Adia Brown and Shawna Pinckney for sharing this information with all of us, with all of you. And I'm wanting to assure people that we will review the questions that have come in throughout this webinar and are always looking for opportunities to tailor TA based on the concerns that have come in, as well as think about future upcoming FAQ webinars where we can continue to respond to questions for you all.

Thank you again for being here. And thank you for the incredible work that you do every day to change lives. And we look forward to continuing to partner with you in that critical work. Thank you all.