

FY 2021 Focus Area 1 (FA1) Protocol Addendum: FA1 COVID-19 Discussion Guide

Overview

The Office of Head Start (OHS) provided information to grantees through the [CAMP Sessions](#) and the [Information Memoranda](#) about Federal requirements and related flexibilities so that grantees can operate successfully during the Coronavirus Disease 2019 (COVID-19) pandemic. The OHS expects grantees to make decisions that reflect the public health conditions within their local communities and to revisit those decisions as conditions change. The OHS understands grantees may have challenges completing screenings, assessments, data collections, and meeting full enrollment. Grantees will not be penalized if they are unable to meet timeline requirements due to COVID-19. Grantees should maintain records of services they provided and document why other services could not be provided.

Please be advised that Head Start requirements are not waived where failure to comply results in risk to the health and safety of children, or constitutes fraud or misuse of Federal funds. Grantees must be able to ensure the safety of children in their care as well as financial accountability for funds and property.

It is the expectation of the OHS that grantees strive to meet all applicable Federal regulations. The OHS expects grantees to take actions that are feasible, reasonable, and safe in terms of continuing to provide services and implementing management and oversight systems.

In FY 2021, monitoring will seek to understand how well grantees are able to adjust to services during the pandemic. The OHS will collect data on all Federal regulations in the monitoring protocol to understand the grantee's approach to:

- Offering comprehensive services
- Pivoting during the pandemic based on the guidance from health officials and the needs of families

This addendum provides guidance to help grantees prepare for discussions during the FA1 reviews in considering the grantees' approach to service delivery prior to and during the COVID-19 pandemic.

What We Want to Know: Current Considerations

Design, Management, and Quality Improvement

The pandemic resulted in grantees reassessing program options to determine the design that would work best during the COVID-19 pandemic. Grantees effectively used local guidance to determine how to safely provide in-person services, the resources needed to provide virtual services, or a hybrid of both. The OHS has allowed for flexibility in the grantees' schedules and service duration, which will ensure center-based grantees meet physical distancing guidelines. The OHS understands that most center-based grantees will not be able to meet their typical service duration for the 2020-2021 program year as a result of the pandemic. Grantees will provide information during the FA1 review about how services are provided in the current environment and how services are continuing to change. This information includes how the grantees effectively use their funds to support program services.

The grantees will describe how they selected their option(s) and location(s) to meet the needs of children and families. 1302.20(a)(1)

Current considerations:

- Current service delivery design (remote, in-person, or hybrid) and information used to determine the modification in grantee design
- Major changes to services and how the services are continuing to change
- Preparations made to adapt or adjust service design as needed
- Approach for communicating all modifications to staff, parents, and stakeholders

The grantee will describe the process for using child-level assessment data and other grantee data to direct ongoing grantee improvement. 1302.102(c)(2)(ii)

Current considerations:

- Approach to collecting, analyzing, and using child-level assessment data and other grantee data to direct ongoing grantee improvement

Designing Quality Education and Child Development Grantee Services

During the 2020-2021 grantee year, grantees have the flexibility to deliver education and child development services in person, virtually/remotely, or a combination of both in response to the COVID-19 pandemic. Services could change throughout the course of the upcoming grantee year as local conditions evolve. Grantees offering virtual/remote services to children enrolled in a center-based option should consider how they will individualize these services for children and their parents, and how service delivery will differ from the typical model where children are served for 3-6 hours or more in an in-person learning environment.

The grantees will describe their strategies for ensuring teaching practices are responsive to and build on the developmental progressions of children. 1302.31(b)(1)(ii)

Current considerations:

- Approach to ensuring teaching practices build on the developmental progression of children in the virtual learning environment
- Approach to working with parents to promote children’s learning in the modified grantee design

The grantees will describe how they assist the education staff in using data to individualize learning experiences to improve outcomes for all children. 1302.92(b)(5)

Current considerations:

- Approach to supporting staff in assessing child progress and individualizing for children in the different grantee options/current design of services
- Approach to supporting staff (in implementing a curriculum/infusing effective teaching and home visiting practices regardless of in-person or virtual delivery)

The grantee will describe the strategies to ensure the full inclusion of children with disabilities. 1302.61(a)

Current considerations:

- Continued efforts to provide services for children with disabilities, including making referrals and coordinating evaluations in a virtual environment

Designing Quality Health Program Services

Child Health

It is critical that grantees continue to ensure children receive screening and health care to identify and address any developmental needs. The OHS will not designate grantees out of compliance in the 2020-2021 grantee year if they are unable to meet the following requirements within the required timeframes due to challenges related to the COVID-19 pandemic:

- Developmental, vision, and hearing screenings
- Determining whether a child or pregnant woman has access to health care
- Determining if a child is up to date on preventive and primary medical and oral healthcare
- Scheduling newborn visits

Still, while offering increased flexibility, grantees must make every effort to complete these requirements within the timeframes and to document such efforts. Grantees must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care and health insurance coverage. Similarly, grantees must ensure pregnant mothers have access to health insurance as soon as feasible. If pregnant women do not have current health insurance, grantees must assist them in accessing a source of care to ensure they are receiving critical prenatal health care services.

Safety Practices

Grantees must ensure sufficient supports exist to detect and mitigate inappropriate teacher-child interactions that could result in maltreatment or a child being left alone. Incidents of maltreatment or a child left unattended are often related to insufficient support of staff who are overwhelmed or who lack the skills necessary to consistently implement positive strategies to support children's well-being and safety. Grantees must recognize this coming year will be challenging, particularly as centers open and staff, parents, and children learn new health and safety procedures, and plan to support staff accordingly. It is imperative for grantees to establish clear safety requirements that align with the Centers for Disease Control and Prevention and state guidelines.

The grantees will discuss the approach to ensuring children are up to date on a schedule of age-appropriate preventive and primary medical and oral health care. 1302.42(b)(1)(i)

Current considerations:

- Promotion and support to keep well-child visits and immunization for vaccine prevention diseases during the pandemic
- Response to ensuring developmental screenings and documenting attempts
- Approach to promote healthy hygiene practices, such as handwashing and employees wearing a cloth face covering
- Approach for connecting families to needed health services and any barriers that exist
- Support for children with special health care needs in a virtual environment

The grantees will describe how the program secures a Mental Health Consultant to implement strategies to support children with mental health and social and emotional concerns. 1302.45(b)(1)

Current considerations:

- Approach to ensure the wellness of staff, families, and children
- Approach to implement mental health supports during the COVID-19 pandemic (virtual or in-person)
- Approach to promote positive parent-child interactions

The grantees will describe their approach to ensuring routine safety in the learning environment. 1302.47(b)(1)(ix); 1302.47(b)(2)(v)

Current considerations:

- Approach to ensure accurate data is used to inform opening or closing decisions (please identify data sources used when decision-making)
- Approach to ensure safety during the COVID-19 pandemic, including securing supplies, promoting the use of personal protective equipment, training staff on new safety procedures, and ensuring ratios comply with state guidance
- Approach for reducing the spread of COVID-19 through cleaning, sanitization, disinfection, and ventilation
- Approach for assessing child safety in the home environment

Designing Quality Family and Community Engagement Program Services

Grantees must continue to offer families opportunities to participate in the Family Partnership Agreement (FPA) process. The circumstances of families are likely made more challenging by the COVID-19 pandemic. It is essential that grantees partner with families to determine needs, strengths, resources, and goals. Grantees should continue to develop and review FPAs and offer family services.

Communication with parents should be routine, written, and done virtually or by phone in both one-on-one and group forums. Because parents may have many different concerns unique to their family situation, grantees should approach each case on an individual basis. Grantees also have the flexibility to plan different approaches to meet the needs of groups of parents with common concerns. For example, grantees could prioritize some families for in-person services and other families for virtual services. Grantees and families can agree to revisit approaches like these periodically and as local health guidelines change.

Grantees are expected to offer parents the opportunity to engage in parenting education. Grantees should carefully consider whether their selected curriculum is appropriate for the circumstances of the parents and the setting in which it will be used. If grantees must adapt their curriculum, they are not required to work with an expert to develop the adaptation for the 2020-2021 grantee year.

The grantees will describe their approach to supporting family goal setting and tracking family strengths, needs, and progress toward goals. 1302.52(c)(3)

Current considerations:

How is the grantee adapting the program's family engagement approaches and practices in response to the COVID-19 pandemic? Include the following:

- Approach to providing family services in the virtual environment, including ensuring confidentiality

- Approach to addressing food insecurities
- Approach to addressing child maltreatment factors
- Approach to preventing homelessness

The grantees will describe how they plan to support parents in strengthening parenting skills and how they are using a parenting curriculum. 1302.51(a)-(b)

Current considerations:

- Approach for working with parents around children’s learning in the modified grantee design

Developing Effective ERSEA Strategies and Fiscal Infrastructure

Budget Adjustments

Grantees have the budget flexibility to make budget adjustments in order to be responsive to the needs of staff, children, and families. Under the COVID-19 Fiscal Flexibilities (ACF-IMHS-20-03), *to allow grantees more flexibility to spend funds as needed to respond to COVID-19 and, when possible, quickly move to reopen closed centers, prior approval is waived for budget transfers between direct cost categories for an aggregate amount not to exceed \$1 million between January 20, 2020 and December 31, 2020.* Grantees will describe how CARES Act funds are used to prepare, prevent, and respond to COVID-19.

The grantees will describe how staff verify eligibility and how they maintain eligibility records. 1302.12(c)(1)-(2); 1302.12(d)(1); 1302.12(e)(1)(iii); 1302.12(k)(2)(i), 1302.12(k)(2)(ii)

Current considerations:

- Approach to determining eligibility in a virtual environment
- Based on the current service delivery and community needs, note any adjustments to the selection criteria
- Approach to determining selection criteria if the grantee is serving fewer children due to state and/or local requirements/recommendations

The grantees’ process for tracking the budget, making revisions, and obtaining required approvals is in compliance with Federal regulations. 75.308; 642(c)(1)(E)(iv)(VII)(aa)

Current considerations:

- Innovations and/or modifications made to fiscal management practices attributable to the COVID-19 pandemic
- Approach to making adjustments to base grant funding to respond to the COVID-19 pandemic
- Approach to differentiating between base budget and CARES Act funding
- Process for approving and documenting CARES Act funding expenditures to ensure they are used to prevent, prepare for, and respond to COVID-19
- Established accounting procedures to ensure compliance with requirements, regulations, and terms and conditions of CARES Act funding
- Approach to managing grantees’ budgets, and documenting and justifying allocations of funds given the need to procure supplies and equipment purchased with CARES Act funds