Top FAQs from the Enrollment Forward Series
HOUSEKEEPING ITEMS

• All participants are in listen-only mode.

• Participate in discussion via chat.

• Submit all questions via Q&A.
Top FAQs from the Enrollment Forward Series
Today’s Presenters

• Tala Hooban, acting deputy director
• Shawna Pinckney, director, Grants Division
• Heather Wanderski, director, Program Operations Division
• Adia Brown, acting director, Division of Planning, Oversight and Policy
• Lindsey Hutchison, senior policy analyst
• Katherine Troy, senior program specialist
• Gretchen Jurgens, program specialist
This fifth webinar will respond to frequently asked questions from the Head Start community with an emphasis on the key areas of:

- Flexibilities
- Program operations
- ERSEA
- Interim Final Rule with Comment (IFC)
- Monitoring
- Workforce
We heard the Public Health Emergency declaration may be ending soon. What does that mean for programs?

On January 27, 2020, the Secretary declared the COVID-19 pandemic a Public Health Emergency (PHE). Once the declaration is made, it remains in effect for 90 days and can be extended. The latest extension was effective January 16, 2022 and will expire April 16, 2022. Current administrative and fiscal flexibilities that are tied to the PHE are applicable throughout the duration of the PHE declaration unless a finite expiration date is noted.

Regardless of whether the PHE declaration continues or ends, the IFC on mask and vaccine requirements remains in effect in non-enjoined states, as do the CDC recommendations on COVID-19 prevention.
What are the current administrative and fiscal flexibilities tied to the PHE?

For specific flexibilities, program should refer to ACF-IM-HS-21-01 Updated Coronavirus Disease 2019 (COVID-19) Fiscal and Administrative Flexibilities

The following provisions within ACF-IM-HS-21-01 are tied to the public health emergency:

- Exemption of certain procurement requirements
- Extension of financial and other reporting
- Waivers and other flexibilities
Updated Coronavirus Disease 2019 (COVID-19) Fiscal and Administrative Flexibilities ACF-IM-HS-21-01

The following flexibilities are applicable throughout the duration of the public health emergency declaration:

- Exemption of certain procurement requirements
- Extension of financial and other reporting

Waivers and other flexibilities

- Governing body approvals
- Non-federal match waivers
- Administrative cost waivers
Prior Approval Waiver Requirements

On March 29, 2022 the Office of Head Start extended the prior approval waiver requirements to allow recipients to continue responding to COVID-19.

Recipients may use funds from their current operating awards to respond to and recover from the impacts of COVID-19. Recipients may use the following waivers of prior approval requirements:

- Prior approval for the purchase of equipment
- Budget modifications
- Procurement by noncompetitive proposals

These waivers are in effect until OMB memorandum M-21-20 expires and/or is rescinded.
An application is submitted prior to the expiration of the public health emergency, taking advantage of the non-federal match flexibility, but still pending with the Office of Head Start. Will programs have to go back and write a full justification for the non-federal match waiver?

No. Recipients submitting applications and/or amendments, in accordance with the active flexibilities, will not be required to make flexibility-related revisions at the expiration of the PHE. Regional Offices will continue to review, analyze and evaluate requests, like they normally would in the traditional course of business, but applications and/or amendments will not be returned simply to make flexibility-related adjustments. As these applications and/or amendments were submitted during a period when the relevant fiscal and administrative flexibilities were in effect, the flexibilities would continue to apply. This is inclusive of applications and/or amendments currently under consideration and/or submitted prior to the end of the PHE.

Please ensure you’re communicating with your Regional Office whenever contemplating changes or revisions within your program.
Our program had unobligated funds as a result of staff vacancies. Is there anything we can do with the funds?

Yes. The HHS Grants Policy Statement indicates that Carryover of Unobligated balances is limited to approved purposes. Recipients with unobligated funds may request a carryover, however funds must be used for the same intended purposes for which they were originally awarded.

It is important recipients generate expenditure reports throughout the budget period, so they are aware of any savings and plan accordingly. Budget revisions may require prior approval and additional time will be needed for review and approval from the Regional Office.
Can COVID funds be used for facilities?

Yes. COVID funds can be used for facilities. Coronavirus Aid, Relief and Economic Security (CARES) and Coronavirus Response and Relief Supplemental Act (CRRSA) funds must be used to prevent, prepare for and respond to activities related to the coronavirus. Should a recipient seek to utilize these funds for facilities, it must be in connection with prevention, preparation and response activities around the coronavirus. American Rescue Plan (ARP) funds do not have the same limitations and can be applied to activities carried out under the Head Start Act (as referenced in ACF-PI-HS-21-03).

Depending on the breadth and scope of the project, the requirements of 45 CFR 1303.44 may also apply which would require a separate application for the purchase, construction or major renovation of a facility. At a minimum, if the project was not included in the initial application, and the funds were not originally allotted for facilities activities, a budget revision will be necessary to adjust funding levels to the appropriate object class categories (i.e., Construction and/or Equipment). Additionally, recipients are strongly encouraged to engage with the Regional Office early in project planning to discuss process, impact for the program and other possible considerations unique to the request.
If data indicates COVID-19 cases are increasing in a program’s service area, can services be provided virtually?

Yes. In cases where a program is experiencing high COVID-19 transmission in their service area, programs may temporarily use virtual and remote services. All programs are expected to have plans in place to adjust for changes in community conditions, such as high community transmission of COVID-19, that may result in temporary use of virtual and remote services for a short-term basis. These plans must be established within a program’s policies and procedures.

Virtual and remote services can create instability and stress for children and families, as they disrupt children’s opportunities for learning, socialization, nutrition, continuity and routine. As such, programs must communicate with their Regional Office about any proposed short-term use of virtual or remote services in response to a surge, or high transmission in COVID-19 cases. Further, programs would need to reassess with their Program Specialist should their virtual and remote services extend beyond two weeks.
If parents are reluctant to enroll their child due to COVID-19, can we provide services virtually until they are comfortable?

The priority is to enroll children and families who are most in need of in-person services. In-person slots cannot be held for families who have decided they do not want their child to return to an in-person service program.

Programs and families may opt for regular check-in points to reassess a family's readiness to return, and if at a time that a family is ready, and there is no slot available, families should be added to the waitlist. If families continue to express hesitancy for in-person services, staff and families should explore alternative placements that will better meet families' needs for virtual services.
Can programs apply for a waiver for the requirement that 10 percent of slots be occupied by children eligible for services under IDEA?

Programs must demonstrate ongoing efforts to recruit and enroll children eligible for services under the Individuals with Disabilities Education Act (IDEA) to meet the 10 percent requirement. If a program experiences a barrier in meeting the 10 percent enrollment requirement, it must submit a waiver request through the Regional Office after the halfway point in the program year and no later than one month after the close of the program year.
If we are struggling to reach and maintain full enrollment, should we submit an enrollment reduction or conversion request?

The decision to request an enrollment reduction or conversion should not be based solely on the fact that a program is underenrolled. Programs should regularly update their community assessment to reflect current needs, trends and characteristics of the Head Start eligible children and families within the service area. This data should then be used to inform programmatic decisions, including planning, service delivery, recruitment and selection criteria, program options, location of centers, staffing patterns, etc. Decisions should be based on actual changes in the community and not anticipated changes. An equally important consideration is that enrollment reductions and conversions are permanent adjustments to a program’s funded enrollment slots.
What are the most common reasons/justifications program’s have identified when submitting a Change in Scope request?

**Enrollment Reductions**
- Increase staff compensation
  - Recruitment and retention
  - Changes in minimum wages laws
- Lack of viable classroom space

**Conversions**
- Identified community need for infant and toddler services
- Proliferation of preschool services in the community

**Locally-designed Option (LDO)**
- Mixed service delivery better meets family’s needs
  - Center-based services during the school year, alternate services in the summer
  - Combination option for families preferring fewer center-based days
- Increase in group size to serve more toddlers (24-36 months)
If we are interested in submitting a Change in Scope request to address changing community needs, when should we submit that request to ensure we receive a response prior to the start of the upcoming program year?

A Change in Scope request can be submitted at any time; either within a baseline or continuation application or as an amendment. Programs should identify an implementation date, then determine a timeframe for application submission. An implementation date may also support how a program submits its Change in Scope request. Consideration should be given to an implementation date that causes the least amount of disruption to service delivery, children and families. For example, a program planning to implement a Change in Scope request at the beginning of the next school year would need to consider submitting the request in early spring.

OHS encourages programs to engage in ongoing dialogue with their Regional Office. Program Specialists can offer guidance in the development of the request and navigation of appropriate application type based on the implementation timeline.
What strategies has your program found to be effective in recruiting children and families?
When can programs begin using the 2022 poverty guidelines?

The HHS Poverty Guidelines for 2022 went into effect on January 12, 2022. Programs can begin using these guidelines immediately.

Many programs across the federal government, as well as state governments and nonprofit organizations, rely on these guidelines to determine family eligibility for systems and services. Typically, there has been a 1-2% increase in the thresholds to account for inflation, but the 2022 poverty guidelines increased by 4-5%.
How do I know what documents to collect when determining income eligibility?

1302.12 Determining, verifying, and documenting eligibility.

(i) **Verify eligibility.** (1) To verify eligibility based on income, program staff must use tax forms, pay stubs or other proof if income to determine the family income for the relevant time period.

Programs should have policies and procedures to support eligibility determination and must train the appropriate staff on applicable regulations and program policies and procedures, including policies which identify participants and the frequency in which training is given.
Is the first $10,200 of unemployment still excluded from determining income eligibility?

No, all unemployment will be used to determine eligibility. Expanded unemployment benefits ended on September 6, 2021. Unlike stimulus checks which do not count as taxable income, unemployment payments are taxed and will need to be included when determining eligibility.

And, unlike the 2020 tax year, when taxes were waived on up to $10,200 received in unemployment for those making less than $150,000, there was no such tax break in the 2021 tax year for those who received unemployment benefits.
What is the difference between the over income category and the 101-130 percent income category as it relates to income eligibility?

Children who would benefit from Head Start services, but whose family income exceeds the poverty guidelines, may be enrolled if such participants only make up 10 percent of a program’s enrollment.

Consistent with 1302.12(d)(1)(i-ii), programs may enroll an additional 35 percent of children whose family incomes are below 130 percent of the poverty line. Programs choosing to enroll participants in this category, must:

• Establish and implement outreach and enrollment policies and procedures to make sure eligible pregnant women, children, and children with disabilities are served first

• Be able to report to the Regional Office criteria outlined in 1302.12(d)(2)(i-vii)
What should a program do if it fills over income slots based on full funded enrollment, then actual enrollment drops?

It is important to document the program’s actual enrollment level at the time the 10 percent over income was calculated. Programs should also document how actual enrollment declined over time. Enrolled children already being served should **NOT** be removed or disenrolled from the program. This includes children enrolled as over income.
Does the vaccine requirement apply to Part B/C providers (special education and related service providers for preschooler and infants and toddlers)?

No. These providers are not covered by the vaccine requirement. Part B/C providers are not considered staff of the Head Start program and there is no contractual relationship.
How should programs implement the vaccine requirement for partners, such as school districts or other partnerships in service delivery at this point in the year, understanding that contracts and MOUs are in place?

Early Head Start-Child Care Partnerships are covered to the same extent as standard Head Start and Early Head Start programs. For other provider relationships, programs should work to resolve issues with contracts or MOUs, including for staff working with enrolled children, that arise from the IFC in a manner that minimizes disruption of services to children and families for the balance of the 2021-2022 Program Year. Program should make decisions that cause the least amount of disruption and also support programs to safely get through this Program Year.
Do the IFC requirements apply to those observing in Head Start programs for purposes of QRIS or licensing? Or individuals conducting fire inspections?

The vaccine requirement in the IFC rule does not apply to those inspecting programs for purposes like QRIS, health and fire safety and licensing. These individuals are not service providers nor are they working directly with enrolled Head Start children and families; rather they are serving in an observational or inspection role. Per the IFC, these individuals do need to be masked as part of the universal masking requirement.
What do the updates to the CDC recommendations mean for Head Start programs?

On February 25, the U.S. Centers for Disease Control and Prevention (CDC) released new recommendations on COVID-19 Community Levels which will help individuals and communities make choices on what precautions they want to take, based on the level of disease burden in their community. In conjunction with this updated COVID-19 Community Levels, the CDC recommends that people should wear masks depending on the level of COVID-19 in their community. As a result, the CDC recommendations differ from the masking requirement in the Interim Final Rule with Comment (IFC) for Head Start programs.

At this time, the IFC remains the applicable regulation for Head Start programs except in those parts of the country where the Office of Head Start (OHS) is subject to preliminary injunctions and temporary restraining orders which prevent implementation and enforcement of the rule. Head Start programs should continue to follow the requirements laid out in the IFC in all states not subject to preliminary injunctions or temporary restraining orders.
While reviewing the new CDC recommendations, OHS will not evaluate compliance with the mask requirement in its program monitoring. This pause on monitoring for compliance with the mask requirement will apply to all programs. Before resuming monitoring for compliance with the mask requirement, OHS will provide the grant recipient community with at least two weeks’ notice prior to implementing any changes. OHS advises Head Start programs on the importance of using layered mitigation strategies to reduce transmission. These strategies – including masking, testing, physical distancing, hand washing, cleaning, and ensuring well-ventilated spaces – remain critically important to protect the health and safety of staff, children, and families. Head Start programs serve children under 5 years of age, who are not yet eligible for vaccination, and some of whom may be more susceptible to complications from COVID-19.
How will OHS monitor the vaccine and masking requirements?

During the Focus Area Two monitoring review, the onsite team will review the recipient’s process for documenting vaccination status. The grant recipient should have documentation of the total number of staff who are fully vaccinated and any who are exempt. The review team will select a random sample to verify the vaccination status of sampled staff (i.e., proof of vaccinations).

The CDC released new recommendations on COVID-19 Community Levels which will help individuals and communities make choices on what precautions they may want to take, based on the level of disease burden in their community. While reviewing the new CDC recommendations, OHS will not evaluate compliance with the mask requirement in its program monitoring. This pause on monitoring for compliance with the mask requirement will apply to all programs.
What documentation of vaccination status or testing will OHS require during monitoring reviews?

Grant recipients should have a process and tracking system that includes the required proof of vaccination (e.g., vaccine card), testing procedures, and if exempt, proof of testing or intent to test at least weekly. The grant recipient should maintain documentation on the total number of staff, how many are fully or partially vaccinated, and how many have exemptions.
Will OHS issue a monitoring finding if the program has difficulty determining the vaccine status of partners and others not employed by the program who provide services to enrolled children?

No. If partners or others not employed by the Head Start program do not provide the recipient documentation of vaccination status, the program should give the review team the policies and procedures used to maintain a safe environment for children. These policies could include signs that require consistent and correct use of masks, as well as testing of partners or others not employed by Head Start who do not provide their vaccination documentation or status. OHS encourages programs to review CDC’s COVID-19 Guidance on Operating Early Care and Education/Child Care Programs in developing those policies and procedures.
Will OHS issue deficiencies for masking or vaccine requirements?

Programs who do not meet the expectations around the development of policies and procedures for documenting vaccination status and implementing the masking requirement may receive an area of concern or non-compliance. Non-compliances identified during a monitoring review and not corrected within the required timeframe result in deficiencies. Recipients should make every effort to correct any finding identified during reviews to ensure they are not elevated.
What type of financial incentive has your program provided to staff using CARES Act, CRRSA and/or ARP funding?
Can programs provide staff with financial incentives (e.g., retention or recruitment bonuses) using ARP funds?

Financial incentives can be a powerful tool to promote staff retention and recruitment, particularly for positions that are difficult to fill or experiencing high turnover. Many employers within and outside of the education sector are appealing to workers by offering financial incentives, such as retention and hiring bonuses. Such incentives vary widely both in monetary amount and distribution schedule.

OHS strongly encourages all programs to use ARP funds, operations funds from base grants, and any other sources of COVID-19 relief funds to offer competitive financial incentives to staff to help stabilize their workforce in the near term. Please be mindful of any applicable grant requirements that must be met including period of availability for different funding sources.

OHS encourages programs – including those who have already offered such incentives – to reevaluate the amount of monetary incentives that are necessary and reasonable to retain and recruit staff. OHS reminds programs that any financial incentives are subject to an established written policy of the grant recipient for allowability.
A program may request a waiver of up to three years for the qualification requirements for a Head Start center-based preschool teacher. To be considered for the waiver, a Head Start preschool teacher must:

1) Be enrolled in a program that grants a qualifying degree, and such degree will be completed in a reasonable time not to exceed three years. As outlined in the Head Start Act, a qualifying degree includes a) at least an associates degree in early childhood education, or b) an associates degree in a related field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children.

AND

2) Have at least one of the following: a) current CDA credential appropriate to the age of children being served or b) state-awarded certificate for center-based preschool teachers that meets or exceeds the requirements for a CDA.
What does the process look like for requesting a qualification waiver for a Head Start center-based preschool teacher?

Programs submit waiver requests to their Regional Office for approval. Waiver requests must include the following information:

- Evidence the Head Start agency has unsuccessfully attempted to recruit an individual who has at least an associates degree in early childhood education or in a related field and the required coursework and experience.
- Evidence that each individual for whom a waiver is requested meets the requirements listed on the previous slide.

• A qualification waiver may be submitted for an individual teacher for a period not to exceed three years.
• OHS Regional Office staff review and determine whether to grant approval for a qualification waiver request.
Is there a qualifications waiver available for Early Head Start teachers?

No. The Head Start Act does not include a provision for qualification waivers for Early Head Start teachers working with infants and toddlers.
What is an “active professional development plan”?

An active professional development plan is a written plan for a staff person seeking a particular degree or credential.

• This plan should:
  – Reflect a reasonable time-frame for completion of the target degree or credential.
  – Demonstrate how the staff person is actively working towards completion of the degree or credential (e.g., enrolled in coursework; scheduled to take a required examination; awaiting degree award after completing all necessary requirements).

• Programs can choose to use Head Start funding to offset costs for staff associated with obtaining a degree or credential.

• A program is responsible for conducting ongoing oversight to make sure staff are making progress and meeting timelines for achieving degrees or credentials.
How can programs increase their applicant pool?

OHS encourages programs to:

• Develop a pool of substitute staff and, for those who are successful and interested, start them on a credential attainment path. Parents, other community members, and college students may all be good sources of potential substitutes and eventual staff.

• Intentionally recruit current and former Head Start parents to serve in the program. Parents could start as volunteers and move into employment after completing necessary background checks and credentials.

• Starting an apprenticeship program
  – The U.S. Department of Labor is currently accepting applications for funding to start or support existing registered apprenticeships until April 25th, 2022.
  – Programs could consider using ARP funds to cover one-time costs associated with starting an apprenticeship program.
  – Many TA resources on apprenticeships are available to support interested ECE programs.
Many Head Start staff are likely eligible for Public Service Loan Forgiveness (PSLF).

- PSLF is available to borrowers with certain types of federal student loans who work for a qualifying employer. Many Head Start programs are qualifying employers because they are operated by non-profit, government, or school organizations.

- There is currently a time-limited waiver for PSLF that allows for payments to be counted towards forgiveness that were not previously considered. The limited waiver is available to those who are eligible and apply for the program before October 31st, 2022.

- The Administration for Children and Families (ACF) and the U.S. Department of Education (ED) recently hosted a joint webinar on the PSLF program, including the time-limited waiver. The webinar recording is available here: ACF/ED Webinar: Public Service Loan Forgiveness for the ECE Workforce.
Workforce Resources

- Apprenticeship Building America (ABA) Grant Program
- Department of Labor Funding Opportunity Announcement
- Registered Apprenticeship 101 Bootcamp
- To learn more about ECE Apprenticeships, check out these ACF resources
  - Early Childhood Teacher Apprenticeships - [https://childcareta.acf.hhs.gov/sites/default/files/public/pdg-b5_ecteacherapprenticeshipswebinar_acc.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/pdg-b5_ecteacherapprenticeshipswebinar_acc.pdf)
  - To learn about how ECE programs can connect parents with apprenticeship programs, see [https://eclkc.ohs.acf.hhs.gov/video/connecting-parents-apprenticeship-programs](https://eclkc.ohs.acf.hhs.gov/video/connecting-parents-apprenticeship-programs)
- Public Service Loan Forgiveness Waiver
- PSLF Help Tool
ERSEA Resources

• ERSEA
  – Maintaining Full Enrollment
  – Prioritizing Eligibility and Meeting the Greatest Need
  – Developing Effective Recruitment Services
  – Encouraging and Supporting Regular Attendance
  – Thoughtful Selection Policies and Procedures

• ERSEA Assessment Tool
• #GetaHeadStart Recruitment Resources
• Community Assessment: The Foundation for Program Planning in Head Start
• Equity Considerations for Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA)
Enrollment Forward Series Resources

Enrollment Forward Campaign Overview on ECLKC

• Clarifying Expectations for Expanding Reach in Uncertain Times
• Recruitment and Strategic Approaches to Enrollment
• Intentional Workforce Planning
• Grant Recipient Strategies to Address Challenges Related to Enrollment
• Top FAQs from the Enrollment Forward Series

*On-demand version of today’s webinar will be posted to ECLKC shortly
Coming Soon!

Video segments highlighting the programs from in the fourth Enrollment Forward webinar will be released on ECLKC later this spring. Programs will share their successful strategies in short clips which will include an overview of the approach, implementation and financial resources.