



FAQs on the Interim Final Rule with comment (IFC): Vaccine and Masking Requirements

December 10, 2021

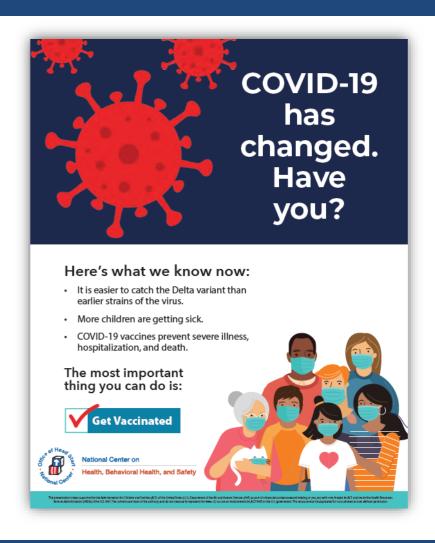






FREQUENTLY ASKED QUESTIONS









Q: If staff are hired after Jan. 31, 2022, do they have to be fully vaccinated before they are hired?

A: Yes. The compliance date for the vaccine requirement is Jan. 31, 2022. However, this timing flexibility applies only to the initial implementation of this <u>Interim Final Rule with Comment Period (IFC)</u> and has no bearing on ongoing compliance. Therefore, anyone hired after Jan. 31, 2022, would need to either be fully vaccinated or have an approved exemption prior to hire.





Q: What if an applicant for employment is not vaccinated and does not plan to become vaccinated, can the Head Start program deny employment based solely on that person's refusal to become vaccinated?

A: Vaccination for COVID-19 is now a requirement for all Head Start staff. Unless an employee is granted an exemption and undergoes weekly testing, the program will not be in compliance with Head Start Program Performance Standards (HSPPS).





Q: What happens with the vaccine requirement timeline if someone is on long-term leave (e.g., maternity leave)?

A: Vaccination for COVID-19 by Jan. 31, 2022 is now a requirement for all Head Start staff, regardless of leave status. If an individual is on long-term leave, and fits the definition of staff, the vaccine requirement applies to them.





Q: Are we requiring families and children receiving home-based services to wear masks in their homes?

A: Yes, the universal masking requirement applies to all individuals 2 years of age and older when they are indoors in a setting where Head Start services are provided.





Q: Since children are not vaccinated, does this mean they will need to be masked outside?

A: Consistent with <u>CDC</u> guidance for operating early care and education (<u>ECE</u>) <u>programs</u>, the masking requirement outdoors applies to all individuals aged 2 and older who are not fully vaccinated, who are in crowded settings, or during activities that involve sustained close contact with other people. The Office of Head Start (OHS) notes that being outdoors with children inherently includes sustained close contact for the purposes of caring for and supervising children.





Q: If individuals do not have any contact with the children, but are paid by funds from the Head Start program, are they required to comply with the vaccine requirement?

A: Yes, the IFC requires all staff who work with enrolled Head Start children and families in any capacity be fully vaccinated for COVID-19.





Q: Does the vaccine requirement pertain to our parent Policy Council?

A: Policy Council members are not included in the vaccine requirement. While Policy Council members are volunteers, they are not volunteering in classrooms or working directly with children as the regulation specifies in <u>45 CFR</u> §1302.94(a)(1).





Q: Does this rule apply to staff funded with state dollars?

A: Yes, the IFC requires all staff who work with enrolled Head Start children and families in any capacity regardless of funding source be fully vaccinated for COVID-19.





Q: Several of our Head Start teachers work collaboratively within school districts. Does this vaccine requirement apply to them, as well?

A: Yes, the IFC requires all staff who work with enrolled Head Start children and families in any capacity regardless of funding source be fully vaccinated for COVID-19.





Q: Do parents need to be vaccinated to enter the center or participate in an in-person parent engagement event? Will parents be required to be vaccinated to attend a field trip?

A: The vaccine requirement does not apply to parents unless they are Head Start staff, contractors whose activities involve contact with or providing direct services to children and families, or volunteers who work in classrooms or directly with children.

For example, if parents are chaperoning a field trip, they would be considered a volunteer – as they would be volunteering in a classroom or working directly with children. These parents would need to be vaccinated per the HSPPS regulation at 45 CFR §1302.94(a)(1).





FAQS

Q: What should programs do if enough staff are non-compliant with the requirements or opt to leave and the program needs to close their centers?

A: Staff vaccination requirements may result in the loss of some staff because they will not get the COVID-19 vaccine and classrooms may need to temporarily close. That said, vaccination is an important requirement which prioritizes the health and safety of staff, children, and families.

Programs are encouraged to assess staff vaccination levels and to plan for vacancies as soon as possible to allow recruitment for needed staff. Program funds, including American Rescue Plan (ARP) supplemental funding, may be used as needed to recruit and retain staff, including for paid leave to obtain the vaccine and recover from any side effects. Programs should maintain communication with their Regional Office to keep them apprised of potential classroom closures.





Q: If a classroom needs to isolate or quarantine due to a positive COVID-19 case, will it be acceptable for those students to receive remote or virtual learning during that time?

A: All programs are expected to have plans in place to allow for changes in community conditions that may temporarily suspend in-person services. Programs may establish policies and procedures for responding to weather and disaster-related events which include implementing virtual and remote services. In these scenarios, programs may consider providing temporary virtual services until in-person operations can resume.





Q: What type of testing should programs be using to meet the weekly testing requirement for those with approved exemptions?

A: Programs have the flexibility to develop their own written SARS-CoV-2 testing protocol for current COVID-19 infection for individuals granted vaccine exemptions. To promote flexibility for local programs, there is no standardized instrument associated with the new recordkeeping requirement. For further guidance, OHS encourages programs to review the CDC's <u>Test for Current Infection</u>.





Q: Can Head Start funds be used to pay for SARS-CoV-2 testing?

A: The costs associated with regular testing for those granted an exemption are an allowable use of Head Start funds, so long as it is included in a program's policies and procedures and is reasonable and allocable under 45 CFR 75.404 and 75.405. While paying for the costs of testing is an allowable use of Head Start funds, it is not a requirement. Programs should consider whether they can sustain continued funding for tests.





Q: Can programs use non-Head Start funds for testing?

A: Yes, programs can use non-Head Start funds for testing. For example, state health departments have received funding from the CDC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) through the ARP for community testing. ECE programs are eligible for these funds. OHS encourages programs to inquire with their state health department.





Q: Can we have a more stringent accommodation requirement than the at least weekly testing if an exemption is approved?

A: Yes, programs have the flexibility to establish and implement their own policies and procedures which must include at least weekly testing of exempt Head Start staff.





Q: If an exemption is approved and weekly testing is required, will Head Start funds cover the costs associated with the time taken to get tested?

A: The costs associated with regular testing for those granted an exemption are an allowable use of Head Start funds, so long as it is included in a program's policies and procedures, <u>and is</u> reasonable and allocable under <u>45 CFR 75.404</u> and <u>75.405</u>. While paying for the costs associated with regular testing is an allowable use of Head Start funds, it is not a requirement. Programs should consider whether they can sustain continued funding for testing in their ongoing budget.

OHS encourages programs to consider access options available in the community for regular testing of individuals with approved vaccine exemptions when developing policies and procedures. Programs can help those individuals find tests by:

- Visiting their <u>state</u>, <u>tribal</u>, <u>local</u>, or <u>territorial</u> health department's website to look for the latest local information on testing
- Visiting their health care or public health department clinic provider to get a self-collection kit or self-test
- Considering the purchase of <u>self-collection</u> kits or a <u>self-test</u> if individuals cannot, or have trouble, getting tested by a health care provider





Q: If unvaccinated staff are currently or were recently sick with COVID-19, do they need to comply with the vaccine requirement timeline?

A: Per the CDC, people who were treated for COVID-19 with monoclonal antibodies or convalescent plasma, or people who have a history of multisystem inflammatory syndrome in adults or children (MIS-A or MIS-C), may need to wait a while after recovering before they can get vaccinated, which may delay their ability to get vaccinated by the Jan. 31, 2022 deadline. See the CDC FAQs about COVID-19 vaccination.

Staff members for whom medical necessity requires a delay in vaccination is an allowable medical exemption. All documentation confirming medical need for delay must be signed and dated by a licensed practitioner who is not the individual requesting the exemption and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable state and local laws. Programs should encourage staff to talk with their doctor if they are unsure what treatments they received or if they have more questions about getting a COVID-19 vaccine.





Q: Is the mask requirement a permanent standard?

A: At this time, there is no set end date for the mask requirement due to the unpredictable nature of the COVID-19 pandemic. The Administration for Children and Families (ACF) plans to update or revise the masking regulation to reflect developments in the pandemic. ACF also invites comment on this issue.





Q: Is there an end date for vaccine requirement?

A: No, as of Nov. 30, 2021, vaccination for COVID-19 by Jan. 31, 2022, is a requirement in the HSPPS.





Q: Is there a percentage of vaccine exemptions we can approve for our staff? For example, can we have 10% of staff with vaccine exemptions (medical or religious)?

A: No. There is no threshold for number of allowable exemptions. It is the responsibility of Head Start programs to establish a process for reviewing and reaching determinations regarding exemption requests (e.g., disability, medical conditions, sincerely held religious beliefs, practices, or observances). Programs must have a process for collecting and evaluating such requests, including the tracking and secure documentation of information provided by those staff who have requested exemption, the program's decision on the request, and any accommodations that are provided. Requests for exemptions based on an applicable federal law must be documented and evaluated in accordance with established policies and procedures, and applicable federal law.





Q: Will the vaccine requirement also include require booster shots?

A: ACF's definition of fully vaccinated is consistent with the CDC's <u>current guidance</u>. While a booster is not currently required by the CDC to be considered fully vaccinated, it may change in the future.





FAQS

Q: What do we do if a parent refuses to allow their child to wear a mask while in a Head Start program? Do we disenroll the child?

A: If a parent refuses to allow their child to wear a mask while at their Head Start program, the program should not disenroll the child.

The HSPPS prohibit expelling or unenrolling children from a Head Start program because of a child's behavior in <u>45 CFR</u> <u>§1302.17</u>, or in this case, the child's behavior as a result of a parent's decision. These Standards also require programs to prohibit or severely limit the use of suspension due to a child's behavior. Programs are required to partner with families and take all possible steps to ensure the child's successful participation in the program. OHS encourages programs to focus on educating parents and families on the importance of mask wearing as a mitigation strategy to protect the child and the safety of others.

Like all new skills, children will need to be taught the proper way to put and keep a mask on. While children are adaptable, they are still in the early stages of development and may need reminders and reinforcements to comply with this new practice. It is imperative that Head Start staff abide by the Standards of Conduct outlined in <u>Personnel policies</u>, <u>45 CFR</u> §1302.90; namely, that staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and do not use harsh disciplinary practices that could endanger the health or safety of children. OHS will continue to provide additional resources and supports on the universal mask requirement for children.





Q: Can OHS define the type of masks needed to comply with the rule?

A: Individuals 2 years and older should choose a mask that is comfortable to wear and fits snugly. It must cover one's mouth, nose, and chin. It can fasten around the ears or the back of the head, as long as it stays in place when one talks and moves. Masks with vents or exhalation valves are not allowed because they allow unfiltered breath to escape the mask. For more information on masks, programs can consult CDC's Your Guide to Masks.





FAQS

Q: Can programs accept doctor's notes for children who may need a mask exception or accommodation?

A: Exceptions to the universal mask requirement include children with special health care needs, for whom programs should work together with parents and follow the advice of the child's health care provider for the best type of face covering. Programs are responsible for establishing policies and procedures related to the mask requirement.





Q: We know the masking requirement applies to all individuals aged 2 and older. How does this requirement apply when classrooms serve children aged 1 and 2 together? Should we separate the children into different classrooms?

A: Children should not be moved to different classrooms because of the mask requirement. There are many developmental benefits for children being together in mixed age groups, including relationship continuity between children and teachers. Teachers can create a classroom culture that supports young children wearing masks by wearing them themselves, reading social stories with masks, and providing positive supports. It is understood that 2-year-old children will not always have masks perfectly in place, that they may remove their masks at times, and that a few might really struggle to keep the mask on. No child should be shamed or punished for not wearing a mask.





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Q: Should programs provide the masks for the children?

A: Masks for children, staff, and families are an allowable use of ongoing Head Start operational funds, COVID-19 response funds, and ARP funds. Programs should have masks available to provide to children when they do not have their own mask. Programs are responsible for establishing policies and procedures around the masking requirement.





Q: We are a Community Action Agency with an indirect cost pool. Are the agency employees paid under the indirect cost pool from all community action programs, including Head Start programs, subject to the vaccine requirement?

A: Vaccination for COVID- 19 is now a requirement for all Head Start staff, regardless of funding source, even if they are paid under the indirect cost pool.





FAQS

Q: What if our state does not allow for vaccines/mask requirements?

A: Under the Supremacy Clause of the U.S. Constitution, this regulation pre-empts any state law to the contrary. <u>U.S. Const. Art. VI § 2</u>.





Q: If our program is part of a school system, do we still have to comply with these requirements?

A: Yes, all Head Start programs are required to follow all HSPPS.





FAQS

Q: What is the expectation for documenting the vaccination status of staff employed or paid by a partner (e.g., school district) or contractors?

A: Under the IFC, programs are required to establish a system for documentation, which includes vaccine documentation, exemption requests, and outcomes for staff, certain contractors, and volunteers.

All medical records, including vaccine documentation, must be kept confidential and stored separately from an employer's personnel files, pursuant to the Americans with Disabilities Act and the Rehabilitation Act.

Examples of acceptable forms of proof of vaccination include:

- CDC COVID-19 vaccination record card (or a legible photo of the card)
- Documentation of vaccination from a health care provider or electronic health record
- State immunization information system record

If vaccinated outside of the United States, a reasonable equivalent of any of the previous examples would suffice.

Programs have the flexibility to use an appropriate tracking tool of their choice. CDC provides an optional staff <u>vaccination tracking tool</u> that is available on the National Healthcare Safety Network (NHSN) website. This is a generic Excel-based tool available for free to anyone, not just NHSN participants, that facilities can use to track COVID-19 vaccinations for staff members.





Q: Could this rule change based on public comment?

A: Yes, grant recipients and other stakeholders have 30 days to submit formal comment on the emergency regulation. It is important to note that since this is an emergency regulation, the requirements will go into effect immediately and before any additional response is provided on the comments by ACF. The comment period officially closes on Dec. 30, 2021. Please continue to direct staff, families, and others to voice their concerns formally through the Federal Register. Submit comments, identified by docket number 2021-25869 and/or RIN number 0970-AC90, by any of the following methods:

- Federal eRulemaking Portal: http://www.regulations.gov. Follow the instructions for submitting comments.
- Mail: Office of Head Start, Attention: Director of Policy and Planning, 330 C Street SW, 4th Floor, Washington, DC 20201.

At that point, ACF will consider and respond to comments as a part of potential future rulemaking, if needed.





FAQS

Q: What will happen with the standard when COVID-19 subsides?

A: ACF will respond appropriately to changes in the COVID-19 pandemic by updating regulations to reflect new and shifting circumstances.





Q: Will OHS be allowing non-federal match waivers in case the vaccine impacts our relationships and partnerships for volunteers and volunteer services?

A: Consistent with <u>Section 640(b)</u> of the Head Start Act, programs can request a waiver for the non-federal match requirement. Considerations for a waiver include, but are not limited to, a lack of resources available in the community that may prevent the agency from providing all or a portion of the non-federal match contribution.





SOME CURRENT RESOURCES

- □ OHS COVID-19 Updates
- □ ECLKC IFC Landing Page: <u>Vaccine and Mask Requirements to Mitigate the Spread of COVID-19 in Head Start Programs</u>
 - Federal Register Notice on Vaccine and Masking Requirements
 - 11/29 Webinar: New Standards for Vaccination and Masking to Reduce Transmission of COVID-19
 - Summary of Vaccine and Mask Requirements to Mitigate the Spread of COVID-19 in Head Start Programs
 - Universal Masking and COVID-19 Vaccine Requirement FAQs
- Vaccinating Head Start Staff: Voices from the Field
- Strategies to talk with staff and increase vaccine confidence
 - Tips for Talking to Head Start Families and Staff About the COVID-19 Vaccines
 - COVID-19 Vaccine FAQs
 - Changing the COVID Conversation
 - COVID-19 Vaccine Education Initiative
 - Get Vaccine Answers
- MyPeers
- ☐ More to come!





OTHER RESOURCES TO CONSIDER

- ☐ CDC Strategies to Implement a Workplace Vaccination Program
 - Consider COVID-19 Vaccination Options for Your Employees
 - Build Confidence in COVID-19 Vaccines
 - Best Practices
 - <u>Vaccination On Site at the Workplace</u>
 - <u>Vaccination Off Site in the Community</u>
 - Other Considerations
 - Vaccine Mandates & Exemptions
 - Vaccinated Workers
 - Other Resources
- OSHA Emergency Temporary Standard
 - https://www.osha.gov/coronavirus/ets
- EEOC What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws











Sleeve up and mask up, Head Start family, as it's the best way we can care for and protect each other.









