

Office of Head Start CAMP: Session 1

Dr. Deborah Bergeron: Good afternoon Head Start. It is great to be here with you. This is Dr. B. I hope you brought your comfy shoes. Maybe some marshmallows. We're sitting around the campfire, ready to have some OHS summer camp.

We were talking a bit ago about how to be as responsive as possible in this really turbulent time and came up with the idea that we needed to collaborate actively in meaningful planning to make sure we're all ready for all of the big changes that seem to be coming at us very fast. We want to be responsive to you and tried to do that when – when things kind of got half in the spring and we want to continue that process as we all start to look at what the fall looks like for us. So, we put together this series, and the idea is that we come together, we respond to questions that we know you have based on what we're hearing, and that it gives you an ongoing chance to tap into our office and some meaningful responses that you can use.

Now, a couple of housekeeping tips for you. First of all, this is only an hour. That's not a long time for as much content as we have to cover, but what we don't want to do is ... We want to be really respectful of your time. We know everybody's really busy, so we are gonna stick to that timeframe. So, we're gonna move through things pretty swiftly. We encourage you to use the Q&A, but that doesn't mean we'll necessarily get to your questions during this conference. We will use those questions, though, to drive for future content, so please ask. The other thing I want to tell you is you're going to notice that these slides are very text-heavy. Not ones you'd want to use in an actual presentation in a big conference room, but the purpose of them being text-heavy is that you can actually take these slides and, verbatim, use the language on them to help drive decisions, but you don't have to memorize everything in this hour. Just relax, take the – the information in and know that you'll have access to these slides and the content on each slides to use as you decide things moving forward.

So, we're going to get started. Each conversation we have is really designed to empower you. We want to explore on how to meet requirements. We want to reinforce the need in your community data. We want you to continue to look at your local and state guidance; we know that that is the most important thing, and that the health and safety of your children, of your staff, of your families is paramount. So, as we work through this, you need to put everything in the context of your own program and note, there is no one-size-fits-all answer. So, we need you to be really good, critical thinkers and reflect on how our guidance can help put you in a place that's most productive.

Today's session is going to deal with ERSEA and program structure. So, we have quite a few questions on each one of these topics, which we will go through one by one. And then, at the end, we have some breaking news, and we'll have breaking news each week for you. So, things are changing fast. That's why we should have breaking news every week. And then, we'll preview next week's session. So, let's just jump right in, starting with ERSEA. The first question

is: Will programs be penalized if they do not reach full enrollment at this time. Will limited enrollment impact grant funding?

Ann Linehan: Well, Dr. B, this is ... The answer is no. Programs will not ... Their funding will not be impacted this year. If they're not meaningful enrollment, we understand it's going to be difficult for some programs, many programs, to meet funded enrollment. What is critically important is that we understand what your actual enrollment is and that you report. The monthly reports are incredibly important. We will not be using ... If you are under enrollment ... If you were underenrolled during this program year, we will not be imposing our underenrollment, protocols and – and designating you as, being credibly underenrolled. So one, it's important. There'll be no ... You're not going to be penalized for not reaching funded enrollment. And two, we're not going to be reducing your funding this year. Take a look at the last sentence of the slide because there is one caveat. If you were part of the underenrollment initiative prior to COVID-19 and we had made some designation prior to COVID-19, you ... Those – those very small group of grantees could receive a notice where there was a funding reduction, but that is unrelated to COVID-19. So, the answer to the question is a big, fat no.

Dr. B: That's an easy one.

Ann: That's an easy one.

Dr. B: Awesome. Let's see how the next ... All right. If class sizes are reduced based on public health and safety guidelines, how do you recommend we prioritize children for serve – for services?

Ann: Well, we certainly want children who are returning to get first priority. Those are the children that were in your programs last year, but we also know that some programs are – that parents may not want to return their children, and that you should look at ways at really considering what kind of option is best for the children that are returning. But again, returning children absolutely should be the first priority, and I think we have more to say about that in a little bit. And again, if you find that you have ... Once you have met the needs of your returning children, and you find that you have openings and have the ability to serve more children, then we certainly would expect you to take a look at children on your waitlist and apply your selection criteria.

Dr. B: Excellent. Right. How can we prioritize families experiencing housing instability or homelessness as we reopened our programs?

Ann: I'm so glad this question is here because we do know that certain – certainly, many of our families fell into financial crisis. Many of them may have had to move from their homes, maybe move to another – another city or maybe moved with another, you know, across the county. So, we certainly want to recognize that homelessness, serving homeless children, has always been a priority, but we want to make sure for those families that programs may have lost contact with who now may be homeless, that you do everything in your resourcefulness to find out where those families are. And in some cases, referring those families to programs in – in the

locations which they now reside. And again, as you look at ... When you have openings this year again, consider the homeless children as a priority in your selection criteria.

Dr. B: Yeah. I'm glad this question is on here too. I think it's really important to remember the school liaisons are there and they're working even though schools are closed. So, to make sure you're connecting with those school liaisons, they might be able to find families if you've lost touch. All right. Will programs be required to reverify our returning child's eligibility?

Colleen Rathgeb: Hi, this is Colleen Rathgeb. I'll jump in on that one. So – so, kind of like Ann answered for the last one. The answer – the middle window – the answer is no, that you don't have to do any kind of new, different reverification. So, if a child was in last year in Head Start, and they're returning for their second year, you absolutely do not have to reverify. If a child's been in Early Head Start, and they're coming back to Early Head Start, you do not need to reverify eligibility. However, if a child is moving from Early Head Start into Head Start, just like normally that you would have to do that recertification, you have to do that still now. So, you always have to do the reverification between Early Head Start and Head Start. And if you have a child in Head Start, that's coming back for the third year ... I already saw somebody in the chat already was asking a question about "what about a third year in Head Start?" And again, this is just our regular rules apply here, that for Head Start, the eligibility is only good for two years. And so, if you had a child returning for that third year, you'd have to, do reverify again.

Dr. B: Very good. Alrighty. Will stimulus payments authorized under coronavirus aid, relief, and economic security – that's the CARES Act – And unemployment compensation payments made to individuals who've lost employment during COVID-19 count as income for Head Start eligibility purposes.

Colleen: Again, my general answer is no. So, we've gotten a lot of questions about this. We've gotten questions saying, you know, "we want to be able to see it in writing." We want to know exactly where we can point to. And so, it was like Debbie said, we want to have these answers right here in writing for you. So, with kind of all of the – the details. So, the CARES Act, the payments under the CARES Act are also called the stimulus payments or recovery rebates, they're not considered income. So, these are basically like refundable tax credits. And so, they don't count as income in our program. And the CARES Act also has this emergency unemployment so it's an additional federal unemployment benefits that families can get under the CARES Act. These are not like your typical unemployment payments that normally would be counting. And so, for this – these cases, these unemployment payments don't count towards income eligibility. These are just the short-term, new federal assistance are treated differently. So, none of the CARES Act payments have to be counted towards family's eligibility when you're looking at it right now.

Dr. B: That's another easy one, right?

Colleen: Yep

Dr. B: We're pretty clear. Very good. All right. How do programs document income eligibility for families they're recruiting whose income has changed because of COVID-19?

Colleen: So, this is a question we're getting a lot. We had actually a whole webinar on ERSEA just a few weeks ago. And this was one of the biggest questions was people's concern about how to look at that – that stability when people's income has changed. So, we know there's been a lot of folks that have lost their job. A lot of changes in income. And as folks know, normally, you want to look at 12 months of income when you're verifying eligibility, but we also have written in the standards, and it's been there for a long time, that if – if the family has significant change in the income, program can consider current income as opposed to that 12-month amount. And so, you can look at, you know, the parent telling you they're unemployed, if they'd gotten on, you know, the unemployment payment from the CARES Act, if they have a way to document that they've unemployed. And if they can't, if there is no way for the family to be able to document that, if you go in and look at the standards, it does have the ability for programs to take a self-attestation of the family saying that they don't have income right now because they've lost, they've lost their job, or another reason. And so, what we really think is the most important thing that programs need to do if they're doing something like a self-attestation or they're showing how the income has substantially changed, they really need to document their decision-making process. So, we understand that in – there are cases where the self-attestation of the family may be all that you have. You just want to document that and explain how the family – how the worker that made that determination, how that was – that was made.

And so, we understand, you know, programs have told us, they – they usually go to the department of labor in their state to help make the determination about whether someone has lost their job or to verify income. And sometimes they're not operating right now. We understand that. And so, we want folks to be able to – to just to be able to verify what they have done, particularly if they're doing it virtually. Like we know that a lot of cases, you're going to be doing this over the phone. That is something that folks are allowed to do, they're allowed to do under normal circumstances. And certainly, we'd be expecting them to do it right now, or doing it over video or something else, and families are showing you maybe the documentation on a video, or they're sending you a picture of something. You can just really want to be sure that you document how the decision was made.

Ann: And I think, Colleen, that is true for any one of these questions and answers that we're discussing. The issue of documentation ... You're hearing today, that you've got a lot of flexibility to make your own decisions, but how you make those decisions and document those decisions is going to be really important for your own accountability, and for us to be accountable.

Dr. B: Right. Very good. Alright. How do programs document income eligibility for families they're recruiting whose income ... I just read that one, didn't I?

Colleen: I'm nervous I was going to have another answer.

Dr. B: Should programs continue to recruit and enroll new families during COVID-19?

Ann: You know ... This is Ann. This is all about balance, right? I mean, we just talked about the priority should be getting services for your returning children. And of course, there are going to be many, many eligible families out there. Recruitment, outreach and recruitment, is always important. I think what we want to be so careful about – because so many people are going to be desperate for services – is we don't overpromise to families. That said, I think that once you understand how many – what you're doing with the returning children, how many slots you have left, what your capacity is to serve new children – again based on local health conditions – you should certainly begin to look at the children on the waitlist and accept the children. We certainly want as many children to be served as safely as possible. So, it's just a balance here.

Dr. B: That's definitely a tough one because I do think the need is so great.

Ann: Absolutely.

Dr. B: So, you're going to have that – that pull, and we want you to serve as many as you can, but be smart about it. So, we've been doing a lot of things remotely. How does remote recruitment enrollment change documentation needs? Will programs be required to conduct in-person enrollment interviews?

Adia Brown: Hello, this is Adia. I heard there's about 5,000 campers out there. That's a lot. So, I hope you feel warm and toasty. And I know that these answers are coming at you a bit rapid fire. I'm looking at the chat and I'm seeing that you guys have lots of questions in the chat. And a lot of your questions are being answered. They got entered a few slides back. So, I want people to know that you are going to get copies of the slide.

And also, I think that as the presentation goes on, you'll start to hear that some of the questions that you may have had in mind are going to get answered as we go forward. The other thing is – is that we're going to be doing a six-week series. So, all of the things that you might have about health or about other things that aren't related to ERSEA or the program structure, we're going to answer those questions. Don't worry. Those questions are going to get answered in another session. So, if you put a question about – that relates to something that's different than the topic that we're talking about today, you can feel comfortable that in the six weeks, we will answer your question. I'm going to answer this question.

And I know that you guys are doing a lot of virtual stuff out there. And so, when it comes to recruitment and enrollment, you may do this virtually, so you may decide that you want to do some in-person stuff as on-the-phone interviews, Zoom chat, and different things to get to know your families before they come in. However, you still can do a on-the-phone interview versus an in-person interview. And the most important part is to make sure that, as Ann said, that you – you even get to – you keep the documentation of what you did as you were involved in those meetings.

Dr. B: Excellent. I think we've seen a lot of really creative remote work out there, and we appreciate that very much. So, if a child has a long absence due to COVID-19-related risks or illness, how long can the slot be held for them?

Adia: So, this is where ... At the beginning, we said that programs really have a lot of discretion on – on how you are actually coping with this particular pandemic. And so, if you have a child who may have been absent for a while related to the fact that they're sick because of COVID-19 or their family might be sick, their mom or their dad, or something to that nature, you have some flexibility. So, we're not saying here that you automatically have to make that spot vacant in 30 days because you don't. You have some flexibility. You can continue to work with the family, and in fact, we hope that you do. And we want to make sure that all the families really get served in this time of need that – that – that needs you still, even if they get sick.

Ann: I think most parents are going to be very forthright saying, "I really want my child to come back." And I think conversely, a parent is going to say, "I'm too scared. You know, I don't want to send my child this year." So, I think relying on, you know, seeking what parents are really thinking and concerned about, I think, again, we're giving programs a lot of flexibility here to make good judgments, based on the needs of the child.

Dr. B: Will programs be penalized for low attendance or variation in attendance?

Adia: You know, the easy answer to that is no. You know, we understand that there may be, you know, kids and parents that are making some really tough decisions about when they want to bring their children, you know, what's going on in their household, and so you may see a lot of variation in your attendance, and we're not going to penalize programs because you had low attendance. We do, again, expect from programs to stay on top of their attendance, to track their attendance and to make sure that they know, you know, whether or not they're meeting, you know, the 85% or not and document those reasons.

Dr. B: Excellent. And attendance has such a varied definition now due to remote services, there's not a "attendance," but we want folks to still receive solid services. And, speaking of that, let's segue. We're going to kind of switch topics. Do you have anything else on – on ERSEA that you want to touch on Colleen?

Colleen: I was just gonna just ... So, one question that I wanted to touch on Adia and I were both talking about remote ways you can ... You can verify eligibility remotely, and we've got – we got a question and we've seen it before about, you know, are we still requiring or does OHS still require parents, families to – signatures from families for eligibility? And I just wanted to clarify that there's not actually an OHS ... There's not a federal requirement that you get a signature from families. And that's one of the reasons that we've said, you know, you can do this remotely. Like you can have different ways ... The requirement that we have is that there's staff documentation of how you got – you determined that they were eligible and that we have a staff signature that we have some way to document that the staff made that determination. So, programs may have requirements around family signing it, but that's not a federal requirement, and that's something that program should look at. If they have requirements that,

you know, they may think are driven from – from the performance standards. They may ... These, you know, other things that it could be related to, but you should look at ... Are there things that are creating a barrier to you serving families during this time? And see if there's ways you can – you can address those.

Dr. B: That's a really good point. You know, so many times I've been at conferences and been asked questions where someone assumed something is a federal mandate. And if, if you just ask yourself, what is the actual regulation number that goes with this requirement that I think exists. And if you can't name it, then it might not actually exist; we might be making that up or applying local requirements, which is very different. Excellent. So, we are going to shift gears a little bit and look at program structure. And our first question is around whether programs are expected to operate the program options they're funded to operate. So, in other words, it would ... OHS allows flexibility in program options. And what are the accompanying waivers that somebody would need if they needed to shift?

Colleen: So, programs are not expected to operate the program's options that were in place before – before COVID. So, we – we think some programs may still be doing it, and that may be working for them. What we do think is that all programs would, should really be reassessing the options they operated before COVID and determine if these options still makes sense in their community for these families, or if there should be different options, there should be a combination of options, whether there's some locally designed option and that they think would work at the best time right now, and work best for the 2020 to 2021 program year.

So, you know, we know there's a lot of uncertainty coming into this year, but we want people to know they have the flexibility through this full program year to operate things differently than they may otherwise have done. We think, you know, group sizes may be smaller in some cases. We've – we may have some families that are wanting to stay in the program but aren't comfortable coming into the centers. The programs can look at mixes of virtual options and in-person options. They may change throughout the year. We know that there's, you know, hopefully local conditions may be improving, maybe stabilizing. People may be able to – to bring things back into the center. There was an outbreak in or an uptick in a certain area, they may need to go back, and so we want programs to know that they have this flexibility for this program year to really think about what works, and what's needed in their community and be able to, to change without having to worry about a waiver process for us.

So, what we are saying is that you don't have to obtain an official waiver to – to operate something different than what's in your – your regular operation of what you're approved for, but you do need to let the regional office know. So, we're asking that folks go into HSES. Through correspondence, let their program specialists know when – what – what they're changing, you know as things may change again, that we really want to be informed of what's going on. It's kind of like Ann was saying before about, we're not looking to do, to call programs chronically underenrolled, but we want you to report your enrollment. So, we need to still know what's going on while we're also really trying to give folks the flexibility they need to be able to operating in this really unprecedented time.

Dr. B: That's a really good point. So, what we've tried to do is not put a huge burden on program, but it is extremely important that we know what's happening because that's going to drive our decision-making moving forward and informing our leadership, so really important. Excellent. How about if physical distancing and overall health and safety, for trying to promote that, what flexibilities will OHS allow for program schedules and service duration for center-based and family childcare programs? I'm guessing this is somewhat linked to the last question, yeah?

Colleen: That's absolutely right. So, we absolutely, are allowing flexibilities in, you know, your – your currently approved program schedules, your – what the duration that you currently are operating for the different types of programs that you – that you operate. We understand that in order to – to meet the needs of their kids and families, in order to be able to, you know, protect the health and safety of their kids, to meet the physical distancing guidelines, programs may need to reduce the hours they're operating. They may need to be serving, you know, fewer children. We really want them to make sure that programs are considering both the health and safety guidelines and thinking about the individual needs of their kids and families. So, you know, programs that have a lot of working families that really need that will need to consider that and balance that with how many children that can serve center-based safely.

We also know that programs may look at providing virtual services, home based services, a combination of those services. So, we definitely want programs to have that flexibility. We're going to talk a little bit later ... There's a question that's specifically going to be talking about the reduced group sizes. But I think this ... We just really generally want people to know, like the last one, we've got flexibility for them to design what they think they can do safely and what their families and their kids need. Not an easy balance. We know that It's going to be tough to figure exactly what that is, but we are really trusting programs to figure out how to do that better than we can necessarily say right from wrong.

Dr. B: Local lead is going to vary, and our schools are dealing with the same conflicts, right? How do we – how do we get to kids, but do it safely. There's a lot to consider. All right. Next question: Are center-based programs required to meet their typical service duration for the 2021 program year? I feel like you've already answered this, really.

Colleen: Yeah and I think we just wanted to say this one really explicitly. Like we've been talking about the importance of serving kids for longer days and longer years for a long time now. And, you know, you've heard all of us talking about the importance of that, and everybody knows there's a, you know, the requirements coming into the place to serve 50% of your – 45% of your slots at center-based in the future next year. But right now, we want people to understand we know people will not be meeting their typical service duration. We already saw someone in the chat said, "What is typical service duration?" And I think that's also important to clear ... Your typical service duration is what you're approved to be doing. So, if you're a program that, you know, is approved to be doing full-day services, we know you may not do that. If you're a program that normally does five-hour days, you may not be doing that either. So, what we're

saying again is just there's flexibility in how programs are possibly not going to be meet – meet what they normally have said and – and been funded to do.

Dr. B: Yeah. And just documentation and ...

Colleen: Documentation.

Dr. B: Make sure you can talk to it. Are there consequences if programs cannot conduct the required number of home visits in home-based programs?

Ann: I mean, absolutely not. This is consistent with, I think, the theme of the day. We know that it may be impossible for some programs to conduct the number of home visits in person. We certainly think there are opportunities again for creativity, that some home visits be done virtually. Could it be a combination? We certainly know that the home visitor is going to have to think about the social distancing if they do an in-person home visit. We also know that, you know, group socialization is would be really challenging, but we actually, over the past several months, have seen incredible creativity from programs across the country, serving kids in interesting and creative ways. But the bottom line here is: No, we think it's going to be hard for you to meet the requirements here. We want you to do your best, but no one is going to be penalized because they were not able to make the number of specific home visits or socialization. Again, this is an exceptional year with lots of exceptions that are – that are being considered here.

Dr. B: And I think with all of them what we're trying to do is to be thoughtful so that programs can do their best with – with all of the variables. But we really want to emphasize how important it is that we do all we can because our families are in more need than ever. So, it's sort of a funny balance of having this extreme need and less capability of providing it. So, finding out how you can creatively do that is really important. All right. For family childcare programs, are our child development specialists still required to conduct regular visits for each family childcare home not less than every – once every two weeks? So, this is ...

Ann: I mean ... You know again, similar with our responses, you know, Dr. B, we'd love to say, boy, we certainly wished that we could get those specialists in there. you know, every – every two weeks, it may not be realistic. You could have a home visit and it's very tentative about having another adult come to the house. I really think there are ways, again, programs be creative. I think what is important is how are you going to keep in touch with that family's child care provider and provide the support that that person needs to ensure a high-quality and safe services within the home?

Dr. B: Alright, if programs are operating – operating with reduced group sizes, do they still need two qualified staff in each group?

Ann: Well, yes, the answer is yes here, and I think we had talked about this before. Two qualified staff are necessary to ensure a high-quality safe environment, and in the majority of cases. We did make a determination that we will allow a waiver of the two-teacher provision

for Early Head Start groups. If there are four or fewer, but it requires that the grantee have a second adult in the room. So, if you've got a group of infants and toddlers – a four or fewer – you must have one teacher and you also must have another adult in the classroom. If, and again, for preschool, if a grantee believes they have a compelling reason that a teacher and teacher assistant are not necessary, we're talking about very small groups, like maybe a group of six or a group of five, we want you to discuss that with your, with your program specialist. Contact your regional office and talk about why you think it would only be – you could provide a safe environment with one teacher with a preschool group of five or six kids.

Dr. B: What are OHS requirements or recommendations for center-based classroom group sizes during COVID-19?

Adia: Hello everybody it's Adia again. How are you guys doing? Take a breath out there. [Exhales] It's a lot of information and a lot of – a lot of questions in the – in the chat that I'm seeing. But, you know, all of this is coming to you ... I want to remind people It's kind of my job here, you know, as, you know, as a monitoring lead, my job is always to say, you know: be calm; be cool; it's going to be OK. So, my voice is always here because a lot of these questions really relate to, you know, am I going to be penalized? Am I going to do something wrong? You know, is it – is OHS going to come down on me for a decision that I made. And so, a lot of what you're hearing here today is people giving you flexibilities. When we monitor the programs, we'll understand which flexibilities were in place. And as far as what should you do around group sizes, the most important thing is to follow your state and local guidance. Everywhere is different. There's different guidance for the group sizes. There's different guidance on how many people you can have in a given space. We know that that's different for all the programs. And we understand that this likely, that this means that you'll likely have smaller group sizes, and that's OK. So, we want people to really pay attention to what's happening in their local communities and make the best decision that you can based on that information.

Dr. B: And I did see a question I think is worth just answering. So, just to clear things up for folks, and that is what we're providing today is the 2021 school year.

Adia: Absolutely.

Dr. B: This is not, you know, wait and see if it's, you know, it goes through October or through January. This is the 2021 school year, so this is giving you information that you can use to plan for a school year. That's important to point out. Alright.

Adia: One other point of my question that I forgot to tell you is that when you're thinking about your group sizes, you really want to think about nap time, because you may need some additional space. You may need some other, you know, for children to sleep and to make sure that they stay within a safe physical space.

Colleen: That's right. I think that when we're thinking about, you know, we really want people to think, look at their square footage they have, think about what's what square footage you need to be able to really maintain the physical distance that we should be, and like Adia said,

some, you know, things you wouldn't necessarily immediately think of is, you know, nap time kids can't be wearing masks. So, our face coverings, and so you need more space to be able to have that physically distant. So, I think, you know, programs have a lot of things to think through in figuring this out.

Dr. B: But you know what I'd say, too, is we have seen ... I mean, we've some of our folks not close at all, so we've definitely seen people find solutions to these things. It's easy to feel like there's no way to do this, but they're really – they're really are a lot of creative ways to do it, and I encourage you to, you know, use MyPeers and social media outlets and things to find examples that're out there and we're trying to lift up every example that we find. So, so pay attention to that piece if you need ideas.

Colleen: I think just to take up, Debbie, I'd like to advertise there, but there are so many great webinars and webcasts that – that have been – that are available out on ECLKC, helping folks think about how you can deal with some of these health issues and really building on best practices and what programs have done well. Cause we've seen, you know, incredible work that programs are doing and we're really trying to be able to spread that to help other folks make those decisions.

Dr. B: Yeah, I think about the program we talked to recently that actually hired sanitation folks. They hired people just to clean. That was their job, and that way they could focus on it, and that's what they wanted to use some of their CARES money for. So, those – that's something I hadn't even thought about. So, it's – there are some really good ideas out there. So, this next question is really good because we do have ... We constantly push back on: Use your local and state health guidance. That varies. And in some localities, they may be a little lighter on the guidance. What are they ... What are folks supposed to do when they don't have that very specific guidance around group size, say at the state level?

Adia: And that could be challenging, and it could be nerve-wracking when you don't have an authority, so to speak, to go to give you the answers you need about group size. So, for programs who – their local jurisdiction aren't really giving the guidance, you really want to think about talking to your health managers, talking to your health advisory committees, talking to people in your local area and determining the safest way to operate for the children in your community. And that may mean doing things like Dr. Bergeron just said. Thinking about, you know, how can you keep the center clean, or thinking about whether or not you want to offer smaller group sizes, or, you know, thinking about whether or not, you know, you have different practices from other experts that you understand would be most helpful in your Head Start program. Programs aren't going to be penalized, so you just have to make good decisions, document those decisions and determine the best way to operate in your local community.

Dr. B: So that is our last question. We were worried about not having enough time to get through all of our questions. I'm excited that we actually have extra time to address some of the questions in the chat.

Ann: I think people clearly are concerned, even though we said it in the text is here, that they're going to have, you know, is it OK to do the virtual services? Do I count those children as enrolled? And I think you've heard through several of the answers we expect programs are going to do a combination of things. And if there's a parent who says, you know, "I really ... I want to continue virtual," then document that decision, but that child and family are still enrolled.

Dr. B: Right. That's right. Colleen, I saw a question earlier that asked if hazard pay was like unemployment. You know is that in the same category? That seems like a good question. A lot of people are getting hazard pay.

Colleen: That – that is a good question. And I also saw another question that was asking, you know, "Are there other income changes, like changes during COVID, to the way we – we look at income?" And so, I think that hazard pay is one that a lot of people have been asking about. And generally, there aren't any changes to the way we need to look at income and the threshold for the poverty line, you know, are established, and we don't have any flexibility within that.

The flexibility we do have is those CARES Act payments, the – the stimulus payments. And the special, federal one time of emergency unemployment. Those do not need to be counted towards income, but things like hazard pay, any other, you know, wage that a family gets does have to – to be accounted for income for new families.

So again, if you have a family in Early Head Start, it doesn't matter if their income has changed, if they're getting additional funds. If you have a family that's just going into their second year of Head Start, again, the income changes do not matter, but for newly enrolled families, we don't go beyond the regular 10% that folks can enroll above income. And then, the more limited ability to enroll folks up to 130% of the poverty level, but still have that flexibility. But other than that, we don't have any authority to change the income thresholds there. But I think ... I was just going to say we talked ... Ann and I were talking before about – thinking about homeless families and that, you know, we know that there's been an increase, unfortunately, in folks experiencing homelessness right now. We really think that there are opportunities for programs to think about how they can enroll some of those families as well.

Ann: I'd love to jump on the disability question. I'm channeling Amanda Bryans right now. So, someone said, you know, what about if we can't meet the 10% disability requirements? And I guess what I want to say is: We understand there are a few challenges. There is a waiver provision for that right now, but we wouldn't want you not to still worry about the children who have suspected disabilities, who need to get evaluations. We expect there's going to be a lot of backlogs across our medical systems and our ... In LEH, we're doing evaluations, but clearly, it's not the ... I think the important message that we would want to impart if we're saying is if you can't meet it, we understand it shouldn't be like, oh, I don't have to worry about it because we want you to worry about the kids that have the special needs, who may not get fully evaluated. And the question is what can the program do to continue to support those

children and providing individualized services? So, it's more about what matters for that child than it is about meeting that 10% this year. But I just, I needed to say that for a minute.

Dr. B: I actually think that – that all of this really illustrates ... It sort of heightens the – the illustration of how compliant-driven our – our program ... It has created this obsession with compliance because what we're trying to do is move to more common sense anyway, but in this environment, we really need folks to have a commonsense approach to this. We don't want to create something that undermines your ability to be successful and safe and – and all of those things. So, we're giving you lots of flexibilities and – and hopefully you feel that. But that doesn't mean we're saying that none of this matters. You've got to find that middle ground where you say, OK, so ... For example, I saw ... I still saw questions that said OK so, "What is the ratio, the teacher- student, the teacher-child ratio? Well, we don't have one. That's the point. You have to figure that out based on your square footage and your guidance and your local health department and all those things. But at the end of the day, what we really want are all of your enrolled families to feel like they're supported somehow. So, that might require a hybrid, face-to-face, remote program, or something like that. So, it's really trying to put on your critical thinking hat, your problem-solving hat, and – and know that at the end of the day, there isn't this like super strict guideline you need to follow, but we still want to reach as many children, families and – and be as supportive as we can be.

I saw a lot of questions in the chat related to guidance, on face coverings and social distancing and all of those details. And what I can say is we – we're going to sound like broken records, but we need you to look to see No 1, do you have local or state guidance that defines that. A lot of the states have put out very specific information, and it's – and hopefully you already have that. That's – that's ... The websites are pretty – are pretty up to date and – and many of the states have – have done an incredible job of defining exactly what they want to see. Other States have not been as specific, but the CDC has put out guidance, and we have said over and over that we really are relying on the CDC's guidance to help us all find a space that's safe for children and staff. And so that's where we would point you toward for these answers. We're not going to have a document that says you must do X or you must do Y. We're going to point you to the experts in that area, which in our case is the CDC or your state, if your state is following other guidelines.

Ann: I think one of the things that came up here, and I know we've talked about the discretion for smaller groups, and this concerns, you know, how are you going to get kids, to social distance, right? So that is ... That should all factor into ... Then how many little bodies should be in that classroom? And I think there are other resources on ECLKC, and I even think that this was addressed in the previous webinar, that there are specific teaching strategies that you really can implement to support children, you know, sort of keeping more apart, like having their own toy box. So, I – I think that they are helpful things, but again, that notion we understand, this is going to be hard for children. So, what is it that you can do in your planning and decision-making that will support a safe environment to the extent possible?

Adia: You know, I'm not the first one ... Someone wrote in the chat, which was really interesting, that all of these questions are here because OHS is known for penalizing programs. And I just thought that was an interesting comment. And I think that what OHS wants to be known for is celebrating programs. And so, this has been just an unprecedented time that we are going through right now, and programs have been so innovative, and they have been so ... They have risen to the challenge of meeting children in ways that we could have never thought about. We cannot think about all of the answers for every program in every local jurisdiction. We expect that programs are going to do some pretty wonderful and creative things to serve children and their families.

So hopefully, OHS is going to be known as a program that celebrates what their programs are doing and celebrates the way that we have actually pulled together and really made it through this particular pandemic. So, I think that's why our guiding principle is around making sure that you guys have the discretion to make your decisions in your program, knowing that when somebody like me or my monitoring team comes in, that we know that this was an unusual circumstance and we want you to document things. And we do not want to penalize people for making the best decisions that they can make for their program.

Dr. B: And you know, Adia, you and I have been working so closely over the last couple of years to try to shift from this sort of gotcha growth mindset. And this plays right into that. That's exactly right. And it is a big shift since folks have been around for a long time and maybe that isn't the way things have done have been done forever. So, we appreciate the fact that they're just making sure, but we trust you and we want you to trust us. But part of trust is it's also making sure that the commitment to the mission and what expected is done. And I think that, at the end of the day, we all know what that is. And you just have to be able to show that that thought was there.

So, a lot of really great questions in the Q&A most of them, I mean, we're seeing like repetitive questions, so we'll go through them. If we see unique ones, we'll pull them out and make sure you get answers to those. I'm going to shift to our breaking news. We've got some really good breaking news today. The staff wages and benefits flexibility was extended through September 30th. So, this is pretty important. This is something we came out with right away when we saw folks going and closing doors and going home, but continuing to provide services, and then we saw that June 30th deadline around the corner. Colleen, is there anything to add to this other than it was the extended? There's no change in the – in the actual ... It's still the same flexibility,

Colleen: Same flexibilities, same idea though. You know, if we're in the summer and staff would not have been working normally just does not apply to that. This is, again, folks that would have been working except for the public health emergency that, yes, this is extended through September 30th.

Dr. B: Right. Excellent. And then, we got news yesterday that you USDA has actually extended its waiver for child nutrition program through next year, 2021, June 30. So, if you've used that waiver, and I believe they were up against the deadline too, so we see that being extended for the whole program year, which is fantastic. So, two really good things that you can count on.

We went through questions, so I think we're pretty much through what we're going to answer. And what I'm going to do now is just kind of preview next week. I will actually not be here. Ann Linehan is going to run the camp next week. I think she's bringing her guitar, and she's going to sing campfire songs.

Colleen: [Laughter] I'm going to be recording that one if that happens.

Dr. B: So next week we're going to talk about HR and program governance. And we – we will, you know, again, have the same format. So, we're looking at questions that you have. we'll consider the ones that we have here in the chat. And – and try to be as thorough as possible. And we look forward to being – this ongoing theory week to week. So, if there are things that are particular interests to you, you certainly can – can get that information to us.

Adia: Dr. Bergeron, don't forget about timelines. That's one of the most, one of the things that people really want to know about. Those timelines: 45 days, 90 days. We'll we be talking about that next week too.

Dr. B: Very good

Colleen: And that, I did see a lot of questions in the chat about that. Like what if we can't make the 45-day screening requirements? Or the, you know, the health requirements? That's – that's been, so we'll, we'll be talking about those timelines, and, you know, we don't want to preview too far in advance, but we've got questions about things like: we need guidance on toothbrushing; we need more information about remote services. What should we be doing virtually? What's the education expectation? These are all topics that are going to be coming up in future weeks. So, we're going to be delving more into health issues. We're going to be delving more into education issues. You know, after, like Debbie said, we do the HR, the program governance, and then the timeline, those clocks. People very much want to hear about those, we'll talk about next week.

Dr. B: Right. Very good. And I think we've kind of lined up the content so that it unfolds pretty naturally right into the new year. Although you're probably anxious for information, I would encourage you to go to ECLKC. We've got a lot of recorded webinars there that have – that cover all kinds of things. I'd also, if you haven't tapped into MyPeers, there are MyPeers groups forming on all kinds of things around this issue. And you may find really great examples there. I think connecting with your colleagues is a really good way to find creative solutions at this time.

And if you are doing something creative and you want us to know about it. Make sure that you share it with us. At the very least I can be reached on Twitter. I leave my messenger open on Twitter just for that very reason, and people have shared ideas with me that way, if you have no other way to do so. And please do, because I take those and hold them up and figure out ways to get them out. There's no point in all of us doing our own thing in a silo. We're – we all have the same needs and being able to tap into the rich resources that are out there ... The smart thinking is – is a good thing for all of us.

So, this was great. This was CAMP Session No 1, and we appreciate everybody being here and participating. We hope that you enjoyed it. Feel free to, you know, continue to put comments here in the chat, and then we'll sign off, and we will see you next week.

Adia: Next week is ziplining in the mountains [Laughter]

Colleen: And don't forget Ann's campfire song.

Ann: The campfire song.

Dr. B: Have a great day, Head Start. Bye bye.