Review of
Head Start Program
Correspondence

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
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PROGRAM INSTRUCTION

TO: Head Start and Early Head Start Grant Recipients and Delegate Agencies

SUBJECT: Supplementary Information on Establishing an Evidence-based COVID-19 Mitigation Policy

INSTRUCTION:
In January 2023, the Administration for Children and Families (ACF) published its Final Rule, Mitigating the Spread of COVID-19 in Head Start Programs. This Final Rule removes the universal masking requirement for individuals 2 years and older. It does not address the vaccination requirement from the Interim Final Rule with Comment Period (IFC), so the Head Start Program Performance Standards (HSPPS) at 45 CFR §§1302.93 and 1302.94 remain in effect. The Final Rule requires Head Start programs to have an evidence-based COVID-19 mitigation policy, developed in consultation with their Health Services Advisory Committee (HSAC).

This Program Instruction (PI) provides supplementary information to support grant recipients in developing the required evidence-based COVID-19 mitigation policy.

HSPPS Requirements

To protect children, families, and staff from infection and illness, 45 CFR §1302.47(b)(9) requires Head Start programs to have an evidence-based COVID-19 mitigation policy developed in consultation with their HSAC that can be scaled up or down based on the impacts or risks of COVID-19 in the community.

All Head Start and Early Head Start programs are required to establish and maintain an HSAC (45 CFR §1302.40(b)). The HSAC is an advisory group usually composed of local health providers, like pediatricians, nurses, nurse practitioners, dentists, nutritionists, and mental health providers. Head Start staff and parents also serve on the HSAC.

This Final Rule requires programs to have established an evidence-based COVID-19 mitigation policy in consultation with their HSAC by March 7, 2023.

Evidence-based Policy

As stated in the Final Rule, *evidence-based* is an umbrella term that refers to using the best research evidence (e.g., found in health sciences literature) and clinical expertise (e.g., what health care providers know) in content development.[1] Integrating the best available science with the knowledge and considered judgements from stakeholders and experts benefits Head Start children, families, and staff.[2]

The COVID-19 mitigation policy should be informed by objective evidence and findings from research and expert recommendations from public health authorities such as the U.S. Centers for Disease Control and Prevention (CDC) and state, tribal, local, and territorial health departments. Head Start programs have various sources to consider, including but not limited to:

- CDC guidance, including general COVID-19 information and early care and education (ECE) program-specific guidance, such as Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning.
- State, tribal, local, and territorial health departments, universities, and professional health organizations
- Caring for Our Children health and safety standards
    - 9.2.3.2: Policy Development for Care of Children and Staff Who Are Ill
    - 9.2.4.4: Written Plan for Seasonal and Pandemic Influenza

The Early Childhood Learning and Knowledge Center features an interactive module to support Head Start programs in learning how to find and use up-to-date, trustworthy, and consistent health information. Programs may access How to Find Science-informed and Evidence-based Health Information to explore five steps to help determine if information is current and accurate when developing an evidence-based policy.

Grant recipients are not limited to the considerations outlined below when developing their evidence-based policy.

Considerations for an Evidence-based COVID-19 Mitigation Policy

Mitigation Strategies

As stated in the Final Rule, in the context of COVID-19, *mitigation* refers to measures taken to reduce or lower SARS-CoV-2 transmission, infection, or disease severity. Other terms used for this same concept are "risk reduction strategies" or "prevention strategies."

An evidence-based COVID-19 mitigation policy should use multiple strategies at the same time, such as masking, ventilation, and staying at home when sick. Current evidence suggests the

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[1] Adapted from Office of Disease Prevention. Evidence-based practices and programs. National Institutes of Health https://prevention.nih.gov/research-priorities/dissemination-implementation/evidence-based-practices-programs

[2] Adapted from European Centre for Disease Control and Prevention. European Centre for Disease Prevention and Control. Evidence-based methodologies for public health – How to assess the best available evidence when time is limited and there is lack of sound evidence. Stockholm: ECDC; 2011. https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/1109_TER_evidence_based_methods_for_public_health.pdf

importance of a layered approach whereby one strategy is "layered" upon another because they are more effective in minimizing the impact of SARS-CoV-2 than when using one strategy alone.[3] When developing their policy, Head Start programs should consider the risk factors for their staff and the families served, strategies to be used when the impact of COVID-19 changes in the community, and how the risk of exposure could change depending on the Head Start services provided.

COVID-19 Community Levels

CDC developed the COVID-19 Community Levels to help individuals, agencies, and organizations make choices on what precautions to take based on the level of disease burden in their community. It provides county-level data for each U.S. state and territory, determined by a combination of three metrics that are updated weekly — new COVID-19 hospital admissions per 100,000 population in the past seven days, the percent of staffed inpatient beds occupied by COVID-19 patients (seven-day average), and new COVID-19 cases per 100,000 population in the past seven days. Using these data, the COVID-19 Community Level is classified as low, medium, or high. Grant recipients should consider using this data and guidance to inform their evidence-based COVID-19 mitigation policy. Layered prevention strategies should also be able to be increased when community risk is higher (e.g., when COVID-19 Community Level has increased).

COVID-19 Vaccination

At this time, the national vaccination requirements at 45 CFR §§1302.93 and 1302.94 remain in effect for staff, certain contractors, and volunteers in Head Start programs in states that are not subject to permanent[4] or preliminary[5] court injunctions. There is no federal requirement to go further. However, all programs still have the discretion to require, promote, and encourage COVID-19 vaccines for staff, subject to tribal, state, and local laws. ACF strongly encourages that all staff, contractors, and volunteers be up-to-date on their COVID-19 vaccinations given the proven benefits for individual and community safety, including reduced incidences of severe illness, hospitalization, and death.

OHS also wants to make sure all families can obtain accurate information about the COVID-19 vaccine and encourages programs to address in their mitigation policy how they can help families and children access the vaccines. Programs may still consider COVID-19 vaccination in

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[3] Center for Disease Control and Prevention. "*Science Brief: Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations*." August, 2022. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/indicators-monitoring-community-levels.html

[4] The U.S. Department of Health and Human Services (HHS) received notice that as of Sept. 21, 2022, following a decision by the United States District Court for the Western District of Louisiana, implementation and enforcement of Vaccine and Mask Requirements to Mitigate the Spread of COVID-19 in Head Start Programs, 86 Fed. Reg. 68052 (Nov. 30, 2021) (the "Interim Final Rule" or "IFC"), is permanently enjoined in the following 24 states: Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, West Virginia, and Wyoming. Head Start, Early Head Start, and Early Head Start-Child Care Partnership grant recipients in those 24 states are not required to comply with the IFC.

[5] As of Dec. 31, 2021, following a decision by the United States District Court for the Northern District of Texas, implementation and enforcement of the IFC is preliminarily enjoined in Texas.

their evidence-based policy, including ways to provide access and increase uptake of vaccines among Head Start staff, contractors, volunteers, and children and families.

Prioritizing Strategies

Per CDC, Head Start programs should consider local context when developing and implementing a response to COVID-19 conditions. Factors to consider include:

- Age of population served
- People with disabilities
- People at risk of getting very sick
- Equity
- Availability of resources
- Communities served
- Pediatric-specific considerations

A fuller discussion of each of these factors can be found in CDC's Operational Guidance for K-12 Schools and Early Childhood Programs to Support Safe In-person Learning.

Responsive to Changing Conditions

The intent of this policy is to make sure programs can adapt to changing circumstances and conditions of COVID-19 while still protecting the health of children, families, and staff. The requirement for having an evidence-based COVID-19 mitigation policy specifies that it needs to allow for programs' response to be scaled up or down based on the impact of COVID-19 in the community. It gives Head Start programs more flexibility to adapt to the changing circumstances and conditions of the virus and be responsive to the unique challenges and needs of their communities.

Given the unpredictable and evolving nature of COVID-19, Head Start programs may go through periods where the impact of COVID-19 is low, medium, or high. Programs' COVID-19 mitigation policy should specify what prevention strategies or combination of strategies will be used when the impacts or risks of COVID-19 increases or decreases, and how the policy is communicated to children, families, and staff. Programs can also decide to place requirements related to COVID-19 mitigation policies as needed. For example, a program may choose to require universal masking when there are higher levels of transmission or burden in the community, consistent with CDC guidance. We include additional considerations for the communication of the policy below.

Additional Precautions

While local context is critical, Head Start programs may also want to consider additional precautions regardless of the level of impact from COVID-19 at that time and in consideration of the needs of the communities that programs serve. As noted in CDC's guidance to K-12 schools and ECE settings, program administrators should work with health departments in their jurisdiction to consider other local conditions and factors when deciding to implement prevention

measures. Pediatric-specific indicators, such as vaccination rates among children, pediatric-specific health care capacity, pediatric hospitalizations, and pediatric emergency visits, can help with deciding on which mitigation strategies to use. Head Start programs may consider the extent to which children or staff are at increased risk for severe disease from COVID-19 or have family members at increased risk for severe disease. ECE programs may choose to implement universal indoor mask use, for example, to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.

Programs should also consider how their COVID-19 mitigation policy protects children with disabilities, children who are immunocompromised, and children at higher risk of severe complications, as well as layered mitigation strategies to make sure children can safely continue to attend the program in person. For example, programs may consider additional mitigation measures, such as more extensive mask use or increasing ventilation, if there are children who cannot safely wear a mask because of their disability, as defined by Section 504 of the Rehabilitation Act of 1973. The U.S. Department of Education's Disability Rights webpage provides guidance and resources for schools and ECE programs to make sure students with disabilities continue to receive the services and supports they are entitled to so they have successful in-person educational experiences.

Communication Plan

COVID-19 mitigation policies should include a strong communication plan consistent with 45 CFR §1302.41(b)(2) to make sure staff and families are prepared to navigate the ongoing conditions of COVID-19. Programs should consider:

- Who communicates to staff and families?
- What should be communicated?
- When are communications shared and with what frequency? How does the timing for communications relate to changing COVID-19 conditions in the community?
- How will it be communicated? For example, programs may have signs outside classrooms and the building if masks are required or recommended.
- Is the communication accessible to individuals with disabilities?

Evolving guidance comes from various federal, state, tribal, local, and territorial authorities, in addition to CDC. Employers should be prepared to communicate changes in protocols as far in advance as possible to staff and families.

Please direct any questions regarding this PI or the requirement that Head Start programs have an evidence-based COVID-19 mitigation policy to your regional office.

Thank you for your work on behalf of children and families.

/ Katie Hamm /

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Office of Head Start