

COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

WELCOME TO OHS CAMP
Session #6



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

OHS CAMP Series

Each conversation is designed to:

- Empower grantees to make reasonable decisions
- Explore how meeting HSPPS requirements may look different
- Reinforce grantees need to use community data and state and local guidance to make informed decisions
- Ensure the health and safety of staff, children, and families comes first



Today's Session Overview:

- A conversation with five local grantee staff about offering Head Start and Early Head Start services during the COVID-19 pandemic.





Top 40 Questions Asked During the OHS CAMP Series



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1301 Program Governance



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

Are programs allowed to keep community members and parents on the policy council past the five years during the 2020-2021 program year?

Programs should make every effort to recruit and elect policy council members to replace the seats held by members who have exceeded their five term limit. However, if programs are unable to hold elections due to the COVID-19 pandemic, they can keep current policy council membership in order to maintain a quorum, until elections can be held.

§1301.3 Policy council and policy committee



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1302 Subpart A – ERSEA



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

Are programs required to collect signatures from families when completing enrollment paperwork?

There is no federal requirement for family signatures unless the family is providing a self-declaration of no income or experiencing homelessness. In those cases, programs may accept a family's declaration if program staff describe their efforts to verify this information and document how they are completing this process. If the enrollment process is virtual, programs should collect the signatures, if necessary, as soon as feasible.

§1302.12 Determining, verifying and documenting eligibility



Which of the following forms of payment do not count toward a family's income when determining eligibility: return-to-work stipends, unemployment payments, extra \$600/week unemployment payments, and hazard pay?

When determining if a family is income-eligible, only CARES Act stimulus payments and the extra \$600/week unemployment funds are not considered as income. All other funds count toward a family's income.

§1302.12 Determining, verifying and documenting eligibility



If programs are serving a reduced number of children, is a program's over-income percentage based on the program's new capacity or their total funded enrollment?

The 10 percent of over-income enrollment is based on the program's actual enrollment. Programs should use the number of children enrolled rather than funded enrollment to calculate this percentage.

§1302.12(d) Additional allowances for programs



Any thoughts about holding children in Early Head Start after 3 years for a longer period?

Early Head Start programs should continue establishing a transition plan and moving children to a preschool slot as soon as possible after their third birthday. Transition planning must begin at least six months prior to each child's third birthday to support continuity of care and take into account family circumstances, the child's development, and the availability of other opportunities and options for the child in the community.

§1302.12 Determining, verifying and documenting eligibility



How is actual enrollment counted with virtual services?

Programs should count enrollment for virtual services in the same way in-person services are counted. Programs should include all children in a given month who have been enrolled and participated in virtual learning opportunities or virtual home visits.

§1302.15 Enrollment



If a family typically attends center-based services and asks to move to home-based, can programs overenroll home-based to accommodate them? Should programs fill their vacated center-based slot?

Programs should reassess their service delivery options based on the identified needs of children and families. Programs have the flexibility this program year to reallocate their enrollment slots across program options, depending on community need and their capacity to do so. Note, if a program moves a child to home-based and the program has the capacity to enroll another child in the vacated center-based slot, then they should enroll the child.

§1302.15 Enrollment



How should programs track attendance for virtual center-based services? Should programs count each day the child interacts with them or each day the program offers services?

In virtual environments, programs must track attendance for each child in a similar way to tracking attendance for in-person, center-based services. A child is considered in attendance if the program offers services to a particular child on a given day and that child participates in those services.

§1302.16 Attendance



Should programs track attendance for home-based services?

Yes. Programs should track attendance in order to have a record of services provided and ensure they are meeting the needs of each family. During virtual service provision, record keeping is essential. Programs should collect and assess attendance data to determine whether the home-based services are effective for each family receiving this method of service delivery.

§1302.16 Attendance



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1302 Subpart B – Program Structure



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

Would programs have to get permission from their regional office to use home-based in place of center-based during this time?

No. Programs do not have to obtain permission from their regional offices to operate home-based in place of center-based services during the 2020-2021 program year. However, programs are reminded to always document such changes and keep their regional office informed as changes occur in program services and operations.

§1302.20 Determining program structure



If programs are providing both in-person and virtual center-based services, can parents choose which days their child attends the program in-person and which days children receive virtual services?

Programs should work individually with families to make these decisions. For programs offering both in-person and virtual services, it is important for programs to communicate timely and effectively with every parent. Parents should fully understand what services are being offered and what choices they have in selecting services that best meet the needs of their families. Programs are encouraged to take into account the preference of parents to the greatest extent possible when making such decisions, in order to support service delivery options that families are comfortable with during this time, while continuing to provide high quality learning opportunities for all enrolled children.

§1302.21 Center-based option



Can the grantee make decisions to reduce class size based on local data?

In general, programs should consult official state and local guidance to make decisions on appropriate group size. But programs have the flexibility to decide that group sizes need to be smaller than recommended by state or local guidance in order to safely serve children. When making decisions, programs should work with their health managers and Health Services Advisory Committees to explore different strategies and approaches for implementing safety precautions in the classroom, such as physical distancing. Programs should also consult the Q&A for [OHS CAMP: Session 1](#), which provides additional details on how to make decisions regarding group size during program year 2020-2021.

§1302.21(b) Ratios and group size



If class sizes are smaller, is it possible for the second staff person to be absent for brief periods from the classroom without interjecting a new person to the group?

Yes, as has been the case during normal program operations, it is permissible for the second staff person to be absent from the classroom for a brief period without bringing in a substitute, such as to use the restroom or to walk children to the building exit. However, to ensure the health and safety of all children, if the second staff person must be absent from the classroom for a longer period of time, the program must ensure that a floater or substitute staff is available to cover this absence in the classroom. We recognize that programs are working hard to implement rigorous health and safety practices to reduce exposure of children and staff to possible infection. Therefore, to minimize the number of additional staff that are introduced into any given classroom, programs are strongly encouraged to be consistent with the floaters or substitutes assigned to specific classrooms, to the greatest extent possible.

§1302.21(b) Ratios and group size



If a teacher gets sick and has to leave the center mid-day would the program be able to continue the day without a substitute or second adult in the classroom or would they need someone to immediately step in?

In general, two staff are necessary in the classroom to ensure high quality and safe environments for children. Programs are reminded to consider what they would do in such a situation prior to the COVID-19 pandemic; programs should already have policies in place for ensuring safe, high-quality environments if a staff person must go home mid-day. We also recognize that programs are working hard to implement rigorous health and safety practices to reduce exposure of children and staff to possible infection. Therefore, to minimize the number of additional staff that are introduced into any given classroom, but to also ensure classrooms remain safe for children, programs are strongly encouraged to be consistent with the floaters or substitutes assigned to specific classrooms, to the greatest extent possible.

§1302.21(b) Ratios and group size



If we divide the classroom space where 1 class is sharing the same space (such as dividing an Early Head Start room so that 4 children use one side of the room and 4 use the other side of the room), can each group just have one teacher if they are in the same room?

Yes, this is allowable, as long as the two teachers can see both groups of children through the divider. Programs are reminded that in this situation, the children on one side of the divider should not be left alone at any point, even if the teacher must step away from the classroom for a brief period. In these situations, the program should utilize floater staff to cover a brief absence by one teacher.

§1302.21(b) Ratios and group size



Will duration requirements still go into effect in August 2021?

Yes, the requirement for Head Start programs to provide 1,020 annual hours of services to at least 45 percent of their center-based funded enrollment will still go into effect on August 1, 2021. Programs are encouraged to review the [Federal Register notice](#) and [Program Instruction](#) that discuss this requirement in more detail. If we make a determination in the future to delay the implementation for this requirement, we will announce that to the grantee community.

§1302.21(c) Service duration



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

**§1302 Subpart C –
Education & Child Development
Program Services**



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

Should school readiness goals be modified or just the delivery of services?

As programs modify their delivery of services to meet the needs of children and families during the COVID-19 pandemic, they should continue to ensure their ability to promote progress toward school readiness. The delivery of services should continue to focus on social and developmental growth for young children and rising kindergarteners.

§1302.32 Curricula



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1302 Subpart D – Health Program Services



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

What do we do about CPR training since many people will be unable/unwilling to do in person training even if we can offer it?

The American Red Cross is allowing an existing enrollee to extend their current certification for 120 days beyond the original expiration date. They are providing provisional certification courses in First Aid/CPR/AED and Basic Life Support. Students can take the online portion now and complete their skills test within 120 days. Additional information is available at the [Red Cross Learning Center](#).

§1302.47 Safety Practices



How should centers handle the cleaning and storage of materials for children? Should we be putting things like crayons, markers, and other materials such as toys for each child in a container labeled with each child's name so only that he or she uses those materials?

Toys that cannot be cleaned and sanitized should not be used. Toys can be shared within a group, but they should not be shared with other groups of children unless they are cleaned and sanitized first. Any toy that a child puts in their mouth or is otherwise contaminated by body secretions or excretions should be set aside until it can be cleaned and sanitized, either by hand, or in a mechanical dishwasher. Cloth toys or dress up items should be used by one child at a time and then laundered before use by another child. For items such as crayons, markers, play dough, and paint brushes, programs may consider creating individual bins for each child. To clean and sanitize toys, put on gloves and clean toys with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. Toys can be placed in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings. Classrooms and family child care homes should clean the hard, smooth surface toys at the end of the day (if half day or full day) or when a toy is soiled, or put in a child's mouth, etc. Supplies such as crayons, markers, and other material that can be difficult to clean can be individualized in a container labeled with each child's name. It is recommended to keep these difficult to clean supplies and toys to a minimum.



What are the recommendations for cleaning and disinfecting playgrounds when used by multiple classrooms?

Outdoor play should still be strongly encouraged for young children. However, outdoor play space should not mix classrooms of children and staff at the same time, and classrooms should practice handwashing before and after outdoor play. Outdoor areas, such as playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection. However, high touch surfaces such as tricycle handles, balls, outdoor toys, and door knobs should be cleaned and disinfected between use. Adjust schedules as needed to allow time to disinfect high touch areas between playground use by different groups of children. Disinfectants do not work if there are any signs of dirt. Cleaning using the products you typically use at your facility should come first followed by the use of an appropriate disinfectant. Guidance for the selection of EPA-registered disinfectants for ECE settings is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> . See more at <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>



Does OHS have guidance on how best to proceed when supplies are out of stock? Right now health supplies are back ordered with vendors. We are concerned this could impact reopening.

Programs need to plan ahead to ensure they have sufficient supplies on hand and are able to receive needed supplies on a recurring basis. Programs should work with their Health Services Advisory Committee, Head Start Association, and/or their local Child Care Resource and Referral Agency to learn about vendors or other community agencies that have supplies available. Head Start Associations also may be able to bulk order for their grantees in order to expedite purchase of supplies.

If programs do not have an adequate supply of health supplies, e.g., thermometers, cleaning supplies, etc. they should not be open.



Can you talk about how to support infants and young toddlers with "at the door" drop off? This is very different than our current gentle separation practices. We will have many new children entering in September, many under 2 years old so some of the strategies you are suggesting don't apply as well to this non-verbal age group. Additionally, we cannot reassure and calm young children without hugging and physical support. How do you suggest making this separation process smooth for infants and toddlers?

“At the door” drop off may be very different from how you usually handle the drop off routine. Yet, despite it being different you can still emphasize making social emotional development a priority. Young children take their emotional cues from the adults around them – the more comfortable staff and families feel, the more likely young children will adjust to a different way of doing the AM routine. Also, remember that infants and toddlers can be hugged and picked up to be cared for and calmed even during COVID. Physical support is an essential part of caring for infants and toddlers. Keeping a calm and consistent routine whether it is at the door or in the classroom can go a long way in helping very young children feel safe and secure.



Here are some strategies you might want to consider:

- ❑ Prepare the families for the new routine. The more parents/caregivers feel comfortable the more they are able to convey a sense of security and safety to the children, as well as explain the new routine and practice. Try talking to parents about this virtually before children start attending.
- ❑ Solicit feedback from families about how to make the “door drop off” as comfortable as possible – soliciting their feedback can help families buy into the new process and feel more comfortable
- ❑ Depending on the age of the children, consider using a social story to review the new drop off routine and about adults wearing masks. Social stories can also help separation anxiety in general. Families can use a social story about the new drop off and home to prepare. (This can help to reduce parent’s anxiety too). Here is an example of a social story about wearing masks https://www.ucucedd.org/wp-content/uploads/2020/04/I-Can-Wear-a-Mask-Social-Story_FINAL.pdf
- ❑ Try to have the same person receive the child each day during drop off.
- ❑ Consider using a greeting song, offering the same few words at drop off each day, and establishing the same activity routine each day (i.e. after drop off we have breakfast then read books together)
- ❑ Assist staff receiving the children to pay increased attention to their interactions with the children and families during the drop off transitions. Staff can pay attention to their own emotions i.e. facial expressions and tone of voice ideally demonstrating genuine interest, warmth and positive affect. Staff can reflect on how their eyes express their emotions since their mouth will be covered by a mask. Be sure to include reflective supervision to insure there is time for staff to discuss how they are feeling about all of these changes.
- ❑ Label children’s emotions e.g. “I see you are really sad right now. Daddy will be back after nap.”



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1302 Subpart E – Family and Community Engagement



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

What are some of the best ways to connect parents with each other and not break confidentiality?

Programs can begin by ensuring that parents know what parent peer networking options are available to them. Programs can develop an electronic and/or a paper communication to share with all parents that explains the options for connecting with other parents and invite parents to indicate their interest by using check boxes or signature lines. The communication should explain how this approach helps the program be responsive to parents' interests for connection and/or privacy. Depending upon program operations and local health and safety guidelines, the communication could be delivered through email, home drop off, in-person/through the child's take home activities, through verbal communication with parents over the phone, or other typical means of program-family communication.

§1302.52(c) Individualized family partnership services



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

**§1302 Subpart F –
Additional Services for
Children with Disabilities**



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

If centers are not allowing parents and visitors to enter in an effort to limit the spread of COVID-19, should exceptions be made for LEAs to assist with children with disabilities? What suggestions do you have for offering special education and therapeutic children with disability services and evaluations that require in-person contact?

While programs need to follow local health guidance, it is also important that children receive special education and other services that are needed. Programs must work closely with Part C (Early Head Start) and Part B (preschool Head Start) providers to plan the delivery of services, including for children served in center-based, home-based, and through virtual delivery.

Itinerant special education teachers, therapists, and others who are providing in-person services should wear masks, follow hand-washing guidance, and observe physical distancing guidance to the largest possible extent while working with children in Head Start and Early Head Start.

§1302.63 Coordination and collaboration with the local agency responsible for implementing IDEA



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1302 Subpart I – Human Resources Management



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

For programs with teaching staff completing their CDAs and needing observations, how can they complete this requirement if in-person observations cannot be completed at this time?

Programs should seek out information from the Council for Professional Recognition, the agency that administers the CDA, to obtain details on the process for completion of the CDA requirements. If observations cannot be done, the program should document why the completion of the CDA has been delayed.

§1302.91 Staff qualifications and competency requirements



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

**§1302 Subpart J –
Program Management and
Quality Improvement**



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

If local guidance and OHS requirements differ during the upcoming program year, what should programs do?

Programs should make local decisions that best support and protect the health and safety of children, families, and staff. We understand that there may be different and sometimes conflicting information related to the COVID-19 pandemic. Programs are encouraged to review issued guidance on flexibilities to program requirements on the COVID-19 page of the [ECLKC](#). Programs should document the basis for any decisions that conflict with Head Start Program Performance Standard (HSPPS) requirements.

§1302.103 Implementation of program performance standards



If programs are facing conflicting advice from other funding streams (e.g. pre-K or child care subsidy), how should they determine the correct path?

Management and governing bodies should assess based on the most current health data, what is in the best interest of the children and families with health and safety being the top priorities. And – as is normal – if there is a requirement from HSPPS or licensing agencies, the more stringent applies for those programs that are licensed.

§1302.101 Management system



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1303 Subpart A – Financial Requirements



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

What costs are allowable during the COVID-19 pandemic? For example, can programs purchase thermometers for temperature checks, reimburse staff for internet services, or reimburse the policy council for paper and internet used for virtual meetings?

The principles for establishing the allowability of costs has not changed due to the COVID-19 pandemic. The cost principles require programs to ensure their costs are reasonable in light of the circumstances in existence at the time their spending decisions are made. If in light of current operations, an expense is necessary to deliver services to enrolled children and families, it is reasonable. All of the goods and services noted above may be allowable if they relate to the delivery of services to enrolled children and families, whether center-based, remote, or some combination of the two. Adequate documentation must always be maintained to demonstrate compliance with cost principles.

45 CFR §75.403 Factors affecting allowability of costs



If high risk staff work remotely and it results in a diminishment of duties and responsibilities, is their pay expected to be adjusted accordingly?

Staffing decisions should be made in consideration of current and projected service delivery options and associated staffing needs. Staff work assignments and compensation are locally determined decisions. Programs need to review applicable wage and hour laws and their approved personnel policies and procedures. Programs should work with human resource and legal professionals to make reasonable and legally sound decisions about staff salaries and benefits. Programs must take responsibility for making staffing decisions that meet the needs of enrolled children and families.

45 CFR §75.430 Compensation – personal services



Is furlough an option? We don't want to lose the effort and funds expended to the development of the employee.

Before a program makes a determination to furlough staff (meaning the program is requiring staff to take unpaid leave while still considered employees), the program must review its personnel policies and procedures to assess whether furloughs are addressed by current personnel policies. The availability of unemployment compensation benefits for employees placed on forced leave without pay should also be considered. Programs that do have policies governing the use of furloughs should ensure there is a full understanding of the legal requirements and other consequences that could occur as a result of a furlough.

45 CFR §75.431 Compensation – fringe benefits



If programs have bus drivers or kitchen staff, whose jobs cannot be done from home, should they place them on unemployment insurance?

We recognize that staff wages and benefits are a major cost in any Head Start or Early Head Start budget. In making staffing decisions, the first question a grantee must ask is what staffing is needed to support program services, now and in the upcoming months. For example, could the program make a planned shift from remote to center-based services without cooks and bus drivers? Important decisions such as work assignments, hours worked, payment of wages and benefits, layoff, or separation from employment impact the program, its budget, and individual employees and should be made in consultation with fiscal, human resource, and legal professionals.

45 CFR §75.431 Compensation – fringe benefits



Would the hazard pay come from the program's current budget? What if current program budgets is unable to support the costs of hazard pay, will additional funds be available to programs to apply for additional funds?

If a grantee believes that a salary incentive such as hazard pay is warranted, the hazard pay must be supported by the grantee's written policies and procedures and comply with the compensation requirements of the Uniform Guidance at 45 CFR § 75.430 and § 75.431. If the hazard pay is necessary to prepare for, respond to, or recover from the COVID-19 pandemic, it can be paid with CARES Act one-time funds or with base grant funds. No additional COVID-19 funding opportunities are anticipated.

45 CFR §75.430 Compensation – personal services &
§75.431 Compensation – fringe benefits



Must grantees pay staff salaries if they test positive for COVID-19 or require them to use sick leave?

While COVID-19 is foremost in current thoughts, programs should have pre-existing policies and procedures to address leave and wages for staff diagnosed with communicable diseases. Programs must follow (or develop, if needed) their own personnel policies and procedures to address how the program will address employees testing positive for COVID-19, considering local, state and federal laws, rules and regulations applicable to staff illness and pay.

45 CFR §75.430 Compensation – personal services &
§75.431 Compensation – fringe benefits



What does the in-kind requirement look like for 2020-2021 program year? Will programs be mandated to meet the 20%?

The ways programs have often met the in-kind requirement may not be options at this time. For example, many programs have relied on parent volunteer hours to support their match requirement and those hour could be significantly lower this program year. While we encourage programs to be innovative in how they contribute to the match requirement during the 2020-2021 program year, programs can always request a waiver of all or a portion of the match requirement at any time during their current budget period, under the existing authority as stated in the HSPPS.

§1303.4 Federal financial assistance, non-federal match, and waiver requirements



When parents volunteer virtually, what is the best way to document in-kind for their time?

Existing guidance on the valuation of in-kind contributions remains a helpful reference even when volunteer time is spent virtually. Volunteer hours must be calculated at the rates of other employees who perform similar work, such as a teacher's aide or teacher's assistant for documenting in-kind contributions. Additional information is available on the [ECLKC Volunteer Services](#) page, which includes an excerpt from HHS Grants Policy Statement.

§1303.4 Federal financial assistance, non-federal match, and waiver requirements



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1303 Subpart F – Transportation



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

Can staff support families with transportation if families live in a place that does not have access to public transportation?

Head Start programs are required to serve the highest need children in their service area. Such children often need transportation services in order to attend. Programs should consider transportation services that meet the performance standards requirements and can be efficiently provided, including through directly provided (program employs drivers and monitors and owns or leases vehicles), contract with student transportation provider, or partnership with school district. If a very high need family lives in an isolated area and there is a parent available at home, the home based options might be appropriate. Lack of transportation should not prevent eligible children from receiving Head Start services.

§1303.70 Transportation



Are children screened before they get on the bus? If so, who does that screening?

Programs should conduct a health check of all children and staff before they board the vehicle. We encourage programs to consider training and equipping bus monitors to use a non-contact thermometer. Programs should not transport individuals with a fever of 100.4° F (38° C) or above or who show other signs of illness.

§1303.70 Transportation



How will the students practice social distancing on the bus?

We advise programs to refer to the IM, Head Start Transportation Services and Vehicles During the COVID-19 Pandemic ([ACF-IM-HS-20-04](#)), for guidance related to transportation. This IM notes that programs should position children as far apart as possible, with one child per bench and no consecutive rows (except for children from the same home, who may sit together). If possible, ensure children sit 6 feet away from the vehicle operator. Programs may need to do extra bus runs or contract additional transportation services to meet the need for transportation services.

§1303.74 Safety procedures



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

§1304 Subpart A – Monitoring



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

If a grantee had an area of noncompliance or a deficiency and the region will be scheduling a follow-up review, are there flexibilities related to the specified timeframe for correcting the finding?

In most circumstances, programs are still required to maintain the correction timelines for deficiencies or areas of noncompliance as specified in the Head Start Act; however, flexibilities may be necessary depending on the case or the nature of the finding. Programs for whom this is a concern should reach out to their Program Specialist.

§1304.2 Monitoring



COLLABORATING
ACTIVELY IN
MEANINGFUL
PLANNING

Resources on the ECLKC During COVID-19



ADMINISTRATION FOR
CHILDREN & FAMILIES



OFFICE OF HEADSTART

I still have questions, where can I go to find answers?

<https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/ohs-covid-19-updates>

This section is regularly updated with guidance and resources from the Office of Head Start (OHS) to help all programs support staff, children, and families during this challenging time.

And links to the recordings for the entire OHS CAMP series will be available there on-demand until August 30, 2020.

§1301.4 Parent committees

