

Collaborative Centers Vaccine (COVID-19) and Masking Plan

Head Start has a long history of prioritizing the health and safety of staff, children, and families. This priority continues to hold true as we move into the 21st month of the COVID-19 pandemic. On November 30, 2021, the Office of Head Start took another step to ensure the health and safety of staff, children, and families with the announcement of a new standard to ensure that all employees, contractors, and volunteers who work on Head Start Programs and who work directly with children will be vaccinated by January 31, 2022, unless an exemption/reasonable accommodation is requested and granted. For those who are granted an exemption, weekly COVID-19 testing will be required. Additionally, universal masking is required for all individuals 2 years of age and older.

Early childhood caregivers are essential professionals and prioritize children's health and safety every day. Given that children under age 5 are too young to be vaccinated at this time, the addition of the vaccine and masking standards will reduce the spread of COVID-19, especially the more infectious Delta variant to young children in their care.

Evidence shows the vaccine and masking measures will have the following impact on programming:

- Protects the health and safety of children, staff and families by reducing transmission of COVID-19 from staff to children and families.
- Reduces program closures, and prioritizes safe, sustained in-person early care and education for children — with all of its known benefits to children and families.

Definitions

Staff: The definition of staff in §1305.2 is “paid adults who have responsibilities related to children and their families who are enrolled in programs.” Consistent with that definition, “all staff” refers to all staff who work with enrolled Head Start children and families in any capacity **regardless of funding** source. The term “Head Start” is inclusive of Head Start, Early Head Start, and Early Head Start-Child Care Partnerships.

Volunteers: All volunteers who are in classrooms or working directly with children other than their own.

Fully Vaccinated: Full vaccination requires 14 days after a two-dose series such as Pfizer or Moderna, or 14 days after a single-dose series such as Johnson & Johnson.

Vaccination Requirement

To complete the vaccination series by January 31, 2022, any volunteer or Collaborative Center employee who has work responsibilities related to HS/EHS children or families, regardless of funding source, must:

- For Johnson & Johnson: Obtain the single Janssen dose on or before January 31, 2022.
- For Pfizer: Obtain the first dose of the two-doses on or before January 10, 2022, and the second dose 21 days later.
- For Moderna: Obtain the first dose of the two-doses on or before January 3, 2022, and the second dose 28 days later.

Collaborative Centers Vaccine (COVID-19) and Masking Plan

All staff hired after Jan 31st, 2022, must be fully vaccinated or have an exemption in place no later than their date of hire. Please refer to the definition for fully vaccinated on page 1 for clarification.

Not subject to this policy are:

- those engaging in brief visits, such as an approved individual dropping off or picking up a child, janitorial staff replenishing supplies, etc.
- parents/guardians attending socializations or family engagement events, as they are considered service recipients, unless they are serving as volunteers to participate in activities such as set up or clean up, and non-federal match will be collected.
- parents/guardians meeting on site when children are not present
- professionals who are required to inspect/monitor sites, such as licensing consultants, QRIS consultants, fire inspectors, etc., because they are not staff and are not there to work directly with the children.

Proof of Vaccination

OHS will monitor this requirement in the same way it monitors other health and safety requirements included in the Head Start Program Performance Standards. Programs must document vaccination status and those records need to be available for monitoring purposes. Accordingly, all staff and volunteers must report their vaccination status in the following ways:

- Designated human resources personnel at each Collaborative Center will maintain proof of vaccination for staff and volunteers. Proof of vaccination generally should include the employee's name, the type of vaccine administered, the date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) that administered the vaccine. The following shall constitute acceptable proof of vaccination status:
 1. The record of immunization from a health care provider or pharmacy;
 2. A copy of the COVID-19 Vaccination Record Card;
 3. A copy of medical records documenting the vaccination;
 4. A copy of immunization records from a public health, state, or tribal immunization information system; or
 5. A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s).
- NMCAA will house **only the dates** of vaccination or approved exemption for the sole purposes of monitoring compliance to the Head Start Program Performance Standards. Staff and volunteers must submit vaccination/exemption date(s) to their Collaborative Center Services Coordinator to be held in their personnel files. This information will be kept confidential and only shared with those who have a legitimate business need to know and as otherwise permitted by law.
- NMCAA Collaborative Center Services Coordinators will monitor documentation stored by Collaborative Centers.

Collaborative Centers Vaccine (COVID-19) and Masking Plan

Vaccine Exemptions:

Exemptions may be granted for people who request and receive an exemption from vaccination because of a:

- Medical condition, or medical necessity requires a delay in vaccination, as documented by a licensed medical practitioner (as a reasonable accommodation under the Americans with Disabilities Act)
- Sincerely held religious belief, practice, or observance (established under Title VII of the Civil Rights Act of 1964)

Approval Process for Exemptions

The director (or other designated human resources personnel) employed by the Collaborative Center will engage in an interactive process to determine whether the exemption request meets the following criteria:

• **Medical/Disability Exemption**

- The staff or volunteer has completed the CC COVID-19 Vaccination Medical-Disability Exemption Request Form (or approved alternative) and submitted it to the center director (or other designated human resources personnel employed by the Collaborative Center).
 - An alternative form produced by the Collaborative Center may be used if approved by the NMCAA Human Resources Director.
- The staff or volunteer's healthcare provider has verified the need for an exemption by completing and signing Section Two of the CC COVID-19 Vaccination Medical-Disability Exemption Request Form.
 - For alternative exemption forms, verification from the healthcare provider is documented, collected, and stored in accordance with the approved, alternative form.
- Any medical information received through this process will be treated as confidential in accordance with applicable law, and kept in the employee's separate and confidential medical file.

• **Religious Exemption**

- Staff or volunteer has completed the CC COVID-19 Vaccination Religious Exemption Request Form
- The individual must articulate their religious belief and how it conflicts with the COVID-19 vaccine.
 - Requests must substantiate a connection to or be in alignment with religious doctrine and strongly held beliefs to be approved.
 - A religious exemption will not be granted based on a personal or political objection.
- All such requests must be handled and evaluated in accordance with applicable laws and regulations.

• **Weekly Testing for Exempt Staff and Volunteers**

- For those who are granted an exemption, a minimum of weekly COVID-19 testing will be required.

Collaborative Centers Vaccine (COVID-19) and Masking Plan

- In alignment with the CDCs recommendations, found at the following link:
https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html#anchor_163512708 , “People who have recovered from COVID-19 can continue to test positive for up to 3 months after their infection. CDC does not recommend retesting within 3 months after a person with COVID-19 first developed symptoms of COVID-19 (or the date their sample was taken for their first positive viral diagnostic test if their infection was asymptomatic).”
 - Those who have recently recovered from COVID-19 and have a medical or religious exemption, will document the date symptoms first developed or the date the sample was taken if asymptomatic, and the 90 day expiration of when testing would resume. This documentation must be maintained where you are recording weekly testing so that it is readily available for monitoring.
- Once an exemption has been approved, the designated human resources personnel at the Collaborative Center will work together with staff and volunteers to identify in writing their plan for testing.
- The first test results must occur no later than January 31st, 2022.
- Over-the-counter tests must be observed by designated personnel employed by the center for both the administration and for the waiting of results. This can be done via zoom (or some other connection) or in-person at a location agreed upon by the Collaborative Center director.
- Each center will be responsible to maintain records showing proof of weekly testing and have evidence available for monitoring purposes.
- Action must be taken with regard to a positive test result in accordance with all applicable regulations and guidance from the local Health Department.
- **Availability and Cost of Testing**
 - It is the responsibility of the Collaborative Center to determine a plan as to who will be responsible for accessing/purchasing/providing testing kits; the individual with the exemption or the Collaborative Center.
 - Whenever possible, in-home test kits will be provided by NMCAA at no charge. Collaborative Centers should advise their CCSC when running low on test kits to determine availability and accessibility.
 - Availability of these tests may vary based on numerous factors, including but not limited to, supply chain and demand issues and community need.

Masking Requirement

Universal masking is required for all individuals 2 years of age and older when:

- Indoors in a setting when Head Start services are provided.
- Two or more individuals are in a vehicle owned, leased, or arranged by the Head Start program.
- For those who are not fully vaccinated, outdoors in crowded settings or during activities that involve sustained close contact with other people. Office of Head Start notes that being outdoors with children inherently includes sustained close contact for the purposes of caring for and supervising children.

Collaborative Centers Vaccine (COVID-19) and Masking Plan

Masking Exception

- Children and adults when they are either eating or drinking.
- Children when they are napping.
- The narrow subset of individuals who cannot safely wear a mask because of a disability as defined by the Americans with Disabilities Act (ADA), consistent with U.S. Centers for Disease Control and Prevention (CDC) guidance on disability exemptions.
- When a child's health care provider advises an alternative face covering to accommodate the child's special health care needs.

Truthful and Accurate information

Employees must provide truthful and accurate information about their COVID-19 vaccination status or exemption request. False or inaccurate statements may be considered a violation of the Agreement between NMCAA and the Collaborative Center and may be cause to terminate the partnership.

Justification

(See the following linking for a complete summary:

<https://eclkc.ohs.acf.hhs.gov/about-us/article/summary-vaccine-mask-requirements-mitigate-spread-covid-19-head-start-programs>)

“Given that children under age 5 are too young to be vaccinated at this time, additional measures must be taken to reduce the spread of COVID-19, especially the more infectious Delta variant.

Reduced Transmission – These requirements will reduce the transmission of COVID-19 from staff to children and families. Reduced transmission:

- *Protects the health and safety of children, staff, and families*
- *Prioritizes safe, sustained in-person early care and education for children — with all of its known benefits to children and families*

Reducing Program Closures – Requiring staff to receive the vaccine and all persons over 2 years of age to wear masks is critical to reduce program closures due to COVID-19 exposures. Program closures impose hardship and create instability and stress for Head Start children and families. They disrupt children's opportunities for learning, socialization, nutrition, and continuity and routine. Program closures from COVID-19 exposures also impact the ability of Head Start families to work. Staff vaccination requirements may cause temporary program closure due to low availability of staff. However, the majority of Head Start children will benefit from the reduced program closures due to COVID-19 exposures.

Protecting Families – Children and staff may return home to family members who are older or have underlying medical conditions that put them at greater risk for COVID-19-related morbidity and mortality. Many families of Head Start children and staff are members of minority communities who have been shown to be at increased risk of exposure to SARS-CoV-2. There has been a disproportionate burden of COVID-19 deaths and lower vaccination rates among racial and ethnic minority groups. Requiring vaccination among Head Start staff is not only an issue of

Collaborative Centers Vaccine (COVID-19) and Masking Plan

personal health, but also promotes public and community health and health equity for children and staff in Head Start programs.

Return to Full In-person Services – In May 2021, OHS outlined expectations that programs move toward fully in-person services as soon as possible and by January 2022, factoring in local health conditions. In light of the availability of the COVID-19 vaccine, and the requirement for programs to deliver fully in person services, these standards are essential to create the safest environment possible for staff, children, and families. Consistent with ACF-PI-HS-21-04 OHS Expectations for Head Start Programs in Program Year (PY) 2021–2022, programs should continue to work toward full enrollment and in-person services, contingent upon local health conditions, by January 2022.”

Confirmation of Vaccination (or approved exemption)

I, _____, have read and understand the Collaborative Center Covid-19 Vaccine and Masking Plan. In compliance with this plan, I have submitted acceptable proof of vaccination as listed in the plan, or received an approved medical/religious exemption pursuant to applicable law. I give permission for the following dates to be shared with designated NMCAA staff for purposes of monitoring compliance to the Head Start Program Performance Standards [1302.93 (a)(1-2) & 1302.94 (a)(1-2)]. I am aware that this information will be kept confidential and only shared with those who have a legitimate business need to know and as otherwise permitted by law.

Final Date of Receipt of COVID-19 Vaccine: _____ **OR** Exemption Approval Date: _____

Signature _____ Date _____

I, _____, confirm that proof of vaccination, as listed in the plan, or (pursuant to applicable law) an approved medical or religious exemption is stored at the center for the above named staff/volunteer, and the record will be maintained in a separate and confidential medical file as required by law. All such medical information will be treated as confidential to the extent required by law, and will only be shared with those who have a legitimate business need to know and as otherwise permitted by law.

Authorized Center Personnel Signature: _____ Date _____