



Hidalgo County Head Start Program

Policy Council Regular Agenda

DATE: December 8, 2021

SUBJECT: Discussion/Approval of Hidalgo County Head Start Program COVID-19 Vaccine and Masking Requirement Policy

RATIONALE/NEED: The Office of Head Start has released the new Head Start Performance Standards (HSPPS) for masking and COVID-19 vaccination for grant recipient staff to mitigate the spread of COVID-19 in Head Start Programs. The Hidalgo Head Start Program is required to comply with implementation of the new changes to HSPPS Standards listed below:

1. 1302.47 Safety Practices - Masking Requirement for all individuals 2 years of age or older.
2. 1302.93 Staff Health and Wellness - All staff and contractors, whose activities involve contact or providing direct services to children and families, must be fully vaccinated for COVID-19.
3. 1302.94 Volunteers - All volunteers in classrooms directly with children other than their own must be fully vaccinated for COVID-19.

The Hidalgo County Head Start Program is required to develop policy and establish procedures to facilitate the implementation of the new changes in the stated Standards and to assist employees, contractors and volunteers to remain compliant with the new changes.

RECOMMENDATION: Administration recommends approval of the Hidalgo County Head Start Program COVID-19 Vaccine and Masking Requirement Policy.

COST: None

RELATED INFORMATION INCLUDES: Hidalgo County Head Start Program COVID-19 Vaccine and Masking Requirement Policy

INITIATED BY: David Guel, Administrator for Human Resources 

REVIEWED BY: Teresa Flores, Executive Director

EXECUTIVE DIRECTOR'S APPROVAL: 

HIDALGO COUNTY HEAD START PROGRAM
COVID-19 Vaccine and Masking Requirement Policy
HSPPS 1302.47 Safety Practices (5) vi; HSPPS 1302.93 Staff Health and Wellness (a) 1, 2
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POLICY STATEMENT

The Office of Head Start under the Administration for Children and Families, Department of Health and Human Services has issued a Head Start Program Performance Standards (HSPPS) revision to incorporate **Staff Vaccinations and Universal Masking** requirements as per 45CFR1302. Effective compliance dates; Masking, November 20, 2021; Vaccination, January 31, 2022. ***Under the Supremacy Clause of the U.S. Constitution, this regulation pre-empts any state law to the contrary. U.S. Const.rt. VI § 2.***

POLICY REQUIREMENT

1302.47 Safety Practices

vi. Safety Practices. All staff and consultants follow appropriate practices to keep children safe during activities, including, at a minimum:

vi. Masking, using masks recommended by CDC, for all individuals 2 years of age or older when there are two or more individuals on a vehicle owned, leased, or arranged by the Head Start program; indoors in a setting when Head Start services are provided; and for those not fully vaccinated, outdoors in crowded settings or during activities that involve sustained close contact with other people, except:

- A. Children or adults when they are either eating or drinking;*
- B. Children when they are napping;*
- C. When a person cannot wear a mask, or cannot safely wear a mask, because of disability as defined by the American with Disabilities Act; or*
- D. When a child's health care provider advises an alternative face covering to accommodate the child's special health care needs.*

1302.93 Staff and Wellness (Vaccination) compliance requires vaccination by January 31, 2022 for:

1. All staff, and those contractors whose activities involve contact with or providing direct services to children and families, must be fully vaccinated from COVID-19, other than those employees:

- i. For whom a vaccine is medically contraindicated;*
- ii. For whom medical necessity requires a delay in vaccination; or*
- iii. Who are legally entitled to an accommodation with regard to the COVID-19 vaccination requirement based on an applicable Federal law.*

2. Those granted an accommodation outlined in paragraph (a)(1) of this section must undergo SARS-COV-2 testing for current infection at least weekly with those who have negative test results to remain in the classroom or working directly with children. Those with positive test results must be immediately excluded from the facility, so they are away from children and staff until they are determined to no longer be infectious.

1302.94 Volunteers (Vaccination) compliance requires vaccination by January 31, 2022:

a. A program must ensure volunteers have been screened for appropriate communicable diseases in accordance with state, tribal or local laws. In the absence of state, tribal, or local law, the Health Services Advisory Committee must be consulted for such screenings.

- 1. All volunteers in classrooms or working directly with children other than their own must be fully vaccinated for COVID-19, other than those volunteers:*
 - i. For whom a vaccine is medically contraindicated;*
 - ii. For whom medical necessity requires a delay in vaccination; or*

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- iii. *Who are legally entitled to an accommodation with regard to the COVID-19 vaccination requirements based on an applicable Federal law.*
2. *Those granted an accommodation outlined in paragraph (a)(1) of this section must undergo SARS-CoV-2 testing for current infection at least weekly with those who have negative test results to remain in the classroom or work directly with children. Those with positive test results must be immediately excluded from the facility, so they are away from children and staff until they are determined to no longer be infectious.*

PROCEDURES FOR COMPLIANCE.

Masks are available for all employees and children.

COVID-19 vaccines will be available free of charge to all Head Start employees through a third-party provider of their choice. Assistance in locating a third-party provider and arranging for an appointment may be obtained using the following website: www.vaccine.gov or by contacting the Health and Safety Coordinator. Head Start employees can also utilize the Hidalgo County Wellness Program @WWW.HIDALGOCOUNTYWELLNESSPROGRAM.COM, for additional vaccination information.

DOCUMENTATION REQUIREMENTS

- A. Employees who are fully vaccinated prior to the adoption of this policy (December 8, 2021) should submit proof of vaccination status to the Human Resource Department by December 17, 2021.
- B. A copy of the employee's COVID-19 Vaccination Record Card is required for proof of vaccination. The card must contain the following information, in addition to the employee's name: record of vaccine, the date of vaccine administration, lot number, and the location where the vaccine was administered. A copy of the card should be submitted to the Human Resources Department at 1901 W. State Highway 107 McAllen, Texas 78504.
 - a. Vaccine Requirement timeline for January 31, 2022 compliance:
 - January 3: First-Dose deadline (Moderna COVID-19 vaccine).
 - January 10: First-Dose deadline (Pfizer-BioTech COVID-19 vaccine).
 - January 31: Second-Dose deadline (Moderna and Pfizer-BioTech).
 - January 31: First (only)-Dose deadline for (Johnson & Johnson vaccine)
- C. If exceptional circumstances exist and an employee is unable to receive the second dose at the appointed time, please contact David Guel, Administrator for Human Resources, via telephone or email at david.guel@hchsp.org within two (2) days of the scheduled appointment. If proof of vaccination or rescheduling due to exceptional circumstances is not provided by the stated deadlines, it will be assumed that employee did not complete the vaccine requirement on time.

VACCINE EXEMPTIONS PROCEDURE

Exemption from vaccination may be granted for medical conditions (including pregnancy if properly supported by medical documentation) and certified sincerely held religious beliefs. Employees are required to submit a *Request for Medical Exemption from COVID-19 Vaccination Form* or a *Request for Religious Exemption from COVID-19 Vaccination Form* and any additional required certification that verifies the reason for the requested exemption. The material will be submitted to David Guel, Administrator for Human Resources via email at david.guel@hchsp.org.

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- a. Employees must apply for and submit all required documentation for an exemption based on a medical condition (including pregnancy deferment) or certified sincerely held religious belief on or before December 17, 2021.
- b. Employees will be notified within seven (7) days of submission if their request for exemption is approved or denied. Any restrictions or requirements that non-vaccinated employees will follow as long as they remain unvaccinated will be defined. If additional clarification is needed, employees will be contacted and are expected to provide the requested clarification within five (5) days. No employment action will be taken until the exemption process is complete.
- c. Approved exemptions will only be valid for the year in which they were requested and/or the period for which the exemption is approved or the reason for the exemption persists. For example, if an exemption request is submitted and approved due to pregnancy, the employee will be required to obtain an extension of the exemption after the employee is no longer pregnant. Exemptions for any or all future years will require completion and submission of the *Request for Medical Exemption from COVID-19 Vaccination Form* or a *Request for Religious Exemption from COVID-19 Vaccination Form* for each year an exemption is requested.

If an employee covered by this policy is not fully vaccinated (e.g., if they are granted an exception from the mandatory vaccination requirement), the employee will be required to comply with this policy for testing:

- a. Employees who report to the workplace at least once every seven days,
- b. Must undergo SARS-CoV-2 testing for COVID-19 at least once every seven days; and
- c. Must provide documentation of the most recent COVID-19 test result to their supervisor no later than the seventh day following the date on which the employee last provided a test result.
- d. If an employee does not provide documentation of a COVID-19 test result as required by this policy, they will be removed from the workplace until they provide a test result.
- e. Aside from those who are granted exemptions for one of the reasons above, there is no testing option as an alternative to the vaccine requirement.

If proof of vaccination is not provided or if an exemption is not requested by the stated deadline, the employee will be assumed to have not completed the vaccine requirement on time. Employees who fail to complete the vaccine requirement by the January 31, 2022 will be subject to disciplinary action that may include Administrative Leave without Pay and/or Disciplinary Action including separation from employment for non-compliance of Program Standards.

Please sign the acknowledgement that you have received and read the Head Start Program COVID-19 Vaccine and Masking Policy.

Signature

Date

Print Name

Employee ID #

HIDALGO COUNTY HEAD START PROGRAM

Request for Medical Exemption from COVID-19 Vaccination Form

COVID-19 VACCINE POLICY

Name: _____

Position and Location: _____

Email: _____ Phone: _____

HCHSP policy requires that all employees receive a COVID-19 vaccination. **A medical exemption may be granted upon receipt of a completed form (below) signed and certified by a licensed MD (Doctor of Medicine) or a DO (Doctor of Osteopathic Medicine), not related to the submitter, and whose specialty is appropriate to the associated condition. Additional documents for justification may be requested.**

Approved exemptions will only be valid for the year in which they were requested and/or the period for which the exemption is approved or the reason for the exemption persists. For example, if an exemption request is submitted and approved due to pregnancy, the employee will be required to obtain an extension of the exemption after the employee is no longer pregnant. Exemptions for any or all future years will require completion and submission of a Request for Medical Exemption from COVID-19 Vaccination form each year an exemption is requested. The assigned expiration is at the sole determination of HCHSP.

Individuals with an approved exemption may be required to comply with additional testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the HCHSP website. In the event of an outbreak as determined by the local health authority, individuals with exemptions may be excluded from HCHSP facilities and activities.

While HCHSP will carefully review all requests for medical exemptions, approval is not guaranteed. After the employee request has been reviewed and processed, the employee will be notified, in writing, if an exemption has been granted or denied. If the approved exemption contains an expiration, employee will be expected to complete the requirement at that time. Should the condition continue, or a new vaccination contraindication occur, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals whose requests have been denied are permitted to reapply if new documentation and information becomes available

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Request for Medical Exemption from COVID-19 Vaccination Form

COVID-19 VACCINE POLICY

Medical exemption process:

1. Read the [CDC COVID-19 Vaccine Information](#);
2. Complete and sign the form on this page.
3. Have your MD or DO complete the provider section of this form.
4. Submit the completed documents to david.guel@hchsp.org

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Please initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirement due to my current medical condition. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from HCHSP to the required vaccination.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive measures, including wearing a mask as required in policy.
	I understand that in the event of an outbreak or threatened outbreak as determined by the local health authority, I may be temporarily excluded or reassigned from HCHSP facilities and activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors and the Human Resources Department as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to Human Resources and comply with all isolation and quarantine procedures specified by HCHSP.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand that this exemption will only be valid for the year in which it was requested and/or the period for which the exemption is approved or the reason for the exemption persists.
	I understand and agree to comply with and abide by all HCHSP COVID-19 policies and procedures.
	I authorize my licensed MD or DO to provide HCHSP with medical information about my medical exemption for the COVID-19 vaccination.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I will be subject to termination if any of the information I provided in support of this exemption is false.

Printed Name: _____ Signature: _____

Date: _____

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Request for Medical Exemption from COVID-19 Vaccination Form

COVID-19 VACCINE POLICY

Attention Doctor

HIDALGO COUNTY HEAD START PROGRAM policy requires that all employees receive a COVID-19 vaccination. _____ (Print patient's name) is requesting a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications or a reason for a person to not receive the vaccine because it may be harmful.

Please certify below the medical reason that your patient should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed in consideration of the exemption request. Attach additional pages for responses, if needed.

Option 1 – Allergy

A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine NOTE: since egg-free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

- Moderna - List the component(s):
- Pfizer - List the component(s):
- Janssen/ Johnson & Johnson - List the component(s):

A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine. Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction

- Moderna - Date of Vaccine & Reaction:
- Pfizer - Date of Vaccine & Reaction:

Option 2 – Physical Condition/Medical Circumstance

The physical condition of the patient or medical circumstances relating to the individual are such that vaccination is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Explanation: _____

Option 3 – Other

Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability in detail that you opine would exempt this individual from vaccination:

Explanation: _____

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COVID-19 VACCINE POLICY

Certification

I certify that _____ (Print patient's name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at HCHSP.

Doctor's Information

Doctor's Name: _____

Doctor's Specialty: _____

Signature: _____

Doctor's License Number: _____

Date: _____

Type and Name of Medical Practice under which the certifying Doctor practices:

Address: _____

Email: _____

Phone number: _____

Patient Information

Name: _____ Date: _____

Position and Program: _____

Email: _____ Phone: _____

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Request for Religious Exemption from COVID-19 Vaccination Form

COVID-19 VACCINE POLICY

Name: _____

Position and Program: _____

Email: _____ Phone: _____

HCHSP policy requires that all employees receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. HCHSP is committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere observance of faith as it pertains to the practice of vaccination.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the year in which the exemption was granted. Individuals with approved exemptions must request to recertify exemptions each year.

Individuals with an approved exemption will be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the HCHSP website. In the event of an outbreak as determined by the local health authority, individuals with exemptions may be excluded from all HCSHP facilities and activities to protect all unvaccinated members of the community, until the outbreak is declared to be over.

While HCHSP will carefully review all requests for religious exemptions, approval is not guaranteed. HCHSP will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

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Request for Religious Exemption from COVID-19 Vaccination Form

COVID-19 VACCINE POLICY

Religious exemption process:

1. Read the [CDC COVID-19 Vaccine Information](#);
2. Complete and sign the form on this page.
3. Complete and sign the Personal Statement Form.
4. Have your religious leader complete the Religious Organization Statement Form; and
5. Submit the completed documents.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Please initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from HCHSP to the required vaccinations.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive measures, including the wearing of masks.
	I understand that in the event of an outbreak or threatened outbreak as determined by the local health authority, I may be temporarily excluded or reassigned from HCHSP facilities and activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors and the Human Resources Department as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to Human Resources and comply with all isolation and quarantine procedures specified by HCHSP.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand and agree to comply with and abide by all HCHSP COVID-19 policies and procedures.
	I understand that, if approved, this exemption is based on the current HCHSP COVID-19 vaccination policy and is subject to change based on HCHSP requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I will be subject to termination if any of the information I provided in support of this exemption is false.

Printed Name: _____ Signature: _____

Date: _____

Email: _____ Phone Number: _____

