

Alabama's Early Intervention System looks forward to resuming in-person operations, but we also recognize the need to follow a "step-up" or "phase-in" philosophy — making thoughtful and gradual changes — until we are back into families' homes.

Our current plan utilizes the recommendations given by national, state and local officials. As their recommendations change, our plan may also change. If changes occur, we will share them with local programs and districts through state office distribution. AEIS will work with the "Transition Team" to make decisions regarding the next step or phase based on recommendations from state and local officials and with input from our stakeholders.

PHASE ONE: IFSP meetings and evaluations in controlled environment

Due to the uncertainty of this pandemic, AEIS has defined a "controlled environment" as an office and/or clinical setting that meets CDC requirements (e.g., staying six feet away, wearing masks, using hand sanitizer, avoid touching of face, etc.).

Effective October 12, 2020, EI Programs may begin implementing Phase One by resuming limited face-to-face interaction with families and children:

- Evaluations may be conducted in person (initial, annual, and evaluations documented on IFSP's)
- IFSP meetings (initial, annual, and transition)
- 33rd month meetings

Although AEIS is allowing limited in person interactions, families must be given the choice regarding their health and safety. The virtual options will remain an option for families if they are not comfortable with limited in person interactions.

Please note: Controlled environments must follow at a minimum, the CDC guidelines. Please refer to the guidance at <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>.

For every encounter, programs/providers must utilize and complete the Family and Provider Screener developed and approved by the EI COVID 19 Transitional Team. (see attachment)

Screening for In-Person Early Intervention Visit

Appointment Date: _____

Pre-Screening Date (if different): _____

Family Information	Early Intervention Provider Information
Child's Name: _____ Caregiver: _____ Additional participant(s): _____	Provider's name: _____ Interpreter name: _____ Additional EI staff present: _____
Take temperatures of all participants, if any is 100.4 degrees or more , <u>DO NOT PROCEED</u> with in-person visit.	
Family Question #1 Has the child, caregiver or anyone in the household had any of the following COVID-19 symptoms within the last 24 hours? Symptoms that are due to a different documented condition for which you are under the care of a physician do not need to be reported. -cough and/or sore throat -headache -muscle pain -shortness of breath -diarrhea -chills/shaking -fatigue -congestion and/or runny nose -loss of taste or smell -nausea and/or vomiting <input type="checkbox"/> No, proceed to Family Question #2 <input type="checkbox"/> Yes, DO NOT PROCEED WITH VISIT	Provider Question #1 Has the provider, interpreter or additional participants had any of the following COVID-19 symptoms within the last 24 hours? Symptoms that are due to a different documented condition for which you are under the care of a physician do not need to be reported. -cough and/or sore throat -headache -muscle pain -shortness of breath -diarrhea -chills/shaking -fatigue -congestion and/or runny nose -loss of taste or smell -nausea and/or vomiting <input type="checkbox"/> No, proceed to Provider Question #2 <input type="checkbox"/> Yes, DO NOT PROCEED WITH VISIT
Family Question #2 In the last 14 days, has the child, caregiver or anyone in the household had close contact* with someone with a diagnosis of COVID-19 or pending results of a COVID-19 test? *Close contact is defined as 15 or more minutes within 6 feet of distance or household members, intimate partners, or caregivers. <input type="checkbox"/> No, proceed to Question #3 <input type="checkbox"/> Yes, DO NOT PROCEED WITH VISIT	Provider Questions #2 In the last 14 days, has the provider, interpreter or other EI representatives had close contact* with someone with a diagnosis of COVID-19 or pending results of a COVID-19 test? *Close contact is defined as 15 or more minutes within 6 feet of distance or household members, intimate partners, or caregivers. <input type="checkbox"/> No, proceed to Question #3 <input type="checkbox"/> Yes, DO NOT PROCEED WITH VISIT
Question #3 Are there any additional reasons that this visit should not be conducted face-to-face at this time? (ex. suspected but unconfirmed exposure to COVID-19, other illness of child, family member, provider, etc., uncomfortable with this visit) <input type="checkbox"/> No, proceed with face-to-face visit <input type="checkbox"/> Yes, DO NOT PROCEED WITH VISIT. Please list additional reason(s): _____ _____	
If you answered YES to any question on this screener or if any taken temperature is 100.4 degrees or higher, do not proceed with this visit. You may consider rescheduling to a time when all participants can pass this screener or conducting the session via tele-intervention.	

Signature of Person Completing Screener: _____