

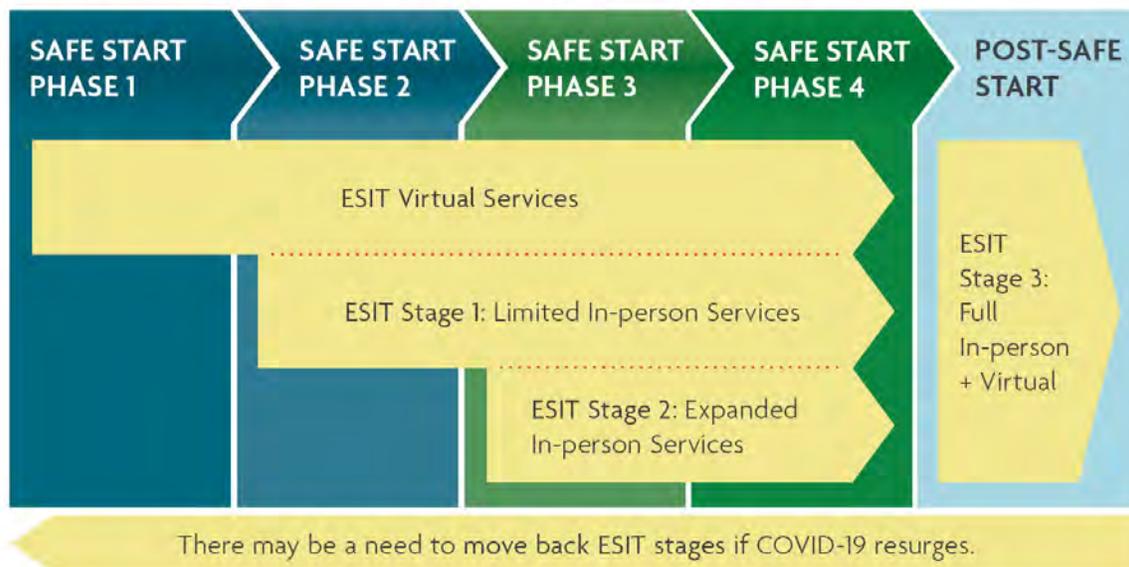
## ESIT Tri-Stage Framework for Reentry to In-Person Service Delivery

This document outlines requirements for Early Support for Infants and Toddlers (ESIT) Stages One and Two and offers considerations for Stage Three of reentry to in-person service delivery. The recommendations in this document are intended to serve as temporary measures to reduce the likelihood of transmission of COVID-19, while supporting continuity of services.

Early Intervention Provider Agencies (EIPAs) are encouraged to develop a single Reentry Plan, which includes the required components of both Stages One and Two. Movement from one stage to the next may not be linear and provider agencies are should develop plans that support both forward and backward movement, as illustrated in the graphic below.

ESIT Reentry plans must be in alignment with local health jurisdiction, Washington State Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC) guidance. EIPAs located within one of the four County Lead Agency (CLA) service areas (Spokane, Snohomish, Pierce and King counties) are strongly encouraged to communicate with their respective CLA leaders throughout the development and planning process.

### Early Support for Infants and Toddlers (ESIT) Provider Agency Stages in Relation to Washington's Safe Start Phases



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

July 31, 2020

Early Support for Infants and Toddlers | Approved for Distribution by Laurie Thomas, ESIT Administrator

## ESIT Stage One: Framework to Establish Limited In-Person Services Plan

Prior to offering limited in-person services, each provider agency must create a Stage One Reentry Plan that details the agency's strategies and precautionary measures for providing urgent in-person services for a small subset of children. Each provider agency's Stage One plan must be approved by the agency's governing body (e.g., board of directors, agency officers) and then submitted, as a contract deliverable, to the CLA or the ESIT State Office.

Programs should only consider Stage One limited in-person services if their county is in **Phase 2 or 3 of the Governor's Safe Start Plan**. However, programs are not required to implement an ESIT Stage One plan when their county has moved to Phase 2 or 3.

Once the EIPA has an approved Stage One Plan in place, the location and method of service for an individual child will be determined by the full Individualized family Service Plan (IFSP) team. When a family requests in-person services but the others on the IFSP team disagree with the request, parents must be apprised of their **right to dispute resolution and procedural safeguards**.

### The ESIT Stage One Reentry Plan Needs to Include at a Minimum:

#### Equity

- Description of how equitable services will be provided based on individual child and family needs.
- Plan for tracking, reviewing and reporting upon request, data on race and ethnicity of children receiving limited in-person services, in order to identify potential disparities.

#### Staff Training

- Training plans and procedures to ensure staff are following protocols for employee and family health screening, personal protective equipment (PPE) and face coverings, physical distancing and disinfection of hands, items and surfaces used during the provision of services.

#### Communication with Families

- A communication plan to prepare families for adjustments in services, informed consent and expectations related to COVID-19.

#### Infection Prevention

- Health screening of service providers for symptoms or risks.
- Health screening of families for symptoms or risks.
- Washing or disinfecting hands before and after sessions.
- PPE protocols including face coverings, gloves, gowns, clothing changes (masks and other clothing as required).
- Strategies for maintaining a six-foot physical distance from the child and family as much as possible.
- Limits on the number of items used during sessions and disinfection protocol for those items.

#### Environmental Controls

- Limiting the number of people in the in-person session.

- Identifying appropriate service locations where the environment is controlled and safe for both provider and family. Outdoor locations such as parks or the family’s yard should be considered as a first option. Other options include a managed and highly ventilated room such as a doctor’s office, church, EIPA agency.
- Natural environments (NE) should be considered first. Shifting from the NE requirement must include an IFSP review or update and a justification with a plan to return to a natural environment. Please note that virtual services are a *method* for service delivery that supports services in natural environment settings. **The linked COVID-19 IFSP Review Form for Up to Three Visits in Non-Natural Environments** may be used to efficiently document an IFSP review/update if there will be fewer than three visits not held in natural environments.

### Considerations Specific to Provision of Services in Community Settings

- Staff serving infants and toddlers in community settings should avoid playgrounds and other difficult to clean, high-touch surfaces as well as any settings where large numbers of people gather.
- Determine if the proposed setting is safe (number of people, ability to distance, etc.) prior to the visit.
- Address transportation needs of families where necessary and possible (bus passes, cab vouchers, etc.).

### Internal EIPA Process for Determining In-Person Exemptions

In order to provide limited in-person services, the child’s IFSP team must determine that child’s individual needs cannot be met without urgent time limited, pre-approved, in-person services essential to the child’s progress. It is expected that only a small number of children would be eligible.

The following table provides some examples of needs that may justify Stage One limited in person services, as well as examples that are not considered a justification.

Justification Examples	Not a Justification
<ul style="list-style-type: none"> <li>• Vision or motor therapy assessments</li> <li>• Manual therapy intervention</li> <li>• Fitting or monitoring of adaptive equipment or augmentative communication devices</li> <li>• Recent change in swallowing function and growth patterns</li> <li>• Urgent feeding assessments</li> <li>• Infant feeding interventions</li> <li>• Assessment for positive behavioral supports</li> <li>• Engagement with families for whom the exchange of information is otherwise not possible (e.g., no access to services through technology, homeless)</li> <li>• Engagement with families to initiate services and build relationships for those hard to reach</li> </ul>	<ul style="list-style-type: none"> <li>• Child does not engage with the screen (provider needs to engage parent through coaching)</li> <li>• Parent prefers in-person services (IFSP team as a whole must determine this based on the needs of the child)</li> <li>• Conducting general developmental evaluation and assessment, including eligibility evaluations (general development evaluation and assessment will be done remotely)</li> <li>• Provider preference and comfort with virtual services (professional development resources and supports should be provided to build provider comfort and capacity)</li> <li>• Intake activities for provider convenience or preference (intake activities should be completed remotely whenever possible)</li> </ul>

## ESIT Stage Two: Framework to Establish Expanded In-Person Services Plan

ESIT Stage Two constitutes a phased transition to expanded in-person services in home, child care and community-based settings. Prior to expanding in-person services, each provider agency must create a Stage Two Expanded In-Person Services Plan detailing the agency's strategies and precautionary measures. Each provider agency's Stage Two plan must be approved by the agency's governing body and then submitted, as a contract deliverable, to the ESIT State Office or to the CLA.

Programs should only consider expanding in-person services to Stage Two if their county is in Phase 3 or 4 of the Governor's Safe Start Plan. However, programs are not required to implement an ESIT Stage Two plan because their county has moved to Washington Safe Start Phase Three or Four.

The decision to move into Stage Two and the necessary protocols for approaching service delivery decisions will be determined by EIPA leadership. The location and method of service for an individual child will be determined by the full IFSP team. When a family requests in-person services but the rest of the IFSP team disagrees with the request, parents must be apprised of their **right to dispute resolution and procedural safeguards**.

If a provider agency already has a Stage One Plan, it may be amended to include the following, additional Stage Two requirements.

### Additional Requirements for ESIT Stage Two Plans:

#### Identifying Risk

- Family: Determine how children and family members who are high risk of infection will be protected. This includes considering those who have a weakened immune system, are 60+ years old, are pregnant, have chronic health conditions (e.g., heart disease, lung disease, diabetes) and other COVID-19 risk factors.
- Provider: Determine how staff who are at high risk of infection will be protected, including which staff should continue to conduct limited in-person or virtual-only home visits.

#### Staff Training

- Training plans for home visitors incorporating how to identify signs and symptoms of a respiratory infection.

#### Communication with Families

- A communication plan to:
  - Prepare families for adjustments in services and expectations related to COVID-19, including Stage One or Two changes to service delivery (e.g. protocols, locations) as they occur.
  - Promptly inform families of an agency's move between ESIT stages, either from Stage One to Two or from Stage Two back to Stage One.
  - Inform families who are receiving in-person services if their ESIT provider reports exposure to COVID-19.

#### Considerations Specific to Provision of Services in Home Settings

- Offer families the option to continue virtual visits based on the individual needs of the child and family.

- Be sure to consider family’s concerns, priorities and resources in determining location of services.
- Limit the number of provider home visits per day, to reduce the potential for spreading infection.
- If a decision is made that home-based services are in the best interest of the family, then providers must take precautions in addition to those referenced above to prevent the spread of COVID-19 including the following:
  - Perform daily health check (e.g., take temperature, assess symptoms of infection) prior to entering the home. If symptoms or fever are present, cancel the home visit.
  - If any person is found to be ill within the home, exit the home immediately and notify a supervisor.
  - Minimize contact with frequently touched surfaces at the home.
  - Wash hands with soap and water for at least 20 seconds upon entering the home and prior to exiting.
  - Use hand sanitizer that contains at least 60% alcohol, if soap and water are not available.
  - Avoid touching eyes, nose and mouth.

### Considerations Specific to Provision of Services in Child Care Settings

- Considerations for children receiving care from friends, family and neighbors should be similar to those for home visits.
- Agencies should develop a process for learning about each child care center’s COVID-19 requirements prior to providing service.
- Staff serving infants and toddlers in child care centers can limit the number of children they come in contact with by providing services in small groups, or outside. Make sure to connect with a member of the child care staff regarding the child’s needs and progress.

## ESIT Stage Three: Return to Full Service Delivery and Requirements

Stage Three indicates a return to typical operations and the termination of any emergency provisions issued as a result of COVID-19. Programs should only consider expanding in-person services to Stage Three if their county has moved beyond **Phase 4 of the Governor’s Safe Start Plan**. It is anticipated that providers will continue to make best use of technology where it may support greater access to services and support ongoing relationships with families using effective coaching practices.

### Compensatory Services

If the child has gone a long period of time without one or more services, a review of the IFSP should be conducted to determine if the child’s and family’s service needs have changed. During Stage Three, providers must assess children who were denied access to services due to EIPA closures. IFSP teams must determine if compensatory services are necessary.

Compensatory services may be necessary for children who show regression in their development as a way to make up or compensate for services that they did not receive because of EIPA’s failure to provide services as outlined on the child’s IFSP.

The Office of Special Education Programs (OSEP) has issued guidance that Part C programs are responsible for providing compensatory services EIPA’s can meet this obligation by providing the compensatory services directly or through a contractual arrangement with another provider. **OSEP FAQ Compensatory Services**

## Resources

- [King County Mask Infographic](#)
- [ECTA Supporting Children and Families During the COVID-19 Pandemic](#)
- [Social Distancing - What Does Six Feet Look Like?](#)
- [CDC COVID-19 in Racial and Ethnic Minority Groups](#)
- [COVID-19 Virtual Screening](#)
- [HRSA Home Visiting Guidance During COVID-19](#)
- [DCYF Racial Equity and Social Justice Framework](#)