



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

**STRONG START DC EARLY INTERVENTION PROGRAM (DC EIP)
PART C GUIDANCE FOR IN-PERSON VISITS DURING THE CORONAVIRUS (COVID-19) PUBLIC HEALTH EMERGENCY
(Updated June 10, 2021)**

Background

As part of the District of Columbia Government's response to coronavirus (COVID-19), the Office of the State Superintendent of Education (OSSE) is sharing updated guidance regarding the delivery of services to District children and families by Strong Start, DC's early intervention program.

Scope

The Office of the State Superintendent of Education (OSSE) issues this guidance for early intervention providers (early interventionists) delivering in-person early intervention services in all settings including home, child care facilities and other community settings. This document is based on guidance from the Centers for Disease Control and Prevention (CDC) and the District of Columbia Department of Health (DC Health).

Date Issued

This guidance will take effect June 14, 2021. Guidance will remain in effect until further notice.

Guidance

Due to the current public health emergency, the Office of the State Superintendent of Education (OSSE), the Strong Start DC Early Intervention Program (DC EIP) and its contractors are encouraged to primarily perform duties and services remotely. However, families are given the option of resuming face-to-face visits at their request.

1. Visit planning

During stage 2 of the Strong Start reopening plan, families will be given the option of resuming face-to-face visits or continuing with visits delivered via telehealth on the current authorizations. Face-to-face visits may resume as determined by the comfort level of the family. Early interventionists should speak with individual families to discuss the appropriate time to restart in-person visits and both early interventionists and families will need to adhere to all protocols included on this guidance.

- A family may request some or all of their face-to-face visits to resume. However, if the early interventionist is unable to participate in-home face-to-face visits, then the Service Coordinator will discuss the available options with the family, such as meeting in alternate locations, continuing with telehealth or the assignment of a different early interventionist who is currently available for in-home face-to-face visits.
- If the family requests face-to-face visits to resume in a child care center or other community setting, the early interventionist must follow OSSE's Health and Safety Guidance for Child Care

Providers and determine the specific requirements of the community setting or child care center, such as the use of personal protective equipment, social distancing, hygiene and access to the center. If the community setting or child care center is closed or has reduced hours, the early interventionist and family must work to find an alternate location. If an alternate location cannot be agreed upon, alternate methods of service delivery will be provided until the alternate location is determined.

- Early interventionists must wear face masks and should take other prevention measures to limit the potential transmission of COVID-19, including getting vaccinated and wearing other recommended personal protective equipment. They should limit interactions to only the child and the parent/caregiver they are there to see.
- Provider vaccination status is confidential medical information and will not be required nor revealed by Strong Start. Families are not required to disclose vaccination status to receive in-person services. Early interventionists shall not ask vaccination status of the family. While providing services, people who are vaccinated must still wear a face covering and use physical distancing when interacting with others.
- It is strongly recommended that only one member of the Strong Start Individualized Family Service Plan (IFSP) team is present during the in-person visit and the rest of the team should participate via telehealth (if applicable). Multiple members of the IFSP team are permitted as long as there is enough space to maintain physical distancing between household members and IFSP team members.
- A maximum of two adults from the same household may accompany the child for the visit or be present in an indoor or outdoor visit.
- High-risk individuals: families with children who are at increased risk of experiencing severe illness due to COVID-19 are recommended to consult with their medical provider before participating in face-to-face visits.

2. Visit safety

- Face masks: Face masks are a powerful tool for preventing the spread of COVID-19. Masks protect the wearer and protect other people.
 - **All adults must wear cloth face coverings or masks at all times** (including outdoors) while participating in the visit, except when eating or drinking. If an adult has a contraindication to wearing a face covering, either medical or otherwise, then it is recommended that the individual should not participate in the visit.
 - **Children 2 years of age or older must wear cloth face coverings or face masks at all times** while participating in the visit, except for meals or as deemed necessary by the provider to demonstrate or model an activity.
 - Exceptions are allowable for young children taking developmental factors into account. Children who wear a mask should be able to:
 - Use a mask correctly

- Avoid frequent touching of the mask and their face
 - Limit sucking, drooling, or having excess saliva on the mask
 - Remove the mask without assistance
 - Wearing masks may be difficult for young children with certain disabilities (for example, visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues.
 - Plan for options for children with special needs who may not be able to comply with mask requirements.
 - For children who are only able to wear masks some of the time for these reasons, prioritize having them wear masks during times when it is difficult to separate from the provider.
 - Parents and early interventionists should discuss individual considerations for children of any age, including medical or developmental conditions that may prevent them from wearing a mask, and consult with the child's health care provider if necessary, to determine if an individual child is able to wear a mask safely during a visit.
 - **Children younger than two years of age should not wear face masks.**
 - For more information about non-medical face coverings or face masks, please refer to the *Guidance about Masks and Other Face Coverings for the General Public* on <https://coronavirus.dc.gov/healthguidance>
- **Physical distancing:** early interventionists should maintain six (6) feet of distance between people when feasible and to the greatest extent possible throughout the in-person visit.
 - Interpretation services shall be provided via phone or videoconference when feasible to avoid multiple members of different households being in the same space.
 - It is highly recommended that early interventionists seek opportunities to work with family outdoors in the child's natural environment if that is an option.
- **Hand hygiene:** Hand hygiene, as defined by the CDC, must be completed at the beginning and end of each session, and periodically as needed.
 - Washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - Avoid touching your face, eyes, mouth, and nose with unwashed hands.
 - Cover your mouth and nose with a tissue when you sneeze or cough. If you don't have a tissue, cough or sneeze into your elbow.
 - Key times to perform hand hygiene include:
 - On arrival to the home or community setting,
 - Before and after group activities,
 - Before and after preparing food or drinks,
 - Before and after eating, handling food, or feeding children,
 - Before and after helping a child put on or adjust their mask,
 - Before and after putting on, touching, or removing your mask or touching your face,
 - After having contact with bodily fluids,
 - After playing on outdoor or shared equipment,
 - After handling other people's belongings,

- After handling trash,
 - After blowing your nose, coughing, or sneezing.
- Cleaning, disinfection and sanitation: vendor agencies and early interventionists shall develop a comprehensive plan for routine cleaning (and disinfection as needed) of any items used during evaluations and assessments.
 - Evaluation items may be repeatedly used if they are cleaned and sanitized between visits.
 - All evaluation items shall be set aside immediately following the conclusion of the evaluation until they are cleaned and sanitized by hand prior to being used again.
 - Items that have been in children’s mouths or soiled by bodily secretions should be immediately set aside. These toys should be cleaned and sanitized by a staff member wearing gloves, before being used by another child.
 - The following sanitation procedure shall be followed to sanitize all evaluation items:
 - Clean with water and detergent
 - Rinse and sanitize with Environmental Protection Agency (EPA)-approved products
 - Rinse again and air-dry
 - Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures. However, depending on the frequency of use it may require periodic cleaning.
 - For comprehensive guidance on cleaning and disinfection, please see the *Guidance on Routine Cleaning and Disinfection for Community Facilities* at coronavirus.dc.gov/healthguidance
- Health screening: health screenings shall be performed daily for all early interventionists entering a home, child care facility or other community setting. Health screening shall also be performed to all persons that will be present during the visit including the child and any member of the household.
 - For a sample screening tool, see *Screening Tool Guidance* at coronavirus.dc.gov/healthguidance.
 - An individual with any of the following symptoms must not enter any home, child care facility or community setting (the premises), and instead must leave the premises immediately, isolate, and be advised (or advise their caregiver) to call their healthcare provider.
 - Fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, abdominal pain, or diarrhea.
 - Please note that children with COVID-19 infection often present with non-specific symptoms, such as only breathing or stomach symptoms, with the most common being cough and/or fever.

- Although screening is very important, be aware that screening may not detect all people infected with the virus that causes COVID-19. Some people, especially children, can have infection without any symptoms.
- Individuals who are under quarantine (for example due to exposure to a close contact), isolation, or have a test result pending also must not enter the premises.
- Active fever checks as a screening tool are not recommended.

3. Visit procedures

Early interventionists shall obtain written informed consent from parent/guardian and review with them the “In-person Early Intervention Services during COVID-19 Guidelines for Parents” document prior to resuming in-person visits.

A. Prior to in-person visit

- Early interventionists shall perform a daily health screening for all persons that will be present during the visit. This includes the child, parent/caregiver and any member of the household.
- The screening must be performed not earlier than the morning of the visit or prior to arrival to the home.
- Early interventionists providing services at a child care facility are required to follow facility policies on health screenings, face masks, physical distancing, and other preventive measures. They shall contact the facility prior to resuming in-person visits to become familiar with their requirements and procedures. Early interventionists are not responsible for completing a health screening when visiting a child care facility but are encouraged to contact the family the day before the visit to avoid any cancellation or no-shows.
- After completing the health screen tool, if it is determined that the in-person visit should not occur, the early interventionist shall reschedule the visit or offer the family a virtual visit.

B. During the in-person visit

- All participants (including all children age two and older), must wear a face covering throughout the visit.
- Family and early interventionist(s) maintain physical distancing to the greatest extent possible.
- If the child or any family member displays any symptoms consistent with COVID-19 or does not follow the safety recommendations on this guidance, the early interventionist has discretion to continue, postpone the visit or offer the family services via telehealth.

4. Considerations for vendor agencies

- Vendor agencies are responsible for providing a safe workplace.
- Vendor agencies should communicate COVID-19 policies to their early interventionists.
- Educate their early interventionists about COVID-19. Refer to [coronavirus.dc.gov](https://www.coronavirus.dc.gov) for more information.

A. Require staff symptom screening

Vendor agencies must develop a written policy in place to instruct staff to screen themselves for fever and symptoms consistent with COVID-19 prior to the start of each shift. Screening should include:

- Screening questions to assess for:
 - Signs and symptoms of COVID-19 infection
 - Known exposure to a COVID-19 positive individual within the last 14 days.
- Recent travel or awaiting test results after travel as defined in the DC Health Travel Guidance found at <https://coronavirus.dc.gov/healthguidance>
- Employers may elect to allow staff to complete daily screening in various formats (e.g., in-person, over the phone, or survey link via an automated phone line, electronic survey, etc.)
- Conduct random audits to ensure appropriate accuracy and compliance.
- A process should be developed to ensure that any staff member reporting a sign or symptom of COVID-19 or exposure to COVID-19 during their screening is followed up on by a designated individual at the vendor agency.
 - For information on determining when HCP may be removed from work restriction, see Guidance for Healthcare Personnel: Monitoring, Restriction and Return to Work can be found at coronavirus.dc.gov/healthguidance

B. Actively encourage sick personnel to stay home

- There must be a written policy in place to instruct staff to not come to work when they are sick and informing them of applicable paid leave provisions.
- If an early interventionist develops symptoms consistent with COVID-19 during in-person visits or during the work shift, the interventionist must leave the child’s home as soon as possible, inform their agency or supervisor, and contact their personal healthcare provider.

C. Plan for staff exposure

- Vendor agencies must develop a plan in the event that an early interventionist is diagnosed with COVID-19.
- Early interventionists should keep a detailed log of daily interactions to support contact tracing if needed.
- Vendor agencies must identify a point of contact that an employee can notify if they test positive for COVID-19.
- If an employee develops any symptoms of COVID-19 during the work shift, there should be a plan in place for the employee to immediately isolate, notify their supervisor, and leave the home.
- For detailed guidance on how to respond in the event of an exposure, please refer to the Guidance for Healthcare Personnel Personal Protective Equipment, Monitoring, Restriction and Return to Work at coronavirus.dc.gov/healthguidance.

D. Plan for patient exposure

- Vendor agencies do not need to wait for a response from DC Health before informing families that an incident with a COVID-19 case has occurred. Vendor agencies should notify families who have been in close contact with an early interventionist with confirmed COVID-19. A close contact is someone who was within 6 feet of an infected person for at least 15 minutes cumulatively over a 24-hour period, while the person was infectious.

- For sample template notification letters, please refer to COVID-19 Template Letter for Patients with Direct Exposure or COVID-19 Template Letter for Patients WITHOUT Direct Exposure at coronavirus.dc.gov/healthguidance

E. Reporting cases among early interventionists

- Any staff member who tests positive for COVID-19 must be reported to DC Health by the vendor agency within 24 hours.
- Vendor agencies must follow DC Health reporting requirements. For detailed guidance, please refer to COVID-19 reporting requirements at <https://dchealth.dc.gov/page/covid-19-reporting-requirements> and submit a Non-Healthcare Facility COVID-19 consult form.

Coronavirus 2019 (COVID-19) Health Screening Questionnaire

Example for child and family/caregiver

Instructions: Please select either “YES” or “NO” to each question below.

NOTE: If an individual answers “YES” to Questions 1-6, the in-person visit appointment should be rescheduled or offer a virtual visit to the family. The individual should be advised to contact their healthcare provider for further evaluation if needed.

	YES	NO
1. Have you or anyone in the residence felt like you had a fever in the past day or had a documented temperature of 100.4°F (38°C) or higher?		
2. Do you or anyone in the residence have a new or worsening cough today?		
3. Do you or anyone in the residence have any of these other symptoms today?		
a. Shortness of breath or difficulty breath		
b. Fatigue		
c. Muscle or body aches		
d. Headache		
e. New loss of taste or smell		
f. Sore throat		
g. Congestion or runny nose		
h. Nausea or vomiting		
i. Diarrhea		
4. Have you or anyone in the residence been tested for COVID-19, and are still awaiting test results?		
5. Have you or anyone in the residence tested positive for COVID-19 in the last 10 days?		
6. Have you or anyone in the residence been exposed to someone with COVID-19 in the last 14 days?		

Coronavirus 2019 (COVID-19) Health Screening Questionnaire

Example for an early interventionist

Instructions: Please select either “YES” or “NO” to each question below.

NOTE: If an individual answers “YES” to Questions 1-6, the individual should not visit or report to work. The individual should be advised to contact their healthcare provider for further evaluation if needed.

	YES	NO
1. Have you felt like you had a fever in the past day or had a documented temperature of 100.4°F (38°C) or higher?		
2. Do you have a new or worsening cough today?		
3. Do you have any of these other symptoms today?		
a. Shortness of breath or difficulty breath		
b. Fatigue		
c. Muscle or body aches		
d. Headache		
e. New loss of taste or smell		
f. Sore throat		
g. Congestion or runny nose		
h. Nausea or vomiting		
i. Diarrhea		
4. Have you been tested for COVID-19, and are still awaiting test results?		
5. Have you tested positive for COVID-19 in the last 10 days?		
6. Have you been exposed to someone with COVID-19 in the last 14 days?		