



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

**STRONG START DC EARLY INTERVENTION PROGRAM (DC EIP)  
PART C GUIDANCE RELATED TO CORONAVIRUS (COVID-19)  
(Jan. 3, 2023)**

**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 homes, child development facilities and other community settings.

On Sept. 19, 2022, DC Health released revised [coronavirus \(COVID-19\) guidance for District schools and child development facilities](#) that is aligned to the guidance issued by the Centers for Disease Control and Prevention ([CDC](#)). Under the revised DC Health guidance, schools and child development facilities are recommended to follow the guidance issued by the CDC, but it is no longer required except for mandates that are otherwise required by federal or local regulations (e.g., District child care licensing regulations, communicable disease regulations, [Coronavirus Immunization of School Students and Early Childhood Workers Regulation Emergency Amendment Act of 2021](#), etc.).

**Date Issued**

This guidance will take effect Jan. 3, 2023 and supersedes all previous OSSE DC EIP Part C guidance as it relates to COVID-19. Guidance will remain in effect until further notice.

**Guidance**

**1. Evaluations and assessments**

Strong Start is committed to ensuring that the Battelle Developmental Inventory (BDI-2U) tool to determine eligibility is used as intended. Beginning Jan. 1, 2023, all eligibility and transition evaluations must be conducted in-person. This includes initial multidisciplinary evaluations (initial MDE) for eligibility, Initial Assessment and Evaluation Programming System (AEPS), transition-only evaluations (transition MDE) and annual eligibility evaluations (annual MDE).

Only six-month assessments conducted by the treating early interventionists using the Assessment and Evaluation Programming System (AEPS) will be allowed to be offered via telehealth.

## 2. Delivery of services

During stage 4 of the Strong Start reopening plan, all early interventionists and service coordinators resume face-to-face visits and meetings. It is anticipated that some families may continue to prefer delivery via telehealth, instead of face-to-face visits. If the family is not ready for face-to-face visits, they may continue to receive services via telehealth. Requests for telehealth services must be initiated by the family based on their preferences and needs.

## 3. Visit planning

- For visits at a child development facility or other community setting, the early interventionist must follow DC Health's COVID-19 [Guidance for Schools and Childcare Facilities](#), OSSE's COVID-19 [supplemental health and safety guidance and resources](#) for child care providers and the specific COVID-19 requirements of the community setting or child development facility, such as if the center requires the use of personal protective equipment (PPE), social or physical distancing and/or enhanced hygiene and handwashing. If the community setting or child development facility is closed or has reduced hours, the early interventionist and family must work to find an alternate location.
- COVID-19 Vaccination: 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.
- High-risk individuals: Families with children who are at increased risk of experiencing severe illness due to COVID-19 or other communicable disease are recommended to consult with their medical provider before participating in face-to-face visits. Service coordinators and early interventionists should consider additional precautions when delivering in-person services to high-risk individuals such as wearing a face mask and maintaining distance.
- Face masks: Face masks are a powerful tool for preventing infections that are spread through the air or through respiratory droplets. Families, early interventionists and service coordinators may choose to wear a mask based on personal preference, informed by personal level of risk. If a community setting or child development facility requires face masks for all individuals within the facility, families, early interventionists and service coordinators should follow those requests. Families may also request that an early interventionist wears a face mask during in-person visits. Individuals must follow the CDC, DC Health and OSSE [supplemental health and safety guidance and resources](#) for wearing masks in child development facilities after recent recovery from COVID-19. For more information on face masks, please see CDC's [Care and Use of Masks](#).
  - Masks should not be worn by children under age 2 or children who are sleeping or napping.
- Hand hygiene: Washing hands can prevent the spread of infectious diseases. 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; and
  - After blowing your nose, coughing, or sneezing.
- For more information on hand hygiene, please see the CDC's [When and How to Wash Your Hands](#).
- 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 items 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 they may require periodic cleaning.
- Health screening: Health screenings are not required for entering a home, child development facility or other community setting. However, community settings or child development facilities

may have individual policies in place for screening visitors before entry and families, early interventionists and service coordinators should follow those screening requests.

- **Symptoms of COVID-19:** Individuals must not conduct evaluations or in-person visits while sick.<sup>1</sup>
  - Early interventionists and service coordinators who have any of the following COVID-19 symptoms must not enter the home, community setting, or child development facility (the premises) unless they have tested negative for COVID-19 or have documentation from a healthcare provider demonstrating the symptoms are due to an alternate diagnosis:
    - 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.
  - Individuals who have symptoms of COVID-19 must not enter the premises while test results are pending.
  - Individuals who develop new symptoms of COVID-19 while on the premises should immediately put on a face mask (ages 2 and older) and be dismissed to begin isolation.
  - Children or staff with pre-existing health conditions that present with specific COVID-19-like symptoms must not be excluded from entering the premises on the basis of those specific symptoms, if a healthcare provider has provided written or verbal documentation that those specific symptoms are not due to COVID-19.
  - For more information on isolating and returning after symptoms of COVID-19, including return protocols for symptomatic individuals who do not seek testing or alternate diagnosis, see Scenario 1 of the Return to Child Care Matrix or the Return to Child Care Criteria available [here](#).
  
- **COVID-19 Positive:** Individuals who have recently tested positive for COVID-19 must not enter the premises to conduct evaluations or in-person visits until they have met the return criteria. For more information on isolating and returning after testing positive for COVID-19, see Scenarios 2A, 2B, and 2C of the Return to Child Care Matrix or the Return to Child Care Criteria available [here](#).
  
- **COVID-19 Exposure (Close Contact):** Generally, individuals who have been exposed to COVID-19 are able to continue working or attending child care unless they develop symptoms of COVID-19. The CDC recommends individuals who have been exposed to COVID-19 to monitor their symptoms and wear a mask for 10 days beginning on the day of exposure. Further, the CDC recommends individuals to get tested on day 6 after exposure. Other prevention actions, such as improving ventilation, may be used to avoid transmission during these 10 days. For more information, please see CDC's [What to Do If You Were Exposed to COVID-19](#).

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<sup>1</sup> Schools and childcare facilities must remove and exclude individuals who have tested positive for COVID-19 or who have symptoms of COVID-19 pursuant to 22B DCMR §§ 209.1 — 209.8 for schools and 5A DCMR §§151.1 – 151.8, 162.4 and 118.4 for childcare facilities. Individuals who are isolating due to symptoms of COVID-19 or have a test result pending also must not enter the premises.

#### 4. Visit procedures

Early interventionists shall review with the parent/guardian this guidance prior to or the day of delivering the first in-person visit. Parents/guardians shall become familiar with the guidelines set in this document and understand that they must take the outlined precautions.

##### A. Prior to in-person visit

- Early interventionists and service coordinators may perform a health screening for all persons that will be present during the visit. This includes the child, parent/guardian, caregiver and any member of the household.
- Parent/guardian is responsible for monitoring their health as well as the health of their child and others in the home for COVID-19/flu related symptoms. Parent/guardian must reschedule any in-person appointment if anyone in the home experiences symptoms of COVID-19 before the appointment.
- Parent/guardian shall notify the early interventionist if someone in the household tested positive for COVID-19 or was told by a doctor they have COVID-19 or another communicable disease. In this case, the in-person visit may be re-scheduled or conducted via telehealth (not applicable for evaluations and assessments).
- Individuals who are under quarantine (due to exposure to a close contact for example), isolation, or have a test result pending also must not participate in in-person visits.

##### B. During the in-person visit

- Hand hygiene must be completed at the beginning and end of each session, and periodically as needed. Wash hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.
- 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.

##### C. Virtual visits

When a parent/guardian requests services to be delivered via telehealth the Informed Consent for Virtual Early Intervention Services form must be obtained and signed by the parent/guardian prior to delivering services. The following guidelines shall be reviewed and followed when delivering services via telehealth:

- [Guidelines and Requirements for Vendor Agencies Regarding Virtual Early Intervention Services](#)
- [Guidelines for Early Interventionists Conducting Virtual Early Intervention Services](#)
- [Guidelines for Families and Caregivers: What Should My Virtual Visit Look Like?](#)

#### 5. Considerations for vendor agencies

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

### **A. Vaccination requirements**

Effective March 2, 2022, all staff working in person in a licensed child development facility, must receive a full course of vaccination against COVID-19 unless they have been granted an exemption from such vaccination pursuant to, and are compliant with the requirements of, the Coronavirus Immunization of School Students and Early Childhood Workers Amendment Act of 2021 (D.C. Law 24-85). This applies to early interventionists and service coordinators since their jobs require them to routinely be in those facilities.

Additionally, on August 27, 2021, the District of Columbia Department of Health (DC Health) issued regulations requiring health professionals who are licensed, registered, or certified by the DC Health, and unlicensed personnel in a healthcare setting in the District of Columbia, to receive the first dose of a COVID-19 mRNA vaccine (i.e., Moderna or Pfizer) and receive the second dose within the time established in the dosing schedule for the vaccine or a single dose of the Johnson & Johnson vaccine no later than September 30, 2021, unless DC Health has issued an exemption for the vaccination requirements. The rules became effective on December 10, 2021. ([Notice of Final Rulemaking Effective December 10, 2021](#)) Early interventionists who are registered, licensed or certified by DC Health must comply with these requirements.

For up to date information on vaccination requirements for health professionals, including how to report COVID-19 vaccine status, please refer to [dchealth.dc.gov/service/health-professionals](https://dchealth.dc.gov/service/health-professionals).

### **B. Actively encourage sick personnel to stay home**

- Vendor agencies must have a written policy in place to instruct staff to not come to work when they are sick and inform 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 premises as soon as possible, inform their agency or supervisor and contact their personal healthcare provider if necessary.

### **C. Plan for staff exposure**

- For detailed and up to date information on what to do if a staff member has a confirmed case of COVID-19, visit “Resources for the Public” at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance). Follow those instructions to help prevent the spread of the virus in the community.
- Vendor agencies must develop a plan if an early interventionist is diagnosed with COVID-19.
- Vendor agencies must notify a child development facility if an interventionist with confirmed COVID-19 was within the facility during their infectious period.
- 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 premises.

### **D. Plan for patient exposure**

- Vendor agencies should notify families who have been in close contact with an early interventionist with confirmed COVID-19.

- 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](https://coronavirus.dc.gov/healthguidance)