

ESIT Combined Tri-Stage Framework and Additional Guidance for Reentry to In-Person Service Delivery

This combined document supersedes previous documents and contains both the original *ESIT Tri-Stage Framework for Reentry to In-Person Service Delivery*, initially disseminated to the field on July 30, 2020, and follow-up guidance originally titled *Updates to ESIT COVID-19 Tri-Stage Framework for Reentry to In-Person Services*, disseminated on March 3, 2021, with revisions.

The second guidance document is intended to clarify, not replace, the original framework, with the exception of a revised *ESIT Reentry Stages* graphic which replaces the graphic in the original framework document. Both documents are intended to inform, not direct, decisions that must be made at the local provider agency level. Some additional resources that can assist with local planning for reentry include:

The Washington State Department of Health Symptom Screener:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/420-287-COVID-19SymptomEvalMgmtFlowChart.pdf>

The Centers for Disease Control and Prevention (CDC) Cleaning and Infection Control Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

As of this writing, all ESIT providers have access to vaccines. The CDC has provided **guidance for individuals who have been vaccinated**. Vaccination supports provider safety, but to support the safety of children and families receiving services, **the use of masks and other precautions must continue**. Children under 3 years old do not currently have access to COVID-19 vaccines, and parent or caregiver vaccination status should be treated as private health information. This makes it necessary to *approach home and community visits as if children and families receiving services have not been vaccinated*.

For provider agencies that have chosen not to submit a Stage 1 Reentry Plan, it is important to recognize the benefits and give full consideration to the completion of a Stage 2 Reentry Plan. The development process will support a thoughtful transition to in-person services and assist provider agency leadership to carefully consider important factors such as safety and equity, as well as make any adjustments necessary for effective and efficient workflow as we continue to make progress and move beyond this state of emergency in Washington.

Because of the unprecedented nature of the pandemic, it is critical that ESIT providers remain aware of the status of their counties and continue to work with local health leaders, remaining agile and responsive to adjusting service delivery options as status changes or updated information becomes available.



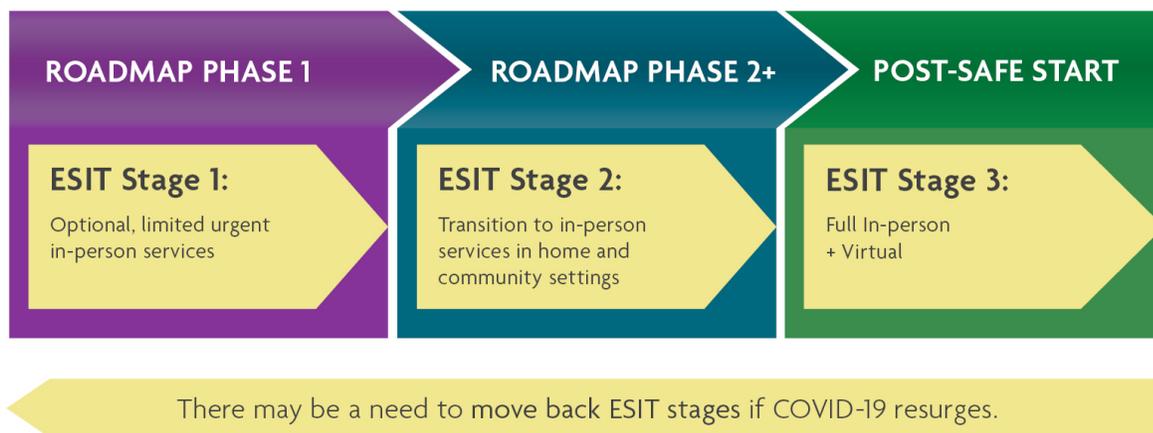
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This document outlines requirements for Early Support for Infants and Toddlers (ESIT) Stages 1 and 2 and offers considerations for Stage 3 of reentry to in-person service delivery. The recommendations in this document are intended to serve as temporary measures to reduce the likelihood of transmission of COVID-19 while supporting continuity of services.

ESIT Provider Agencies (EPAs) are encouraged to develop a single Reentry Plan, including the required components of both Stages 1 and 2. Movement from one stage to the next may not be linear, and provider agencies should develop plans that support both forward and backward movement, as illustrated in the graphic below.

ESIT Reentry plans must align with local health jurisdictions, Washington State Department of Health (DOH) and Centers for Disease Control and Prevention (CDC) guidance. EPAs 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



****Please note the graphic above was revised in May 2021**

ESIT Stage 1: Framework to Establish Limited In-Person Services Plan

Before offering limited in-person services, each provider agency must create a Stage 1 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 1 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 1 limited in-person services if their county is in ***Phase 2 or beyond based on the Governor’s Safe Start Plan**. However, programs are not required to implement an ESIT Stage 1 plan when their county has moved to Phase 2 or 3.

Once the EPA has an approved Stage 1 Plan in place, 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 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 1 Reentry Plan Needs to Include at a Minimum:

Equity

- Description of how equitable services will be provided based on the 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 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, EPA 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.) before the visit
- Address transportation needs of families where necessary and possible (bus passes, cab vouchers, etc.)

Internal EPA Process for Determining In-Person Exemptions

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

ESIT Stage 2: Framework to Establish Expanded In-Person Services Plan

ESIT Stage 2 constitutes a phased transition to expanded in-person services in home, child care, and community-based settings. Before expanding in-person services, each provider agency must create a Stage 2 Expanded In-Person Services Plan detailing the agency’s strategies and precautionary measures. Each provider agency’s Stage 2 plan must be approved by the agency’s governing body and then submitted, as a contract deliverable, to the ESIT State Office or the CLA.

Programs should only consider expanding in-person services to Stage 2 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 2 Plan because their county has moved to Washington Safe Start Phase 3 or 4.

The decision to move into Stage 2 and the necessary protocols for approaching service delivery decisions will be determined by EPA 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 1 Plan, it may be amended to include the following additional Stage 2 requirements.

Additional Requirements for ESIT Stage 2 Plans:

Identifying Risk

- Family: Determine how children and family members who are at 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 1 or 2 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 1 to 2 or from Stage 2 back to Stage 1
 - 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 the family's concerns, priorities, and resources in determining the 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 checks (e.g., taking temperature, assessing symptoms of infection) before 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 before 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 before 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 3: Return to Full Service Delivery and Requirements

Stage 3 indicates a return to typical operations and the termination of any emergency provisions issued due to COVID-19. ESIT Provider Agencies should make thoughtful decisions based on the best information available as they consider expanding in-person services to Stage 3. It is anticipated that providers will continue to make the best use of technology to 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 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 3, providers must assess children who were denied access to services due to EPA closures. IFSP teams must determine if compensatory services are necessary.

Compensatory services may be necessary for children who show regression in their development to make up or compensate for services that they did not receive because of the EPAs 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 EPAs 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](#)

ADDENDUM: Updates to ESIT’s Tri-Stage Framework for Returning to In-Person Service Delivery

Purpose: To clarify components of the ESIT Tri-State Framework for Reentry to In-Person Service Delivery document distributed initially on [July 31, 2020](#).

This expanded guidance is designed to confirm the local decision-making authority of ESIT Provider Agencies, support additional flexibility regarding natural environments during the pandemic, provide an updated graphic illustrating ESIT’s alignment with the Governor’s [Healthy Washington - Roadmap to Recovery](#) and provide additional guidance for ESIT Stage 2.

The ESIT program received a request from the State Interagency Coordinating Council (SICC) to revisit the ESIT Tri-Stage Framework for Reentry to In-Person Service Delivery. This guidance is based on the recommendations of the workgroup. The workgroup was tasked with the following:

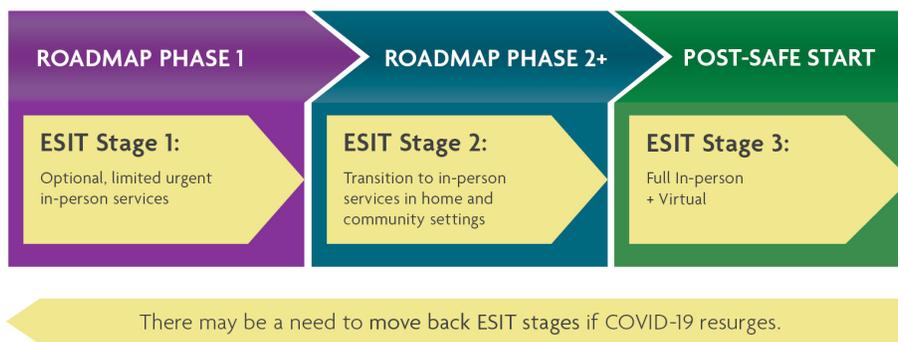
- Review feedback regarding the Reentry Framework from ESIT providers, administrators, and families across the state of Washington
- Review OSEP Question and Answer document regarding [IDEA Part C Provision of Services](#) to determine if more flexibility can be afforded related to natural environments and related IFSP revisions during the pandemic
- Make recommendations for clarification and adjustments to the original Reentry Framework

Clarification Regarding Key Components:

Decisions regarding the transition back to offering in-person services clearly reside with each local ESIT Provider Agency. There are many factors that go into the decision. The first consideration is which phase of Gov. Inslee’s Healthy Washington - Roadmap to Recovery each provider agency is in. Other more nuanced factors may include, but not be limited to: the agency’s staff vulnerability; the agency’s readiness and capacity to provide the supports required to keep children, families, and staff safe; and the vaccination rollout in the local community. It is critically important that ESIT Provider Agencies communicate the rationale behind decisions that may differ within the same county.

The graphic below shows the ESIT Reentry Framework’s alignment with the [Healthy Washington - Roadmap to Recovery](#).

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



****Please note the graphic above was revised in May 2021**

ESIT Stage 1: Indicates the optional provision of limited, urgent in-person services for a small subset of enrolled children.

ESIT Stage 2: Indicates a transition to expanded in-person services in home, child care, and community-based settings, as described in detail in the July 31, 2020, *ESIT Tri-Staged Framework for Reentry to In-Person Service Delivery* (with expanded guidance in this document).

ESIT Stage 3: Indicates that, while virtual service delivery will continue to be an option for families, emergency procedural adjustments issued due to COVID-19 will be terminated.

This guidance supports a more expansive interpretation of the original Reentry Framework to better ensure that the individual needs of infants, toddlers, and their families will be met during the pandemic. The following areas may require additional flexibility during the COVID-19 pandemic.

Related to Stages 1 and 2

Pre-IFSP Activities: Providing services to families in their homes or other community-based natural environments remains a strong value in our state and is always considered the best first choice for service location. During the pandemic, providers have successfully provided many of these services virtually. In some cases, in-person, hands-on work with a child and family is necessary but may not be safe in home and community settings. In such cases, providers may choose to conduct pre-enrollment activities in a non-natural environment during the pandemic.

Conducting the pre-IFSP activities listed below in a non-natural environment does not require justification.

1. Intake sessions for families who may be difficult to reach
2. Eligibility evaluations that require “eyes and hands” on the child to accurately determine the next steps
3. Supporting the family’s technology needs in preparation for virtual visits

IFSPs for Services in Non-Natural Environments: ESIT providers have reported that this area has created particular challenges. A separate guidance document was developed to provide guidance in this area. [ESIT Guidance: #2021-01 COVID-19 Documenting Natural Environments and Virtual Services During the Pandemic.](#)

Related to Stage 2

Additional Guidance: As ESIT providers can access vaccines and make plans to return to in-person services in natural environments, it is important to continue to be vigilant with precautions that prevent transmission. It is not currently clear whether the vaccine alleviates symptoms or if it also prevents transmission. Vaccines should be considered to serve as an additional layer of PPE, and, as such, mask-wearing and other transmission prevention strategies will need to continue until DOH has determined that the risk of transmission has been mitigated.

In-person service decisions must reflect the dynamic and individual needs of children and families and be built on a foundation of effective communication. Due to various considerations, such as vaccination status and provider risk factors, the in-person service provider may not be the same person who has provided virtual services. If it becomes necessary to change service providers, there should be a clear transition plan to support the family during this change.

As in-person services resume, consider the following when prioritizing families’ access:

1. The family’s individual needs, preferences, and comfort levels with in-person services

2. The needs of families whose access to services has been limited due to issues related to equity such as race, poverty, geography, or homelessness
3. The requirements of children and families who may benefit from in-person services due to their unique individual needs
4. Families who opted to pause all EI services due to COVID-19. If those families still do not want services after the in-person option becomes available, the Family Resources Coordinator should consider exiting the child from services
5. The needs of families who were unable to receive virtual services for any reason

If a parent whose child is currently receiving virtual services wishes to resume in-person services, and the ESIT provider is unable to provide in-person services to the child, it will be important for provider agencies to communicate with families that virtual services will continue until an in-person provider is located.

Should you have any questions or concerns, you may contact Laurie Thomas, ESIT Program Administrator, at laurie.thomas@dcyf.wa.gov.