

Preschool Early Intervention

Guidance during the COVID-19 Pandemic

March 1, 2021

The Office of the Governor, Pennsylvania Department of Health and Department of Education (PDE) has issued guidance to educational entities to safely operate in ways to mitigate the spread of COVID-19 through reduced person-to-person contact between professionals and Pennsylvanians. Guidance issued by PDE, [Determining Instructional Models During the COVID-19 Pandemic](#) relies on incidence rates and percent positivity to help identify community risk as well as inform instructional models to help mitigate the spread of COVID-19.

The following addresses the delivery of Preschool Early Intervention (EI) services during the COVID-19 pandemic. EI programs are required to be included in the development of their educational entity's Health & Safety plans to safely implementing in-person EI services in their communities as well as follow any identified mitigation efforts as defined by the PDE or Pennsylvania Department of Health.

Strategies to Deliver EI Services:

What is tele-intervention and what services can be delivered through tele-intervention?

The term tele-intervention is being used to describe a strategy for delivering EI services. Tele-intervention strategies are those provided using real-time (synchronous) audio/video technology and where that technology is not available, the use of a telephone. Tele-intervention for the purpose of EI services are services consistent with and provided by the provider types that are identified in the Pennsylvania's Office of Medical Assistance Programs, [Quick Tip #229 & #242](#) where they are referred to as tele-medicine.

Details about tele-intervention and the School Based Access Program (SBAP) can be found on the Department of Human Services [SBAP page](#).

Will HIPAA impose a barrier to using tele-intervention, particularly methods like Skype or Facetime?

The United States Department of Health and Human Services, Office of Civil Rights (OCR), which is responsible for enforcing regulations related to HIPAA, has issued the following guidance: "A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the [HIPAA Rules](#) in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19."

Managing Referrals:

Due to the various reopening guidelines in Pennsylvania, families and referring agencies are not sure if EI services are open. What are some strategies to communicate that EI services continues to be a resource for Pennsylvanians?

A flyer has been created to help promote the continuation of Early Intervention services during the COVID-19 pandemic. The flyer, available in both English and Spanish, can be located on the [EITA Portal](#). Local programs are encouraged to add additional contact information to the flyer to help families locate Early Intervention services within their community.

How can families make referrals in cases where businesses are closed or operating virtually?

Families can continue to reach the EI programs using CONNECT (1-800-CONNECT or help@connectpa.net) or make a referral using [COMPASS](#). CONNECT will securely transfer referrals to local EI programs.

Managing Initial Evaluations:

What standardized evaluation tools are permitted when using tele-intervention?

Evaluators are asked to review individual tool protocols and publisher guidance regarding implementation of a standardized tool using virtual practices. Information has been gathered by Early Intervention Technical Assistance and has been posted in the [EITA Portal](#).

Regulations require for timely evaluation reports and IEPs to be developed, this timeline may not be met due to the pandemic. How should a late evaluation report or IEP be documented?

Evaluation reports and IEPs created beginning in March 2020 through the end of the COVID-19 pandemic are able to use “Act of Nature/Weather” instead of “Family”. A detailed explanation for the reason the Evaluation Report was late must be included in the Delay Reason Comments section of PELICAN-EI.

Managing IEP Services:

How should a Preschool EI program document attendance of IEP team participants, including the parent, for meetings that are not held in-person?

If the IEP team meeting is conducted by telephone, videoconference, or some other agreed-upon method that is not in-person, in accordance with 34 CFR § 300.328 (related to alternative means of meeting participation), the Preschool EI program should indicate how each member of the team, including the parent, participated on the attendance page of the IEP, noting that information beside the printed name column.

Is a Preschool EI program permitted to accept digital signatures for consent on special education documents?

OSEP has stated, “states may use electronic or digital signatures for consent, provided they take the necessary steps to ensure that there are appropriate safeguards to protect the integrity of the process. [C]onsistent with [Section] 300.9(b), a parent must understand and agree to the carrying out of the activity for which the parent’s consent is sought.” U.S. Department of Education, Office of Special Education and Rehabilitative Services, *Letter to Breton* (March 21, 2014).

Preschool EI programs may, therefore, accept digital signatures for parent consent on EI records provided the following:

- The Preschool EI program has an approved policy on record describing the steps taken to ensure appropriate safeguards are in place to protect the integrity of the process.
- The parent is in agreement with using a digital signature for EI documents.

If the IEP has a Personal Care Assistant (PCA) as a related service supporting the child in an early childhood setting, must it be delivered in the home if the child is no longer attending the early childhood setting?

As with all services, the IEP team should meet to determine how services will be delivered through alternate instructional models (i.e., in-person, hybrid, remote). If the IEP team determines a PCA is no longer appropriate because the circumstances have changed, the IEP should be revised.

How should the Educational Environment (EE) and NOREP reflect the location of IEP services when the Early Childhood Special Education (ECSE) class is being provided virtually to a Preschool EI eligible child?

The EE and NOREP should reflect both the setting and the “audience” of the tele-intervention.

- If the service was in an ECSE and now tele-intervention is WITH the child and their peers in the ECSE – then no change to the EE/NOREP is needed.
- If the service was in an ECSE and now tele-intervention is with the child/parent/caregiver (without their peers) – then a change is needed to reflect the EE/NOREP as Home.

Due to reduced class sizes to mitigate COVID exposure, a child will be receiving 50% of the specialized instruction in-person and 50% virtually in-home. How should the NOREP and EE reflect this scenario?

In this case, the setting is guided by the place in which the child is receiving a majority of their IEP services. Majority is defined as “AT LEAST 50%”.

Because the child is in the ECSE “AT LEAST 50%” of the time, then the NOREP and EE should reflect the ECSE classroom and not the in-home virtual instruction.

COVID Compensatory Services

What are COVID Compensatory Services (CCS)?

In this guidance document, the term "COVID-19 Compensatory Services (CCS)" refers to services as determined by an IEP team needed to remedy an eligible young child's skill and/or behavior loss and/or lack of progress that resulted from a Preschool EI program's inability to provide FAPE while using alternative instructional models due to the COVID-19 pandemic.

Who is responsible to provide COVID-19 Compensatory Services (CCS) that were identified when a child was participating in Preschool EI services and has now transitioned to Kindergarten or first grade?

School District IEP team will transition the child into school-age program and collect baseline data and additional data points over CCS designated time period as per district guidelines and the child's IEP. During the transition period and CCS assessment period, EI programs will be available, upon district request, for consultation to discuss strategies, services provided/offered/accessed, and additional information to support the child. School District will provide recoupment services per the child's IEP and regular education systems in place to address COVID slide in skills. School district will monitor progress to inform needs for CCS. In situations where school district teams recommend CCS to address the child's needs, the School District will invite the EI Program to a formal IEP meeting to make determinations and recommendations. The EI program will compile existing data to discuss at the meeting to compare the child's progress across settings and the impact of the preschool EI program closure. The EI Program will review data regarding the child's access to services, engagement in activities, and other relevant factors to facilitate decision-making and determinations for CCS. A plan for CCS will be developed.

Who is responsible to provide COVID-19 Compensatory Services (CCS) that were identified when a child was participating in Preschool EI services during their Kindergarten eligible year?

Because the Preschool EI program was responsible for the Preschool EI services, the CCS will be evaluated, provided and funded by the Preschool EI program.

Managing Provider Qualifications/Training:

How may paraprofessionals earn their required 20 hours of professional development during the COVID-19 pandemic?

Paraprofessionals are required to obtain the 20 hours of professional development despite the pandemic. Training resources can be found on the [EITA Portal](#). Additionally, the Pennsylvania Training and Technical Assistance Network (PATTAN) provides Special Education Paraprofessional courses online. First time users must set up an [account to access the courses](#).

Managing Payment for Services Implemented Using Tele-Intervention:

How is the time spent with coaching calls, check-in calls, sending out/delivering materials to families who do not want a virtual session documented when completing data collection for the Preschool EI Fiscal project?

IEP services are considered to be delivered (utilized) when the direct IEP service is being provided either in-person or virtually using tele-intervention. While important to keep children and families connected to the Preschool EI services using methods like coaching calls, check-in calls, sending/delivering materials – this is not considered to be implementation of the IEP and would not be tracked as service utilization. If your program is not providing in-person or virtual IEP services, but rather using methods like coaching calls, check-in calls, sending/delivering materials, please work very closely with your EI Advisor to quickly transition to direct methods of IEP service delivery.

Managing Early Childhood Outcome Data:

Should EI program staff continue to collect Early Child Outcome Data (ECO) at entry and exit?

EI programs should continue to follow procedures and timelines for collecting early child outcome data at the child's entry and exit from the EI program. For entry data, evidence from family report, any existing evaluation information, and virtual observations can be used to complete the authentic assessment tool. Evidence for exit ECO data can be gathered through family report, progress notes, and observations.

If staff need reminders of the ECO data collection process, they should review the ECO 101 and 201 courses on the EITA Portal [professional development page](#). Additional job aides on topics such as approved authentic assessment tools and the how to use the ECO decision tree, can be found on the [EITA Portal](#).

Entry ECO Data Collection Scenarios

- If the child has been found eligible for EI but the family declines services and no IEP is developed, then no ECO data collection is required.
- If the child has been found eligible for EI, an IEP has been developed, but services will be delayed, collect entry ECO data within 60 days following the start of Early Intervention services.
- If the child has been found eligible for EI, an IEP has been developed and services are being provided using tele-intervention, collect entry ECO data according to typical procedures.

Exit ECO Data Collection Scenarios

- If the child is within the 60-day window of an anticipated exit from EI and is receiving services through tele-intervention, collect exit ECO data according to typical procedures.
- If the child is within the 60-day window of an anticipated exit from EI but has declined services while COVID-19 mitigation efforts are in place:
 - If the child received services at some point within the 60-day window, use observations during that session, session notes, and other progress information to complete the authentic assessment and exit ECO ratings.

- If the child did not receive services within the 60-day window and is exiting all EI services, including children transitioning to Kindergarten, no exit ECO data should be collected.

Health and Safety Procedures:

What health and safety procedures should be followed regarding Personal Protective Equipment (PPE)?

Preschool EI professionals must turn to their Preschool EI program for access to PPE to include but not limited to; face masks and disinfecting products. There are many companies featured in this [link](#) who are able to supply PPE. Allocated GEERs funding may be used to purchase PPE. If families request the program use additional PPE (gowns/face shields) beyond what is established in the program's health and safety practices, the Preschool EI program may offer tele-intervention strategies to implement the IEP as an alternative to in-person strategies.

What health and safety procedures should be followed regarding face coverings for Preschool EI programs?

EI personnel to include the evaluation teams and IEP service providers must always wear masks when working in-person with a child and their family, regardless of the ability to practice sustained physical distancing. A mask is a face covering that covers the nose and mouth that is secured to the head with ties, straps, or loops over the ears or is wrapped around the lower face. All EI personnel must wear a face covering that covers the nose and mouth during the entirety of service provision, regardless of physical distance when indoors or in an enclosed space and outdoors when unable to maintain sustained physical distance.

Masks can be challenging to incorporate into the relationship with a young child, so careful planning and preparation with the family supporting the child may be needed in advance of delivering the first in-person session. Resources can be found on the [EITA Portal](#) to help support the child in learning to wear a mask. Many mask designs are available that allow the child and family to see the mouth of the service provider. The Office of Developmental Programs has guidance available in the [use of clear face masks to facilitate communication](#).

Face coverings can be a barrier when EI providers are communicating or seeking to communicate with someone who is deaf/hard of hearing with hearing loss or has another disability where the ability to see the mouth is essential for communication. All alternatives to wearing a face covering, including the use of a face shield, should be exhausted. This can include, alternate strategies to implement EI services, such as tele-intervention or demonstrating a strategy using a recording during an in-person session. When an in-person strategies are necessary, , EI professionals may use an alternative to a face covering which may include a plastic face shield that covers the nose and mouth, extends below the chin and to the ears, and leaves no exposed gap between the forehead and the shields headpiece. The Centers for Disease control and Prevention (CDC) has advised there is currently not enough evidence to determine how much protection a face shield provides to individuals around the person wearing the face shield, because of gaps where respiratory droplets may escape.

If a mask becomes soiled, a new or laundered mask should be used when visiting another family in the same day. Cloth masks should be laundered each day as per CDC guidance.

As a reminder, follow the CDC and PA DOH guidelines regarding the use, type and style of face mask for a non-healthcare provider. A face covering can be made of a variety of synthetic or natural fabrics, including cotton, silk or linen. A face covering can be factory-made, sewn by hand or be improvised from household items, including, but not limited to, scarfs, bandanas, t-shirts, sweatshirts, or towels. While procedure and surgical masks intended for health care providers and first responders, such as N95 respirators, meet those requirements, these specialized masks should be reserved for appropriate occupational and health care personnel.

What health and safety procedures should be followed regarding face coverings for children and families?

On November 18, 2020, the Secretary of the Pennsylvania DOH announced an updated [Order Requiring Universal Face Coverings](#). The order, signed under Secretary Levine's authority under the Disease Prevention and Control Act, outlines the situations when a mask must be worn and includes limited exceptions to the face-covering requirement.

Based upon PA guidance regarding universal face coverings; it is required that adults and children over 2 who are present during an in-person service wear masks in their home or other setting where the child is receiving EI services. Children under the age of 2 should not wear a mask at any time. Families should be prepared to supply their own face covering(s) if they will be present during the in-person EI services. If a family indicates the adults will not wear any face covering, the provider agency will offer tele-intervention strategies to implement the IEP as an alternative to in-person strategies.

Exceptions to mask wearing:

All alternatives to wearing a face covering, including the use of a face shield, should be exhausted before any child over the age of 2 or adult, not including EI personnel, is exempt from the face covering requirement. This includes any child over the age of 2 or adult, not including EI personnel, who cannot wear a mask because it would either cause a medical condition, or exacerbate an existing one, including those with respiratory issues that impede breathing, a mental health condition, or disability. If a child 2 years old or older is unable to remove a face covering without assistance, the child is not required to wear one. Additionally, sustained physical distancing between non-household members must be in place for the duration of the in-person EI service.

There are not exceptions to mask wearing for religious reasons.

What health and safety procedures should be followed regarding screening prior to an in-person home visit?

Prior to an in-person home visit, the provider of the EI services will contact the family to ask the health screening questions found on the COVID Screener for in-person EI Services. The provider should document the responses to the screening on a form or within a session note. A family is not required to respond to health screening questions to receive EI services. Families who choose to not be screened will be offered tele-intervention strategies to implement the IEP. The health screening template includes three screening questions and an additional consideration that must be used. If additional questions are desired, the questions will need to be approved by the local Preschool EI program.

What health and safety procedures should be followed during an in-person home visit?

EI programs/providers should refrain from bringing outside items into the home or community setting. EI programs/providers shall have protocols in place to disinfect any personal items used in the home or community setting and used by the EI program/provider and/or family. EI programs/providers should wash or disinfect their hands before entering and after leaving each home and in addition to wearing a mask, make every effort to maintain a sustained physical distance from the child and family when direct contact is not needed for the intervention. When possible, EI programs/providers and families should take advantage of outdoor spaces that support the child's and family's routines for the delivery of in-person services. The use of outdoor spaces still requires the use of a face covering when all participants of the EI services are unable to maintain sustained physical distance. Following the "Staying Safe while [Providing/Receiving In-Home Services during COVID-19](#)" will outline ways that the child, family and EI service provider can reduce the risk of spreading COVID-19.

What health and safety procedures should be followed regarding when delivering EI services in an early childhood setting?

EI services may be delivered in an early childhood setting. Additional planning may be required to ensure that the family, early childhood personnel and EI program/provider are all prepared for a safe EI service delivery experience. All adults and children over the age of 2 must wear a mask except for those who fall within the exemption criteria. If early childhood professionals are not wearing a mask, this should be reported to the [Regional Certification Office](#).

EI programs/providers do not need to screen the children and adults in the early childhood program. EI programs/providers can accept the COVID health screening completed by the early childhood program for the adults and children in the facility when evaluating the safety to deliver EI services. EI programs/providers should be prepared to be screened by the early childhood program prior to entering the building. In situations where an early childhood program is not permitting the entry of non-employees into the early childhood program, alternatives can be offered and can include the implementation of tele-intervention strategies to implement the IEP or in-person strategies in the home or agreed upon alternative setting as appropriate.