

IN-PERSON GUIDANCE FOR EARLY INTERVENTION SESSIONS

On March 11, 2020, Governor Lujan Grisham declared a public health emergency to maximize the resources available to fight the spread of the novel COVID-19 virus and minimize public health risks for New Mexicans. Throughout the pandemic, the Early Childhood Education and Care Department (ECECD) made changes to how Family Infant Toddler (FIT) services are conducted. This guidance is designed to help providers and early childhood professionals maintain physical distancing practices and health and safety standards. Please understand that the situation is fluid, and as we learn more ECECD will share updated guidance.

As of March 9, 2021, early intervention services began to take place in the provider agency, outdoor setting, child care facilities/registered homes, or via telehealth. This guidance was updated on April 19, to allow early intervention services to take place in child care facilities/registered homes regardless of county color.

As of June 1, 2021, early intervention services may also be provided in the home by providers who are fully vaccinated.¹ In addition, as of August 19, 2021, masks must be worn by adults and children two (2) years and over in the following two scenarios:

- In any indoor location, regardless of vaccination status
- By unvaccinated providers in public outdoor areas (e.g., Explora, the Zoo, a park, or any other public place where individuals are free to gather and congregate)

Masks are no longer required for **vaccinated** providers who are providing services in an outdoor location. **Providers are responsible to deliver services in the location of the family's choosing, and to deliver them in accordance with the guidelines provided in this document.**

COVID-19 safe practices, however, must be followed when providing services in an indoor location, regardless of vaccination status. The guidance below must be used when planning for, and delivering, in-person FIT services. The purpose of this guidance is to ensure that FIT providers can safely offer the option of in-person services, either in a provider agency setting, home or an outdoor setting, or continue with telehealth services.

¹ Please note that ECECD has adopted the CDC's definition of "fully vaccinated," which is: "In general, people are considered fully vaccinated two weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines; or two weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine."

For more information, please see the CDC's vaccination resources: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html#vaccinated>

All families **MUST** be given a choice of service location, including services in their home. This choice must be documented via a Prior Written Notice, PWN, and the attached In-Person Consent Form, and placed in the child’s file.

****As of June 1, 2021, there are no longer travel restrictions for early intervention service providers.**

The table below guides providers in navigating the differences between guidance for vaccinated and unvaccinated early intervention staff.

ALLOWABLE SERVICE DELIVERY LOCATIONS: VACCINATED STAFF	ALLOWABLE SERVICE DELIVERY LOCATIONS: UNVACCINATED STAFF
Inside a family’s home	Family’s outdoor space
Family’s outdoor space	Child care setting if allowed by the child care
Child care setting	Outdoor location
Outdoor location	Agency setting
Agency setting	

*****Masks are required for anyone 2 years and older for ALL indoor locations regardless of vaccination status.**

Providers must ensure if services are taking place inside a family’s home, the services are being provided by early intervention practitioners who are fully vaccinated.

- Unvaccinated early intervention service providers must test for COVID-19 every week. Either antigen or PCR tests are acceptable but at-home rapid antigen self-tests are not accepted for surveillance testing. Provider agencies are responsible for ensuring the early intervention personnel are not providing in-person services if they have tested positive for COVID-19.
- Asymptomatic **unvaccinated** service providers must self-quarantine if they have been in close contact with someone who has recently tested positive for COVID-19, and should test 3-5 days after the exposure. Note: Testing during the quarantine period does not end the quarantine period. The full quarantine period should be followed because a negative result does not mean that the contact will not become infectious later in their quarantine period.
- Asymptomatic fully **vaccinated** service providers who have been in close contact with someone who tested positive for COVID-19 must monitor for symptoms for 14 days and should get a test for COVID-19 on day 3-5 after exposure.
- Any service provider --vaccinated OR unvaccinated-- who is experiencing symptoms of COVID-19 (cough, fever, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or loss of taste or smell) **MUST** immediately self-isolate and seek a COVID-19 test and medical care. They may return to work when one of the following scenarios are true:

- They have received a negative COVID-19 test **AND** a note from their doctor stating that the symptoms are NOT due to COVID-19; or
- They have completed the required ten (10) day quarantine period AND their symptoms have resolved
 - Please refer to the NM DOH website for more information on quarantine and isolation: <https://cv.nmhealth.org/how-to-isolate-when-positive/>
- In addition to testing weekly, unvaccinated early intervention service providers must maintain a personal wellness log of the results of their screening and the log must record, at a minimum, their temperature, and the presence of any COVID-19 related symptoms.
- Although fully vaccinated early intervention service providers are no longer required to keep a written personal wellness log, they must continue to monitor their symptoms and immediately isolate and seek medical care and testing if they experience COVID-19 symptoms.
- Early intervention service providers should contact families (e.g. by telephone, email, text) the day of the scheduled in-person visit to complete the Pre-Screening Questionnaire (See Attachment A, pages 9-10). Completed questionnaires must be kept in the child's folder with the Family Service Coordinator Logs.

Early intervention service providers must adhere to New Mexico Department of Health's epidemiologists' recommendations based on current CDC guidance, scientific evidence, and a careful approach that acknowledges that there is still limited understanding of the virus, how it spreads, and who may be vulnerable to significant illness and harm. This guidance is designed to help New Mexico contain and prevent COVID-19 and can be found here: <https://cv.nmhealth.org/wp-content/uploads/2021/01/EPI-COVID19-Containment-Policies.1.21.21.pdf>.

During Visits

- In-person visits may take place either outdoors (community or child's home), at a licensed child care facility/registered home) or in a provider agency setting, regardless of the early intervention provider's vaccination status, if allowed by the child care center.
- In-person visits that take place inside a family's home **MUST** be delivered by a fully vaccinated provider.
- During in person visits, maintain social distancing and proper ventilation (open windows, doors, etc.,) as much as possible.
 - Persons involved in the early intervention services will practice social distancing as is practical based on the intervention.
- Provider agency locations must adhere to the Centers for Disease Control and Prevention (CDC) cleaning protocols. All service provider agencies must follow current public health and executive orders, found here: <https://cv.nmhealth.org/public-health-orders-and-executive-orders/>.
- Physical distancing (3 feet minimum) should be practiced, where possible, and early intervention service providers must adhere to social distancing best practices. Any family

member present at the in-person visit should also maintain a social distance of at least 3 feet.

- All adults and children two (2) years and older present at the in-person visit, taking place indoors, must wear a mask/face covering. If a child cannot tolerate the mask the provider must document the reason and shall proceed with the in-person session. A child's masks can be removed for eating/drinking or if necessary for speech therapy.
 - Note: Parents/Guardians or early intervention service providers may want to use clear masks for therapies or interventions that require visualization of the lips and mouth.
- Early intervention service providers may wear additional personal protective equipment (PPE) during in-person visits as they feel appropriate.
- Early intervention service providers must provide families with information about why wearing a mask/face covering (and other PPE, if applicable) is necessary. Masks/face coverings should fully cover the nose and mouth without gaps and stay in place without needing adjustments.
- If a family does not agree to wearing a mask/face covering during the early intervention visit taking place indoors, the visit may take place outdoors or via telehealth. Masks are required for unvaccinated providers if outdoor visit takes place in a public area (park, etc).
- Early intervention service providers must minimize contact with any frequently touched surfaces.
- Early intervention service providers may not take any items that are shared with other families to visits, with the exception to assistive technology and discipline specific supports. Prior to and after any scheduled visits, all items taken and used must be cleaned and sanitized according to the CDC guidelines found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#CleanDisinfect>.
- Early intervention service providers may conduct co-visits in-person if service providers have been fully vaccinated and the location of the visit allows for social distancing with an additional member(s) of the team present. All COVID-safe practices must be followed.
- Everyone participating in an in-person visit must wash their hands with soap and water for 20 seconds or use recommended hand sanitizer of at least 60 percent alcohol immediately before and after the session, after any direct contact, and anytime the face or mask is touched. This is also a great opportunity to work with the family and child on handwashing routines.
- Early intervention service providers must avoid touching their eyes, nose, and mouth at all times.
- If during an in-person visit a family member discloses that they are ill, the early intervention service provider must end the visit immediately and notify their supervisor.

- All masks/face coverings and PPE must be changed between visits.

Early Intervention Comprehensive Multidisciplinary Evaluation (CME)

****After 9/16/2020 interim IFSPs will no longer be used due to COVID-19 unless authorized by FIT. Teams may use an interim IFSP as indicated in NMAC 8.9.8.**

CMEs may be conducted in the provider's agency if:

- There is an identified room where COVID-19 Safe Practices, including regular cleaning, can occur;
- The room must have minimum surfaces that require cleaning;
- The furniture must be limited for ease of cleaning; and
- The evaluation items must only be available and present when needed.

****The room must be cleaned following CDC guidelines prior to and after the CME and may not be used without cleaning between families.**

Outside locations conducive for evaluations must have:

- Minimal noise;
- The ability to wash hands before/after the evaluation (may substitute handsanitizer); and
- Limited distractions for the child.

CMEs may be conducted in the child's home following COVID safe practices if:

- Both providers are fully vaccinated
- The home allows for social distancing;
- The home allows for the ability to wash hands before/after the evaluation (may substitute hand sanitizer);
- Use of evaluation items already in the home are preferred; and
- Use of evaluation items not in the home should be disposable or have the ability to be sanitized.
- Do not share evaluation items used unless they have been sanitized.

For Telehealth:

- Documentation of why the CME is being conducted via telehealth must be in the child's file. Documentation must include the family's request for telehealth;
- Video and audio must be available for the evaluation;
- Two practitioners of different disciplines must be on the video conference;
- The video conference connection must be stable for the family and the practitioners; and
- If the materials from the IDA Kit are not readily available in the home, a parent self-report (with

sufficient description) may be used to determine if the child can complete the task.

Eligibility and Use of Informed Clinical Opinion

If the team believes the child is eligible due to a developmental delay, but is unable to determine the actual percentage of delay (due to the inability to observe a task with the appropriate materials and/or the parent is unsure of the child's skills), the team may use the Informed Clinical Opinion (ICO) as the eligibility reason based on the information obtained along with a second level review by a qualified provider at the agency completing the in-person CME by documenting:

- The method(s) used for conducting the CME (e.g., in-person with IDA materials, telehealth with family materials, etc.);
- The items not scored and why (e.g., the child refused, materials unavailable, etc.);
- Any secondary tools used, if applicable; and
- A description of the child's abilities and why the team believes that there is a delay significant enough to warrant eligibility (for more guidance, see pg. 24 in the Evaluation & Assessment TA document).

During CMEs:

- Early intervention service providers may conduct the CME in-person if service providers have been fully vaccinated and the location of the CME allows for social distancing with an additional member of the team present. All COVID-safe practices must be followed.
- In the event that one provider is NOT fully vaccinated: One early intervention service provider conducts the CME in-person. The second early intervention service provider will participate via telehealth.
- When possible, request one parent/caregiver interact with the CME team with the child for the evaluation. Exception may be made if the child or parent need additional support. Other adults may be present following social distancing and masks requirements.
- Persons involved in the early intervention services will practice social distance as is practical based on the intervention.
- All adults present at the CME must wear a mask/face covering.
- Note: Parents/Guardians or early intervention service providers may use alternate face coverings such as clear masks for therapies or interventions that require visualization of the lips and mouth, but a face covering is required.
- If a family does not agree to wearing a mask/face covering during the evaluation taking place indoors, the CME may take place outdoors or via telehealth.
- Everyone who will be participating in the session must wash their hands with soap and water or use an alcohol-based hand sanitizer (60% alcohol or higher), immediately before the session begins and immediately after it ends.
- All evaluation materials within the Infant-Toddler Developmental Assessment (IDA) kit must

be cleaned prior to and after the CME. Materials must be cleaned/sanitized between CME's. Please substitute the cloth doll for a doll that can be easily sanitized. See Attachment C for chart regarding IDA evaluation materials.

- Some sections, such as the Social/Emotional section, which is reported by the parent, may be completed via telephone, and be included with the child's CME process.
- Hearing screenings may be conducted following guidance provided by the New Mexico School for the Deaf.

Early Intervention in Licensed Child Care Facilities and Registered Homes

Early intervention services may occur in licensed child care facilities or registered homes. Visits must be scheduled in advance with licensed child care facilities or registered homes.

- Early intervention service providers must follow child care COVID Safe Practices during the visits, which include:
 - Wear a mask
 - Handwashing
 - Maintain 3-foot distances
 - Comply with all health screening requirements
 - Adhere to PPE requirements
 - Adhere to COVID-19 testing requirements for licensed facilities
 - All licensed facilities and registered home provider unvaccinated staff are required to get tested for COVID-19 each week
- Unvaccinated early intervention providers must test every week for COVID-19. The Vault COVID-19 saliva test is a safe and effective way to self-test for COVID-19 in your home. Vault COVID-19 testing is free for all users, can be ordered online, administered from home, and dropped at a local UPS store for mailing. Customers incur no shipping costs and usually receive results within 24–48 hours. ECECD no longer provides unique codes to providers. However, DOH has a statewide website where residents can order their tests. (Each individual orders a vault test and no unique link is required.) Rapid at-home antigen self-tests are not accepted for surveillance purposes.
- VAULT HEALTH LINK: <https://learn.vaulthealth.com/nm/>
- Information on Testing Sites can be found here: [COVID-19 Screening & Testing Sites - New Mexico Department of Health \(nmhealth.org\)](https://www.nmhealth.org/covid-19-screening-testing-sites)
- Children are to remain in their classroom and may not be pulled out for intervention services. The federal Office of Special Education (OSEP) maintains this requirement.

No In-Person Contact May Occur If Any of The Following Is True:

- Anyone in the family's or in the early intervention service provider's household has experienced symptoms of a respiratory illness in the last 14 days.
- Anyone in the family's or in the early intervention service provider's household has been in

close contact with someone confirmed to have COVID-19 in the last 14 days. Staff and children who were in close contact with a confirmed COVID-19 positive case must quarantine for 10 days (unless they are fully vaccinated or have recovered from confirmed COVID-19 infection in the last 90 days).

Additional Precautions and Information for Early Intervention Personnel

- All unvaccinated early intervention personnel must monitor their temperature daily and notify supervisor of an elevated temperature of 100.4 Fahrenheit or more.
- Any early intervention personnel with signs and symptoms of a respiratory illness or other related COVID-19 symptom should not report to work and should follow the NM Department of Health guidance for testing, quarantine, and isolation, <https://cv.nmhealth.org/covid-safe-practices/>.
- All early intervention personnel who develop signs and symptoms of illness while on the job must stop working immediately, notify their supervisor, follow Department of Health protocols, and self-isolate at home.
- All early intervention personnel who test positive for COVID-19 must notify FIT immediately via this link: <https://www.surveymonkey.com/r/35RV2CR>.
- All unvaccinated early intervention personnel must keep their own daily log of all people with whom they have been in close contact.
- Please visit the New Mexico Department of Health registration site to pre-register or schedule an appointment to receive a COVID-19 vaccine. The registration site is accessible from a computer or smartphone and is designed to be user-friendly. The site is located at <https://cvvaccine.nmhealth.org>.
- For more information on COVID-19 Vaccines, please visit the CDC website FAQ: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>.

Please contact your regional coordinator or FIT program manager if you have any questions or concerns about the guidance provided in this document.

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Please understand that the situation is fluid, and as we learn more ECECD will share updated guidance.

ATTACHMENT A: COVID-19 Pre-Screening Form

Pre-Screening Questionnaire for In-Person Visits

Child: _____ Date: _____ Time: _____

Person Interviewed/Relationship to Child _____

In Person Visit Scheduled (Date and Time) _____

Health Screening Questions

This child is being seen within the next 24 hours in a child care setting and therefore, will be monitored by their child care provider upon arrival at the child care facility. Yes _____ No _____

1. Is anyone in the family sick? If yes, please describe:

<input type="checkbox"/> Fever	<input type="checkbox"/> Shaking with chills
<input type="checkbox"/> Cough	<input type="checkbox"/> Muscle pain
<input type="checkbox"/> Sore throat <input type="checkbox"/> Cold/flu symptoms	<input type="checkbox"/> Headache <input type="checkbox"/> New loss of taste or smell
<input type="checkbox"/> Shortness of breath or difficulty breathing	<input type="checkbox"/> Other _____

2. Has anyone in the family been screened for COVID-19 within the last 24 hours and what was the result?

3. Has anyone in the family been asked to quarantine/stay home and why?

4. Has anyone in the family been around anyone who is being investigated for or diagnosed with COVID-19?

5. Do you, your child, or anyone in your household have a compromised immune system or other risk factors making you or them more susceptible to serious complications to COVID-19?

6. Has your child's doctor indicated that a home visit is **not** safe given your child's diagnosis/medical condition? (If the answer to this question is "Yes", do not have an in-person visit.)

EI Staff Name (Printed)

Signature with credential

In the event anyone in the household has tested positive for COVID-19 or has symptoms of COVID-19 the in-person visit must be changed to telehealth.

If the family has been in contact with others who have tested positive for COVID-19 or who have symptoms of COVID-19, the in-person visit must be changed to telehealth.

**ATTACHMENT B: FIT In-Person Consent Form (English Version) Family Infant
 Toddler Program Services During Covid-19 Health Emergency**

Child's Name:	DOB:
Address:	
FIT Provider Agency	
Services to Be Delivered In-Person Indoors	
Services to Be Delivered In-Person Outdoors:	
Services to Continue via Telehealth:	

Instructions: This consent must be completed prior to initiating or resuming ongoing in-person Early Intervention services.

I, Parent/Guardian (Print Full Name) _____,

agree to meet in person for Family Infant Toddler Program early intervention services. I agree to the conditions below, which are in place to ensure my child's services can be delivered in the safest way possible.

- As of June 1st, 2021, early intervention services may take place in outside locations, in a provider agency, via telehealth or in a family's home. I understand that no early intervention provider may provide services in a family's home unless that provider is fully vaccinated.
- I understand I may return to telehealth services at any time. I may also have services provided via combination of in-person and telehealth. I will discuss with our early intervention team the way in which services will work best for my child/ren and family.
- I have received the enclosed "Facts About COVID-19" and will review with my family.
- In person services will only occur if everyone in the home is COVID-19 symptom- free. I will monitor the health of myself, my child, and others in my home for the following symptoms before each visit to ensure the visit does not need to be rescheduled or held via telehealth:
 - Fever, cough, shortness of breath, chills, muscle pain, sore throat, nausea/diarrhea, new loss of taste or smell.
- If anyone in our home is exposed or test positive to COVID-19, I will immediately notify my FIT service provider and understand that my child's scheduled services will be rescheduled or changed to telehealth.
- I will ensure family members will take their temperature before the scheduled visit and inform service provider of any family member with an elevated temperature of



NEW MEXICO

Early Childhood
Education & Care Department

Family Support and Early Intervention Division
FAMILY INFANT TODDLER (FIT) PROGRAM

- 100.4 Fahrenheit or more. If our family does not have a thermometer, I will notify our Family Service Coordinator.
- I understand in-person visits will be rescheduled or changed to telehealth if anyone in the home (family or FIT service provider) has been exposed to COVID
- I understand that unvaccinated early intervention service providers will take their temperature before the scheduled visits and will conduct the visit via telehealth or reschedule if their temperature is elevated (100.4 Fahrenheit or more).
- I understand that no early intervention service provider, regardless of vaccination status, will provide services if they are ill.
- Everyone in our home or location where Early Intervention services are being delivered, but not directly involved in the session, will practice social distancing. Persons involved in the early intervention services will practice social distance as is practical based on the intervention.
- I understand that anyone who will be part of the in-person visit, taking place indoors, must wear a face covering except for children under the age of 2 years.
 - Note: Parents/Guardians or early intervention service providers may use alternate face coverings such as clear masks for therapies or interventions that require visualization of the lips and mouth, but a face covering is required.
- I understand everyone participating in any scheduled session must wash their hands with soap and water or use an alcohol-based hand sanitizer immediately before the session begins and immediately after it ends.
- I understand I may contact the Family Infant Toddler Program regarding any concerns I may have regarding COVID Safe Practices being followed during our in- person services. I may also contact the Family Infant Toddler Program regarding any other concerns regarding early intervention service providers. The Family Infant Toddler Program may be contacted at **1-877- 696-1472** or Fit.Program@state.nm.us.

Parent/Guardian Print Name

Parent/Guardian Signature Date

Early Intervention Service Provider Print Name

Early Intervention Service Provider Signature Date

ATTACHMENT C: IDA Materials and COVID Safe Practices

IDA Kit Manipulatives to Clean Pre/Post CME	Objects to Substitute or Have as Disposable Options
Rattles; Small Ball; Squeaky Toy; Pull Toy with String	<p style="text-align: center;">Doll</p> <p><i>(While the cloth doll may be machine washable it may not be used back to back with evaluations thus a plastic doll that can be sanitized may be used.</i></p> <p><i>If using the cloth doll, it MUST be machine washed before and after its use with another child.)</i></p>
Solid Screen; All 3 Picture Cards; Small Car; Bell	<p>Piece of felt <i>(additional pieces of felt can be purchased and disposed of OR substitute with a similar weight and size piece of cloth that can be machine washable).</i></p>
Form Board; Small Bottle (inside and out)	<p>Blue Crayon: <i>(substitute with blue plastic markers that can be cleaned)</i></p>
Large Ball; 6 Beads and Sting	<p>Paper <i>(use a fresh sheet of paper for each child and dispose of properly after use)</i></p>
10 Cubes	
Large and Small Cups	
Scissors	
Naming Items: Key, Pencil, Spoon	