AzEIP

Guidance for Safely Resuming In-Person Early Intervention Services

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This document serves as a general framework for Arizona Early Intervention Program (AzEIP) service providing agencies (team-based early intervention services contractors, Division of Developmental Disabilities, Arizona State Schools for the Deaf and the Blind) on safely resuming in-person services.

Introduction

The Arizona Early Intervention Program (AzEIP) guidance regarding Part C early intervention services during the pandemic supports the importance of regular contact with families to maintain a presence and continued support for families during this difficult time. This guidance is informed by the Centers for Disease Control and Prevention (CDC), the Arizona Department of Health Services (ADHS) and AzEIP COVID-19 Taskforce. This is a guidance document, not a procedure, and is subject to updates as our understanding of the virus evolves and new information becomes available. Service providing agencies should routinely refer to the CDC and ADHS for the most updated guidance and protocols.

This document provides information to allow the gradual and appropriate return to in-person services in the context of Governor Ducey's Executive Orders and ADHS's re-open protocols, as the health and safety of children, families, and early intervention providers is a priority of AzEIP. The decision to conduct an in-person visit and the strategies that will be used during the visit must be mutually agreed upon by the family and the early intervention provider.

The level of COVID-19 transmission in the community is an important factor in determining when it is safe to begin limited in-person visits. The benchmarks included herein should be used as a guide, in consultation with local health departments and tribal nations, to determine when it is safe to return to limited in-person visits. As communities begin meeting benchmarks, service providing agencies must follow the health protocols in place in the community, as outlined by the CDC and ADHS, and in this document.

The health practices that are most likely to reduce the spread of COVID-19 include but are not limited to:

- Providing supports and services through audio-visual communication
- Wearing face masks
- Physical distancing
- Hand washing
- Health screening
- Cleaning and disinfecting, and
- Responding appropriately to exposures and diagnoses of illness.

AzEIP COVID Response Overview

Effective March 16, 2020 AzEIP implemented an alternative service delivery approach to ensure children and families continued to receive services and supports during the pandemic. This informed decision was made after the Statewide Declaration of Emergency and Executive Order by Governor Ducey signed on March 11, 2020, as well as the receipt of federal guidance on alternative service delivery options.

Alternative service delivery approaches primarily engage audio-visual conferencing to connect early intervention providers with parents/caregivers in ways that support their child's learning and development throughout daily activities and routines. Alternative methods also include low-tech options such as delivering resources and instruction via email/US mail (e.g., educational/informational packets, video tutorials, prep materials).

Coupled with these high- and low-tech options, providers are able to use coaching to support parents/caregivers and sometimes siblings to embed strategies that promote their child's learning and development and make progress towards achieving their Individualized Family Service Plan (IFSP) outcomes. These alternative approaches continue to be used as an effective way to serve infants and toddlers with significant developmental delays and disabilities at home with their families while ensuring the health and safety of everyone during the pandemic.

While alternative methods remain effective for most children and families, some may have urgent or emergent needs requiring in-person services. The following sections outline the CDC and ADHS benchmark criteria and resumption framework that must be used to determine when limited in-person services may resume.

Benchmarks

The recommendations in this document are intended to serve as temporary measures to reduce the likelihood of spreading COVID-19, while supporting continuity of services. AzEIP service providing agencies must develop and implement a reentry plan that supports both forward and backward movement in the event of a COVID-19 resurgence. The reentry plan must be made available upon request by AzEIP and must be in alignment with the local health jurisdiction, including tribal nation jurisdictions, the Arizona Department of Health (ADHS) and the Centers for Disease Control and Prevention (CDC) guidance.

Community spread of COVID-19 is defined as follows by the CDC:

- **Minimal community spread**: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal settings.
- **Moderate Community Spread**: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.
- **Substantial to High Community Spread**: Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces).

ADHS further defines community spread levels as:

Benchmarks	**Minimal**	**Moderate**	**Substantial to High**
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-7.9%	>8-10%
COVID-like Illness	<5%	5-7.9%	>8-10%

As of April 9, 2021, AzEIP is permitting the safe and gradual resumption of limited in-person visits with families.

AzEIP service providing agencies must adhere to the advice of experts and meet all three benchmarks at the county level or local level in moderate or minimal transmission category for two weeks in order to begin limited in-person early intervention services. AzEIP service providing agencies must use the following link to monitor benchmarks: COVID-19 School Benchmarks. Additionally, all local ordinance guidelines provided by city, county, tribal, or regional authorities and regulatory requirements shall be followed. Agencies should be prepared to respond if/when conditions around COVID-19 change.

Community Spread Level	Benchmark Criteria	Continuum of Services
Minimal	All 3 benchmarks in minimal category for 2 consecutive weeks of data	Expanded in-person (Hybrid) *Phase 2*
Moderate	All 3 benchmarks in moderate or minimal categories for 2 consecutive weeks of data	Limited in-person (Hybrid) *Phase 1*
Substantial-High	1 or more benchmarks in substantial-high category for 2 consecutive weeks of data	Alternative methods *(In-person for exceptional circumstances)*

AzEIP Service Providing Agencies must develop and adhere to local procedures in accordance with the following guidance.

Resumption Framework

Each AzEIP service providing agency must develop and implement a resumption plan prior to beginning limited in-person services that supports both forward and backward movement, based on the following framework. Providers are to evaluate the risks of in-person service delivery and the needs/preparatory status of their agency. Considerations should also be given to the COVID-19 status of the state as well as their county and local regions. Strategies may be based on feasibility given the unique space of the settings and needs of individuals. Each situation is individualized and may require alternative considerations to provide for the health and safety of all involved.

Agencies may consider implementation of COVID-19 testing for their employees when evaluating the initial or continued resumption of services. All applicable laws must be adhered to when implementing COVID-19 testing requirements including but not limited to the Equal Employment Opportunity Commission, the Americans with Disabilities Act, and the Rehabilitation Act.

Sample forms have been included in this guidance document at the end for reference and can be adapted and adopted as part of an agency's reentry plan.

Each AzEIP service providing agency must develop protocols to address health and safety practices for early intervention providers and families. It is critical for agencies to coordinate and collaborate with each other to ensure the entire team is aware of any changes prior to the resumption of in person services or any change to service delivery methods. There should be ongoing opportunities for the team to discuss additional strategies as changing needs occur. Team meetings are a great platform to staff service delivery considerations, strengthen coaching practices, and identify strategies to engage families. Team meetings also offer an effective opportunity to discuss emerging social-emotional needs of the child, community supports and services available to meet family needs, and review health and safety protocols.

AzEIP service providing agencies must use the benchmarks established by ADHS and the current community spread data in the area(s) in which services will be provided to determine the method(s) in which services will be provided. Additionally, all public health guidelines must be followed in accordance with the CDC and ADHS. For agencies that provide services on tribal lands, please also consult with the tribal nation for additional information on protocols that must be followed.

Unique circumstances may require an in-person visit. Early intervention providers must consult with their program leadership prior to conducting any in-person visit. It is also important for providers to plan with the family for possible changes in service due to the

COVID-19 status of the community. All service providing agencies must ensure they consider the benchmark data, local agency plan, current CDC and ADHS guidelines when determining the effectiveness of an in-person visit. In addition to considering the scenarios listed below, the local agency and IFSP team must ensure that procedural safeguards are followed, and families are part of the decision-making process as is required by IDEA Part C and AzEIP Policy and Procedure Manuals.

The family and IFSP team will determine together the location, duration, who will be present, and the health and safety protocols that will be used. It is important to communicate clearly with the family regarding:

- Mask-wearing
- Physical distancing
- Health screening
- Procedural safeguards
- Adjustments in service delivery as community spread changes

It is important for the team to explore different ways to respond to the individual needs of children and their families. Consideration of the family's living situation, cultural and language preferences, available resources, and other factors that may impact service delivery options is essential. The team should utilize a variety of materials and methods that support both technology and technology free experiences and promote success in a range of settings that are meaningful to the family.

If a family or a provider refuses to follow safety protocol according to CDC and ADHS or if the family or provider is exhibiting COVID like symptoms, the provider or family has the right to refuse to proceed with the in-person visit. The provider must ensure they work with the family to reschedule the visit in a safe manner (i.e., reviewing protocol or arranging for alternative service delivery method). The provider is responsible to ensure that they are following procedural safeguards.

Considerations for AzEIP service providing agencies

1. Determining service needs while resuming limited in-person services:
    - If the child has not received one or more services identified on the IFSP, a review of the IFSP should be conducted to determine if the child's and family's service needs have changed.
    - IFSP teams must meet with families to determine needs and follow procedural safeguards if there is a dispute.

Phase One: Limited In-Person Services

Prior to offering limited in-person services, each AzEIP service providing agency must create a Phase One Resumption Plan for each geographic service region served, that details the agency's strategies and precautionary measures for providing necessary in-person services for a small subset of children. Each agency's plan must be made available upon request by AzEIP.

Limited in-person services should only be considered if the geographic service area demonstrates all of the criteria for Phase 1 resumption (See Benchmark table). Please refer to the COVID-19 School Benchmarks, the ADHS Coronavirus Data Dashboard, and local Health Department data for more information.

The location and method of service delivery for an individual child will be determined and documented by the full Individualized Family Service Plan (IFSP) team in accordance with current AzEIP Policies and Procedures. 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.

At minimum the Phase One plan must include the following considerations:

1. Equity
    a. Description of how services will be provided equitably based on individual child and family needs.
    b. Plan for tracking, reviewing, and reporting upon request, data on race and ethnicity of children receiving limited in-person services, to identify potential disparities.
2. Staff Training/Protocol
    a. Training plans and procedures to ensure staff are following protocols for provider and family health screening, personal protective equipment (PPE) and masks, physical distancing and disinfection of hands, items and surfaces used during the provision of services.
    b. Protocol for providers to notify their leadership if a member of their household reports exposure to COVID-19.
    c. Protocol for EIP leaders to notify one another if there was potential exposure with other service providing agencies.
3. Communication with Families
    a. A communication plan to prepare families for adjustments in services, informed consent and expectations related to COVID-19 (e.g., protocols, locations).
    b. Protocol for informing families who are receiving in-person services if their provider reports exposure to COVID-19.
    c. Protocol for families to notify IFSP team if a member of the household reports exposure to COVID-19.
4. Infection Prevention
    a. Health screening of providers for symptoms or risks.
    b. Health screening of families for symptoms or risks.

    c. Requirement for washing or disinfecting hands before and after sessions.
    d. PPE protocols including masks, gloves, etc.
    e. Strategies for maintaining a six-foot physical distance from the child and family as much as possible.
    f. Limits on the number of items used during sessions and disinfection protocol for those items.
5. Environmental Controls
    a. Limits on the number of people participating in the in-person session.
    b. Identifying appropriate service locations where the environment is safe for both provider and family. Outdoor locations, that are natural environments, such as parks or the family's yard should be considered as a first option.
    c. Shifting from the natural environment to another environment 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.
6. Provision of Services in Community Settings
    a. Providers serving families in community settings should consider avoiding playgrounds and other difficult to clean, high touch surfaces as well as any settings where large numbers of people gather.
    b. Determine if the proposed setting is safe (number of people, ability to distance, etc.) prior to the visit.
    c. Determine transportation needs of families where necessary and possible (bus passes, transportation vouchers, etc.).
    d. If any person participating is found to be ill when meeting in a community setting, end the visit, reschedule, and notify your program leadership.
7. Provision of Services in Home Settings
    a. Offer families the option to continue alternative methods based on the individual needs of the child and family.
    b. Be sure to consider family's concerns, priorities, and resources in determining location of services.
    c. Consider the number of provider home visits per day, to reduce the potential for spreading infection.
    d. 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:
        i. Perform daily health check (e.g., take temperature, assess symptoms of infection) prior to entering the home. If symptoms or fever are present, cancel the home visit.
        ii. If any person is found to be ill within the home, exit the home immediately and notify your program leadership.
        iii. Minimize contact with frequently touched surfaces at the home.
        iv. Wash hands with soap and water for at least 20 seconds upon entering the home and prior to exiting.
        v. Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.

vi. Avoid touching eyes, nose, and mouth.

8. Provision of Services in Child Care Settings
    a. Considerations for children receiving care from friends, family and neighbors should be similar to those for home visits.
    b. Agencies should develop a process for learning about each childcare center's COVID-19 requirements prior to providing service.
    c. Staff serving infants and toddlers in childcare 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 childcare staff regarding the child's needs and progress.
9. Process for Determining In-Person Services
    a. In order to provide limited in-person services, the child's IFSP team must determine that the child's individual needs can only be met with urgent time limited, pre-approved, in-person services essential to the child's progress.

Phase Two: Expanded In-Person Services

Each AzEIP service providing agency must create a Phase Two Resumption Plan for each geographic service region served, that details the agency's strategies and precautionary measures for providing expanded in-person services. Each agency's plan must be made available upon request by AzEIP.

Expanded in-person services should only be considered if the agency has developed and implemented their Phase One Plan and the geographic service area demonstrates consistent minimal spread. Expanded services may be defined as increasing frequency of in-person services, increasing the number of visits allowed per day/per provider, and/or expanding from outdoor natural environments into home settings. Agencies shall assess their resources, staffing, demographics of service population to make an individualized plan that meets the needs of the geographic service area. Please refer to the COVID-19 School Benchmarks Data, the ADHS Coronavirus Data Dashboard and local Health Department data for more information.

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.

A Phase One Plan may be amended to include the following, additional Phase Two requirements.

At minimum the phase two plan must include these additional requirements:

1. Considerations Specific to Provision of Expanded Services
    a. Offer families the option to continue limited and alternative methods based on the individual needs of the child and family.

    b. Be sure to consider family's concerns, priorities, and resources in determining the frequency, duration, and location of services.
    c. Identify the number of provider in-person visits per day, to reduce the potential for spreading infection
    d. Description of how in-person services will be expanded equitably based on individual child and family needs.
2. Staff Training
    a. Training plans for ongoing health and safety practices.
3. Communication with Families
    a. Prepare and inform families for adjustments in services and expectations related to COVID-19 (e.g., protocols, locations) and specific to Phase Two expanded services.
    b. Promptly inform families of an agency's move between phases (alternative only, limited, expanded).
4. Process for Determining Expanded In-Person Services
    a. In order to provide expanded in-person services, the child's IFSP team must determine that the child's individual needs cannot be met without an increase in in-person services essential to the child's progress. It is expected that only a small number of children would need expanded in-person services.

Phase Three: Return to Typical Operations

The termination of any emergency provisions (e.g., executive orders) issued as a result of COVID-19 would constitute a return to typical operations.

It is anticipated that providers will continue to make best use of technology where it may support greater access to services and support ongoing relationships with families using effective coaching practices. Virtual options will remain available in accordance with State and Federal guidelines.

What Happens After Resuming In-Person Services

As the COVID-19 pandemic is still ongoing, AzEIP service providing agencies shall view their county and local geographic service area(s) data weekly to stay updated on community spread metrics. Levels of community spread can change quickly and staying current with this data is crucial. If community spread in the defined area begins to increase, AzEIP service providing agencies should proactively begin discussions about a potential need to return to a more physically distanced service method. For example:

Community Spread Level Changes

Minimal to Moderate	Moderate to Substantial	Minimal/Moderate to Substantial/High
Begin planning a transition from expanded to limited in-person services within the first week that the data changes.	Begin planning a transition from limited in-person services to alternative methods only within the first week that the data changes.	Begin planning a transition from expanded in-person services to alternative methods only within the first week that the data changes.
If the geographic area remains at the higher level of community spread for a second consecutive week, AzEIP service providing agencies shall shift from expanded to limited in-person services.	If the geographic area remains at the higher level of community spread for a second consecutive week, AzEIP service providing agencies shall shift from limited in-person services to alternative methods only.	If the geographic area remains at the higher level of community spread for a second consecutive week, AzEIP service providing agencies shall shift from expanded in-person services to alternative methods only.
If the second week of data reverts back to the lower level of community spread, no changes are necessary.	If the second week of data reverts back to the lower level of community spread, no changes are necessary.	If the second week of data reverts back to the lower level of community spread, no changes are necessary.

AzEIP service providing agencies must determine individualized service needs and prioritize the need for in-person service delivery. It is understood that in-person visits during the COVID-19 pandemic present challenges and risks, and it is expected that providers and families will work together to maintain the health and safety of all parties. Maintaining a supportive relationship with families and utilizing coaching practices is essential. In addition, the following variables should be considered to identify the need for an in-person visit:

If	Then	Additional Questions and Considerations
The parent requests in-person services and the IFSP team determines that alternative services are effective	Begin working through the additional questions and considerations	● Discuss at Team Meeting ● What is the concern/problem that necessitates an in-person visit? ● Is the concern time-sensitive or requires an immediate response? ● Is there an imminent risk to the child's development if the in-person visit is delayed? ● What have you tried doing virtually to address the immediate concern? What was the response/result? ● How will an in-person visit be more effective than alternative methods?
The parent requests in-person services and alternative services are not effective	Begin working through the additional questions and considerations	● Discuss at Team Meeting ● Conduct an IFSP with family and consider strategies for effective service provision ● What have you tried doing virtually to address the immediate concern? ● How will an in-person visit be more effective than alternative methods?
The parent requests alternative services and the IFSP team thinks that alternative services will be effective	Provide alternative services	● What training does the parent need to access alternative services to engage successfully?

If	Then	Additional Questions and Considerations
The IFSP team thinks alternative services will work but the parent does not have access	The IFSP team should identify the barrier(s) to access the alternative methods and discuss in-person services using the additional 'If...Then' statements	● Is the issue due to a lack of connectivity? ● Is the issue due to the family not having a device or access to materials?
Alternative services are not possible, and the parent is willing to meet in a **natural environment* (e.g., home, yard, park, library)	Consult with your supervisor to discuss the need for an in-person visit and provide services in the natural environment as identified by the IFSP team	● What is the guidance from the local public health department? Are there closures or restrictions? ● Are restroom facilities available? ● Does the location allow for 6 feet social distancing? ● Does the location allow for individuals to use the area/facility for services other than what would normally be provided? ● When can the location be accessed? ● Does the parent have access to transportation for him/herself and the child? ● What equipment/materials must be taken for the visit? ● What IFSP outcome must be addressed during the visit? ● What must be done during the in-person visit to address the immediate concern? ● Is this a one-time visit or is there a need for on-going visits? ● What plan do you have to minimize the risk of contracting or exposing others to COVID-19?
Alternative services and providing services in the natural environment are not possible, and the parent is willing to bring their child to ***another environment*	Consult with your supervisor to discuss the need for an in-person visit	● What is the guidance from the local public health department? Are there closures or restrictions? ● Does the location allow for 6 feet social distancing? ● Does the location allow for individuals to use the area/facility for services other than what would normally be provided? ● When can the location be accessed? ● Does the parent have access to transportation for him/herself and the child? ● What must be done during the visit?

If	Then	Additional Questions and Considerations
		● What equipment/materials must be taken for the visit? ● What is the concern/problem that necessitates an in-person visit in another environment that cannot be addressed in the natural environment and through alternative services? ● What IFSP outcome must be addressed during the visit? ● What must be done during the in-person visit to address the immediate concern? ● Is this a one-time visit or is there a need for on-going visits? ● What plan do you have to minimize the risk of contracting or exposing others to COVID-19?

**Natural environments mean settings that are natural or typical for an infant or toddler without a disability. This includes home and community settings.*

***If the child cannot satisfactorily achieve the identified early intervention outcomes in natural environments, then early intervention services may be provided in another environment (e.g., clinic, hospital, service provider's office). In such cases, a justification must be included in the IFSP*

General Health and Safety Resources

AzEIP service providing agencies must follow CDC and ADHS guidelines including use of personal protective equipment (e.g., masks), physical distancing, hand washing, cleaning, and disinfecting, etc. Additionally, all local ordinance guidelines provided by city, county, tribal, regional, and regulatory authorities shall be followed.

Masks

Providers and family members must use a face mask during in-person visits. Wearing a mask does not replace the benefit of physical distancing. Masks are not required for children younger than 2 years old, anyone who has trouble breathing, is unconscious or unable to remove the mask without assistance or has severe cognitive or respiratory impairments. Masks should still be worn in addition to physical distancing. Please refer to CDC guidance on the Use of Masks to Help Slow the Spread of COVID-19.

Gloves and Hand Hygiene

Providers should use effective hand hygiene practices in accordance with CDC handwashing guidance and the general health and safety guidance. Gloves may be considered in agency protocols for certain activities where a provider may contact the child's bodily fluids (for example, feeding or other oral-motor activities). If hand washing is unavailable or unreasonable, use hand sanitizer that is at least 60% alcohol. Please refer to CDC guidance on When and How to Wash Your Hands and When to Wear Gloves.

Physical Distancing

Providers should maintain a distance of 6 feet or more except for brief contact as needed to fit assistive technology, model cues or positioning, or feeding techniques or other interventions. Meeting outdoors or in natural settings large enough to allow for appropriate physical distancing is the first option that should be considered for in-person services. Masks should still be worn in addition to physical distancing. Please refer to CDC guidance on Social Distancing.

Cleaning and Disinfecting

According to CDC guidance, providers must clean and disinfect any laptop, tablet, binder, pen, or other equipment used during the in-person visit. Please refer to CDC Guidance

for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.

Quarantine

Quarantine keeps someone who might have been exposed to the virus away from others.

People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months, examples include:

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more regardless of whether either party was wearing a mask.
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with someone who has COVID-19, such as hugged or kissed them.
- You shared eating or drinking utensils with someone who has COVID-19,
- Someone with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.

If you had close contact with a person who has COVID-19:

- Stay home for 14 days after your last contact with a person who has COVID-19.
- Watch for fever (100.4F), cough, shortness of breath, or other symptoms of COVID-19.
- If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.
- Check with your local health department for more information.

Isolation

Isolation keeps someone who is infected with the virus away from others, even in their home.

Persons who think or know they had COVID-19 and had symptoms may discontinue isolation under the following conditions:

- At least 10 days have passed since symptom onset.
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- Other symptoms have improved.
- Persons who had severe illness from COVID-19 (admitted to a hospital and needed oxygen), healthcare provider may recommend isolation for longer than 10 days after symptoms first appeared (possibly up to 20 days)

Persons with weakened immune might need to isolate longer than 10 days and should consult with a healthcare provider.

Persons who tested positive for COVID-19 with no symptoms may discontinue isolation and other precautions:

- 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.
- If symptoms develop after testing positive, follow the guidance above (Isolation Section 1).

COVID-19 Testing

Visit the ADHS Testing Site Locator or your local health department for the latest information on COVID-19 testing in your area.

COVID-19 Vaccine

Arizona will be utilizing a phased approach to prioritize distribution of the COVID-19 vaccine. For up-to-date information please visit the ADHS COVID-19 Vaccine page.

Additional Resources

Arizona Department of Health Services

1. ADHS COVID-19 Data Dashboard
2. ADHS COVID 19 Risk Factors Index
3. ADHS Office of Children's Health Hearing & Vision Screening COVID-19 Considerations
4. ADHS COVID-19 Communications Materials
5. ADHS Workplace and Community Locations
6. ADHS MaskUp Order Form

Arizona Local County Health Departments

1. Apache County
2. Cochise County
3. Coconino County
4. Gila County
5. Graham County
6. Greenlee County
7. La Paz County
8. Maricopa County
9. Mohave County
10. Navajo County
11. Pima County
12. Pinal County
13. Santa Cruz County
14. Yavapai County
15. Yuma County

Centers for Disease Prevention and Control

1. COVID-19 Travel Recommendations by Destination
2. Use Masks to Help Slow the Spread of COVID-19
3. Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
4. Social Distancing
5. When and How to Wash Your Hands
6. When to Wear Gloves

Other

1. Arizona State Executive Orders
2. AHCCCS
3. Arizona Together

Tribal Nations Contacts

1. Ak-Chin Indian Community
2. Cocopah Indian Tribe
3. Colorado River Indian Tribes
4. Fort McDowell Yavapai Nation
5. Fort Mojave Indian Tribe
6. Gila River Indian Community
7. Havasupai Tribe
8. Hopi Tribe
9. Hualapai Tribe
10. Kaibab-Paiute Tribe
11. Navajo Nation
12. Pascua Yaqui Tribe
13. Pueblo of Zuni
14. Quechan-Fort Yuma Indian Tribe
15. Salt River Pima-Maricopa Indian Community
16. San Carlos Apache Tribe
17. San Juan Southern Paiute Tribe
18. Tohono O'odham Nation
19. Tonto Apache Tribe
20. White Mountain Apache Tribe
21. Yavapai Apache Nation
22. Yavapai-Prescott Indian Tribe

Tribal Resources

1. Indian Health Service (IHS)
2. Inter-Tribal Council of Arizona
3. Urban Indian Health Institute (UIHI)

Sample 1 Health Screen Form

Today's Date: _____ Date of In-Person Visit: _____

In response to the COVID-19 pandemic, the Arizona Early Intervention Program (AzEIP) is taking increased precautions to lessen the spread of the virus while providing quality support and services to infants and toddlers and their families. To protect the health and well-being of the infant and toddlers and families we serve along with concern for the safety of early intervention professionals, a daily health screening form will be used prior to any early intervention service, evaluation or meeting being provided in-person in your home or other community location. Families are required to complete this form for each early intervention professional and each visit. Families and early intervention providers are required to answer all of the questions with "NO" for early intervention services to be provided in-person. Alternative methods may be provided if the screening questions below indicate a risk of COVID-19 transmission. We are committed to doing everything possible to meet the needs of our families and thank you in advance for your cooperation and compliance.

Early Intervention Provider Daily Self-Check and Attestation of Information

Provider Name _____ Provider Signature _____

Screening Questions	**No**	**Yes**
Do you have a temperature of 100.4 or higher today?		
Do you or any household member have any signs of illness, such as cough, shortness of breath, chills, muscle pain, sore throat, loss of taste/smell?		
Have you or any household member traveled to a State or country within the 14 days prior to today?		
Are you or any member of your household under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection?)		
Have you or any member of your household been diagnosed with COVID-19 and not yet been cleared to discontinue isolation?		

Family Self-Check and Attestation of Information

Family/Child Name _____ Parent Signature _____

Screening Questions	**No**	**Yes**
Do you, your child, or any family member have a temperature of 100.4 or higher today?		
Do you, your child, or any household member have any signs of illness, such as cough, shortness of breath, chills, muscle pain, sore throat, loss of taste/smell?		
Have you, your child, or any household member traveled to a State or country that has a mandated quarantine in place 14 days prior to today?		
Are you or any member of your household under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection?)		
Have you or any member of your household been diagnosed with COVID-19 and not yet been cleared to discontinue isolation?		

Sample 2 Health Screen Form

Appointment Date: _____ Health Screening Date (if different): _____

Family Information	**Early Intervention Provider Information**
Child's Name:	Provider's name:
Caregiver:	Interpreter name:
Additional participant(s):	Additional EI staff present:

Take temperatures of all participants, if any is **100.4 degrees or more**, DO NOT PROCEED with in-person visit.

Family Question #1	Provider Question #1
Has the child, caregiver or anyone in the household had any of the following COVID-19 symptoms within the last 24 hours? Symptoms that are due to a different documented condition for which you are under the care of a physician do not need to be reported. -cough and/or sore throat -headache -muscle pain -shortness of breath -diarrhea -chills/shaking -fatigue -congestion and/or runny nose -loss of taste or smell -nausea and/or vomiting ____ No, proceed to Family Question #2 ____ Yes, DO NOT PROCEED WITH VISIT	Has the provider, interpreter, or additional participants had any of the following COVID-19 symptoms within the last 24 hours? Symptoms that are due to a different documented condition for which you are under the care of a physician do not need to be reported. -cough and/or sore throat -headache -muscle pain -shortness of breath -diarrhea -chills/shaking -fatigue -congestion and/or runny nose -loss of taste or smell -nausea and/or vomiting ____ No, proceed to Provider Question #2 ____ Yes, DO NOT PROCEED WITH VISIT

Family Question #2	Provider Question #2
In the last 14 days, has the child, caregiver or anyone in the household had close contact* with someone with a diagnosis of COVID-19 or pending results of a COVID-19 test? *Close contact is defined as 15 or more minutes within 6 feet of distance or household members, intimate partners, or caregivers. ____ No, proceed to Question #3 ____ Yes, DO NOT PROCEED WITH VISIT	In the last 14 days, has the provider, interpreter or other EI representatives had close contact* with someone with a diagnosis of COVID-19 or pending results of a COVID-19 test? *Close contact is defined as 15 or more minutes within 6 feet of distance or household members, intimate partners, or caregivers. ____ No, proceed to Question #3 ____ Yes, DO NOT PROCEED WITH VISIT

Question #3

Are there any additional reasons that this visit should not be conducted face-to-face at this time? (ex. suspected but unconfirmed exposure to COVID-19, other illness of child, family member, provider, etc., uncomfortable with this visit)
____ No, proceed with face-to-face visit
____ Yes, DO NOT PROCEED WITH VISIT. Please list additional reason(s):

If you answered YES to any question on this screener or if any taken temperature is 100.4 degrees or higher, do not proceed with this visit. You may consider rescheduling to a time when all participants can pass this screener or conducting the session via tele-intervention.

Name of Person Completing Screening: _____
Signature: _____

Sample Acknowledgement Form

COVID-19 Parent Acknowledgement Form

1. _____ I understand that in order to participate in an in-person visit my child and I must be free from COVID-19 symptoms. If, any of the following symptoms appear, the visit will end and be rescheduled using alternative methods. Symptoms include:
    a. Fever of 100.4 degrees Fahrenheit or higher
    b. Chills
    c. Shortness of breath or difficulty breathing
    d. Fatigue
    e. Muscle or body aches
    f. Headache
    g. New loss of taste or smell
    h. Sore throat
    i. Congestion or runny nose
    j. Nausea or vomiting
    k. Diarrhea
    l. Any other symptom of illness, whether or not you believe it's related to COVID-19.

    While we understand that many of these symptoms can also be due to non-COVID-19 related illnesses, we must proceed with caution. Symptoms typically appear two to seven days after being infected. You and your child will need to be symptom-free, without any medication, for 72 hours before having an in-person visit.
2. _____ I understand that, I will need to take my temperature two days prior to the in-person visit and the day of. I understand that, I must also conduct a self-screening for symptoms prior to the in-person visit.
3. _____ I understand that as the parent/guardian, I will need to take my child's temperature two days prior to the in-person visit and the day of. I understand that, as the parent/caregiver, I must also conduct a self-screening of my child for symptoms prior to the in-person visit.
4. _____ I understand that I and any other individual participating in the visit must wear a face covering throughout the visit.

5. _____ I will immediately notify my provider if I become aware that I, my child, or anyone in my household has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines “close contact” as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
6. _____ I understand that my early intervention team will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, I will be notified.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child’s Name: _____
Parent’s Name: _____
Parent Signature: _____
Provider Name:_____
Provider Signature:_____
Date: _____