



Updated Early Intervention Program COVID-19 Precaution Guidance

The NYC Department of Health and Mental Hygiene's (NYC Health Department) Early Intervention (EI) Program will implement revised requirements on June 13, 2022 as outlined below:

- Mask Requirements and Recommendations
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Mask Requirements and Recommendations

As of June 13, 2022, EI providers, therapists, teachers and caregivers will no longer be required to wear masks or physically distance while delivering services. However:

- It is strongly recommended that providers wear a mask when delivering services to any child who is at increased risk for severe COVID-19 illness.
- It is strongly recommended that anyone who is participating in an EI session (including family members of the child receiving the services) and is unvaccinated or at higher risk for severe COVID-19 illness wear a mask during EI sessions.
- Providers must wear a mask when requested by a parent or caregiver.
- Everyone age 2 and older who can consistently and correctly wear a mask, including children receiving EI services, should wear one when returning from five-day isolation and quarantine as outlined below.
- Children receiving EI services who are younger than age 2 and children receiving EI services who are older than age 2 and cannot consistently and correctly wear a mask must isolate for 10 days.

Vaccine Requirement

The Commissioner's Order that requires staff working for EI provider agencies in NYC to be vaccinated against COVID-19 remains in effect.¹ EI providers should reinforce to caregivers that all EI evaluators, therapists, teachers and service coordinators must be vaccinated against COVID-19 to deliver in-person services and the NYC Health Department actively checks vaccination records for compliance. It is strongly recommended that EI providers stay up to date with their vaccines, including getting recommended booster doses when eligible.

EI Service Delivery

The EI Program will continue to offer both in-person and teletherapy services. Teletherapy is no longer the preferred approach for service delivery but remains an effective service delivery option that should be discussed with families. All EI services are authorized based on the unique needs of the child and family. Increasing the availability of in-person services will be a gradual process, so provider agencies should explain to families who want to switch from teletherapy to in-person services that teletherapy services will be offered until an in-person provider can be found.

Service Coordination

Service coordination activities should be carried out in person but may be conducted in any form and at any time or place convenient for the family. Service Coordinators will be required to attend Individualized Family Service Plan (IFSP) meetings in person once initiated by the EI Program regional offices.

EI Evaluations

Teletherapy is no longer the preferred approach for evaluations but remains an effective option that should be discussed with families. The Evaluation Checklist for Teletherapy During the COVID-19 Declared State of Emergency is not required for evaluations conducted in person. In-person evaluations must comply with all regulatory memoranda, guidance and other requirements and must include multiple sources of information (including detailed behavioral observations, parent report, informed clinical opinion and instruments).

As of June 13, 2022, evaluators may bring test items into a child's home as long as they are properly cleaned and sanitized according to EI general health and safety protocols.²

COVID-19 Specific Procedural and Consent Requirements

- As of June 13, 2022, the EI Program Consent Form for In-Person Services During COVID-19 will no longer be required for new or ongoing service authorizations.³

¹ Visit [nyc.gov/health](https://www.nyc.gov/health) and search for **Vaccination and Mask Requirements for Early Intervention Providers**.

² Visit on.nyc.gov/nys-ei-cleaning.

³ Visit [nyc.gov/health](https://www.nyc.gov/health) and search for **Early Intervention Program Consent Form for In-Person Services During COVID-19**.

- The Consent for the Use of Telehealth During the Declared State of Emergency form must still be used for any new service authorization to allow for continuity of services in the case of a need to isolate or quarantine. The form must be updated at every IFSP review period.⁴
- As of July 1, 2022, EI Program regional offices will no longer accept EI forms that require parental or guardian written consent using the email or text COVID-19 workaround, which allowed parents and guardians to provide consent via email or text message.
 - EI providers are not required to resubmit forms that have already been submitted via email or text message, unless there is a change to the child’s service plan (in which case new consent is required).
- The Parental Consent to Use E-mail to Exchange Personally Identifiable Information form should continue to be used.⁵
- Current phone-based IFSP meeting requirements remain in effect until the end of July 2022 when in-person IFSP meetings are currently scheduled to resume. The entire IFSP team must be present and available for the duration of the meeting. The Service Coordinator must obtain and provide contact numbers for all participants as part of the scheduling process and must obtain parent and guardian signatures on IFSP consent forms as required by Chapter 6A of the Early Intervention Policy and Procedure Manual.⁶ The EI Program will disseminate more detailed in-person IFSP meeting guidance.

Make-up Sessions

The EI Program make-up policy remains in effect.⁷ However, if a family cancels sessions because they are directly affected by COVID-19 isolation or quarantine requirements, the regional offices will consider authorizing make-up sessions or amending service plans based on the family’s needs. For children or families who need to isolate or quarantine, make-up sessions should be delivered within 14 days after their isolation or quarantine ends.

EI Provider Ongoing Health and Safety Requirements

- As of June 13, 2022, COVID-19 cases are no longer required to be reported as specified in the New York City Early Intervention Program COVID-19 Case Reporting Requirements for Early Intervention Providers guidance.⁸
- As of June 13, 2022, the EI Program regional offices will suspend the authorization of back-up home-based service authorizations to be used when there is a confirmed case of COVID-19 for group services since reporting of confirmed COVID-19 cases is no longer in effect.
- Child, caregiver and staff groupings may be kept static by having the same group or individual interact with the same therapist or teacher if practical and preferred by the EI provider.

⁴ Visit on.nyc.gov/nys-ei-telehealth-consent.

⁵ Visit on.nyc.gov/nys-ei-email-consent.

⁶ Visit nyc.gov/health and search for **NYC EI Policy and Procedure Manual**.

⁷ For more information, see Chapter 6D of the Early Intervention Policy and Procedure Manual. Visit nyc.gov/health and search for **NYC EI Policy and Procedure Manual**.

⁸ Visit nyc.gov/health and search for **COVID-19 Case Reporting Requirements for Early Intervention Providers**.

- EI providers may continue to limit the size of gatherings and restrict nonessential visitors, volunteers and activities involving other groups at the same time to the extent practical.
- Bringing toys and other materials into a family’s home or community-based setting for the purpose of delivering EI services is prohibited. Teletherapy services have shown that providers can successfully use toys and other materials already in a family’s home for therapeutic purposes during a session.

Isolation and Quarantine

Beginning June 13, 2022, exclusion requirements for some children participating in an EI program following isolation or quarantine for COVID-19 have been shortened to five days. See below for more details about exclusion and required mask use following return to the program.

Definitions

For more information about isolation and quarantine, including definitions, precautions and available resources, visit on.nyc.gov/nys-iso-quarantine.

For the purpose of the requirements below:

- Day 0 is the last day of exposure to someone with COVID-19, or day of COVID-19 symptom onset or date that test was performed.
- Day 1 is the day after symptom onset (or test date, if they had no symptoms).

Excluding Children Who Test Positive for COVID-19 or Have COVID-19 Symptoms

Children receiving EI services who test positive for COVID-19 or have COVID-19 symptoms but were not tested may return to their center-based program or resume in-person services on Day 6 only if:

- They have been fever-free for at least 24 hours without the use of fever-reducing medication, and other symptoms (if any) are improving.
- They are age 2 or older and can consistently and correctly wear a mask on days 6 through 10.

Children receiving EI services who are younger than age 2 or cannot consistently and correctly wear a mask must be excluded from in-person services for 10 days.

Children receiving EI services who have COVID-19-like symptoms, receive a negative COVID-19 test from a health care provider (at-home tests cannot be used for this purpose) and are not currently excluded due to a recent close contact (see the next section) can return to their center-based program or resume in-person services prior to Day 6 if they have not had a fever in the past 24 hours without fever-reducing medicine and their symptoms are improving.

Excluding Children Who Were Close Contacts of Someone With COVID-19

Children who are close contacts may return to their in-person home- or center-based EI services on Day 6 if they are not experiencing symptoms. COVID-19 testing (for example, on Day

5) is not required but is recommended. A well-fitting mask must be worn by anyone age 2 or older whenever feasible on days 6 through 10.

Children who are returning after quarantine should be screened daily on days 6 to 10 for COVID-19 symptoms. If a person in quarantine develops symptoms, they must follow isolation guidance before returning to their center-based program or in-person services.

Children younger than age 2 and children who cannot wear a well-fitting mask must continue to quarantine as otherwise required **outside of the EI setting** for days 6 to 10.

Excluding Staff Who Test Positive for COVID-19 or Have COVID-19 Symptoms

EI providers and staff who test positive for COVID-19 or have COVID-19 symptoms but did not test positive may return to work when **all** of the following are met:

- It is Day 6 (where Day 1 is the day after their symptoms began or, if they have no symptoms, positive test date).
- They have no COVID-19 symptoms or their symptoms are improving.
- They have not had a fever in the past 24 hours without fever-reducing medicine.
- They can wear a well-fitting mask days 6 through 10 after their symptoms began or positive test date.

Testing is not required for staff to return to work. Upon returning to work, staff should take the following precautions for 10 days after their symptoms began or, if they have no symptoms, the date they were tested:

- Wear a well-fitting mask at all times (except when eating and drinking)
- Practice physical distancing as much as possible, especially when removing their mask to eat or drink (which should ideally be done in a room without other people)

EI providers and staff who do not meet the above criteria may return to work after Day 10 since their symptoms began.

Excluding Staff Who Were Close Contacts of Someone With COVID-19

People who are up to date on their COVID-19 vaccines or had COVID-19 in the last 90 days (as confirmed by a positive viral test) **and** recovered do not need to quarantine following an exposure.

Staff who are fully vaccinated but are not up to date on their vaccines (they are eligible for a booster but have not received it) can work following an exposure, but they must quarantine when not at work.

Staff who are not fully vaccinated must be excluded from the program and may return on Day 6 (where Day 1 is the day after their last close contact).

All staff who are identified as a close contact, whether or not required to be excluded from the program, should take the following precautions for 10 days after their last close contact:

- Wear a well-fitting mask at all times (except when eating and drinking).
- Practice physical distancing as much as possible, especially when removing their mask to eat or drink (which should ideally be done in a room without other people).
- Monitor for symptoms and, if symptoms develop, isolate and get tested immediately.
- Get tested on Day 5 (except staff who had COVID-19 in the past 90 days, unless they develop symptoms). If they test positive, they must isolate and be excluded from work. For more information about COVID-19 vaccines, including eligibility for boosters and third doses, visit nyc.gov/covidvaccine.

Updated Health and Safety Protocols Prior to Service Delivery

Hand Hygiene

Healthy hand hygiene is required before, during and after any EI session. All EI providers, regardless of setting, must:

- Encourage all parents, caregivers and children to wash their hands using soap and water or use an alcohol-based hand sanitizer that contains at least 60% alcohol before and after each session and upon entry into a center-based or facility location.
- Require all therapists and teachers to wash their hands using soap and water or use an alcohol-based hand sanitizer that contains at least 60% alcohol before and after each session.

Screening Protocols

Updated screening protocols must be implemented by all EI providers, regardless of the setting.

Prior to any in-person center-based or home-based session, all therapists, teachers, families and staff must implement ongoing self-screening for COVID-19 symptoms, positive tests or exposures as described above.

If a child is sent home due to concerns about COVID-19 or home-based sessions are canceled, the center or therapist should call the family the night before services are scheduled to restart to confirm that it is safe to resume, according to the exclusion guidelines above.

The NYC Health Department may change recommendations as the situation evolves.

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