

Home-based Early Childhood Services

Guidelines for How to Restart In-Person Visits

This information is for providers and administrators who offer early childhood services in family homes, including home visiting and early intervention. This document provides guidelines for providing in-person services. If applicable, providers and administrators should also consult their program/model guidance for best practices.

Your services have been and continue to be a critical part of Michigan's response to COVID-19. We are grateful for your commitment to the families you serve.

Guiding Principles

As state and local early childhood professionals:

- **We will put safety of young children, families, and providers first.** We all have a central role in limiting the spread of COVID-19, and we must maintain safety efforts and vigilance to prevent further spread.
- **We will be equitable.** It is especially important to continue early childhood services during the COVID-19 pandemic when many families are experiencing additional economic hardships, social isolation, and stressors. We will consult with families to make decisions about how, when, and where services occur based on what is best for young children, families, and providers—especially those most affected by COVID-19.
- **We will be flexible in how we respond.** While in-person services are preferred, there are many virtual/remote options that provide pregnant women, young children, and families the support they need. These options will continue to be a central part of our service delivery strategy throughout the COVID-19 pandemic, especially for those with chronic or complex health conditions.
- **We will continue to learn.** The state will continue to listen to and connect with home visiting and early intervention partners, to develop coordinated plans and provide resources that assist local efforts, and revise guidance based on best practices and public health needs.
- **We will be connectors/change agents.** The state will continue to model the practices expected by the public in the latest practices related to living and working in the coronavirus environment. A conduit between national guidance and state implementation is key to continuity, understanding expectations, and desired outcomes.



Creating a Plan

When communities are in phases 4 through 6 of the [MI Safe Start Plan](#), home-based early childhood services may include in-person services.

Providers and administrators should develop a plan for when and how to restart in-person services. This plan should address all the mitigation strategies discussed in this document. Providers and administrators should use Governor Whitmer's metaphor of slowly turning a dial as they develop plans and policies to provide a balance of in-person and virtual home visiting in an era of COVID-19. Providers, administrators, and families should all contribute to decisions about when and how in-person services resume.

Administrators may also consult with their local public health department to ensure consistency with regional guidelines. Plans for returning to in-person services should be considered flexible and fluid. Programs should be prepared to shift back to virtual services as the need arises for individual families or providers, or across portions of or entire service areas.

For families who opted to suspend services rather than participate in virtual services, it will be necessary to assess the current needs of the child and family to determine whether there is a need to update the child's IFSP or other service plans.

Mitigation Strategies

Consult with Providers and Families

Before returning to in-person services:

Administrators should consult with providers they employ to assess their readiness to return to in-person services. Administrators should consider the following:

- What mitigation strategies will be used.
- How they will implement practices to ensure providers have the supplies they need (such as hand sanitizer and cloth face coverings).
- Precautions to take when individual team members are part of a vulnerable population or the primary caregiver for an individual that is part of a vulnerable population. This includes individuals who have a weakened immune system, are over the age of 65, have chronic health conditions, or [other COVID-19 risk factors](#), as identified by the Centers for Disease and Protection (CDC).
- Evaluate who on their staff should not engage in face-to-face home visiting because of their own risk factors. Consider the risk factors identified by the CDC and have conversations with staff members about their comfort level and needs. To accommodate personnel, administrators should plan to support some providers in engaging families virtually and/or remotely.

Providers should consult with the families they serve to assess their readiness to return to in-person services. Providers should help families consider the following:

- If anyone in the family is at greater risk of transmitting infection or having complications if infected by COVID-19, consult with the family about the risks and whether they would prefer virtual services over in-person services.
- If children (in particular) have chronic health conditions, families may want to consult with their primary care provider to determine if it is safe to resume in-person services. A doctor's note is not required to resume in-person services.

Providers should also discuss the procedures they will use to keep young children, families, and themselves safe, including wearing a cloth face covering. Providers should ask families if they have cloth face coverings or masks available and encourage families to wear them during the visit if they are medically able to do so.

Health Screenings

Providers should screen themselves for symptoms of COVID-19 daily before conducting visits.

- Potential screening questions:
 - Do you have a fever? Is your fever over 100.4 degrees?
 - Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?
 - Have you had contact with any Persons Under Investigation (PUIs) for COVID-19 within the last 14 days, or with anyone with confirmed COVID-19?
 - Do you have any symptoms of a respiratory infection? (e.g., cough, sore throat, fever, shortness of breath or difficulty breathing, chills, muscle pain, new loss of taste or smell, nausea or vomiting, diarrhea)?
- Visits should be conducted virtually if the provider:
 - Shows any sign of illness.
 - Shows symptoms of COVID-19.
 - Has been in direct contact with someone who has tested positive for, or showing symptoms of, for COVID-19.
- Providers who are concerned they have COVID-19 should:
 - Self-quarantine and seek medical care.
 - Get tested. The [testing criteria](#) for COVID-19 has been expanded. Find a testing site [here](#).
 - Report possible case of COVID-19 to their supervisor or administrator. The administrator is responsible for reporting the case to the local health department.
- To help individuals and employers complete daily health screenings, the state of Michigan created the Mi Symptom app. It is free and available at www.misymptomapp.state.mi.us.

Before each visit, providers should contact the family to conduct a health screening protocol.

- Potential screening questions:
 - Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?
 - Have you had contact with any Persons Under Investigation (PUIs) for COVID-19 within the last 14 days, or with anyone with confirmed COVID-19?
 - Do you have any symptoms of a respiratory infection? (e.g., cough, sore throat, fever, shortness of breath or difficulty breathing, chills, muscle pain, new loss of taste or smell, nausea or vomiting, diarrhea)?
- Visits should be conducted virtually if the provider:
 - Shows symptoms of COVID-19.
 - Has been in direct contact with someone who has tested positive for, or showing symptoms of, for COVID-19.
- If a family member may have COVID-19, providers should recommend they:
 - Self-quarantine and seek medical care
 - Get tested. The [testing criteria](#) for COVID-19 has been expanded. Find a testing site [here](#).
- This is a time to provide information and educate families about COVID-19 if families have questions or uncertainties. (Resources to help providers are included at the end of this document.)
- Providers should also confirm the family is still willing to participate in an in-person visit.
- If a provider arrives for a visit and someone is sick, the providers should leave immediately and notify their supervisor.

Returning to In-Person Visits After Confirmed or Suspected Exposure

Providers and families should follow [CDC guidance](#) for when to resume in-person services after confirmed or possible COVID-19 exposure.

I think or know I had COVID-19.

You can be with others after:

- 3 days with no fever **and**
- Symptoms improved **and**
- 10 days since first symptoms

I may have been exposed to COVID-19.

Stay home for 14 days after exposure.

After the visit, providers should maintain records.

Providers should maintain accurate visit records to help with contact tracing in the event of exposure to COVID-19. Records should include date and time of the visit, who participated, and contact information for the household.

Cloth Face Coverings

- Providers should wear a cloth face covering when visiting a family's home if they are medically able. The CDC provides resources for [making, wearing, and washing cloth face coverings](#). Local programs and administrators will make the final decision about whether a cloth face covering is required in each visit.

- Providers should wear a clean cloth face covering for each visit.
- Cloth face coverings should be washed after each use. The CDC provides guidance for [how to wash cloth face coverings](#).
- If a provider serves a family that is deaf or hard of hearing, they should use a face covering that has a clear section in front of the mouth or a face shield to allow for better communication. Clear face masks may also be appropriate when providing services that rely on children and families seeing facial expressions such as speech services or developing recognition of social cues for children with autism.
- Providers should encourage adult family members and children over age 2 to wear a cloth face covering during the visit, especially when social distancing is difficult to maintain.
 - Per CDC guidance, cloth face coverings should never be placed on young children under age 2, anyone who has trouble breathing, or anyone unable to remove the face covering without assistance.
 - Providers should consider whether wearing cloth face covering has an adverse effect on service delivery, especially for young children. Medical professionals recognize that many young children will not reliably wear a cloth face covering, and a facial covering may result in increased touching of the face which would negate the purpose of the mask.
 - Providers and families should decide together whether it is appropriate for children over age 2 to wear a cloth face covering.
 - If children are wearing face coverings, the [American Academy of Pediatrics](#) provides tips for how to help children be more comfortable wearing cloth face coverings.
 - Administrators should consult their program guidance for whether local, state, or federal funds can be used to purchase cloth face coverings for providers and if/how programs will provide cloth face coverings for the families they serve.
 - Due to continued shortages, personal protective equipment (PPE) such as surgical masks and N95 masks are not recommended for home-based early childhood providers.
- Additional protective equipment (such as gloves, face shields, or gowns) is not recommended at this time unless the home visitor provides direct medical care.

Social Distancing

- To the degree possible, providers should maintain 6 feet of social distancing. We recognize that space limitations in some homes may make this difficult.
- Providers should ask families to limit the number of people participating in the visit, recognizing that this may not always be possible.

- Providers should strive to limit the number of rooms they visit inside the home when possible.
- Providers are encouraged to engage in creative solutions:
 - Bring a small folding seat that will allow you to social distance (garden seats/lawn chairs are great for this and can be wiped down after the visit).
 - Conduct the visit outside when feasible.
 - Conduct the visit in the community. For example, at a local park or on site at a community organization.
 - Do some of the visit in person, and follow-up with other parts virtually and/or remotely.
- To the extent possible, providers should avoid physical contact with infants, toddlers, and young children.
 - Use of coaching and modeling strategies to support parent interaction with young children will be most important during this time.
 - Some programs require physical contact (for example to weigh an infant). Each program should identify these situations and determine how to complete assessments in the safest manner possible (including whether additional protective equipment is necessary).
- To the extent possible, providers should avoid sharing materials such as paperwork, pens, etc.
- Providers should think through how to handle hellos and goodbyes with each family. New rituals can strengthen relationships and keep everyone safe.

Hand Hygiene

- Sanitize in, sanitize out.
 - Providers should use hand sanitizer with at least 60% ethanol or 70% isopropanol upon arrival. If possible, it is always preferable to wash their hands for at least 20 seconds with soap and water.
 - Providers should sanitize or wash their hands frequently during the visit if they perform tasks where they are touching items that people have touched or have direct contact with a child or family member.
 - Once the provider leaves, they should sanitize or wash their hands.
 - Providers should be given hand sanitizer to take with them on each visit. If available, providers should also have single use towels and disinfectant wipes.
- Providers should always cover coughs and sneezes preferably with a tissue or the inside elbow of an arm and not a hand and ask others to do the same.
- Providers should also avoid touching things in the home and should not touch their eyes, nose, mouth, or face during the visit.

Sanitizing

- When sanitizing spaces and items, consult the CDC guidelines for [Cleaning and Disinfection for Households](#).
- Providers should limit the number of items they bring into the home and only bring items that can be sanitized after use or that can stay with the family.
 - Procedures and appropriate supplies should be given to providers so they can disinfect all toys, books, etc., between visits.
 - Anything that cannot be properly disinfected between home visits should be put in a large bag for cleaning later. Items that have not been sanitized should not be used until they have been sanitized.
- Providers should wash their work clothing daily and regularly sanitize the interior of their car as they travel between visits.
- Agencies should consider providing disposable bags, disinfecting wipes and/or cleaning solution for providers.

Resources

For Families

Providers are trusted voices. Continue to have discussions with families about their own response to COVID-19 and how they are helping their children understand the virus and the changing world around them. Sample resources include:

- [Crisis Parent and Caregiver Guide](#), from the Michigan Children’s Trust Fund.
- [Talking with Children about COVID-19](#), from the CDC
- [Helping Young Children Through COVID-19](#), from Zero to Thrive (includes Arabic and Spanish translations)
- [Georgie and the Giant Germ](#), from Zero to Thrive and Tender Press Books
- [Our Smallest Warriors, Our Strongest Medicine](#), from the Center for American Indian Health

For Providers and Administrators

- [COVID-19 resources](#), CDC
 - [Caring for Children](#)
 - [If You Are Pregnant, Breastfeeding, or Caring for Young Children](#)
- [Mi Symptoms App](#), from the State of Michigan
- [Cloth face coverings for children during COVID-19](#), American Academy of Pediatrics
- [COVID-19 resources](#), Indian Health Service
- [COVID-19 resources](#), Early Childhood Technical Assistance Center (ECTA)
- [COVID-19 resources developed for tribal use](#), Center for American Indian Health

Model and Program Guidance

- [Early Head Start](#)
- [Early On® Michigan/Part C of IDEA](#)
- [Healthy Families America®](#)
- [Maternal Infant Health Program](#)
- [Nurse-Family Partnership®](#)
- [Parents as Teachers™](#)
- [Play and Learning Strategies-Infant](#)

Visit Checklist

Before the Visit	During the Visit	After the Visit
<ul style="list-style-type: none"> <input type="checkbox"/> Contact the family and ask their permission to come. <input type="checkbox"/> Prepare the family. Help them understand how the visit will proceed with new guidelines, share expectations about face coverings, social/physical distancing, and hygiene. Answer any questions. <input type="checkbox"/> Ask if anyone in the family has been ill (health screening protocol). Do not visit if anyone is sick. <input type="checkbox"/> Take your temperature and conduct virtual visits/ remote options if you are sick. <input type="checkbox"/> Plan how to practice social distancing and hygiene during and after the visit. 	<ul style="list-style-type: none"> <input type="checkbox"/> Wear a cloth face covering and encourage the family you are visiting to do the same. <input type="checkbox"/> Provide disposable or clean cloth face coverings if the family needs them (if funds are available). <input type="checkbox"/> Sanitize your hands upon arrival. <input type="checkbox"/> Explain the precautions you will take during the visit due to COVID-19, including social distancing. <input type="checkbox"/> Do your best to respect any additional precautions families ask you to take while in their home. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sanitize your hands. <input type="checkbox"/> Update your records about who was at the visit in case contact tracing is needed. <input type="checkbox"/> Sanitize any items you used during the visit and your vehicle. <input type="checkbox"/> Discuss any COVID-19 related concerns with your supervisor.

Note: This guidance was developed with consideration of printed materials from the Centers for Disease Control and Prevention (CDC) and program guidance from state and national partners. This guidance does not constitute legal advice and is subject to change. Administrators are encouraged to seek legal counsel to ensure their operations comply with all applicable laws, rules, and executive orders. The state will continue to monitor best practices and will issue updated guidance as our collective knowledge of COVID-19 continues to improve. Visit www.michigan.gov/coronavirus for updates. New versions of this document will be posted online and shared electronically with partners.