

Reentry Plan • Table of Contents

Stage One Reentry Plan for [REDACTED]	2
Request for In-Person Visit	7
Protocol for Staff In-Person Visits	8
Protocol for ParentsGuardian In-Person Visits	10
Protocol for Parent-Guardian for In-Person Visit in the Community	12
DCYF - Visitor Screening Checklist	14
Sanitizing Protocol	14
	15

Archived
(Example Only)

Stage One Reentry Plan for ESIT Services at ██████████ Center

This plan is to provide guidance for in person services on a limited basis for children requiring services from ██████████. It addresses the following: *Equity, Staff Training, and Communication with Families, Infection Prevention and Environmental Controls*. This plan was developed using local health department, CDC, and WA DOH guidance.

EQUITY

As a matter of practice, ██████████ has always endeavored to serve our clients regardless of their income, cultural background, or who they call family. This practice will continue. We are united in commitment, showing curiosity and tenacity to further equity across all of our practices and to our community. At ██████████ all clients are made to feel safe and cared for.

██████████ assists a sizeable Spanish speaking population within our service area. ██████████ Spanish speaking Family Resource Coordinators (FRCs) assist these families through direct communication helping connect them with local agencies, educating them about current health guidelines, and aiding their access to vital resources.

Similarly, for the smaller number of other cultures we serve, interpreters are requested through Universal Language Services. Efforts are made to support these families in the same manner we do for our Spanish speaking families. It remains our goal to ensure equitable services for these and all ██████████ families even when the language barrier is more challenging to overcome. ██████████ refers to the ESIT website for materials in families' native languages and FRCs translate agency-specific paperwork.

As barriers are identified, ██████████ works with community partners and provides ways for families to have face to face services. Families are respected to make the choice for service provision which best fits them. ██████████ providers acknowledge and follow the family's wishes for service provision. If a family does not want face to face services or does not have the technology to communicate with a provider, ██████████ loans iPads to these families. Additionally, ██████████ assists families in the steps needed to do tele-visits.

When a family and therapist is ready for in person sessions, ██████████ works with public transportation such as the ██████████ bus to assist those with transportation challenges. ██████████ even provides funds to pay for taxi or other transportation services if needed. If families do not have insurance, are unable to pay copays, or if they have an outstanding balance at ██████████ fees may be waived. No one has or will be denied access to services because of inability to pay.

[REDACTED]

Data shall be kept regarding children seen during Phase One Reentry. This data shall include:

- child's name
- service provider
- date of service
- location of service
- race/ethnicity.

This data shall be available upon request to ESIT. This data will be kept in a confidential HIPPA compliant file.

STAFF TRAINING

All [REDACTED] treating staff are trained Promoting First Relationships Level One providers, using relationship-based reflective practices, coming alongside families to support their specific needs. Our providers prioritize family needs by listening to them, then focusing on their foremost concerns.

Additionally prior to seeing children, [REDACTED] staff shall review new staff, family, health and environmental protocols. COVID specific protocols include:

- the proper way to put on and remove face masks, gloves, and outer clothing coverings (PPE)
- proper hand washing, use of hand sanitizer to disinfect hands
- disinfectant of toys and materials used during a session

Please see attached documents. (Staff Protocol, Family Protocol, DCYF Health Screening form).

COMMUNICATIONS WITH FAMILIES

Providers shall contact families via phone, zoom or email, that are recommended for in person service exemptions. Providers shall determine, with family and IFSP team's input, the need for in-person exemption. Providers shall ensure the family is willing to participate in person. The provider shall complete the request for in person services and the request will need [REDACTED] [REDACTED] Director approval (Please see the attached form). In person visits may be for a one time appointment with subsequent visits via Zoom or if the child's needs require on going in person visits, that will be addressed with the family and IFSP team.

The following provides some examples clarifications for in person visit exemptions:

Justification Examples	Not a Justification
<ul style="list-style-type: none">• Vision or motor therapy assessments• Manual therapy intervention• Fitting or monitoring of adaptive equipment or augmentative communication devices• Recent change in swallowing function and growth patterns• Urgent feeding assessments• Infant feeding interventions• Assessment for positive behavioral supports• Engagement with families for whom the exchange of information is otherwise not possible (e.g., no access to services through technology, homeless)• Engagement with families to initiate services and build relationships for those hard to reach	<ul style="list-style-type: none">• Child does not engage with the screen (provider needs to engage parent through coaching)• Parent prefers in-person services (IFSP team as a whole must determine this based on the needs of the child)• Conducting general developmental evaluation and assessment, including eligibility evaluations (general development evaluation and assessment will be done remotely)• Provider preference and comfort with virtual services (professional development resources and supports should be provided to build provider comfort and capacity.)• Intake activities for provider convenience or preference (intake activities should be completed remotely whenever possible)

Parents shall be informed of the protocols for an in-person appointment. They also shall receive a written copy of the protocols. Parents shall sign a consent form that they agree to in person appointment.

INFECTION PREVENTION

Staff

Staff shall complete health check screening before entering the agency or any other location to provide services. If a staff member exhibits symptoms or is not feeling well in general, they shall stay home and the appointment shall be cancelled.

Upon entering the agency building staff members shall have their temperature taken. If their temperature is over 100.4 they shall be asked to go home and the appointment shall be rescheduled.

Prior to any visit and after every session, staff shall wash their hands with soap and water if available or use hand sanitizer. All buildings shall be equipped with hand sanitizer for staff to use.

Materials are expected to be sanitized immediately after every appointment. If that is not possible items shall be placed in a plastic bag or separate bin, removed from the environment and sanitized as soon as possible after.

Staff shall social distance by remaining at 6-feet or greater distance from others whenever possible and especially when conversing with family members. However when interacting with

[REDACTED]

a child staff shall use their professional judgment regarding distance needed to perform tasks required. (See staff protocol)

Staff shall wear masks, at all times when with children and in common areas where others are present. During in person services they shall wear a smock to cover their upper garments which shall be changed for a new one prior to each appointment.

Gloves shall be available and shall be worn at the providers' discretion depending on the need for them to have direct contact with the child. Direct contact is required, for example, to determine movement or to feel a specific joint, etc.

Staff will sign in and out of buildings and verify that a health screening was completed.

Families

Families shall follow an established protocol for appointments depending on where the appointment occurs.

Prior to the in person appointment, the family shall respond to questions on DCYF health screening check. The [REDACTED] provider shall document if the appointment is not on site.

For appointments in an agency location:

- Families accompanying the child shall be asked to minimize persons entering the location. Family members and the child being serviced shall be asked to wait in their cars until a called or text is received instructing them to enter the location
- Adult(s) accompanying the child shall wear masks. If they do not have a mask, a mask will be provided
- The family shall be asked health screening questions upon entering into the location
- The adult and child's temperature shall be taken. If the adult's or child's temperature is 100.4, the appointment shall be rescheduled.

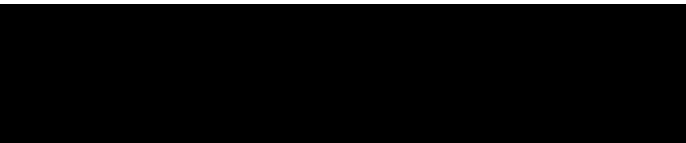

(See family protocol/Spanish translation is available)

Environmental Controls

The number of staff members in an agency building where an appointment shall be held to no more than 10. This includes the providers.

In person sessions shall be limited to the providers, 1 parent (unless due to health issues two are required for transportation purposes), nurse if needed and the child.

Appropriate service locations shall be determined by the parent and provider. Locations shall be considered in the following order:

- 
1. Outdoor location – family yard if appropriate, park – weather permitting
 2. Well ventilated room at  location.
 - a. Room will be sanitized prior to visit – using building checklist
 - b. Room will be sanitized after visit – using building checklist
 - c. Common areas will be sanitized between visits

(See Sanitizing checklist)

Archived
(Example Only)



Request for in person visit

Date: _____ Therapist Name: _____

Child's Name: _____

Date and time for typical appointment: _____

Reason child needs to be seen in person:

Reviewed by Director: _____ Date: _____

Director Signature


Plan:





[REDACTED]

Protocol for Staff for In Person Visits To [REDACTED]

1. Therapist/provider must have approval from [REDACTED] [REDACTED] Director to conduct an in-person visit. See request for in person visit.
 2. Therapist/provider shall conduct a self-check Health Screening as designated by [REDACTED]
 3. Therapist/provider shall have their temperature taken upon entry into the building. A temperature of 100.4 or above shall result in the appointment being cancelled and rescheduled.
 4. Therapist/provider shall wash/sanitize hands upon entry to the building or arrival at the appointment.
 5. Therapist/provider shall social distance to minimum 6 feet or more as practical and appropriate at their discretion.
 6. Therapist/provider shall wear a mask at all times when working with the child and family.
 7. Therapist/provider should wear gloves when handling a child unless the gloves deter proper therapy protocols. Before touching a child, the providers hands shall be washed/sanitized.
 8. Therapist/provider shall wear a [REDACTED] provided covering on their upper body. After the visit the covering shall be changed. A new covering shall be provided for each visit.
- [REDACTED]



9. Hands shall be washed/sanitized after the visit and before the next visit.

10. This protocol shall be followed by all  staff. Modifications are allowed at  provider discretion for extenuating circumstances. Modifications shall still adhere to the spirit of the protocols for minimizing COVID transmission.

Archived
(Example Only)




[REDACTED]

Protocol for Parent/Guardian – for in person visits that take place at the Agency

1. Prior to the visit parent/guardian shall participate in a phone Health Screening (see attached form).
 2. When parent/guardian arrives for the appointment they shall remain in their car with their child until they are instructed to enter.
 3. Parent/guardian shall wear a mask before entry into the building. If they do not have a mask [REDACTED] shall provide a mask.
 4. Only one parent/guardian/caregiver shall accompany the child into the visit. Absolutely no siblings. Exceptions will be made for medically fragile children that cannot be transported without an additional adult.
 5. The [REDACTED] waiting room shall not be open during these visits.
 6. Upon entering the building parent/guardian and child shall have their temperature taken. The guardian will respond to a health screening questions. If the parent/guardian or child have a temperature above 100.4 degrees F or answer yes to any of the health screening questions the appointment shall be cancelled and rescheduled.
 7. Parent/guardian shall wash/sanitize their hands prior to entering the room/area for services.
 8. This protocol shall be followed by all [REDACTED] staff. Modifications are allowed at [REDACTED] provider discretion for extenuating circumstances. These modifications shall still adhere to the spirit of the protocols for minimizing COVID transmission.
- [REDACTED]



Consent for in person visit –

I agree to an in person visit with an  provider and will follow the protocols listed above.


Parent/guardian name	Signature	Date
----------------------	-----------	------

Archived
(Example Only)






Protocol for Parents/Guardians – for in person visits that take place in a community location

1. Prior to the visit parent/guardian shall participate in a phone Health Screening (see attached form).
 2. When parent/guardian arrives for the appointment they will meet the provider in the designated location.
 3. Parent/guardian shall always wear a mask . If they do not have a mask ■■■ shall provide a mask.
 4. Only one parent/guardian/caregiver shall accompany the child to the visit. Absolutely no siblings. Exceptions will be made for medically fragile children that cannot be transported without an additional adult.
 5. Upon meeting at the designated location the provider will take the parent/guardians and child temperature. The guardian will respond to a health screening questions. If the parent/guardian or child have a temperature above 100.4 degrees F or answer yes to any of the health screening questions the appointment shall be cancelled and rescheduled.
 6. Parent/guardian shall wash/sanitize their hands prior to visit. Hand sanitizer will be provided as needed.
 7. This protocol shall be followed by all ■■■ staff. Modifications are allowed at ■■■ provider discretion for extenuating circumstances. These modifications shall still adhere to the spirit of the protocols for minimizing COVID transmission.
- 



Consent for in person visit –

I agree to an in person visit with an  provider and will follow the protocols listed above.

Parent/guardian name

Signature

Date

Archived
(Example Only)



VISITOR SCREENING CHECKLIST – COVID-19 GUIDANCE



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Visitor Screening Checklist – COVID-19 Guidance

Greet the Individual

We understand how difficult this time is with so much uncertainty. To help maintain a safe environment for the children, parents, staff and public, DCYF recommends that each visitor is screened for COVID-19.

There are five steps in the screening process.

Step 1: Take the visitor's temperature.

Is the visitor's temperature greater than or equal to (\geq) 100.4 °?

If Yes, inform them that they will not be allowed into the facility – further steps are not needed.

YES

NO

Step 2: Ask – Have you had a new cough within the last 14 days?

YES

NO

Step 3: Ask – Have you had shortness of breath within the last 14 days?

YES

NO

Step 4: Ask – Have you had direct contact with someone who has tested positive for COVID-19?

YES

NO

Step 5: Ask – Have you travelled internationally or out of state within the last 14 days?

YES

NO

Action 6: If the visitor had a fever OR if the visitor answered "YES" to any of the questions, they will not be allowed into the facility. Advise the individual to contact their primary healthcare provider and follow that organizations instructions.

Action 7: If the visitor had no fever AND the visitor answered "NO" to all of the questions, they will then be allowed to enter the facility.

Screened By: _____ Date: _____

Instructions for Sanitizing the building and rooms after an in person visit

Please use this checklist to ensure all touch points are cleaned/sanitized. Date: _____

Check	Areas to be addressed
	Reception area – Countertop and desk area, underneath
	Computer –keyboard, mouse
	Pens, all wipeable surfaces of chairs, drawers
	Front Door - Handles on front door inside and out - top and underneath parts of the handle
	Therapy Rooms - Door handles to therapy room – use a wipe to get all services of the door handles
	Tables in the room -all surfaces top and underneath
	Chairs in the room -all surfaces including underneath front of chair and back
	Mats in the room -sprayed with NBAC or wiped down
	Walls and window ledges wiped down or sprayed
	Bathrooms –
	Entry door – both sides
	Stall doors -both sides
	Faucets
	Sink area
	Paper towel dispenser
	Disposal of diapers – diapers pail should be checked/ diapers need to be taken out to dumpster
	Toy Bins-
	Toys used for sessions all need to be kept separate in a laundry basket immediately following session put in curriculum library by therapist and sanitized by assigned staff
	Work Room-
	Counter tops need to be wiped
	Copy machine -needs to be wiped down

Please note the following –

Trash cans will be kept outside of therapy rooms

Trash can placed by front door to dispose of wipes after that area is wiped down

Water fountains will be covered with garbage liners – to prevent use

Areas will be blocked off with temporary wall from classrooms

Kitchen area will be taped off – no access