

Part B COVID-19 Health Emergency Guidance

This document outlines the Child Development Centers (CDC) responsibilities to preschoolers 3-5 and to the staff serving these children. The guidance for ongoing questions about delivering services in this document considers current recommendations from both state and local Departments of Education, as well as the Office of Special Education Programs (OSEP). This guidance is considered valid during the time frame that the COVID-19 Health Emergency is in place.

The Division continues to recommend that CDC's avoid conducting assessments, meetings and services in person. You may also want to create schedules or plans for staff within your buildings to provide alternative ways of serving children while still maintaining social distancing with their co-workers. This includes the option of alternating the use of on-line platforms so that staff can hold teleconference therapy from their homes.

Note regarding signatures

During the timeframe of this special circumstance of COVID-19 Health Emergency, Parental consent can be given for all IEP activities **verbally** to the IEP Team. All verbal consents must be noted on the appropriate IEP forms where a signature is indicated and on the Prior Written Notice (PWN) for the IEP activity. If verbal consent is given, please make sure that you follow up with a written consent right away, either by sending a hard copy in the mail or by email from the parent. This can be unloaded into attachments in Welligent.

Referrals and Eligibility

While you may continue to receive referrals during this time, evaluations still may not be able to be completed in person. Please communicate this to families. If you receive a referral for a child currently enrolled in Part C, please work with the Part C team to see if the child will continue to receive Part C services until an evaluation and eligibility determination may be completed. (See the Part C COVID-19 Health Emergency Guidance.) For children referred with a medical diagnosis, the team may want to consider the ability to complete other areas of evaluation using distance options in determining eligibility for the child.

For referrals that cannot move forward without a physical evaluation, teams can work with parents to schedule a "mutually agreeable extension of time" to complete an evaluation (this time can be general such as when the COVID-19 restrictions have been

lifted). If evaluations have been started but cannot be finished, please document that the evaluation could not be completed within the timelines with a justification that “Due to unprecedented events resulting from the COVID-19 emergency, the student was not able to be made available for assessment”.

Service Delivery to Children with Existing IEP’s

In the most recent guidance from WDE, dated March 21, 2020, the Office of Civil Rights (OCR) and the Office of Special Education and Rehabilitative Services (OSERS) ask for schools to consider distance learning for students with disabilities. Please see the following information:

“School districts must provide a free and appropriate public education (FAPE) consistent with the need to protect the health and safety of students with disabilities and those individuals providing education, specialized instruction, and related services to these students. In this unique and ever-changing environment, OCR and OSERS recognize that these exceptional circumstances may affect how all educational and related services and supports are provided, and the Department will offer flexibility where possible. However, school districts must remember that the provision of FAPE may include, as appropriate, special education and related services provided through distance instruction provided virtually, online, or telephonically. The Department understands that, during this national emergency, schools may not be able to provide all services in the same manner they are typically provided. Many disability-related modifications and services may be effectively provided online. These may include, for instance, videos with accurate captioning or embedded sign language interpreting, accessible materials, and many speech or language services through video.”

The Division is recommending that CDC’s consider providing services using online platforms or other alternative methods as deemed appropriate by the child’s IEP team. The resource shared on March 25th by Kathy titled “On-Line Teaching” (in the email regarding Resources For Supporting Students with Hearing Loss Via Distance) should provide information regarding platforms available for use with students. This link is included below. The Division recommends the use of the Zoom platform as it is FERPA compliant and can be accessed for a low cost. We are suggesting that regions use next week to plan for this type of service delivery, notify parents and set up platforms, etc. Services could then start the week of April 6th, 2020. Please note that if regions are on Spring Break next week or are mandating closure to all staff next week, this process could be delayed by one week. Please let us know when you plan to start services if your start date differs from April 6th.

For documentation during the change in service delivery, the recommendation, approved by Wyoming Department of Education, is to include a PWN in the form of a cover sheet to go with all IEP's so that individual amendments don't have to be written. It states that all services will be provided via a teleconferencing format until the COVID-19 Health Emergency is lifted. This way, when the threat is lifted, individual IEP amendments won't have to be re-written. For any new or unique circumstances in which more than one PWN is necessary to document a change in services or delivery, this should also be included and given to the parents.

The IEP team members shall meet with families of students with a disability using teleconferencing or phone conferencing to discuss the COVID-19 emergency IEP changes in service delivery. These meetings will be dependent on the IEP configuration and may be conducted as a whole or at different intervals as needed. The parent/caregiver should be informed of the agreed upon actions as outlined in the meetings using the PWN before any IEP team decision can be acted on.

- Some parents of students with disabilities may elect to not receive services via teleconferencing or phone conferencing. If this is the case, other methods should be offered such as resources sent to the home, etc. The Case Manager or other designated team member must document the decision on the PWN with information stating that services will reconvene after the COVID-19 health emergency has been lifted.
- A detailed PWN must be mailed to the family of the student stating all the provisions of service delivery, including teleconferencing delivery, what services will be delivered and by whom, length of time of the service, frequency of the services and what services will be discontinued due to the unique circumstances.
- If the team decides to discontinue a service during the COVID-19 Health Emergency; because this is the wish of the parent, the following will apply for the discontinued service:
 - Compensatory services will not be required after the health emergency is lifted and the discontinued service can be delivered as originally stated in the IEP. However, if the child has regressed and the team feels that compensatory services are needed, they should be offered. All decisions regarding services should be made by the IEP team including the parent.
 - For parents who chose to discontinue a service temporarily, it would be beneficial to get written documentation of this from the parent, which could be in the form of an email. For these parents, it would be best practice to

follow-up with the families periodically to make sure that they haven't changed their mind.

- There will be no requirement for an IEP Amendment to resume continuation of that service.
- When services resume, it is the team's decision regarding the need for compensatory services. If you are finding that there is regression, for example, the team will want to consider the need for these services and include the parent in these conversations.
- An IEP Amendment will be developed for the following circumstances when the written IEP Service Provision can not continue as originally planned:
 1. The child has not progressed on the IEP outcomes so services will need to be amended to adjust for the lack of progress.
- When providing services in any format, make sure to thoroughly document the type of service, length, format and any additional information.
- For progress monitoring, report to the best of your ability. If families are using Zoom or a similar platform, therapists should be able to physically see the children and be able to report more easily than other methods. If families are getting phone services or paper packets, progress monitoring would involve checking in with the parents. When reporting progress for these types of formats, be sure to note that progress was based on parent report. It is difficult to know what will happen in the summer but you should plan to provide ESY to those children who need it in some format. If typical services do not resume at that point, you should continue using the formats that you are currently using.

Students who are in need of a 3-year evaluation

For students who are due for 3-year evaluations, there are two options to consider. Option 1 allows teams to do a review of existing data for continued eligibility. Option 2 allows the team to decide on a "mutually agreeable extension of time" to allow the team to complete a comprehensive evaluation in person when the COVID-19 Emergency has been lifted. The option chosen is individualized to the needs of the student and the expert opinion of the team. Please refer to IDEA, CFR §300.301.311 when making decisions regarding the use of existing information.

Students eligible for Part B services in need of an IEP

All students who are initially considered eligible for services during the COVID-19 health emergency shall have the following provided to them--

- A teleconferencing or phone conferencing meeting to discuss the eligibility determination.
- A teleconferencing or phone conferencing IEP Team meeting to complete the initial plan.
 - Once the plan is developed, the plan should be reviewed and agreed upon by the team members. The consent for services can be provided by verbal agreement from the parent and noted on the IEP Signature page and on the PWN that outlines the discussion of the plan. It is recommended, when possible, that the IEP Team acquire the written signature of parents at some point during the service provision and include that in the child file.
 - A detailed PWN must be mailed to the family stating all the provisions of service delivery, including teleconferencing delivery, the services that will be delivered and by whom, length of time of the service and frequency of the services.
 - IEP's can be written as if services were being provided in a brick and mortar location as the PWN included with each IEP during the COVID-19 Health Emergency would cover the change of placement for services. This allows the CDC to continue with the IEP as written once the threat is lifted.

Conducting IEP meetings during the COVID-19 Emergency

- The IEP team members shall meet using teleconferencing or phone conferencing to complete the required IEP meetings (Initial IEP, Annual IEP) as close to the timeline required by federal regulations as possible. If the required meeting timelines are not met, documentation for the delay must be documented in Welligent.
 - Extreme Circumstances of the COVID-19 Health Emergency is considered an acceptable justification for the delay as the child could not be made available to the team.
- Once the required meeting is completed, all IEP related discussions must be outlined in a PWN. This PWN must be provided to the family of the student with a disability before any changes to the IEP can be implemented.
- For meetings missed during the time period that the CDC's were closed or during spring break, these can be held at a mutually agreed upon time. This can occur anytime moving forward via teleconferencing or conference call. For any timelines missed, please be sure to document that "due to unprecedented events of the COVID-19 emergency, an alternative time was necessary".

Transitions to Kindergarten during the COVID-19 Emergency

- If the COVID-19 Emergency has not been lifted or is projected to continue during the time that transition meetings have been scheduled, the IEP team should communicate via phone or email with the local school districts to develop a plan. This includes holding transition meetings via teleconferencing, phone conferencing, or other platforms.

Part B Exits during COVID-19 restrictions and COS reporting

- All children who have met their IEP goals and are no longer considered a child with a disability shall be exited from teleconferencing IEP services. When exiting a child, make sure that you have good, solid information in order to do so and that the parent agrees with the exit. If you have any doubts about the child's exit, do not exit them. Wait until typical services are resumed.
 - A PWN must be provided to the parents detailing the reasons for exiting the child from services. In addition:
 - A Battelle Developmental Inventory-II (BDI-2) cannot be conducted for this Exit Child Outcome Summary (COS) reporting due to the COVID-19 Health Emergency that blocks access to the child for evaluation.
 - Child Outcome Summary (COS) Welligent documentation (for Entry or Exit) must document that the BDI-2 was not completed due to "Other" in the justification tab and the COVID-19 Health Emergency documentation will be entered into the notes section.

Guidance Document written by:

Kim Bock, Part B/619 Coordinator
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RESOURCE LINKS

<https://www2.ed.gov/about/offices/list/ocr/frontpage/faq/rr/policyguidance/Supple%20Fact%20Sheet%203.21.20%20FINAL.pdf>

https://docs.google.com/document/d/1MTrv9YDKYW-NV0y7Tx4T36fbirbd2H9NK2Lb_w6kNCY/edit?usp=sharing

Part B COVID-19 Guidance for a tiered approach to re-opening and/or instances of building closures

Tiered approach to reopening/building closures

When making considerations for re-opening in the fall, a multi-tiered approach is recommended. This involves new plans for levels of re-opening along with existing adaptive learning plans. The Smart Start Guidance document, provided on the Wyoming Department of Education website, offers suggestions for consideration. For example, IEP Teams can discuss how a child's IEP will be implemented with traditional in-person instruction and how services also could be provided through remote/distance instruction if circumstances require a change to distance learning or a hybrid model. In making these determinations, IEP Teams should consider alternate available instructional methodologies or delivery, such as online instruction, teleconference, direct instruction via telephone or video conferencing, or consultative services to the parent (if feasible).

Because each regional program has unique needs and is housed within counties that vary in degrees of COVID-19 impact, it is important to consider the Smart Start plans of local school districts, as well as recommendations set forth by your county health officers. OSEP states that **no matter what primary instructional delivery approach is chosen, SEAs, LEAs, and individualized education program (IEP) Teams remain responsible for ensuring that a free appropriate public education (FAPE) is provided to all children with disabilities.** To this end, regions need to ensure that they are providing alternative methods for **not only the special education services, but the regular preschool opportunities as well (34 C.F.R. §300.109 F)★.** Please continue to submit any changes or additions to your adapted learning plans as they are developed.

In the case of a staff member or child diagnosed with COVID-19 or in the event of a necessary building closure, please contact Kim Bock, Part B/619 Coordinator to report the incident and for guidance in next steps.

Regression or modification considerations

It is important for regions to look at each individual child and determine any need for compensatory services, additional services, and changes or modifications to the IEP. When making these determinations, be sure to include the parents in the decision making process. This process may help to make decisions regarding the virtual platform used for the child if the need arises. For example: "A child has regressed in

two areas over the course of the COVID-19 emergency and over the summer. The team (including the parents) decides to offer more time to the sessions that were offered previously while the team is able to offer in-person services. The child was receiving materials via paper packets during the COVID-19 Emergency so the team determined that a least restrictive option be made available to the child if virtual services need to resume. The child will be receiving speech therapy via Facetime and teletherapy from an OT”.

***Make sure to document all discussions regarding these considerations and decisions made.**

Consideration of Least Restrictive Environment

When considering placement, in-person services continue to be the least restrictive. If a parent is not comfortable with in-person services or in the case of the need to re-implement adapted learning plans, it is the recommendation of the Early Intervention and Education Program that you begin with the least restrictive and move down the continuum in these considerations. One-on-one in-person services are less restrictive than Facetime or telehealth. Telehealth is less restrictive than paper packets and phone calls, etc. Always make an attempt to offer a less restrictive option.

***Make sure to document all discussions regarding these considerations and decisions made.**

Progress monitoring and documentation

Progress monitoring is essential for making informed decisions regarding a child’s IEP plan. Regardless of the platform used to deliver services, it is VITAL that teams continue to monitor progress on each child. It may be necessary to get creative in thinking of ways to do this. While alternative methods, including parent interview and report, are not as robust as progress information gathered during in-person services, it is still progress information and shows effort. The EIEP will expect progress in some form on all children that are receiving services in-person or virtually. For those children whose parents decline services for a temporary period, there should still be proof of periodic contact with the parents to offer services and check in with the child and families.

Evaluations

The first consideration, when completing evaluations, is the health and safety of staff and children. Regions should follow recommended health orders for your counties. When at all possible, EIEP is recommending the continuation of evaluations. These may be delivered via standard methods or on a one-on-one basis (with creative attempts for observational data). The use of masks by staff is recommended. The team

should also consider additional ways of completing evaluations including the drop-off of evaluation materials and using an online platform to deliver the test questions to the parent and child. If a parent refuses to make the child available for an evaluation and a reasonable amount of time has passed, the regional program should consider exiting the child until they can be made available. All children who were part of the extended Part C program should be referred to Part B and an evaluation process initiated. If parents refuse to make their child available for a Part B evaluation once the child is referred, they will need to be exited from the Part C program.

COS and COS reporting

As with the evaluation process, attempts should be made when safe and possible to complete the COS process for all children. Additional methods of completing these evaluations should be considered.

Screenings

When possible, screenings should continue to be offered on a continuous basis. These screenings need to include hearing and vision information. These can also be offered using alternative methods such as phone questionnaires with families, etc.

★Wyoming Department of Education Policy and Procedures provide the following assurance to the U.S. Department of Education, Office of Special Education Programs in conjunction with the annual federal application for funds under IDEA, Part B:

Wyoming currently requires a free appropriate public education (FAPE) for all children with disabilities, ages 3 to the end of the school year in which they reach the age of 21 through Part B and the Wyoming Department of Education Chapter 7 Rules. Wyoming also funds a developmental preschool system serving children with developmental disabilities age three (3) through five (5) years. Through its general supervisory authority, WDE requires that each school district or public agency takes steps to ensure that children with disabilities have available to them the variety of educational programs and services available to nondisabled children.

Guidance Document for re-opening updated by:

Kim Bock, Part B/619 Coordinator

July 17, 2020

Second update 9/30/20

Resource Links

Newest OSEP guidance 9/28/20:

https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-provision-of-services-idea-part-b-09-28-2020.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

<https://1ddlxtt2jowkvs672myo6z14-wpengine.netdna-ssl.com/wp-content/uploads/2020/07/Smart-Start-Guidance.pdf>

<https://ectacenter.org/topics/disaster/coronavirus-faq.asp>

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/>

UPDATED GUIDANCE FOR CONTINUED COVID EMERGENCY/RESURGENCE 11/20

The following guidance serves as a supplement to the existing guidance due to current resurgences in the COVID Pandemic crisis.

Ongoing Progress Monitoring - It is vital to maintain thorough progress information on all children, regardless of the service delivery method. Team members may need to find creative ways to get information from parents if the service delivery is virtual. Examples could include forms sent to the family to document progress, minutes from weekly phone conferences with parents, direct observations taken from videos delivered via Zoom or other platforms, video taken from sessions delivered via Zoom or other platforms, work samples via mail return or through photo evidence, etc. It is important to continuously monitor any regression or slowing of skills. Teams need to be ready and willing to meet with families to alter the service delivery methods, times, frequency to try to assure ongoing positive progress. This is especially important if the current service delivery method appears to be ineffective for the child and family. It is also important to document dates, times and methods used to contact families. This will provide clear records of all efforts of the team to maintain close contact. This includes all contact information for missed or cancelled appointments.

If families continue to be unavailable via phone over an extended period of time, the team needs to consider next steps for ensuring the delivery of services. These may

include: sending a certified letter addressing the concern, scheduling a meeting with the family and possibly exiting the child from the program.

Screenings and Assessments- Regions need to make every effort possible to continue to provide screenings and evaluations to families, while still following local health orders. The use of PPE and social distancing is recommended when in-person screenings and evaluations are being conducted. When in-person screenings and evaluations cannot be conducted, every effort must be made to complete them using tools that allow for remote administration. There may also be a need to conduct parts of the evaluation remotely with other parts delayed until they can be conducted. Attached below is a resource from ECTA Center listing all assessment tools and which parts can be conducted remotely. For ADOS evaluations, there is an alternative called BOSA for completing a form of remote Autism evaluation. This was created by Catherine Lord who also authored the ADOS assessment. Those trained to do the ADOS assessment would just need to complete a form and attend a brief training on how to administer the tool. Items and score sheets are, in part, taken from the ADOS tool. Information regarding this is also attached in the Resources below.

Because observations are an important part of the evaluation process in helping to determine educational need, teams should make every effort to get creative in making this happen. Team members can complete video observations of the child interacting with toys and during routines in their home. They can be observed interacting with a family member at the CDC during a scheduled restricted observation, etc.

Free and Appropriate Education- During these times, there may be situations in which the child is unable to attend preschool in a classroom setting with peers. For this reason, it is also important to provide alternative preschool opportunities for children who are receiving services in a temporary setting outside of the classroom. Some options could include: pre-taping short preschool lessons for preschool students to view at home with family, streaming the live classroom during instruction to include at-home students, planning zoom group sessions for children to participate with other children virtually, using a combination of options, or using a platform such as Google Classroom. This type of platform allows both regular and special education staff to upload lessons, messages, activities, etc. These activities or lessons can be open to the entire class for the regular education environment and also sent directly to individual students for additional special education instruction or practice with specific skills. Attached in the resources is a sample video of the Google Classroom platform for your information. We have also created a sample classroom. If you are interested, please provide your email so that we may share the classroom with you. Finally, please remember that only

sending packets of information home is the most restrictive form of providing preschool and services. Teams should try for more interactive forms of providing services to children first.

Additional Resources 11/16/20

Assessments that can be administered remotely

<https://ectacenter.org/~pdfs/topics/earlyid/assessment-tools-planning-monitoring.pdf>

Information regarding the alternative Autism Assessment based on the ADOS-

<https://www.semel.ucla.edu/autism/bosa-training>

Videos regarding Google Classroom

<https://www.youtube.com/watch?v=M6L-nZGIUTE>

<https://www.youtube.com/watch?v=UODFI2SYFuU&t=111s>

Information regarding virtual preschool learning

<https://www.edutopia.org/article/7-tips-managing-distance-learning-preschool>

Guidance Document for Continued emergency/Resurgence updated by:

**Kim Bock, Part B/619 Coordinator
11/16/20**

COVID-19 Guidance Updates 8/27/21 Q&A

With the surge in COVID cases and concerns regarding the new Delta variant, the following is updated COVID-19 Guidance (in collaboration between the Behavioral Health Division's Early Intervention and Education Program and Wyoming Department of Education) based on questions we have received.

In addition, the most recent guidance from OSEP, OSERS and the US Department of Education reaffirm the importance of fully implementing IDEA:

[Press Release-US Department of Education](#)
[OSEP Q&A on Child Find Under Part B of IDEA](#)
[OSERS Letter to States and their Partners](#)

Question 1: What is the preferred guidance for parents that do not want to send their child to preschool because of the COVID surge right now?

Parents certainly have a right to put their child's health and safety concerns as priority. The school district and CDC however are also obligated to ensure that they are providing FAPE. It is essential that there is documentation (PWN) should a parent request a change in service either temporary or permanent. It is important that if the IEP team for the individual child has decided that the child is in need of being educated at home for any period of time that they ensure that the child is receiving educational benefit and the services must be effective. It is also important to remember that CDC's have an obligation to ensure that all of this is at no cost to the families. In other words, you would need to provide the technology to access the in-home learning (i.e. internet, device, materials, etc.)

One approach would be to develop an IEP that addresses both a least restrictive environment and the individualized COVID plan for instances where the child is home due to restrictions.. In doing so, it is important to note that parent participation in the development of the plan is required and the CDC needs to be careful that decisions are made individually and not based on a "one size fits all" approach to all students. It is also important to discuss recovery services for the students when they return to school or if the student is not seeing progress as the result of the pivot to a virtual setting. Progress needs to be closely monitored and the IEP team needs to be cognizant of the need to make a change as soon as necessary.

Question 2: What about private preschools who are limiting visitors, including therapists that go into these private preschools to serve children?

This would likely require the convening of an IEP team to decide what is necessary under the current circumstances and documentation of what changes have been decided as necessary prior to the changes occurring. OSERS has made it clear that the obligation to provide a Free

and Appropriate Education to children with disabilities, even in the midst of the pandemic, is not reduced in any way..

It is important to note that this decision should not be made without parental input. Teletherapy may not be the best approach for all students. It should be individualized to the needs of the student. Also if Zoom is used, considerations will need to be given to someone being with the student during the sessions, equipment needs, etc.

Question 3: For parents who choose to keep their preschoolers at home and not consider preschool for their children due to COVID, would their only options be to either refuse services or have their child on an ISP:? Or could they also be offered virtual services?

In this case it is absolutely essential to hold an IEP meeting to consider the current needs. If the team does not believe that the child can be offered FAPE in the home or if the parent does not want the services, the CDC will not be able to offer FAPE and would not be able to serve the child.

IEP teams need to determine what a FAPE offering looks like for each student. If a student does get services in the home, they need to have the full package which includes access to the general education curriculum. When providing access to the general education setting, there should be consideration to the student's needs. Packets as the general education are likely to be ineffective for most children ages 3-5.

Question 4: When students are home due to a quarantine, do services have to be made up?

*Services are for the benefit of the student to make progress on closing the gap. It does not matter if the parent opts to cancel services or if the region initiates a quarantine. The LEA is responsible to assure the student makes progress and continually evaluate student need. It really does not matter who initiates the time for the student out of the learning environment, what matters is if the student is making progress. If the student misses and the LEA can show the student is making **adequate** progress then there may be no need to address the missed services. However, it is more likely that missing school will cause the student to not make the necessary progress and services should be addressed as needed. This is a good time for discussion of recovery services.*

***** It is important to note that the Wyoming Department of Education has information in their COVID Guidance Document (page 22) regarding the use of Emergency Model Forms to enable teams to make decisions regarding**

**emergency services at the same time an initial or annual IEP is developed.
The forms are attached below.**

[WDE Emergency Model Forms](#)

Guidance updated 8/27/21-KB