



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

GRETCHEN WHITMER
GOVERNOR

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STATE SUPERINTENDENT

MEMORANDUM

DATE: August 24, 2020

TO: Local and Intermediate School District Superintendents
Public School Academy Directors

FROM: Dr. Scott M. Koenigsknecht, Deputy Superintendent
P-20 System and Student Transitions

SUBJECT: Guidance for Implementation of *Early On*[®], Great Start Collaboratives, Great Start Parent Coalitions, and Home Visiting for [MI Safe Schools: Michigan's 2020-2021 Return to School Roadmap](#) and [Executive Order 2020-142](#) - MEMO #COVID-19-096

Programs and schools across the state have developed COVID-19 preparedness and response plans ("plans") in accordance with Executive Order (E.O.) 2020-142, "Provision of pre-K-12 education for the 2020-2021 school year" and informed by the MI Safe Schools: Michigan's 2020-2021 Return to School Roadmap ("roadmap"). These documents are meant to be read and implemented together in the development of providing children and families with early childhood programs and services throughout the 2020-2021 year.

The roadmap acknowledges that Michigan schools provide educational opportunities in diverse settings and that those opportunities extend beyond the traditional K-12 school day. These opportunities can begin at birth and can also include special education services from birth to age 26. This document is intended to provide guidance for *Early On*, Great Start Collaboratives, Great Start Parent Coalitions, and Home Visiting.

The roadmap and E.O. 2020-142 are written for traditional school districts and public school academies (PSAs). Some provisions apply to intermediate school districts (ISDs). Because grantees of *Early On*, Great Start Collaboratives, Great Start Parent Coalitions, and Home Visiting are ISDs or community-based organizations (CBOs), all provisions within the roadmap and E.O. 2020-142 that apply to a district will apply to an ISD and/or its CBO.

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Early On[®]

The purpose of this section of the guidance document is to provide information specific to the implementation of *Early On* services and Michigan Mandatory Special Education (MMSE) services for infants and toddlers.

When schools are closed to in-person instruction, districts must strive in good faith and to the extent practicable, based upon available resources, technology, training, and curriculum, as well as the circumstances presented by COVID-19, to provide equal access to any alternative modes of instruction, or service delivery, to students with disabilities from birth through age 26.

Early On, including MMSE birth to three services, must be provided based on individualized family service plans (IFSPs) of individual children throughout the entire calendar year. No waivers to IDEA Part C regulations have been granted, so it is imperative that plans for implementation of *Early On*, including MMSE, address how ISDs will adhere to all timelines, ensure provision of procedural safeguards, and meet all other requirements and how that will vary depending on each MI Safe Start Plan phase.

***Early On* within the ISD preparedness and response plan**

[Executive Order 2020-142](#) states that every school district and nonpublic school must develop and adopt a [COVID-19 Preparedness and Response Plan](#) that is informed by the Michigan Return to School Roadmap from the COVID-19 Task Force on Education and Return to School Advisory Council (“roadmap”).

It is expected that the policies and procedures for how *Early On* programs will operate and provide early intervention services for infants and toddlers (including children eligible for Part C only and for children eligible for Part C and MMSE) and their families will be included in the ISD preparedness and response plan, addressing when the region in which the local service area is located is in:

- 1) Phase 1, 2, or 3 of the MI Safe Start Plan, describing how the local service area will offer alternative modes of service delivery other than in-person service and a summary of materials each child and family will need to meaningfully access the alternative modes of service delivery included in the preparedness and response plan.
 - a) If the preparedness and response plan relies on electronic service delivery, the preparedness and response plan must consider how the program will aid children and families who lack access to computers or to the internet.
 - b) In addition, the plan will need to address continued pay for employees while redeploying staff to provide meaningful work in the context of the preparedness and response plan, subject to any applicable requirements of a collective bargaining agreement. If redeploying personnel, be sure to ensure payments from allowable funding streams. If personnel are redeployed to support work other than *Early On*, ensure their payroll costs are covered by other allowable funding streams.

- 2) Phase 4 of the MI Safe Start Plan, including required protocols and adopted strongly recommended/recommended protocols from the roadmap.
- 3) Phase 5 of the MI Safe Start Plan, including adopted strongly recommended/recommended protocols from the roadmap.

The [COVID-19 Preparedness and Response Plan template](#) must be used for the inclusion of *Early On* policies and procedures. Otherwise, an addendum to the ISD preparedness and response plan can reference these policies and procedures. The preparedness and response plan must be submitted to the superintendent of public instruction and to the state treasurer and posted, along with the ISD preparedness and response plan, by August 17, 2020 as directed in Executive Order 2020-142.

In-person and virtual services

If a region is in phases 1-3 of the MI Safe Start Plan, services must be provided virtually.

Family resources related to accessing remote services will be important to consider. It is recommended that a variety of methods, including printed materials, phone contact, email, virtual visits, or a combination of those be used to meet individual child and family needs.

Be sure to address provision of services through agreements with school districts or through contracts with individuals or agencies, if applicable to your *Early On* local service area.

If a region is in phases 4-6 of the MI Safe Start Plan, services may be provided in-person or virtually.

Programs should consult with their local health department for additional guidance, especially if there is an increase in COVID-19 transmission in the region, and refer to the [Home-Based Early Childhood Services](#) document for more information.

Local service areas are encouraged to be creative and to consider capacity and resources available when planning for delivery of services while in-person services are suspended.

Supports and services should be individualized for each child and family, taking into consideration family resources and needs. Possible modes of service delivery include video conferencing; audio conferencing; sharing video recordings; telephone interactions; printed materials; email; text messages; and using postal delivery services. As programs select a mode of service delivery, they will also need to decide together with the family on an appropriate time of day and length of time for the service.

If an ISD straddles regions and those regions are at different risk levels, it must operate as if it were located solely in the region designated as higher risk.

Several of the professional organizations for therapists have developed guidance specific to their profession to guide the provision of services during the suspension of in-person services.

Parent decision

Parents may ask to suspend services and/or delay meetings due to the impact of COVID-19 on their family. This should be documented as an exceptional family circumstance. Services must begin again and/or delayed meetings or other events must take place as soon as possible after the documented exceptional family circumstance no longer exists or parental consent is obtained. *Early On* providers are encouraged to check in periodically with a family that has elected to suspend services temporarily to ensure that their needs are being met and to determine when they are ready to begin receiving services again.

Waivers of Part C requirements

Neither MDE nor the U.S. Department of Education have the authority to provide waivers to the Individuals with Disabilities Act (IDEA) Part C requirements. Congress would need to pass legislation to create waivers. Although the timelines cannot be waived, there are some allowances included in IDEA Part C regulations regarding exceptional family circumstances. [The Office of Special Education Programs \(OSEP\)](#) has provided guidance indicating that delays in meeting Part C required timelines due to suspensions of Part C services as a result of COVID-19 can be considered exceptional family circumstances. These must be well documented.

Waivers to Michigan Administrative Rules for Special Education

[MDE MEMO #COVID-19-063 Michigan Administrative Rules for Special Education Waivers Due to COVID-19 Pandemic](#) provides a waiver to the 72-hour requirement within R340.1862 for services provided for children eligible for both *Early On* and MMSE. The requirement to provide 72 hours of service during the year commencing on the signature date of the Individualized Family Service Plan (IFSP) is waived for an IFSP that includes dates during which in-person services are suspended due to COVID-19. Executive Order 2020-142 states that any waiver issued by the state superintendent under Part VII of Executive Order 2020-65 continues in effect through the end of the fiscal year unless otherwise rescinded by the state superintendent. Therefore, this waiver remains in effect through the end of the fiscal year, September 30, 2020. [MEMO #COVID-19-077 Michigan Administrative Rules for Special Education Waivers Due to COVID-19 Pandemic – \(UPDATE to MEMO #COVID-19-063\)](#) provides information about the extension of this waiver.

Adjustments to the provision of IFSP services due to COVID-19

Changes in child and family routines due to COVID-19 may have a significant impact on goals and outcomes, what services are needed, method of service delivery, and frequency and length of service. *Early On* must ensure the continuity of services on a case-by-case basis and consistent with protecting the health and safety of the child, the child's family, and those providing services. The service coordinator and providers must determine if the child's needs have changed and determine whether the IFSP team needs to meet to review the child's IFSP to determine whether changes are needed. Parents should be full participants in decision-making regarding adjustments to the implementation of the IFSP.

OSEP guidance states that *Early On* must ensure the continuation of services even when impacts of COVID-19 prevent IFSP services from being provided in-person in a particular location (such as the child's home), by a particular provider, or to a particular child or family member. For example, this may be done by providing services with an alternate provider or by alternate means. The provider or service coordinator may consult with the parent through a teleconference or other alternate method (such as email or video conference), consistent with privacy interests, to provide consultative services, guidance, and advice as needed.

Documentation of temporary adjustments and prior written notice (PWN)

Temporary adjustments to the implementation of the IFSP made purely due to limits created by COVID-19 (such as frequency or length of service, service provider, or mode of service delivery) may be documented in the child's record as a temporary deviation from the child's IFSP due to COVID-19 without convening an IFSP meeting and changing the IFSP. These temporary changes should be documented as such in the child's record and PWN should be provided.

Significant changes (such as adding new services), especially when they are due to changed needs of the child, will warrant convening an IFSP meeting to make changes to the child's IFSP and involve providing all related procedural safeguards.

Contingency plans are not required by federal or state rules or regulations for children with IFSPs. They are allowable for children eligible for *Early On* only and/or for children eligible for *Early On* with MMSE services. They may be required locally. Contingency plans are a format that may be used for documenting temporary deviations from a child's IFSP. Contingency plans are a companion to an active IFSP and not a substitute for an IFSP. This type of plan must be individualized to the child and family. Contingency plans do not need to be submitted to the state, and there is no due date by which such a plan must be in place. If used, they are kept as part of a child's record. Use of contingency plans for children with IFSPs does not eliminate the requirement to provide PWN for temporary changes to the IFSP. It may be possible to develop a combined contingency plan and PWN form.

PWN for temporary revisions to the implementation of a child's IFSP may use open-ended language that includes a variety of modes of virtual engagement that allow for adjustments as capacity for, and comfort with, different modes developed as circumstances change. PWN for temporary revisions may also use open-ended language to indicate that the revisions will remain in place until it is possible to return to in-person service provision.

There is not a requirement for a parent to sign a PWN. It is allowable to provide PWN using electronic means if confidentiality is protected. If the parent has previously agreed, or agrees during the pandemic, the prior written notice and procedural safeguards notice can be provided through electronic mail (email).

The *Early On* provider must provide parents a written notice and a reasonable time before it proposes or refuses to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to

the infant or toddler with a disability and his or her family. 34 C.F.R § 303.421. The prior written notice must include information regarding all procedural safeguards that are available under Part C. 34 C.F.R. § 303.421.

The term “reasonable time” is not defined in the regulation. It would be appropriate to consider factors such as the closure of agencies and public facilities such as schools, social distancing, and other health-related orders during the pandemic in determining what constitutes a reasonable time for this purpose. Nevertheless, the *Early On* provider should make every effort to ensure that written notice is provided as soon as possible prior to the proposed or refused action. Programs should ensure that parents are fully informed of how their infant’s or toddler’s early intervention service needs are addressed during the time that IDEA Part C services are provided remotely.

For additional guidance on PWN, including content requirements, please refer to the *Early On* implementation manual posted on the [Early On Training and Technical Assistance](#) website.

Responding to referrals

The 45-day timeline begins on the earliest date the referral is received in the local service area, either by the ISD, school district, or by agencies with which the ISD has a contract or an agreement. The timeline for referrals received during periods of closure due to COVID-19 begins on the day the referral came from using the Child Abuse Prevention and Treatment Act (CAPTA) or any other referral source. If the responses to the referral and the initial evaluation, initial assessment, and/or initial IFSP meeting are delayed due to closure or to the backlog of referrals caused by the impacts of COVID-19, document these delays as exceptional family circumstances and note the connection to COVID-19.

Parents should be notified of the receipt of a referral. The initial evaluation, initial assessment, and initial IFSP meeting should be scheduled as soon as possible. Consider what modes of communication can be used for conducting these evaluations, assessments, and IFSP meetings during the suspension of in-person services. If the parent asks to delay the evaluation, assessment, and/or IFSP meeting, document this as an exceptional family circumstance.

Documentation of delays due to exceptional family circumstances

Attributing delays to COVID-19 as an exceptional family circumstance must be well documented in the child’s record. Be sure to keep detailed documentation of cancellations or delays of service delivery, evaluations/assessments, IFSP meetings, and transition conferences, among other interactions, including who initiated the cancellation/delay, and the reason for cancellation/delay.

MDE may need to collect additional data related to the COVID-19 response to enable accurate reporting in the federal Fiscal Year 2019 and 2020 state performance plan/annual performance reports.

IDEA Part C 45-day timeline and use of exceptional family circumstances as justification for delay

The IDEA Part C 45-day timeline is in 34 C.F.R. §§ 303.310, 303.342(a) and 303.345(c). The 45-day timeline applies to:

- 1) any post-referral screening offered by the local service area,
- 2) the initial evaluation,
- 3) the initial child and family assessment, and
- 4) the initial individualized IFSP meeting.

This timeline requirement includes two allowable exceptions:

- 1) the child or parent is unavailable to complete the screening (if applicable), the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records; or,
- 2) the parent has not provided consent for the screening (if applicable), the initial evaluation, or the initial assessment of the child, despite documented, repeated attempts by the early intervention service provider to obtain parental consent.

OSEP also historically has applied the “exceptional family circumstances” exception on very limited occasions when clear circumstances outside the state lead agency’s or early intervention service provider’s control, such as a hurricane, do not permit the underlying activity to occur and thus the child and family are unavailable as a practical matter. [OSEP has provided guidance to states to indicate that the COVID-19 pandemic might present circumstances that would meet this criterion.](#)

Given that in-person meetings may not be feasible or advisable due to the COVID-19 pandemic and it may not be possible to complete some or any of the activities required within the 45-day timeline remotely, it could be concluded that the child and family are unavailable as a practical matter. In these types of circumstances, such restrictions can constitute a documented exceptional family circumstance that qualifies for an exception to the 45-day timeline. For example, conducting an in-person observation may be critical to ensuring appropriate evaluation and assessment. Determinations regarding whether an exceptional family circumstance exists must be made on a case-by-case basis. The 45-day timeline cannot be extended for all children within a local service area under the assumption that COVID-19 is an exceptional family circumstance for all families. In these situations, the *Early On* provider must:

- 1) document the application of the exception in the child’s early intervention record; and,
- 2) complete the delayed evaluation, assessment, or initial IFSP as soon as possible after the exceptional circumstances no longer exist.

When a delay to the 45-day timeline is attributed to such an exceptional family circumstance, the delay should be reported in the Michigan Student Data System (MSDS) initial IFSP component with initial IFSP timeliness code 14: Untimely with Acceptable Reason: Other child or parent reason.

Eligibility determinations

Consider all existing evaluation information. Decide if there is enough information to make the eligibility determination or whether additional information is needed. Consider whether there is a way that the needed information can be obtained without meeting in person with the child and family. Remember to include use of established conditions and informed clinical opinion when making determination of eligibility.

There may need to be a greater reliance on an informed clinical opinion during this time. When it is difficult to obtain written documentation of an established condition due to COVID-19 restrictions, an informed clinical opinion may be used to make a child eligible under established condition. In these cases, the written documentation must be obtained when in-person restrictions are loosened. Although not evaluation tools, screeners such as the ages and stages questionnaire (ASQ) may provide valuable information to support informed clinical opinion.

When you have information that can make a child eligible, consider the child eligible and move forward with the IFSP process. You should move forward with eligibility determination regardless of whether you are missing paperwork such as health status reports, or you are unable to complete portions of the evaluation and assessment process. Document attempts to obtain paperwork and to complete processes, then move forward. Be transparent with the parent regarding what can and cannot be completed, and that these pieces of the process will be completed at a later date.

Evaluations during virtual services

MDE acknowledges that social distancing measures and other limitations during the pandemic may make administering in-person evaluations challenging and may place limitations on how evaluations and child assessments are conducted under IDEA Part C. An inability to conduct in-person evaluations does not eliminate the requirement to conduct timely evaluations and assessments. Therefore, we highlight the option of using medical records, when appropriate, to establish eligibility without conducting an evaluation.

When using medical records to establish eligibility, the Early On program is still required to conduct an appropriate assessment of the child and a family-directed assessment.

Just as local service areas need to be creative in thinking about alternate modes of service delivery, they need also to be creative in thinking about alternate modes for completing evaluations and assessments. Possible modes include video conferencing, audio conferencing, sharing video recordings, telephone interactions, printed materials, email, text messages, and using postal delivery services.

Many publishers of evaluation tools are developing guidance on how to use the tools when in-person meetings with the child and family are not possible due to the COVID-19 pandemic. MDE suggests following guidance provided by the publisher.

During times when in-person evaluation and assessment cannot be completed, it is possible to use the hearing and vision screening checklists virtually. Also check any medical documentation for evidence of recent hearing or vision screenings.

Evaluations to determine eligibility for MMSE services for children birth to three years old, and for determining eligibility for IDEA Part B Early Childhood Special Education for children transitioning from IDEA Part C to IDEA Part B, must also continue during the suspension of in-person services. For additional guidance regarding special education evaluations, please see guidance available on the *Early On* training and technical assistance website and [MDE MEMO #COVID-19-057 UPDATED Guidance for Compliance with the Individuals with Disabilities Education Act \(IDEA\) and the Michigan Administrative Rules for Special Education \(MARSE\)](#).

Use of interim IFSPs

If it is determined that a child is eligible, but the additional evaluations and assessments needed to complete an initial IFSP cannot be completed at this time, an interim IFSP may be developed and implemented. This does not waive the 45-day timeline for completing an initial IFSP. Document that the delay is due to an exceptional family circumstance related to COVID-19.

Use of an interim IFSP is a temporary measure to allow the initiation of services prior to development of an initial IFSP. Although there is no time limit on how long services may be provided based on an interim IFSP, the initial IFSP should be completed as soon as possible after the circumstances that prevented its development no longer exist.

An interim IFSP must contain the name of the service coordinator and services that are needed immediately by the child and family. If an interim IFSP form does not exist within a local IFSP system, it will need to be decided locally whether to adapt the existing initial IFSP form to be used as an interim IFSP or to develop an interim IFSP form either inside or outside the system.

Consent and signatures

Early On providers are required to obtain informed written consent from parents, consistent with 34 C.F.R. § 303.7 for services, including before the initiation of each early intervention service. Parental consent is also required before the disclosure of personally identifiable information (PII) under certain circumstances in accordance with 34 C.F.R. § 303.414, or prior to the use of public benefits or insurance or private insurance in certain circumstances in accordance with 34 C.F.R. § 303.520 and 34 C.F.R. § 303.420(a)(1)-(4)

Because of social distancing and other restrictions during the pandemic, it may not be possible to obtain a parent's signed, written consent in person. The *Early On* provider may accept an electronic or digital signature to indicate that the parent provides consent under Part C of the IDEA (when required for screening if a local service area has opted to use post-referral screening, the evaluation, assessment, provision of early intervention services, disclosure of PII, or the use of benefits or insurance for their infant or toddler), as long as the *Early On* provider ensures there are appropriate safeguards for the parental consent required under Part C of IDEA under 34 C.F.R. § 303.7. An electronic or digital signature can be collected, provided

it adopts the appropriate safeguards. Requirements include that the electronic signature:

- 1) is signed and dated,
- 2) identifies and authenticates a particular person as the source of the electronic consent,
- 3) indicates such person's approval of the information contained in the electronic consent, and
- 4) is accompanied by a statement that the person understands and agrees.

Local service areas will need to plan for how they will obtain written consent while not meeting in person with families.

If the extra time needed to obtain written consent due to impacts of COVID-19 causes delays to meeting timelines, document the delay as an exceptional family circumstance related to COVID-19.

Written consent must be obtained prior to moving forward with any action for which written consent is required by the Part C regulations. Verbal consent does not satisfy this requirement.

Access to early intervention records

In light of the social distancing and physical contact restrictions of many jurisdictions during the pandemic, parents and *Early On* providers may identify a mutually agreeable timeframe and method for providing access to the infant's or toddler's early intervention records. If the parent asks to inspect and review specific documents from the infant's or toddler's early intervention records while agencies and public facilities are closed during the pandemic, *Early On* providers and the parent should work together to identify mutually agreeable options to provide access to the early intervention records. For example, the *Early On* provider could provide the parent with the requested information from the infant's or toddler's records via email, a secure on-line portal, or postal mail. The *Early On* provider must use reasonable methods when transmitting PII in early intervention records through email or an online portal to ensure confidentiality.

FERPA and Use of Video

Note that video recordings maintained by *Early On* that contain information directly relating to the child and/or family are to be considered education records protected under the Family Educational Rights and Privacy Act (FERPA; 34 C.F.R. § 99.3).

Use of Part C federal funds and state school aid section 54d funds

Federal Part C funds and state School Aid Act section 54d funds may be used to provide technology and other needs to support virtual services, virtual evaluations/assessments, and virtual IFSP meetings.

Federal Part C funds and state School Aid Act section 54d funds may also be used to purchase masks, hand sanitizer, other approved personal protection equipment (PPE), and other needs to support in-person implementation of *Early On*.

Both funds may also be used to contract extra staff and/or pay for overtime of current staff to help address backlogs in referrals and catching up with missed services, evaluations, assessments, IFSP meetings (initial and annual), periodic reviews, meetings to develop transition plans, and transition conferences.

Changes to the use of either of these fund sources also requires an amendment be completed within the Michigan Electronic Grants System Plus (MEGS+) and approval granted by MDE.

Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding can and should be utilized to assist in purchasing supplies for *Early On*. PPE kits designed for schools are available here: www.michigan.gov/documents/mde/Worldtec_-_PPE_ON_THE_GO_-_Media_Deck_Midway_696085_7.pdf

Please review [MDE MEMO #COVID-19-061 Financial Accounting Guidance During the COVID-19 Pandemic](#) for additional guidance from MDE Office of Financial Management on fiscal matters.

Use of Funds to Continue Paying Personnel

It is allowable to continue to charge salaries and benefits for *Early On* personnel teleworking using IDEA Part C funds or Section 54d funds. Please be sure to follow your district's policy of paying salaries from all funding sources, federal and non-federal.

Staff who are teleworking will be paid from the same funding sources in a similar manner as prior to the COVID-19 pandemic and supported by time and effort documentation.

It is important to remember that while certain flexibilities may be provided during the COVID-19 pandemic, the purposes and beneficiaries of the IDEA Part C grant remain the same. Therefore, if *Early On* personnel are re-deployed to other necessary but non-*Early On* duties as a result of the COVID-19 pandemic, other funds must be used to support the non-*Early On* assignment. This requirement also applies to those costs charged to section 54d funds.

Districts should consider their policies, procedures, and documentation of personnel expenses to support all charges to either grant.

For guidance related to reporting expenses on the SE-4096 special education actual cost report for state aid reimbursement, please refer to Guidance for Compliance with the Individuals with Disabilities Education Act and the [Michigan Administrative Rules for Special Education During the COVID-19 Pandemic Version 2.0](#).

Local Interagency Coordinating Council (LICC) meetings

Districts are required to continue involving stakeholders, including community partners and families, in decision making during this time. LICC meetings are an important way to bring together stakeholders. LICC meetings may be held virtually, either by conference call or via technology. The timing, length, content, and format of LICC meetings may need to be adjusted to fit the current circumstances created

by COVID-19. For members who do not have access to join virtual meetings, the agenda could be provided with an opportunity to comment, and minutes shared, after the meeting. It is expected that all local service areas will meet the requirement of convening a minimum of four LICC meetings during the program year. Please refer to the Michigan LICC Handbook (https://www.michigan.gov/documents/mde/Michigan_LICC_Handbook_Final_625578_7.pdf) for guidance on operation of an LICC.

Services after a child turns three years old

All early childhood transition requirements remain in place. IFSP meetings to develop the transition plan and transition conferences may be held virtually. Children must be exited from *Early On* by their third birthday. Part C federal funds and section 54d funds may not be used to provide services beyond the child's third birthday.

IDEA Part B requirements for developing an Individualized Education Program (IEP) by the child's third birthday also remain in place. Please refer to guidance from the Michigan Department of Education's Office of Special Education on meeting these and other IDEA Part B requirements.

Additional Resources

The U.S. Department of Education's Office of Special Education and Rehabilitative Services (OSERS) has recently created a webpage designed to provide information and resources for schools and school personnel regarding COVID-19 at <https://www.ed.gov/coronavirus>. Guidance continues to evolve daily. Please reference the OSERS site regularly for updates.

Many technical assistance resources and online materials are available to assist ISDs in developing and implementing remote early intervention services for families. While ISDs are responsible for developing options, districts are encouraged to access [Early On Training and Technical Assistance](#) site regularly for implementation resources. Further, refer to the [MDE COVID-19 Education and Information Resources](#) page for additional information and guidance. Please check these sites regularly for updates.

Great Start Collaboratives/Great Start Parent Coalitions/Home Visiting

The purpose of this section of the guidance document is to provide information specific to the implementation of sections 32p and 32(4), including but not limited to the implementation of Great Start Collaborative (GSC) and Parent Coalition (GSPC) meetings and activities, early childhood programming, and home visiting programs.

Sections 32p and 32p(4) within the ISD preparedness and response plan

[Executive Order 2020-142](#) states that every school district and nonpublic school must develop and adopt a COVID-19 preparedness and response plan that is informed by the [Michigan Return to School Roadmap from the COVID-19 Task Forces on Education and Return to School Road Map](#) ("roadmap").

Intermediate school districts (ISDs) must include all 32p and 32p(4) funded services, supports, and programs, including home visitation, within the [COVID-19 Preparedness and Response Plan template](#), to address when the region in which the local service area is located is in: Phase 1, 2 or 3 of the Michigan Safe Start Plan, to describe how the local service area will offer alternative modes of service delivery other than in-person service and a summary of materials that each child and family will need to meaningfully access the alternative modes of service delivery included in the preparedness and response plan.

If the preparedness and response plan relies on electronic service delivery, consider how to deliver content depending on tools and resources accessible to each child, family, and/or GSC/GSPC member, including translation services if necessary. Alternative modes of service delivery may include use of online visits/meetings, telephone communications, email, virtual meetings/visits, videos, slideshows, use of printed meeting/visit packets, or a combination to meet diverse child, family, and/or GSC/GSPC member needs.

In addition, the plan will need to address continued pay for all GSC/GSPC, sections 32p and 32p(4) funded staff, regardless of schedule modifications, to alleviate potential financial instability and hardship for employees. Contracted staff, such as home visitors employed through a community agency, should adhere to their local organizational procedures and the [Community Mitigation Strategies](#). However, there will not be additional sections 32p or Section 32p(4) funds allocated to support that decision.

When the region in which the local service area is located is in Phase 4 or 5 of the Michigan Safe Start Plan, the plan must include required protocols and adopted strongly recommended/recommended protocols from the roadmap.

The plan for continuing sections 32p and 32p(4) services, supports and meetings, whether embedded within or included as an addendum to the ISD preparedness and response plan, must be submitted and posted along with the ISD preparedness and response plan. The plan must be submitted and posted along with the ISD preparedness and response plan by August 17, 2020 as directed in Executive Order 2020-142.

Key Elements

As ISDs complete their plans for GSCs, GSPCs, section 32p early childhood programming, and section 32p(4) home visitations, the following elements are recommended to be considered in the strategy:

- *Keep children and families at the center with intentional outreach:* Consider how to continue building relationships and maintaining connections to help children and families feel safe and valued.
 - Child and family support: Consider how to build on each child's and family's strengths, interests, and needs and use this knowledge to positively affect outcomes, supports, and services.
 - Engaging families: Consider how providers and trusted messengers will communicate regularly with families to ensure health and safety techniques are being understood and implemented. Consider how to deliver supports and

services in multiple ways so all children and families can access appropriate services, including translation supports if necessary.

- *Connecting with community:* Consider how to work with school and community partners to support child and family outcomes through ongoing communication and collaboration. This will not look the same for every child and family—health and safety should remain the priority.
- *Delivering flexible, accessible, and regular supports:* Consider how to deliver content depending on tools and resources accessible to each child, family, and/or GSC/GSPC member, including translation services if necessary. Alternative modes of service delivery may include use of online visits/meetings, telephone communications, email, virtual meetings/visits, videos, slideshows, use of printed meeting/visit packets, or a combination to meet diverse child, family, and/or GSC/GSPC member needs.

Home Visiting

If a region is in MI Safe Start Plan phases 1, 2 or 3, all in-person home visiting funded by sections 32p and/or 32p(4) must be postponed and/or cancelled to control and prevent the spread of COVID-19. Districts are encouraged to offer virtual options.

When communities are in MI Safe Start Plan phases 4, 5, or 6, home visiting may be provided in-person or virtually. If a district decides to offer 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 [Home-based Early Childhood Services: Guidelines for How to Restart In-Person Visits](#).
- Providers and administrators should use Governor Gretchen 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 should 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.
- Consult [Home-based Early Childhood Services: Guidelines for How to Restart In-Person Visits](#) regarding early childhood services in family homes, including home visiting and early intervention. MDE has also created materials to support families ([English](#); [Spanish](#); [Arabic](#)).

Parent decision in home visitation services

Parents may ask to suspend services due to the impact of COVID-19 on their family. Home visiting programs are encouraged to check in periodically with a family that has elected to suspend services temporarily to ensure that their needs are being met and to determine when they are ready to begin receiving services again.

Use of sections 32p and 32p(4) funds

School Aid Act sections 32p and 32p(4) funds may be used to purchase masks, hand sanitizer, other approved personal protection equipment (PPE), and other needs to support the implementation of home visits, GSC and GSPC meetings, especially if this is a barrier to participation for children and families. PPE purchased with section 32p early childhood programming funds and section 32p(4) home visitation funds can only be distributed for those who are being served directly with these funds. PPE may also be purchased for staff who are directly paid with sections 32p and 32p(4) funds to perform their job duties safely.

Parents attending virtual GSC meetings are to continue to receive the required honorarium for GSC meetings, including subcommittee/work group participation. In addition, if child care and/or translation services are needed for participation, it may still be offered to allow parents and caregivers the opportunity to fully participate in meetings utilizing section 32p funds.

For current and up-to-date information regarding COVID-19 please visit:

<http://www.Michigan.gov/Coronavirus>

<http://www.michigan.gov/mde>

<http://www.CDC.gov/Coronavirus>.

cc: Michigan Education Alliance
Confederation of Michigan Tribal Education Directors