What color is the county where you will be providing Family Support services?

- **Red**
  - Virtual Home Visiting/Tele-intervention/Virtual group-based services

- **Yellow**
  - Has a need been identified for an intermittent in-person service?
    - **NO**
    - Has a concern been identified as a result of the COVID screening questionnaire* for the family?
      - **YES**
      - Virtual Home Visiting/Tele-intervention/Virtual group-based services
      - Has the family agreed to follow the Provider’s documented safety protocols (ex., masks)?
        - **NO**
        - **YES**
          - In-person Family Support services may be delivered, however virtual home visiting/tele-intervention/Virtual group-based strategies can always be provided
          - While home visiting/tele-intervention services are preferred, has the local Family Support program determined that in-person Family support services can be offered?
            - **NO**
            - **YES**

- **Green**
  - Virtual Home Visiting/Tele-intervention/Virtual group-based services

*The COVID screening questionnaire must be completed prior to every in-person IFSP/IEP service.*