As critical members of our DCFS Workforce, your health and safety are of the utmost importance. As you are likely aware, information regarding COVID-19 is changing often, and we are working closely with our state partners and others to keep abreast of current information. We are closely monitoring the information available and are providing guidance to you in the work you do on behalf of children, youth and families each and every day.Outlined in this memo are specific protocols regarding in-person Child Welfare practice that are effective until March 31, 2020. This guidance is not intended to address every potential scenario that may arise as this event evolves, and all policy guidelines are to be followed with the exception of in-person contacts. The use of phone/emails/skype/facetime and any other form of technology is encouraged to ensure a continuity of service for our children and families. Team decision making through the below described COVID-19 Practice Support Team will be available for additional guidance and support. In all required contacts, extra precaution should be taken such as social distancing, frequent handwashing, protective gear, protective clothing, and following other CDC recommendations. The Office of Emergency Preparedness is working diligently to secure these items to provide to each office.

With all of the below exceptions, it is critical for all staff to thoroughly document decisions made and the rationale for the decision. Document any positive screenings using the COVID-19 screening protocol in the respective case record as this may be needed in the future for Disaster Recovery Funds. Email notifications of any positive screenings to Mona Michelli.

A. Guidance related to CPS Investigations

• Ensure that all intakes accepted for investigation are reviewed prior to assigning and submit any requests to Centralized Intake where the intake decision needs to be reviewed.

• As per policy the reporter is to be contacted. If the reporter reveals that the client has been exposed to COVID-19, the worker should consult with their supervisor/manager and the COVID-19 Practice Support Team prior to going to the home.

• Upon arrival at the home, the worker should complete the screening questions for all household members at the door prior to entering the home. If the answer is no to all screening questions, then the worker may enter the home to conduct the investigation. If the screening tool suggests possible exposure, the worker is to immediately leave the home, call the Supervisor/Manager and consult with the COVID-19 Practice Support Team to determine how to proceed with the investigation. Safety and risk of the child victim(s) and the worker will be a factor in determining the next steps.

• In CPS cases where there is a safety plan and the transfer to FS has not occurred, contact the Safety Monitor on a weekly basis to confirm their continued ability to serve as a monitor.

B. Guidance related to Family Service Cases

• Workers are not required to conduct in-person field visits for currently open FS cases without a safety plan. The assigned worker shall attempt to reach the parent/caretaker via verbal/technology communication, where possible, according to the current SDM visitation requirement and document those contacts. To the extent possible, individual contact with each
child in the family is encouraged via phone or other technology methods. *FaceTime or Skype is encouraged for younger children who may not be able to communicate verbally.*

- Workers will contact parent/caretakers for all currently open FS cases with a safety plan via verbal communication, in order to conduct the COVID-19 screening. The worker shall visit with the family at least once prior to March 31st, based on case specific needs for all cases with a safety plan in place and screened with no COVID-19 concerns.

- Cases where any of the three COVID-19 screening questions are answered yes, AND a current safety plan in place, refer to the respective COVID-19 Practice Support Team within 24 hours to determine the necessary actions depending on the specifics of the case (age of children, identified threats of danger, current case plan progress/compliance, Agency history).

- In FS cases where there is a safety plan, contact the family and other collaterals weekly to check on the family, this includes any relative caregivers. Also, contact the Safety Monitor, at least weekly, via verbal/technology communication to confirm their continued ability to serve as a monitor.

- FTMs due within the next two weeks should be held via verbal telephone/skype communication, where possible. If this is not possible, the FTM shall be rescheduled within the next 30 days and the rationale for rescheduling shall be documented in the record. Separate guidance is forthcoming on requirements related to cases with court involvement.

- For FS cases with hearings that have not been rescheduled, contact the parent/caretakers prior to the hearing, conduct the COVID-19 screening, depending on the outcome of the screening, work with the court to determine if the hearing can be safely postponed.

C. Guidance related to Foster Care and Adoptions

- In lieu of in-person monthly worker visits with foster children, workers are to have phone/Skype/FaceTime contact at least weekly with all children and caregivers individually. Ensure that a discussion is held on the impact of COVI-19 is having on their lives and any hardships experienced. For children placed with a caregiver where there is safety concerns or the placement is at risk of disruption, an in-person visit it to be held. When conducting home visits, contact the foster caregiver and conduct pre-screen of COVID-19 using the below screening protocol. If any answer to the three screening questions is yes, consult with the COVID-19 Practice Support Team to determine next steps.

- Worker is to contact all Foster Caregivers and SP’s on all open cases, checking on their overall well-being, apprising them of the face-to-face contact limitations due to the COVID-19 virus, ensuring that they are aware of the assigned worker/supervisor’s contact information.

- Worker visits with parents. Visits with parents are to be held via FaceTime, Skype, or phone call individually with all parents. In-person visits with the SP are required when there is a safety plan in place, or any safety concerns, for non-custody children. In this situation, workers will contact parents, and conduct a COVID-19 screening for all household members. Cases where any of the three COVID-19 screening questions are answered yes, shall be referred to the respective COVID-19 Practice Support Team to determine next steps in ensuring safety.
• Family Visits. Guidance will be forthcoming regarding each court’s position on the following plan: All workers are to review case plans for any court-ordered visits to occur prior to March 31st. If all parties are agreeable (parent, foster parent, child), hold visits via FaceTime/Skype, and/or postpone the visit. In the event that a parent is not agreeable to modifying the visitation, the screening protocol is to be used to screen participants prior to visiting. Should any participant fail the prescreening, the presiding Judge is to be approached for approval to cancel in-person visits and hold via FaceTime, Skype or phone call or postponed. Visits are not to be held in DCFS offices and “social distancing” protocol is to be followed. In absence of visitation, QPI practices are strongly encouraged. Regular phone contact between Parent, Child and Caregiver is strongly encouraged.

• Court Hearings. Guidance will be forthcoming on each jurisdiction’s expectations regarding court hearings. For all hearings that remain scheduled within the next two weeks, the caseworker and/or supervisor is expected to be present unless the court has arranged the use of audio and/or video conferencing. Conduct a pre-screening on all client participants, and if any screening questions are answered yes, consult with BGC about requesting a continuance. In hearings that are absolutely required, the child’s attorney should be contacted in order to waive the child’s presence at the court hearing, if possible.

• Family Team Meetings (FTM). FTM’s due are to be held via phone conference, Facetime or Skype. If a Phone Conference Line is needed, one can be obtained free of charge through www.freeconferencecall.com. For FTM’s occurring via phone, an in person FTM is required within 60 days or prior to the next court hearing. The case review instrument and FTM Manager Review instrument process is not required.

• Adoption Petition staff are to determine if any office or home visits are required prior to 3/31 in order to submit the Confidential Court Report timely. Consider if phone contacts can be made for Intra-family Adoptions. If any visit is required prior to 3/31, conduct a COVID-19 pre-screen verbally on all family members who will be present for the required visit. If any of the three screening questions are answered yes, The Adoption Petition Worker is to consult with BGC and request that the hearing be postponed.

• Wendy’s Wonderful Kids’ Recruiters are to conduct all visits via phone/Skype/Facetime or other means available via technology.

D. Guidance related to Home Development

• All pre-service and orientations are postponed;

• Re-certifications due prior to March 31st. For any re-certifications where delaying the visit will not disqualify the parent for IV-E reimbursement, reschedule the recertification visit within 30 days and document the reason for the delay in the case record. For any re-certifications due that will disqualify the certification for IV-E reimbursement, contact the foster/adoptive parent and conduct pre-screen of COVID-19 using the below screening protocol. If any answer to the three screening questions is yes, reschedule the visit within 30 days and document the reason for the delay in the case record.

• Certifications due prior to March 31st. Prioritize certification of relative placements assigned to DCFS to certify with children in the home, and certifications for families open to meeting region’s most lacking placement resources i.e. teens, sibling groups, medically fragile, etc.
Contact the prospective foster/adoptive parent and conduct pre-screen of COVID-19 using the below screening protocol. If any answer to the three screening questions is yes, reschedule the visit within 30 days and document the reason for the delay in the case record.

- Support visits should be done by phone/face time
- All in-person recruitment activities/events are postponed until after March 31st;
- HD workers and HD sups should ensure that all foster parents have assigned HD worker’s work cell number and HD supervisor’s work cell number.

E. Guidance related to EFC

- EFC staff will maintain contact with their youth as required by the model and/or as needed through telephone, FaceTime, Skype or other video conferencing technology.

- If a youth is assessed to be in crisis and requires an in-person contact, COVID-19 pre-screening questions should be administered via phone. If any answer to the three screening questions is yes, the manager shall be contacted who will then consult with the COVID-19 Practice Support Team to determine next steps.

- All other in-person meetings and contacts required by the program model shall be conducted via Skype, Zoom, Facetime, or phone.

F. Guidance for screening visitors to DCFS Child Welfare Offices

Separate guidance will be provided, along with DCFS signage regarding visitors in the DCFS offices.

G. Guidance for Conducting Criminal Record Checks

The use of fingerprint machines for conducting criminal records check is to be limited to the extent possible. For any emergency placements requiring a criminal record check, request a name based clearance from local law enforcement. If Law Enforcement conducts the clearance, document the findings and how this results do or do not meet policy requirements for placement; conduct a fingerprint based clearance within 30 days after. If Law Enforcement will not or cannot conduct the name-based clearance for emergency placements, the worker is to conduct a COVID-19 screening, and if the answer to all questions is no, proceed with conducting the fingerprint clearance, utilizing all possible measures to prevent exposure following the CDC guidelines. If the screening results in any yes answers, or the office lobby is closed to the public, consult with the manager on how to proceed with placement. The COVID-19 Practice Support Team is also available for consultation.
Using the above protocol by program area, when a screening is required, ask the following three questions for all individuals who would be part of the in-person contact:

1. Have you traveled to a country for which the CDC has issued a Level 2 or 3 travel designation within the last 14 days? Link for listing of those areas: https://wwwnc.cdc.gov/travel/notices/  
2. Have you tested positive for the COVID-19 virus, have you had direct contact with any person who tested positive or is currently being tested for COVID-19 within the last 14 days?  
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If any of the individuals respond “Yes” to any of the questions, the individual is considered at risk of having COVID-19. A printable screening tool is below for staff to print as a separate document.

COVID-19 Practice Support Teams

Two Practice Support Teams have been developed to address case specific questions, as described above. The Teams will be available for after-hour consultations.

For Practice Support Team consultations involving CPS, EFC, FS cases, and any email all team members and ensure that it includes a contact person with phone numbers for the team to reach for consultation. The Team members are Anthony Ellis, Kim McCain and Mona Michelli. For any consultation needed that cannot wait for 3 hours, contact Anthony Ellis at (225) 938-1123.

For Practice Support Team consultations involving FC, AD, and HD cases, email all team members and ensure that it includes a contact person with phone numbers for the team to reach for consultation. The Team members are Michelle Faust, Deborah Renee Clary, and Elizabeth Green. For any immediate consultation needed that cannot wait for 3 hours, contact Michelle Faust at 985-635-1746 or (985) 290-3344.

Finally, as a reminder, all Staff/Providers should follow the CDC’s guidelines for infection control basics including hand hygiene:

- Infection Control Basics
- Hand Hygiene in Health Care Settings
- Handwashing: Clean Hands Save Lives

If there are any questions about this email, contact Mona Michelli via email.
COVID-19 Screening

**Screening Protocol**

Using the above protocol by program area, when a screening is required, ask the following three questions for all individuals who would be part of the in-person contact:

1. Have you traveled to a country for which the CDC has issued a Level 2 or 3 travel designation within the last 14 days? Link for listing of those areas: https://wwwnc.cdc.gov/travel/notices/;

2. Have you tested positive for the COVID-19 virus, have you had direct contact with any person who tested positive or is currently being tested for COVID-19 within the last 14 days?

3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If any of the individuals respond “Yes” to any of the questions, the individual is considered at risk of having COVID-19.