

**Temporary Policy for Children’s Division Investigators, Case Managers and Foster Care Case Managers
in response to Novel Coronavirus of 2019 Disease (COVID-19)**

This communication has been developed to provide procedures and clarify expectations for Children’s Division (CD) and Foster Care Case Management (FCCM) staff in response to COVID-19.

This situation is unique and is evolving rapidly. We have been working daily in coordination with the Governor’s Office, the Department of Health and Senior Services, the Department of Social Services and other state agencies to determine what steps should be taken to safeguard the health and wellbeing of CD/FCCM clients and staff, and to plan ahead for what operational adjustments can be made while continuing to perform the essential functions that Missouri citizens rely upon.

While these procedures cannot address every potential scenario, it is designed to answer questions that have arisen. Please review this information and consult with your supervisors as questions arise. Questions may be elevated through your Regional Directors to Central Office as immediate needs arise.

At this time, the designation of a State of Emergency does not affect normal day-to-day operations at Children’s Division to assure the safety of children as the top priority.

In addition to following processes outlined in existing emergency preparedness plans, circuit staff are encouraged to consult and partner with their local health departments and law enforcement. Developing a collaborative response to COVID-19 will help maintain the health and safety of the workforce, the children and families we serve, and possibly, prevent further spread of COVID-19.

The below guidelines, based on information from the federal Centers for Disease Control and Prevention (CDC) as well as the Missouri Department of Health and Senior Services, are intended to assist you with your own operational questions during these challenging times. Please note that the Department of Health and Senior Services regularly updates its dedicated COVID-19 Coronavirus website with the latest information available.

ALL STAFF PROCEDURES

As the Children's Division navigates the fluid situation of COVID-19 and works to ensure the safety of children, there is the strong likelihood of an 'all hands on deck' approach to meeting the needs of children and families. Outlined below is a framework to ensure adequate coverage to meet immediate needs. Continued communication with Regional and Central Office Leadership is necessary.

Procedure for working remotely:

- If staff members have the capabilities to work remotely, it is expected they should be doing so with the exception of rotating leadership in the office. It should be noted that accountability should be monitored by their supervisor, not only for productivity, but also their safety if going out on visits, investigations, etc.

Procedure for Staffing:

- Circuit Managers should huddle with their frontline supervisors each morning to determine what their workforce capacity is for the day.
 - It is important to triage reports that are pending, new reports, and have a plan regarding emergency reports that could be alerted that day.
 - Utilize W.I.P. Boards as a tool.
 - Ensure that on-call coverage is secured for the overnight/weekend.
- Circuit Managers have the ability to offer different strategies to ensure coverage during this 'all hands on deck' period of time:
 - Staggered work hours
 - Alternate work schedules
 - To include telecommuting as long as accountability is assured.
 - Look at switching job assignments to ensure child safety—that is the primary goal
 - CSWIVs, Specialists, Trainers, etc. must be available to help ensure child safety.
 - If one county has better staffing than another, determine if there is the capacity to have someone assist the adjoining county.
 - Consider the Mobility Team in the Region.
 - Consider the Field Support Teams.
 - Contact Field Support Managers and Regional Directors for direction and consultation.
 - After utilizing all available options, if support to ensure child safety is unable to be met, notify the Regional Director.
 - The Regional Director will notify the Deputy Directors who will reach out to our DSS Partners (STAT, DLS, MMAC) to discuss capacity of their units to meet child safety goals.

Procedure for screening visitors/members of the public to Children's Division and Foster Care Case Management Facilities/Offices:

The below protocol is applicable to any facility or program that receives visitors or members of the public as a part of its daily operations.

- All CD or FCCM facilities and offices receiving regular in-person contact with families and members of the public should immediately develop protocols and begin the process of pre-screening prior to meeting with families and other members of the public or prior to entry into an office space. The following screening questions should be used, in order to respond appropriately:
 - 1) In the last 14 days, have you or anyone in your household traveled in the US or to another country for which the CDC has determined to be an affected area?
 - 2) Have you or anyone in your household come into contact with any person under investigation (PUI) for exposure to the COVID-19 Coronavirus or anyone with known COVID-19?
 - 3) Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever or shortness of breath)?
- **If an individual answers "no" to both Question 1 and 2**, the CD Investigator is expected to continue with procedures related to the reported concern. Symptoms of respiratory infection alone (indicated by a "yes" to Question 3) is not an acceptable reason to cease or interrupt contact with the family or child.
- **If an individual answers "yes" to either Question 1 or 2, but "no" to question 3** (they have not exhibited symptoms of a respiratory infection), the CD Investigator should consult with their Supervisor and Circuit Manager. The Investigator must not leave the residence until safety of the child(ren) is assured. Utilizing Law Enforcement (Local Police Department, Sheriff's Department, the Missouri State Highway Patrol, and the State Technical Assistance Team) should be considered to assist in assuring safety as they have protocols developed for COVID Response and may have Personal Protective Equipment (PPE).
- Groups larger than 10 are strongly encouraged to utilize videoconferencing or alternative means of communication in lieu of postponement/cancellation. Proper cleaning of areas should be conducted after each meeting held.

Out of State Travel:

- All out of state travel is prohibited at this time, unless essential to meet the needs of a child who may be placed out of state or to conduct a medical appointment.
- Out of state travel should be assessed on a case-by-case basis.

In State Travel:

- In state travel should be minimized.

Children's Division Investigative and Assessment Unit

Procedure for Children's Division Child Abuse and Neglect Investigators required to make face-to-face with children on Investigations, Assessments, and certain referrals:

- In accordance with policy, CD Investigators will ensure the safety and well-being of children on CA/N Reports.
- **FACE TO FACE VISITATION PROCEDURE:**
 - CD Investigators will engage the family prior to entering the home to complete a health questionnaire with the family to determine any risk due to exposure or symptomology.
 - The following three questions may be utilized to screen and minimize exposure:

1) In the last 14 days, have you or anyone in your household traveled in the US or to another country for which the CDC has determined to be an affected area?

2) Have you or anyone in your household come into contact with any person under investigation (PUI) for exposure to the COVID-19 Coronavirus or anyone with known COVID-19?

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

- **If an individual answers "no" to both Question 1 and 2**, the CD Investigator is expected to continue with procedures related to the reported concern. Symptoms of respiratory infection alone (indicated by a "yes" to Question 3) is not an acceptable reason to cease or interrupt contact with the family or child.

- **If an individual answers "yes" to either Question 1 or 2, but "no" to question 3** (they have not exhibited symptoms of a respiratory infection), the CD Investigator should consult with their Supervisor and Circuit Manager. The Investigator must not leave the residence until safety of the child(ren) is assured. Utilizing Law Enforcement (Local Police Department, Sherriff's Department, the Missouri State Highway Patrol, and the State Technical Assistance Team) should be considered to assist in assuring safety as they have protocols developed for COVID Response and may have Personal Protective Equipment (PPE).

If a family is uncooperative with allowing CD to assure safety, follow normal protocol to assure the safety of the child(ren). Children's Division local leadership must be proactive in building relationships with Law Enforcement in case this would occur.

Children’s Division Family Centered Services Unit

Procedure for Children’s Division Family Centered Services (FCS) Case Managers required to make face-to- face visits with children with an open FCS case:

- CD Case Managers will ensure the safety and well-being of children with an open FCS case.
- The following procedure will be in place for the next 60 days. Due to the fluidity of the situation, leadership will continue to monitor and update procedures, as needed.
- In accordance with policy, CD Case Managers will ensure the safety of children by providing contact with the child on a monthly or more frequent basis. The following contact will be utilized:

Face to Face Visitation REQUIRED	Virtual Visit
Families with a case open less than six months.	Families with a case open six months or longer.

- **FACE TO FACE VISITATION PROCEDURE:**
 - CD Case Managers will call the family in advance of the visit to complete a health questionnaire with the family to determine any risk due to exposure or symptomology.
 - The following three questions may be utilized to screen and minimize exposure:
 - 1) In the last 14 days, have you or anyone in your household traveled in the US or to another country for which the CDC has determined to be an affected area?
 - 2) Have you or anyone in your household come into contact with any person under investigation (PUI) for exposure to the COVID-19 Coronavirus or anyone with known COVID-19?
 - 3) Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever or shortness of breath)?
- **If an individual answers “no” to both Question 1 and 2**, the CD case manager is expected to maintain face to face contact with the child as detailed above. Symptoms of respiratory infection alone (indicated by a “yes” to Question 3) is not an acceptable reason to cease or interrupt contact with the family or child.
- **If an individual answers “yes” to either Question 1 or 2, but “no” to question 3** (they have not exhibited symptoms of a respiratory infection), CD case manager should consult with their supervisor and determine the most effective means of assuring the safety of the child through either a curbside check or a virtual visit.

Children's Division Intensive In-Home Services Unit

Procedure for Children's Division Intensive In-Home Services (IIS) Case Managers required to make face-to-face visits with children with an open IIS case:

- In accordance with policy, Case Managers will ensure the safety and well-being of children with an open IIS case.
- **FACE TO FACE VISITATION PROCEDURE:**
 - Case Managers will engage the family prior to entering the home to complete a health questionnaire with the family to determine any risk due to exposure or symptomology.
 - The following three questions may be utilized to screen and minimize exposure:
 - 1) 1 In the last 14 days, have you or anyone in your household traveled in the US or to another country for which the CDC has determined to be an affected area?
 - 2) Have you or anyone in your household come into contact with any person under investigation (PUI) for exposure to the COVID-19 Coronavirus or anyone with known COVID-19?
 - 3) Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever or shortness of breath)?
- **If an individual answers "no" to both Question 1 and 2**, the Case Manager is expected to continue with procedures related to the reported concern. Symptoms of respiratory infection alone (indicated by a "yes" to Question 3) is not an acceptable reason to cease or interrupt contact with the family or child.
- **If an individual answers "yes" to either Question 1 or 2, but "no" to question 3** (they have not exhibited symptoms of a respiratory infection), the Case Manager should consult with their Supervisor and Circuit Manager. The Case Manager must not leave the residence until safety of the child(ren) is assured. Utilizing Law Enforcement (Local Police Department, Sherriff's Department, the Missouri State Highway Patrol, and the State Technical Assistance Team) should be considered to assist in assuring safety as they have protocols developed for COVID Response and may have Personal Protective Equipment (PPE).

If a family is uncooperative with allowing the case manager to enter the home to assure safety, a referral to the Juvenile Office should be made.

Alternative Care Unit

Procedure for Children’s Division and Foster Care Case Managers required to make face-to-face home visits with children in alternative care:

- CD and/or FCCM case managers will ensure the safety and well-being of children in the custody of the Children’s Division.
- The following policy will be in place for the next 60 days. Due to the fluidity of the situation, leadership will continue to monitor and update procedures, as needed.
- In accordance with policy, CD and/or FCCM case managers will ensure the safety of children by providing contact with the child on a monthly or more frequent basis. The following contact will be utilized:

Face to Face Visitation REQUIRED	Virtual Visit	Curbside Check (in person observation of child outside of the home)
Children on trial home placement less than 6 months or if placement is unstable	Child placed in a hospital or medical facility	Child placed in a residential setting
IIS services within the home, foster home or relative placement home	Child is medically fragile	
Child in an alternative placement less than 6 months	Child placed in a home where the resource provider is over the age of 70 or has an underlying health condition that poses a risk for exposure to COVID-19	
Child in an alternative placement that is at risk of disruption	Child in an alternative placement over 6 months and no concern for stability	

- **FACE TO FACE VISITATION PROCEDURE:**
 - CD and FCCM case managers will call the family in advance of the visit to complete a health questionnaire with the family to determine any risk due to exposure or symptomology.
 - The following three questions may be utilized to screen and minimize exposure:
 - 1) In the last 14 days, have you or anyone in your household traveled in the US or to another country for which the CDC has determined to be an affected area?
 - 2) Have you or anyone in your household come into contact with any person under investigation (PUI) for exposure to the COVID-19 Coronavirus or anyone with known COVID-19?
 - 3) Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever or shortness of breath)?
- **If an individual answers “no” to both Question 1 and 2**, the CD case manager or FCCM is expected to maintain face to face contact with the child as detailed above. Symptoms of respiratory infection alone (indicated by a “yes” to Question 3) is not an acceptable reason to cease or interrupt contact with the family or child.

- **If an individual answers “yes” to either Question 1 or 2, but “no” to question 3** (they have not exhibited symptoms of a respiratory infection), CD or FCCM Case Manager should consult with their supervisor and determine the most effective means of assuring the safety of the child through either a curbside check or a virtual visit.
- In order to minimize in-state travel, the use of a service worker to conduct the monthly worker-child visit should be utilized.
- After visitation with the family and/or child, proper handwashing or utilization of hand sanitizer should be used. CD case managers and FCCM should disinfect phones, iPads, etc. Limiting items taken into the home is encouraged.
- If an alternative method is initiated in lieu of a face-to-face visit, thorough documentation is essential in FACES. Reasons for the alternative visit should include concern for exposure of COVID-19 should the family or child indicate exposure to COVID-19 or are symptomatic.
- Where concern for the safety of the child is unable to be assured, a referral should be made to the juvenile officer.

Procedure regarding children engaging in visitation with a parent/guardian/relative:

- The following procedures will be in place for the next 60 days. Due to the fluidity of the situation, leadership will continue to monitor and update procedures, as needed.
- The following visitation plan will be utilized:

In Home	Public Setting	In Office
Whether supervised or unsupervised, visitation with a parent/guardian in the parent’s home will occur ONLY after consultation and agreement with the resource provider. If the resource provider is opposed to visitation, then opportunities for virtual visitation will need to be provided.	No Public Visitation Settings will be utilized	Supervised visitation with a parent/guardian in an office setting will occur ONLY after consultation and agreement with the resource provider. If the resource provider is opposed to visitation, then opportunities for virtual visitation will need to be provided.
If a child has been participating in unsupervised or extended passes with family, the FST should determine whether a trial home placement is feasible. and work with the local DLS attorney to obtain a court order.		

- A discussion with the resource provider should be held to emphasize the importance of maintaining contact and familial bonds with parent/guardian especially in times of crisis and the need to provide alternate visitation with the parent/guardian, such as virtual visitation.
- A discussion with the child (in an age appropriate manner) should be held to help the child understand the reason for any change in visitation and to minimize the impact on the child.
- A discussion with the parent/guardian should be held to assist the parent/guardian in understanding the need to change visitation and arrange for alternate visitation options, to include increased telephone contact or other virtual communication.

Procedure for Court Ordered Visitation:

- If a child is COURT ORDERED to participate in visitation, decisions should be handled on a case-by-case basis with the CD or FCCM case manager's supervisor. If a determination is made to temporarily cease visitation, thorough documentation is essential. A court report should be filed with the court within 24 hours advising the court of the specific need to alter visitation and a plan to maintain contact between the child and parent/guardian/relative.
- Consultation with a DLS attorney may be necessary.
- A discussion with the child (in an age appropriate manner) should be held to help the child understand the reason for any change in visitation and to minimize the impact on the child.
- A discussion with the parent/guardian should be held to assist the parent/guardian in understanding the need to change visitation and arrange for alternate visitation.

Residential Facilities, Acute In-Patient Facilities, Detention Facilities:

- In order to assure safety and maintain contact with children pursuant to policy through monthly contact, the CD or FCCM case manager should contact the facility in which the child resides prior to travel or conducting a scheduled worker-child visit to identify any restrictions within the facility.
- If the facility has not issued any restrictions as to visitors, the CD or FCCM case manager should conduct the visit with the child as provided above through utilization of a curbside check. Curbside Check includes observation of the child to assure safety of the child in an open area or outdoors to limit contact and exposure.
- If a curbside check is not feasible due to the child being ill, then an alternative method via remote teleconference (Skype, Zoom, Face Time, etc...) may be utilized. Assessing the safety of the child should continue to be a top priority.
- In order to minimize in-state travel, the use of a service worker to conduct the monthly worker-child visit should be utilized. Determination may be made locally to allow a service worker or CSW IV to check all children within a facility in lieu of multiple workers assessing children within a specified facility.

Procedure for minimizing risk of exposure for CD youth:

- While no one is immune to COVID-19 some populations are considered high risk for more serious outcomes. Resource parent/s including resource parents age 70 and over, resource parents with conditions that place them in a high risk category or resource parents who are currently battling a medical condition or injury that compromises their resistance.
- In each case families should have contingency plans such as respite providers who are willing to provide care for foster youth should one or both parents become infected with COVID-19.
- If no respite provider is identified, CD will need to work with families to consider who within their support system would be willing to provide respite.
- CD should emphasize to resource providers that if a child within the home becomes ill, immediate removal of the child will NOT occur as this is contrary to medical procedure and may further spread the disease.
- CD should prepare to complete a criminal background screening and 15 day fingerprint for any person with whom a placement would need to be made while parents battle the illness.

- CD is urging all resource providers to follow CDC guidelines regarding limiting social interactions that could potentially expose children/youth to COVID-19
- If a resource provider believes that he/she has potentially been exposed to COVID-19 through interactions with an individual who has exhibited symptoms or tested positive for the virus, follow CDC recommendations for self-quarantine, consult your medical provider and immediately notify the child's case manager and initiate the contingency plan developed by the family.

Procedure for Licensure of a Resource Provider:

Waivers for Placement:

- Approval for placement of children/youth with relative providers on an emergency basis requires a MULES check by a local law enforcement agency or juvenile officer and requires by is followed by a fingerprint submission to the MSHP within 15 days of placement. These fingerprints are obtained by state contractors of the MSHP. **Should the contractors be unavailable this requirement should be waived based on the MULES check and completed at the first available opportunity.**
- In addition to the above outlined checks the CD or FCCM case manager is responsible for doing a check of our electronic system for Child Abuse and Neglect history to identify any history that would preclude placement, a check of Case Net for criminal history as well as the Sexual Offender Registry. CA/N history can be obtained by the CANHU from previous states of residence for the applicant for the past 5 years.
- Following approval and placement the relative provider has 90 days to complete full licensure activities. Given the circumstances, the 90 day requirement will likely need to be waived for any placements made March 16th, 2020 forward until the virus subsides.

Waivers for Licensure

- We have provided a waiver for training to be provided in a virtual format rather than in person consistent with the guideline of 10 or fewer gatherings. We have instructed that preservice foster parent training classes should not be started in a virtual format at this time but ongoing classes can be conducted virtually. In the event that the virus is still preventing in person trainings to start new training classes we will re-visit the virtual platform.
- Model Licensing Standards released as part of the Family First Prevention Services Act require certification in CPR/First Aide prior to licensure. Given the health risk to individuals completing the certification on CPR dummies we have waived that requirement prior to licensure for families in process and asked that certification occur after the virus risk has passed.

Engaging children and families about COVID-19

- Remain calm and reassuring. Assure families that this is a new situation for all of us and that we are working together to keep them safe. Allow children and family members talk about their concerns and respond with suggestions to help reduce anxious feelings, such as:
 - Limit or monitor media exposure, particularly social media. Coach parents to rely upon factual news sources and provide them links to the Department of Health or local official websites;
 - Maintain a routine as much as possible and focus on engaging the child in learning activities. Many schools and businesses are closing temporarily or shortening their hours. Children or parents may be out of work. Encourage healthful activities, sleep hygiene, and schoolwork. Talk with parents about access to resources for food or other necessities;
 - Review hygiene and sanitation procedures to help foster a sense of safety. Provide factual information about the signs and symptoms of the virus and risk factors. Talk with families about screening visitors and avoiding congregate settings. In addition, details should be discussed related to social distancing, avoiding crowded areas, and maintaining a distance of approximately six feet from others when possible to minimize risk.

Create a household plan of action



Talk with the people who need to be included in your plan. Meet with household members, other relatives, and friends to discuss [what to do if a COVID-19 outbreak occurs in your community](#) and what the needs of each person will be.



Plan ways to care for those who might be at greater risk for serious complications. There is limited information about [who may be at risk for severe complications from COVID-19 illness](#). From the data that are available for COVID-19 patients, and from data for related coronaviruses such as SARS-CoV and MERS-CoV, it is possible that older adults and persons who have underlying chronic medical conditions may be at risk for more serious complications. Early data suggest older people are more likely to have serious COVID-19 illness. If you or your household members are at increased risk for COVID-19 complications, please consult with your health care provider for more information about [monitoring your health for symptoms suggestive of COVID-19](#). CDC will recommend actions to help keep people at high risk for complications healthy if a COVID-19 outbreak occurs in your community.



Get to know your neighbors. Talk with your neighbors about emergency planning. If your neighborhood has a website or social media page, consider joining it to maintain access to neighbors, information, and resources.



Identify aid organizations in your community. Create a list of local organizations that you and your household can contact in the event you need access to information, health care services, support, and resources. Consider including organizations that provide mental health or counseling services, food, and other supplies.



Create an emergency contact list. Ensure your household has a current list of emergency contacts for family, friends, neighbors, carpool drivers, health care providers, teachers, employers, the local public health department, and other community resources.