Dear Resource Parent,

Thank you for your support during these challenging times. The priority of the Children's Division is the safety of your family and the foster children you are caring for as part of your family. This communication is being provided to you for your familiarity with the procedures being followed by Children's Division (CD) and Foster Care Case Management (FCCM) staff in response to COVID-19 in an effort to provide clarity as to your role and expectations during this event.

As you are experiencing, the COVID-19 virus is resulting in a situation that is unique and 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 children, families and staff.

While these procedures cannot address every potential scenario, they are designed to answer common questions you may have. Questions not addressed in this communication should be directed to your licensing worker or the case managers for the children in your home. These staff can bring those questions to the attention of managers to assist with making decisions and providing guidance.
ALTERNATIVE CARE UNIT

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

- CD and 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.
- CD and FCCM case managers are encouraged to provide increased virtual visitation with families utilizing the following contact schedule (at a minimum):

<table>
<thead>
<tr>
<th>Weekly Virtual Visitation</th>
<th>Bi-Monthly Virtual Visit</th>
<th>Curbside Check (in person observation of child outside of the home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child on trial home placement less than 6 months or if placement is unstable</td>
<td>Child placed in an acute care setting or medical facility</td>
<td>Child or resource provider who does not have ability to participate in virtual visitation or concerns for safety of child</td>
</tr>
<tr>
<td>Child placed in an acute care setting or medical facility</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Child is medically fragile</td>
<td>Child placed in a residential facility</td>
<td></td>
</tr>
<tr>
<td>Child in an alternative placement that is at risk of disruption</td>
<td>Child in an alternative placement over 6 months and no concern for stability</td>
<td></td>
</tr>
</tbody>
</table>

- Supervisors should assess cases with case managers and have the flexibility to require more frequent virtual visitation depending on risk and needs of family
- In order to minimize in-state travel, the use of a service worker to conduct the curbside check for children or resource providers who do not have access to technology to participate in virtual visitation.
- ALL alternative methods of visitation SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.
- If the family is uncooperative with virtual visitation or a curbside check of the child and the safety of the child cannot be assured, the FCS case manager should consult with their supervisor in order to determine whether to utilize law enforcement (Local Police Department, Sheriff’s Department, the Missouri State Highway Patrol, and the State Technical Assistance Team) to assist in assuring safety as they have protocols developed for COVID Response and may have Personal Protective Equipment (PPE).
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.
- **ALL VISITATION BETWEEN PARENTS AND CHILDREN WILL BE PROVIDED THROUGH VIRTUAL MEANS. INCREASED VIRTUAL VISITATION SHOULD OCCUR AT A MINIMUM TWICE WEEKLY, AS APPROPRIATE.**
- CD and FCCM case managers should consult with their supervisor and determine whether more frequent virtual visitation is feasible.
- **ALL alternative methods of visitation SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.**
- 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 increased visitation with the parent/guardian.
- 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, thorough documentation is essential and a report to the court should be filed 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.
- Consult with your local DLS attorney in order to file the appropriate motion/order and court report. The attached motion/order and court report is attached to this document for use by all circuits.
- 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.

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 an Emergency Resource Provider:

Waivers for Placement:

• Approval for placement of children/youth with relative providers/those members of the family support system 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.
As public conversations around coronavirus disease 2019 (COVID-19) increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Foster parents, relative providers, family members, and other trusted adults and caregivers can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC and National Traumatic Stress Network has created guidance to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease.

Information for Foster Parents and Caregivers:

What You Should Know

- Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases. COVID-19 is caused by a novel coronavirus; this means it is a new strain that has not been previously identified in humans.

- COVID-19 is a respiratory disease that is mainly spread person-to-person. Currently, there is no available vaccine or curative treatment, so the best preventative strategy is to avoid exposure.

- So far, children appear to be much less affected by COVID-19, which was also seen after other coronavirus outbreaks.

- Children with pre-existing illnesses may have different risk, so you should discuss this with your child’s medical team.

- To reduce the spread of the virus, a variety of approaches will be used, including keeping those who are sick away from others and promoting healthy hygiene strategies. Additional recommendations for ways to contain the virus’s spread could include canceling of events that attract large numbers of people; closing schools, public transit or businesses; and required quarantine, which is the separation and restriction of movement of people who might have been exposed to the virus.

Know the symptoms of COVID-19.

- The CDC believes these symptoms appear in a few days after being exposed to someone with the disease or as long as 14 days after exposure:
  - Fever
  - Cough
  - Shortness of breath
- For some people the symptoms are like having a cold; for others they are quite severe or even life-threatening. In either case it is important to check with your child’s healthcare
provider (or yours) and follow instructions about staying home or away from public spaces to prevent the spread of the virus.

- People experiencing the described symptoms AND have had contact with a confirmed case of COVID-19 should contact their health care provider by phone. Supply information about symptoms and when and how they had contact with a confirmed case. The health care provider may either suggest testing via a commercial lab or involve public health resources. Individuals with COVID-19 symptoms who are a contact to a case should not arrive at a health care provider or emergency room without contacting the provider or emergency room first.
- If you suspect your child may have COVID-19, call the healthcare facility to let them know before you bring your child in to see them.

**Review and model basic hygiene and healthy lifestyle practices for protection.**

- Discuss any new actions that may be taken at school to help protect children and school staff. (e.g., increased handwashing, cancellation of events or activities)
- Encourage your child to practice every day good hygiene—simple steps to prevent spread of illness:
  - Wash hands multiple times a day for at least 20 seconds (singing Twinkle, Twinkle Little Star slowly takes about 20 seconds).
  - Cover their mouths with a tissue when they sneeze or cough and throw away the tissue immediately, or sneeze or cough into the bend of their elbow. Do not share food or drinks.
  - Practice giving fist or elbow bumps instead of handshakes. Fewer germs are spread this way.
  - If soap and water are not available, teach them to use hand sanitizer. Hand sanitizer should contain at least 60% alcohol. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and childcare facilities.
- Giving children guidance on what they can do to prevent infection gives them a greater sense of control over disease spread and will help to reduce their anxiety.
- Encourage your child to eat a balanced diet, get enough sleep, and exercise regularly; this will help them develop a strong immune system to fight off illness.
How to talk to children:

Remain calm and reassuring.

- Remember that children will react to both what you say and how you say it. They will pick up cues from the conversations you have with them and with others.

Make yourself available to listen and to talk.

- Make time to talk. Be sure children know they can come to you when they have questions.

Avoid language that might blame others and lead to stigma.

- Remember that viruses can make anyone sick, regardless of a person’s race or ethnicity. Avoid making assumptions about who might have COVID-19.

Pay attention to what children see or hear on television, radio, or online.

- Consider reducing the amount of screen time focused on COVID-19. Too much information on one topic can lead to anxiety.

Provide information that is honest and accurate.

- Give children information that is truthful and appropriate for the age and developmental level of the child.
- Talk to children about how some stories on COVID-19 on the Internet and social media may be based on rumors and inaccurate information.

Teach children everyday actions to reduce the spread of germs.

- Remind children to stay away from people who are coughing or sneezing or sick.
- Remind them to cough or sneeze into a tissue or their elbow, then throw the tissue into the trash.
- Discuss any new actions that may be taken at school to help protect children and school staff. (e.g., increased handwashing, cancellation of events or activities)
- Get children into a handwashing habit
Facts about COVID-19 for discussions with children

Try to keep information simple and remind them that health and school officials are working hard to keep everyone safe and healthy.

What is COVID-19?

- COVID-19 is the short name for “coronavirus disease 2019.” It is a new virus. Doctors and scientists are still learning about it.
- Recently, this virus has made a lot of people sick. Scientists and doctors think that most people will be ok, especially kids, but some people might get pretty sick.
- Doctors and health experts are working hard to help people stay healthy.

What can I do so that I don’t get COVID-19?

- You can practice healthy habits at home, school, and play to help protect against the spread of COVID-19:
  - Cough or sneeze into a tissue or your elbow. If you sneeze or cough into a tissue, throw it in the trash right away.
  - Keep your hands out of your mouth, nose, and eyes. This will help keep germs out of your body.
  - Wash your hands with soap and water for at least 20 seconds. Follow these five steps—wet, lather (make bubbles), scrub (rub together), rinse and dry. You can sing the “Happy Birthday” song twice.
  - If you don’t have soap and water, have an adult help you use a special hand cleaner.
  - Keep things clean. Older children can help adults at home and school clean the things we touch the most, like desks, doorknobs, light switches, and remote controls. (Note for adults: you can find more information about cleaning and disinfecting on CDC’s website.)
  - If you feel sick, stay home. Just like you don’t want to get other people’s germs in your body, other people don’t want to get your germs either.

What happens if you get sick with COVID-19?

- COVID-19 can look different in different people. For many people, being sick with COVID-19 would be a little bit like having the flu. People can get a fever, cough, or have a hard time taking deep breaths. Most people who have gotten COVID-19 have not gotten very sick. Only a small group of people who get it have had more serious problems. From what doctors have seen so far, most children don’t seem to get very sick. While a lot of adults get sick, most adults get better.
- If you do get sick, it doesn’t mean you have COVID-19. People can get sick from all kinds of germs. What’s important to remember is that if you do get sick, the adults at home and school will help get you any help that you need.
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.