



COVID 19 PANDEMIC Temporary Policy

All Staff Temporary Policy and Transition Plan

Effective May 16, 2020

Amended 9.4.20

As local and state stay at home orders are lifted or relaxed for the State of Missouri, we must coordinate a transition plan to begin to resume normal day-to-day operations at Children's Division to assure the continued safety of children as our top priority. It is understood that conditions vary across the state; therefore, appropriate measures for resuming operations will also vary. The purpose of the transition plan is to provide a framework for functions; however appropriate measures and responses should be decided at the local level by management, in collaboration with local partners, health department and family support teams in order to maintain the safety and well-being of Children's Division staff, children and families. In assessing whether to reopen offices to full capacity, reinstate in-person contact and return to normal functions factors to consider may include, but are not limited to; state/local stay at home orders, state/local restrictions, state/local health department guidance, local data obtained as to active COVID-19 cases, ability to maintain social distancing, accessibility of sanitation supplies, health screening of individuals, and safety of children, families and staff.

Restricted measures detailed throughout this plan may be lifted as conditions improve, as determined by Children's Division local management in consultation with court partners, local stakeholders and the local health department.

In-person Visit/Training (excluding licensing)/Meeting Assessment and Screening Questions:

- As stated above in –person visits/trainings/meetings may be conducted after consideration of the feasibility and appropriateness of in-person contact given the factors stated above.
- If an in-person visit, training or meeting is determined to be appropriate, staff should complete a health screening of the individual(s) involved, in accordance with CDC guidelines. A health screening should be conducted at each contact.
- The following two questions may be utilized to screen and minimize exposure:
 - 1) In the last 14 days, have you or anyone in your household traveled outside the US or come into contact with any person under investigation (PUI) for exposure to or tested positive for COVID-19?
 - 2) Have you or anyone in your household had a fever or symptoms of COVID-19 including cough or shortness of breath, sore throat, or systemic symptoms like myalgias (muscle pain) or chills?
- During any in-person contact, the use of a face mask is encouraged. Proper hand washing and sanitization of equipment should be completed after contact in accordance with CDC guidelines.



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Court related activities:

- Pursuant to the Missouri Supreme Court's Order dated May 4, 2020, effective May 16, 2020, court activity in all appellate and divisions of the circuit courts shall be limited and restricted pursuant to Operational Directives issued by the Missouri Supreme Court. Each circuit court will work with local law enforcement, judiciary partners and county health agencies to ensure that, to the extent possible, courthouses remain accessible to carry out time-sensitive in-person proceedings and other essential constitutional functions. Restricted operations by the court will be assessed pursuant to Operational Directives issued by the Missouri Supreme Court, therefore Children's Division Circuit Managers should be in consultation with local partners to understand expectations for court proceedings in order to advise staff.

Children engaged in extracurricular activities/summer camp:

- Children participating in extracurricular activities/summer camp should be allowed to resume activities as deemed appropriate by the family support team after consultation and assessment of the following factors to include, but are not limited to; the safety of the child, state/local stay at home orders, state/local restrictions, state/local conditions, and health department guidelines.
- Children's Division sponsored events may be held after consideration is given to state/local conditions, postponement of the event until conditions improve, and/or restrictions related to social distancing necessary to provide for safety. The safety of the child(ren) involved should be of priority.

Procedure for working remotely:

- Staff members, in consultation with their immediate supervisor, shall continue to work from home, however may enter office spaces for the limited purposes of completing assigned duties, as deemed necessary. Social distancing expectations are to be maintained, to include maintaining a distance of six (6) feet from co-workers, utilizing good hand washing practices and thoroughly cleaning surfaces after use in accordance with CDC guidelines. Consult with local leadership as to specific work assignments. It should be noted that for those employees remaining at home, accountability should be monitored by their supervisor, not only for productivity, but also for safety of the employee.
- **Please keep in mind, while working remotely, emails sent to personal email addresses that contain confidential information (e.g., DCNs, SSNs, DOB, Client Names) are not a secure method of transmitting information.** Remember, transmitting information of a confidential or sensitive nature via email to entities that do not have a <http://mo.gov> email address is only permitted if the email is encrypted (attached email with encryption instructions).
- **Staff are encouraged to utilize [Webmail](#) to send themselves sensitive or confidential work-related information via email.** Like other web-based email, staff are able to access Webmail from an alternate location if they are working remotely. Instructions for Webmail can be found



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at <https://oa.mo.gov/sites/default/files/How%20To%20-%20Webmail%20Login%20Instructions.pdf>.

- Staff should develop a procedure to drop off paperwork to be shredded at the local office for appropriate destruction of confidential materials.

Procedure for Staffing:

- Circuit Managers/Program Managers are encouraged to huddle with their frontline supervisors each morning, whether virtually or in-person to determine workforce capacity 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.
 - Reports are sent daily to the Circuit Manager to show what was alerted to each circuit the day prior.
 - Ensure that on-call coverage is secured for the overnight/weekend.
 - When a work need presents itself requiring staff to re-enter office spaces, it may be necessary to coordinate with a supervisor to ensure the number of staff within the building is acceptable and adherence to social distancing requirements is maintained. For offices with inadequate cleaning supplies, it may be necessary to continue to allow staff to work remotely until proper supplies are obtained.
- Circuit Managers have the ability to offer strategies to ensure coverage should the need arise as individuals transition from remote work assignments:
 - Staggered work hours, alternate work schedules
 - Look at switching job assignments to ensure the primary goal of child safety
 - 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. (Be mindful of which members are located in the specific area).
 - Contact CANHU for possible field support (Jefferson City and Kansas City).
 - Contact Field Support Managers and Regional Directors for direction and consultation.
 - After utilizing all available options, if support to ensure child safety cannot 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.

Personal Protection Equipment:

- Staff – All staff will receive cloth facemasks to utilize during home visits, transport children, in-person meetings, and court appearances. Additional cloth facemasks will be obtained and



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disseminated to staff as they become available in order for staff to have access to multiple cloth facemasks to rotate use. Learn more about cloth facemasks, including making them, through the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>)

- Children in State Custody – All children in the custody of the Children’s Division should utilize disposable masks during any in-person contact, as appropriate dependent on the child’s age and willingness to utilize a mask.
- Resource Parents – Resource parents should be encouraged to reach out to local resource centers for cloth or disposable masks.
- Parents/Families of children in state custody – Parents/Families of children should be encouraged to obtain disposable or cloth masks to be utilized during any in-person contact.

Children’s Division Facilities/Offices:

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

- CD facilities and state office buildings receiving regular in-person contact with families and with members of the public shall determine whether admission into the facility is appropriate based on the following factors:
 - Is it possible to maintain social distancing guidelines of approximately six (6) feet between individuals with the space available?
 - For offices unable to maintain social distancing due to limited space, the office shall display the approved form in any frequented areas to be visible to visitors with a local telephone number included (<https://dssintranet.mo.gov/wp-content/uploads/2020/03/No-Public-Entry-We-are-Open-Instructions-to-Call-for-Assistance-Fillable.pdf>) .
 - Does the facility or office building have adequate cleaning supplies to be able to disinfect surfaces between visitors?
 - Proper screening questions, consistent with CDC guidelines, should continue to be utilized during each encounter with a visitor, to determine whether the visitor should be allowed access. If an individual is running a fever, has symptoms consistent with COVID-19 or has been exposed to a person testing positive for COVID-19 within a 14 day period, then admission into the facility shall be prohibited.
 - Consultation with the local health department is encouraged to determine whether local conditions have improved in order to facilitate reopening of facilities to the public.
- In order to minimize the possible spread of COVID-19, all TDMS, FSTs, PPRTs and team huddles will continue to meet virtually. If a parent or other member of the team is unable to participate by virtual means, staff should work to accommodate the parent or team member, while allowing others to participate by virtual means. If an in-person meeting is necessary, the following guidelines shall be followed:



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- Proper screening questions consistent with CDC guidelines should be utilized prior to holding such a meeting.
- Social distancing of six (6) feet between individuals should be maintained and proper sanitation before and after the meeting should be completed.
- The use of cloth or disposable facemasks is encouraged during such in-person meetings.

Out-of-state/In-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 facilitate a necessary medical appointment which cannot be delayed. Placements pursued with an approved placement out of state through ICPC should be staffed with ICPC staff prior to placement.
- In-state-travel should be minimized, unless necessary to assist another county in ensuring the safety of children or as necessary to meet the needs of a child.



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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:

- CD Investigators will ensure the safety and well-being of children on CA/N Reports.
- On an overdue CA/N Report, if there were no safety concerns identified on the initial visit, consider closing without a reassessment, after consultation with a supervisor.
- On an overdue CA/N Report that had minimal safety concerns initially, consider a virtual reassessment and collateral contacts, after consultation with a supervisor.
- If the safety/risk concern is not in the home where the child resides, consider follow-up contacts that can be virtual after assuring safety.
- Referrals still need to be completed. Triage referral response as appropriate based on the concern.
- All deviations or alternative measures used to assure child safety SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.
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- An additional Preventative Service Referral (PSR) was added due to decreased visibility of children in the community, there are concerns that children are currently at significant risk of being exposed to drug use, domestic violence or other forms of abuse/neglect. In addition, due to a child's vulnerabilities (such as age, developmental level, current isolation, etc.), as well as the potential for a caregiver's reduced lack of protective capacity during this time, children are at higher risk of abuse and/or neglect due to the lack of available resources as a result of COVID-19.
 - The following is guidance that staff should consider when addressing the reported concern and when connecting families with appropriate community resources.
 - Staff will contact the Reporter within 24 hours and make them aware of appropriate community resources that might assist the family.
 - Staff may contact the family by telephone to assess the needs of the family and assist the family by making appropriate referrals for community resources if needed.
 - Collateral contacts may be necessary to address the concerns and to provide community resources.
 - After initial assessment of the family, a home visit may be necessary to address the concerns.
 - Staff may determine that, based upon additional information, a CA/N report is necessary. If so, staff should make a field report to CANHU.
- **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



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to exposure or symptomology. This should be done at each visit utilizing the questions provided above.

- If an individual answers “no” to both questions, the CD Investigator is expected to continue with procedures related to the reported concern.
- If an individual answers “yes” to either of the above questions or the family is uncooperative with allowing CD to assure safety, 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 additional Personal Protective Equipment (PPE).
- During business hours if STAT is needed, contact (573) 751-5437.
- Outside of business hours if STAT is needed, contact (800) 487-1626.
- If safety of the child(ren) cannot be assured, a referral to the juvenile officer may be necessary.



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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:

- **FACE TO FACE VISITATION PROCEDURE:** CD FCS case managers may conduct in-person visitation with a family after considering the factors as stated above and after proper screening of the family to minimize the spread of COVID-19. This should be done at each visit utilizing the questions provided above.
 - If an individual answers “no” to both questions, the CD FCS case manager may proceed to engage the family in an in-person visit.
 - If an individual answers “yes” to either of the above questions, the CD FCS case manager should proceed to conducting a virtual visitation with the family.
- All deviations or alternative methods to assure child safety SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.
- CD FCS case managers will continue to provide increased virtual visitation with families in the event in-person contact is not feasible.
- Supervisors should assess cases with case managers and have the flexibility to require more frequent virtual visitation depending on risk and needs of family.
- Supervisors and case managers should also consult and maintain contact with service providers working closely with the family to determine the level of service being offered, the number of contacts being made with the family by the service provider and any concerns identified. More frequent contact by a service provider (virtually or otherwise) may serve as a basis to reduce contact by the case manager if progress is being made with the family and no safety concerns have been identified. Restrictive measures should be reassessed as conditions improve locally.



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CHILDREN'S DIVISION INTENSIVE IN-HOME AND FAMILY REUNIFICATION SERVICES UNIT

Procedure for Children's Division Intensive In-Home Services (IIS) and Family Reunification Services (FRS) Specialists required to make face-to-face visits with children with an open IIS/FRS case:

- Contracted IIS/FRS Specialists will ensure the safety and well-being of children with an open IIS/FRS case.
- **FACE-TO-FACE VISITATION PROCEDURE:** Specialists may conduct in-person visitation with a family after consideration of the factors as set forth above and after proper screening of the family to minimize the spread of COVID-19. This should occur at each visit utilizing the questions provided above.
 - If an individual answers “no” to both questions, the specialist may proceed to engage the family in an in-person visit.
 - If an individual answers “yes” to either of the above questions, the specialist should proceed to conduct a virtual visitation with the family.
- IIS/FRS specialists will provide increased virtual visitation with families when in-person visitation is not feasible:
- Supervisors should assess cases with specialists and have the flexibility to require more frequent virtual visitation depending on risk and needs of family.
- IIS/FRS specialists and supervisors should review all cases in order to determine whether the risk and needs of the family are such that virtual visitation will not be effective in assuring the safety of the child(ren).
- Supervisors and IIS/FRS specialists should also consult and maintain contact with other service providers working closely with the family to determine the level of service being offered, the number of contacts being made with the family by the service provider and any concerns identified.
- If an in-person visit is not feasible and the family is uncooperative with virtual visitation or a curbside check of the child wherein safety of the child cannot be assessed, the specialist 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.
- If safety of the child cannot be assured, a referral to the juvenile officer may be necessary.
- All deviations or alternative methods of visitation SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.
- Restrictive measures should be reassessed as local conditions improve.



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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.
- **FACE-TO-FACE VISITATION PROCEDURE:** CD and FCCM case managers may conduct an in-person visitation with a child, after consideration of the factors set forth above and after proper screening, if deemed appropriate and after consultation with a supervisor.
 - If a child is medically fragile, is placed in an acute care setting, medical facility, residential facility or if the child is 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, CD and FCCM case managers should consult with a supervisor to determine whether in-person contact is conducive to the child's and family's health and well-being.
 - Prior to conducting an in person visit with a child, the CD or FCCM case manager will engage the family prior to entering the home to complete a health questionnaire to determine any risk due to exposure or symptomology of COVID-19. This should occur at each visit utilizing the questions provided above.
 - If an individual answers "no" to both questions, the CD or FCCM case manager may proceed to engage the child in an in-person visit.
 - If an individual answers "yes" to either of the above questions, the CD or FCCM case manager should proceed to conduct a virtual visitation with the child.
- CD and FCCM case managers are encouraged to provide increased virtual visitation with a child if in-person contact is not feasible, after consultation with a supervisor.
- Supervisors should assess cases with case managers and have the flexibility to require more frequent virtual visitation depending on risk and needs of the child.
- Supervisors and case managers should also consult and maintain contact with other service providers working closely with the family or resource provider to determine the level of service being offered, the number of contacts being made with the family or resource provider by the service provider and any concerns identified. More frequent contact by a service provider (virtually or otherwise) may serve as a basis to reduce contact by the case manager if no safety concerns have been identified.
- All deviations or alternative methods of visitation SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.
- Restrictive measures should be reassessed as local conditions improve



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

- The case manager should consult with the residential facility to determine whether the facility has issued limitations to visitation with the child. The case manager and supervisor should consult as to the necessity of increased virtual visitation with the facility based on the needs of the child, if in-person visitation is not feasible.
- If a residential facility indicates a child in the legal custody of the Children's Division (LS1 status) has been exposed to COVID-19, may have been exposed to COVID-19, or tests positive for COVID-19, notification shall immediately be made by the case manager to the parents/guardians, central office (Leanne Leason), and the juvenile court partners, including the juvenile office, Guardian ad Litem, and juvenile/family court judge as specified in the Responsibilities for Case Manager section.

Responsibilities for Case Managers:

- If a case manager becomes aware that a child in the legal custody of the Children's Division (LS1 status) has been exposed to COVID-19, may have been exposed to COVID-19, or tests positive for COVID-19, the case manager shall immediately notify the parents/guardians, central office (Leanne Leason), and the juvenile court partners, including the juvenile office, Guardian ad Litem, and juvenile/family court judge.
- Notification to the central office (Leanne Leason) shall be made by utilizing the [COVID-19 Child Reporting](#) form which shall be emailed to AskCDCCOVID19@dss.mo.gov. All COVID-19 test progress updates, including notification that a test occurred and the results, regardless of status, shall be reported back to the central office (Leanne Leason) utilizing AskCDCCOVID19@dss.mo.gov within one day.
- Notification to the juvenile court partners shall be made by uploading the [Notice to Court in Response to COVID-19](#) form to Missouri Case Net's electronic filing system (<http://www.courts.mo.gov/casenet>). In the event the case manager's county/circuit does not utilize the electronic filing system, notifications shall be sent using the alternative filing process with the assistance of the juvenile office or the court clerk.
- All notifications and communication regarding COVID-19 exposure shall be immediately documented in FACES.



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

Every effort shall be made to safely conduct parent and child visitation in order to maintain the parent/child relationship and to encourage reunification. Every child shall have a written visitation plan established, in collaboration with the family support team, to ensure visitation is occurring as deemed appropriate and to provide for the safety and well-being of the child. Restrictive measures should be reassessed as local conditions improve.

- Prior to conducting an in-person visit between a child and the parent/guardian or other relative, the CD or FCCM case manager will complete a health questionnaire of all involved participants to determine any risk due to exposure or symptomology of COVID-19. This should occur at each visit utilizing the questions provided above. Proper handwashing/sanitization should be completed in accordance with CDC guidelines. Face masks should be encouraged during the visit.
- If the parent/guardian reports that they have tested positive for COVID-19, visits should only resume if all of the following has occurred:
 - Parent/guardian has been absent of fever – without fever reducing medications- for at least three consecutive days (72 hours) AND;
 - Parent/guardian has shown improvement in respiratory symptoms (cough, shortness of breath) AND;
 - There has been the passing of at least 7 days since symptoms first appeared.

Consideration also needs to be given to court orders, local ordinances, individual child situations and recommendations of the FST team when considering the appropriateness of resuming visitation. Continued use of masks for all parties during visits should be encouraged.

- Factors to consider to assess the appropriateness of in-person visitation, may include, but are not limited to; the safety of the child, the safety of the parent, the safety of the resource parent, local stay at home orders, local restrictions, local health department guidance, availability of an appropriate setting to conduct a visit given social distancing guidelines, appropriate sanitization supplies, and approval by the family support team and court.
- If in-person visitation between the parent and child is deemed to be not in the child's best interest as determined by the family support team, then increased virtual visitation shall occur.
- All deviations or alternative methods of visitation SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.

Supervised Visitation by a Relative or Foster Parent:

- Relatives or Foster Parents comfortable with supervising an in-person visit between a parent and child may do so as deemed appropriate by the family support team.



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Supervised Visitation by a Case Manager/Designee in an OFFICE SETTING:

- Supervised Visitation by the case manager/designee within an office setting MAY be conducted if the office space allows for access by the public, proper social distancing, proper sanitization after completion of the visit and a health screening prior to the visitation occurring and as deemed appropriate by the family support team.

Supervised Visitation by a Case Manager/Designee in a PUBLIC SETTING:

- Supervised Visitation by the case manager/designee in a public setting MAY be conducted if the local stay at home orders have been lifted, proper social distancing can be maintained, proper sanitization before and after completion of the visit occurs and a health screening prior to the visitation occurs in order to maintain the safety of the child and as deemed appropriate by the family support team.

Unsupervised Visitation:

- Unsupervised visitation between the parent and child MAY be conducted as deemed appropriate by the family support team.
- Parents should be instructed as to the importance of maintaining social distancing during such visits with others outside the family unit.

Procedure for Court Ordered Visitation:

- Consult with your local DLS attorney if concerns arise as to visitation.

Confidentiality:

- **Treatment Under the Privacy Rule**, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.
- **Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification** A covered entity may share protected health information with a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).
- The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is



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incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

- For patients who are unconscious or incapacitated: A health care provider may share relevant information about the patient with family, friends, or others involved in the patient's care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient's adult child, but generally could not share unrelated information about the patient's medical history without permission.
- In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

Resource Parent/Licensing Guidance:

The following guidance was previously provided, however for convenience has been included for ease of access. Changes made to this portion of the policy include in-person contact for quarterly visits if deemed appropriate after consideration of the factors set forth above.

Licensing Guidance Issued 04/01/20

INITIAL LICENSURE of Non-Relative or Relative Resource Homes:

Non-relative Resource Home:

- If a fingerprint background check has NOT been completed on every household member in a new non-relative resource home the resource home MAY NOT be licensed until all licensing activities have been completed including a fingerprint background check indicating no history to preclude licensure.
- If the fingerprints were completed prior to COVID-19 pandemic and all other licensing activities have been completed the family may be licensed as usual

Relative Resource Home:

- For a new relative foster home if the 15 day fingerprint cannot be completed due to closures of fingerprint locations, all other licensing activities are to be completed but the family will remain in RHU status with payments being made from state only funds until the fingerprint can be completed.

LICENSE RENEWAL of Non-Relative and Relative Foster Homes:

License Renewals may occur for relative and non-relative resource homes using these steps:



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- Conduct the required licensing visits virtually completing the CS-45 and discussions necessary to complete the requirements of the CD-100 and the CD-118.
- Assure required trainings have been completed as required for license renewal. If the training requirements have not been met due to social distancing requirements or lack of available virtual in service trainings thoroughly document in the FACES licensing screens utilizing the COVID comment box.
- Assure CPR/First Aid training and certification has been completed for renewal. If the certification could not be completed because of COVID 19 document thoroughly in the COVID comment box on the licensing screen. Families are to be provided with the study guides by the CPR/First Aid contractor to complete the bookwork and any available on-line instruction with only the certification being deferred. In the home assessment under the training section, enter the date the book/video portion of the training was completed. Include in the COVID comment box: *the certification cannot be completed at this time due to the COVID -19 mandates but will be completed when available and documented in a quarterly summary.* • For families who have not been fingerprinted for inclusion in the RAPBACK system, assure a criminal background check was completed at the time the family was initially licensed or review criminal histories for families who have been fingerprinted for entry into the Missouri State Highway Patrol RAPBACK system review to assure no precluding crimes have been committed.
- For families who have not been fingerprinted for inclusion in RAPBACK, those fingerprints are to be completed after the COVID19 pandemic. In the COVID comment box indicate this as follows: *the fingerprint cannot be completed at this time due to the COVID -19 mandates but will be completed when available and documented in the FACES licensing screens and quarterly summary.*

Home Assessment:

- Complete the home assessment following the required template located in 6.8.2 for renewals. Any section that is not able to complete due to social isolation requirements in response to the COVID -19 virus, include in the COVID comments box: *the requirement was not fulfilled due to the COVID-19 virus restrictions and as soon as the restrictions are lifted, the requirement will be completed and documented in the quarterly summary in FACES Licensing Visit screen and on the CD-118.* These sections include Training, Home Environment, and Health. The completed home assessment may be e-mailed to the resource parent for review and signature.

Quarterly Visits:

- The CD-45, CD-118 and CD-100 may be completed by the resource worker virtually with the resource provider unless circumstances exist which require an in person visit be conducted i.e. an OHI has been or is being completed or licensing violations or concerns have been reported on the resource home. The documents may be e mailed to the resource provider to review and sign.



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Waivers for Training:

- We have provided a waiver for training to be provided in a virtual format rather than in person including STARS pre-service, STRONG pre-service and all in-service training classes.
- 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 the certification requirement prior to licensure for families in process and asked that certification occur after the virus risk has passed. All book work or video classes are to be completed.

Name Based Checks Issued 04/17/20

Due to the limited availability of fingerprint providers during the pandemic, the use of a preliminary name-based background check with a delayed fingerprint submission has now been authorized by the Federal Bureau of Investigation (FBI) for use by the Missouri State Highway Patrol (MSHP). The Children's Division will only be using the name based background check and delayed fingerprint submission process in situations **where fingerprint providers are unavailable**. Every effort shall be made to utilize a fingerprint provider to avoid having to complete a twostep process of requesting a name-based check and assuring a subsequent fingerprint is completed as soon as a fingerprint provider is available. **This process is only to be used for new resource parent applicants and resource licensure renewals for families who are not currently in the RAPBACK system.** As a reminder, only individuals printed after September 1, 2018 are in the RAPBACK system. A fingerprint submission must be completed as soon as possible. **This process is not necessary for relative emergency placements.** In the case of relative emergency placements, a name based search is being completed with the MULES check per our current Purpose Code X policy. As a result of the limited availability of fingerprint providers, the FBI has extended the time to complete the required fingerprints from **15 days to 180 days**. However, fingerprints are to be completed as soon as possible, as providers become more accessible. Name-based check requests for resource parents and household members 17 and older are to be made using the **Name-Based Check Request for Resource Homes** form. This form should be sent to **CD.COVIDNAMEBASEDCHECKS@dss.mo.gov** for processing. Prior to each name based check, you must ensure that each individual is given the **Applicant Fingerprint Privacy Notice** consistent with current policy. For each name-based background check request we must ensure fingerprints are submitted to the MSHP for positive identification as soon as possible, but no later than 180-calendar days from the date of the preliminary name-based background check, or 90-calendar days from the expiration of the state's emergency declaration, whichever occurs sooner. The allowance for the name-based check and subsequent fingerprint check for emergency placements, which includes extending the time for completion from 15 days to 180 days, will no longer be authorized, 30 days after the termination of the state of Missouri's emergency declaration.

Unit Manager Contact: Amy.L.Martin@dss.mo.gov



COVID 19 PANDEMIC Temporary Policy

HCY Guide to Resource Providers during COVID-19:

Medical providers are committed to ensuring foster children's health care needs continue to be met during this time of COVID-19. However, COVID-19 precautions can affect how routine services are conducted.

- Medical appointments including HCY exams may look different and can be completed using telehealth if available.
- For assistance in arranging telehealth appointments – o Case Managers or Resource Providers can contact their assigned managed care case manager or designated foster/adopt representatives at the respective managed care health plans (see below for contact information).
 - o Managed care providers can assist in not only finding a provider to help with exams but also with any additional needs that may be presenting.
 - o Managed care providers can continue to help with transportation or other needs that may be even more pressing during COVID-19.
- Several medical providers have created a tiered visit schedule to see children for well checks such as HCY's for a set period of time each day or week and children with flu like symptoms another period of time.
- You may see local medical providers that have established their own COVID-19 protocols as well as following the direction of the CDC (Center for Disease Control) for everyone's safety. The following may be examples of restrictions when making an appointment with your child's medical provider:
 - o Any visitor that is sick or showing symptoms of illness, recent travel, or exposure to COVID-19 will be unable to accompany the child to the medical appointment.
 - o Limiting one visitor to accompany a child to the medical appointment.
- Do not bring other children with you if this can be avoided. If you must, please check with medical provider to avoid being turned away.