TO: CHILDREN’S DIVISION AND CONTRACTED STAFF  
FROM: REGINALD MCELHANNON, DIRECTOR  
SUBJECT: Temporary Policy in Response to Novel Coronavirus of 2019 Disease (COVID-19)  
Date: April 10, 2020  

FREQUENCY OF POLICY DISSEMINATION: Mondays, Wednesdays, and Fridays, Children’s Division Leadership will provide updates to the temporary policy in response to 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.  

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:

- Staff members are expected to work from home. Consult with local leadership as to specific work assignments. It should be noted that accountability should be monitored by their supervisor, not only for productivity, but also for safety of the employee.

Procedure for Staffing:

- Circuit Managers/Program Managers are encouraged to virtually 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.
    - 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.
- 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
  - 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. (Be mindful of which members are located in the specific area).
    - Contact Field Support Managers and Regional Directors for direction and consultation.
  - Options could include Child Abuse and Neglect Hotline Unit (CANHU) staff members and other Central Office staff members that reside in the area
    - 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.
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.

- All CD facilities and state office buildings receiving regular in-person contact with families and with members of the public are closed. **Offices shall display the approved form in any frequented areas to be visible to visitors with a local telephone number included.**

- All teams meeting on a regular basis (TDMs, FSTs, PPRTs, etc) will be prohibited from gathering in a facility/office space. Alternative means of communication should be utilized.

- **Team Decision Making Meetings and Family Support Team Meetings:**
  - In order to minimize the possible spread of COVID-19 adjustments are being made in conducting TDM and FST meetings. These meetings are to be held virtually at this time. The number of invitees should be limited to essential persons (including family members) that are relevant to that meeting.
  
  - The process for scheduling these meetings and acquiring a call in number to provide to attendees will be handled on a circuit level.

- CD employees should politely refuse access to the facility/office. Alternative means of providing services to the affected individual should be considered, such as the use of virtual communication.

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 conduct a medical appointment.
- Essential employees who live outside of Missouri, shall be provided with a letter in the event border states initiate shelter status.
- In state travel should be minimized, unless necessary to assist another county in ensuring the safety of children.
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.
- On an overdue CA/N Report that had minimal safety concerns initially, consider a virtual reassessment and collateral contacts.
- 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.

- **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 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 the COVID-19 Coronavirus or anyone with known COVID-19?
    2) 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 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, 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). PPE should be reserved for positive or presumed positive cases.

- If a family is uncooperative with allowing CD to assure safety, the investigator should consult with their supervisor in order to coordinate with 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).

- 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 cannot be assured, a referral to the juvenile officer may be necessary.

- ALL alternative methods of ensuring child safety SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.
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.
- CD FCS case managers will provide increased virtual visitation with families utilizing the following contact schedule (at a minimum):

<table>
<thead>
<tr>
<th>Weekly Virtual Visitation REQUIRED</th>
<th>Twice monthly Virtual Visitation</th>
<th>Curbside Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families with a case open less than six months.</td>
<td>Families with a case open six months or longer.</td>
<td>Open FCS cases with families or resource providers who do not have access to technology to participate in virtual visitation</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.
- 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.
- If a family does not have access to be able to participate in a virtual visit, the FCS case manager should consult with their supervisor to determine the feasibility of completing a curbside check of the child to assure safety.
- If a curbside check is utilized the following two questions may be used to screen the family 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 the COVID-19 Coronavirus or anyone with known COVID-19?

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

  o If an individual answers “no” to both questions, the FCS case manager is expected to continue with procedures related to the reported concern.
- If an individual answers “yes” to either of the above questions, the FCS case manager should consult with their Supervisor and Circuit Manager. 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). PPE should be reserved for positive or presumed positive cases.

- 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).

- If safety of the child cannot be assured, a referral to the juvenile officer may be necessary.

- ALL alternative methods of visitation SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.
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) Case Managers required to make face-to-face visits with children with an open IIS case:

- Contracted IIS Specialists will ensure the safety and well-being of children with an open IIS/FRS 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.
- IIS/FRS specialists will provide increased virtual visitation with families utilizing the following contact schedule at a minimum:

<table>
<thead>
<tr>
<th>Daily Virtual Visitation REQUIRED</th>
<th>Curbside Check REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open IIS/FRS case with family or resource provider who has ability to participate in virtual visitation</td>
<td>Open IIS/FRS case with family or resource provider who does not have access to technology to participate in virtual visitation</td>
</tr>
</tbody>
</table>

- 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 specialist and supervisors should review all IIS 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 a curbside check is utilized the following two questions may be used to screen the family 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 the COVID-19 Coronavirus or anyone with known COVID-19?
  - 2) 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 questions, the IIS/FRS case manager is expected to continue with procedures related to the reported concern.

If an individual answers “yes” to either of the above questions, the IIS/FRS case manager should consult with their Supervisor and Circuit Manager. 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). PPE should be reserved for positive or presumed positive cases.

• 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 IIS 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 alternative methods of visitation SHALL be thoroughly documented and identified within the FACES system by checking the COVID-19 protocol box.
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>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, medical facility or residential 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 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>Child placed in an alternative placement over 6 months and no concern for stability</td>
<td></td>
</tr>
<tr>
<td>Child is medically fragile</td>
<td></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.

- 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 progress is being made with the family and no safety concerns have been identified.
• 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 a curbside check is utilized the following two questions may be used to screen the family and minimize exposure:
  
  o 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 the COVID-19 Coronavirus or anyone with known COVID-19?

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

  o If an individual answers “no” to both questions, the CD case manager is expected to continue with procedures related to the reported concern.

  o If an individual answers “yes” to either of the above questions, the CD case manager should consult with their Supervisor and Circuit Manager. 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). PPE should be reserved for positive or presumed positive cases.

• 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 AC 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.
- 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.
- **As a reminder:**
  - **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 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.

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

- All monthly visitation will occur through virtual visitation by the case manager assigned to 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 a residential facility indicates a child has been exposed to COVID-19 or tests positive for COVID-19, notification should be made to the case manager and the case manager should provide the appropriate notice to parents/guardians, central office (Leanne Leason) and court partners.

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 or any child within the home has potentially been exposed, is tested for or tests positive for COVID-19, 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.