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The Indiana Department of Child Services (DCS) has been developing guidance related to the coronavirus, knowing that information is rapidly changing. It is the agency's vision to ensure Indiana children live in safe, healthy and supportive families and communities. COVID-19 creates a barrier to meeting those needs, but it is imperative we continue to provide services, even if the way we provide services will look a bit different for the time being. This is our opportunity to let families in need know they're not alone, while we focus on the safety of children, families and our own team members. While it is imperative that caseworkers continue to ensure the well-being of children in care, that imperative must be balanced against the health of caseworkers, children in care, and all of the people with whom they come into contact.

Here are some guidelines to help everyone navigate these challenges. The guidelines are effective until at least May 1, 2020 unless you are otherwise notified by the DCS Director, DCS Chief of Staff, or DCS Communications. Remember that this situation is fluid and we are responding to changes to federal and state guidance as quickly as we can.

Pre-screening Questions

Hotline staff will pre-screen calls to assess if anyone is sick or has been exposed to COVID-19 utilizing the following questions:

Additional intake questions relating to COVID-19
**If the answer to any question below is yes, please explain which household member(s) are affected and provide as much detail as possible.*

☐Yes ☐No	Is anyone in the home self-quarantined? If yes, why?
☐Yes ☐No	In the past 14 days, has anyone in the household potentially been exposed to COVID-19 (close contact with someone who has recently traveled, been on a cruise, or is known to be ill with the virus)?
☐Yes ☐No	Has anyone in the household been tested for the COVID-19 virus?
☐Yes ☐No	If yes, did anyone in the household test positive for COVID-19?
☐Yes ☐No	Does anyone in the household have a fever, cough or other signs of illness?

Protocol for Initial Abuse/Neglect Investigations

For 2-hour or 24 hour assessments, please note the following:

- Alleged Child Victims – Face to face contact must occur.
- Parent or Other Adult Primary Caregiver – Face to face contact must occur.
- Alleged Perpetrator – Face to face contact must occur.
- Non-victim Child – Allowable alternatives permitted for contact required by policy.
- Others – Allowable alternatives permitted for contact required by policy.
- Home Visits – In-person home visits must only occur if observation of the home is critical to investigation of the complaint.
- Collateral Contacts – Non face to face collateral contact must occur to the extent possible to accurately assess child safety concerns.

***** Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.**

For 5-day assessments, please note the following:

- Alleged Child Victims – Face to face contact must occur.
- Parent or Other Adult Primary Caregiver – Allowable alternatives permitted for contact required by policy.
- Alleged Perpetrator – Allowable alternatives permitted for contact required by policy.
- Non-victim Children – Allowable alternatives permitted for contact required by policy.
- Others – Allowable alternatives permitted for contact required by policy.
- Home Visits – In-person home visits must only occur if observation of the home is critical to investigation of the complaint.
- Collateral Contacts – Non face to face collateral contact must occur to the extent possible in order to accurately assess child safety concerns.

***** Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.**

***Exception**: If CPS cannot make face to face contact with an alleged child victim and child safety is an immediate concern or the child is under 6 years old, consult your supervisor for further direction. Depending on circumstances, an allowable alternative contact may be appropriate, additional collateral contacts may be considered, or assistance from law enforcement may be needed.

***SAFETY PLANS:** Given potential interruption in services caused by the COVID-19 health emergency, it is especially critical that safety plans be developed and regularly reviewed and updated with all applicable case members.

*** If risk of removal is imminent, contact your supervisor and local office director to work through the safest way to accomplish removal.**

Maintaining contact with clients to ensure their safety and well-being continues to be an essential function for DCS. When contacting families to schedule initial contacts for initial assessments, staff need to review the information contained in the intake report and complete an additional pre-screen with the family using the questions below to determine if anyone in the household is sick or has been exposed to COVID-19:

If the answer to any question below is yes, please explain which household member(s) are affected and provide as much detail as possible and inform them to contact their local health department and primary care physician.

1. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?

2. Have you had contact with any person for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If any of the above answers are yes, please consult with your supervisor and discuss a plan for alternative arrangements to accomplish the objectives of the planned visit. Alternatives include phone calls, video-conferencing and/or contacts with collaterals or others to gain necessary information. If the assessment worker is unable to complete in-person initial contacts, a plan will need to be made with the family to visit the home within the investigation timeframe.

It is crucial that staff members are diligent in their documentation during this time. Take detailed notes, documenting the reason the visit was conducted virtually and information from the visit that is pertinent to the child's wellbeing. Do not record the virtual visits, but take screen shots when applicable.

Monthly Face-to-Face Contacts

At this time, DCS will offer **virtual monthly visits** if anyone in the home or the child has answered yes to the following questions:

1. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?
2. Have you had contact with any person for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If a face-to-face visit is planned, the above questions should be asked again when the family case manager arrives, prior to entry into the home. If anyone answers yes to the above questions, cancel the face-to-face meeting and set up a virtual contact.

If the family insists on a virtual meeting instead of a face-to-face meeting, DCS can accommodate that request. Family case managers can conduct virtual meetings via a number of options including an office WebEx account, Skype, Facetime or WhatsApp. Communicate with the family on their available technology to accommodate virtual visits.

Face-to-face may still occur IF everyone in the home answers no to all of the above questions or if there's a presenting child-safety risk in the home that would necessitate an in-person home visit occur. **Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.**

Visitation Protocol

Effective immediately until at least May 1, 2020, parenting time and sibling visits are not required to occur in person unless required by the court. Efforts must be made to maintain parent child contact requirements by using an allowable alternative, such as phone, Skype, Facetime or other available technology. Caseworkers should not prohibit approved parenting time or sibling visits. However, the frequency, duration, and type of contact may be tailored to the case circumstances, government and local public health directives, and in consultation with and agreement among parents and caregivers. Staff should work with their local office and involved individuals to make every effort to utilize technology that allows for as much engagement as possible if in-person visits cannot occur. If virtual visits have to be used in lieu of face-to-face contacts, Child and Family Teams should consider

increasing the frequency and/or duration of visits to help families have more access to each other during these times.

If staff, caregivers, and parents are agreeable to having in- person parenting time and sibling visits, this contact may still occur provided everyone in the foster parent and birth parents home are pre-screened and answer "no" to the following questions:

1. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?
2. Have you had contact with any person for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If an in-person visit can occur, conducting the visit outdoors should be explored as an alternative to an indoor visit, weather permitting. **Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.**

Staff attorneys should contact their court to make them aware of any changes to court ordered parenting time due to public health and safety issues.

Staff Guidance for Before, During and After In-Person Visits

- Ensure screening questions above are asked of all involved participants and inquired of for all household members of participants.
- Limit exposure to unsanitized surfaces and large groups of people when determining location.
- Avoid handshakes.
- Ensure all individuals involved in the visit have thoroughly washed their hands prior to starting the visit and following the visit.
- Advise individuals involved to avoid touching their face.
- Advise individuals involved to cover their mouth with a tissue when sneezing/coughing or do so into their elbow.
- If the visit is occurring in a local office, ensure visiting space is thoroughly cleaned/sanitized prior to use by next family.
- For visits ocurring in local offices, ensure all community toys/table activities are cleared from the room. Parents, caregivers, foster parents should be invited to bring their own freshly sanitized toys/activities for use during the visit and take with them following the visit.

Visitation at Residential Facilities

Until May 1, 2020, in person face-to-face visits at residential facilities are suspended. DCS will continue to monitor updated guidance from ISDH and CDC during this time. Youth are expected to virtually meet with probation officers and their family case managers in a private setting that ensures confidentiality.

Child and Family Team Meetings

Social distancing is the key to minimizing exposure. Whenever possible, continue to convene/facilitate Child and Family Team Meetings in person for groups of fewer than 10 people spaced at least 6 feet apart if those attendees have answered no to all of the following questions.

If they have answered yes, or the attendee feels more comfortable, please proceed with a virtual meeting.

1. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?
2. Have you had contact with any person for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

Court

Chief Counsels and local office directors continue to have open communication with their designated court regarding schedules. In many counties, the courts are closing except for emergency cases. Local attorneys will be in contact with your judge or magistrate to know what the immediate plan is regarding your county cases.

For updated court closures, click here.

Resource Parents

Foster care specialists will be conducting weekly check-ins with foster families, kinship families and licensed child placing agencies (LCPA). This is to evaluate how DCS can best support these families during this time.

Medical Appointments for Children in Foster Care

The COVID-19 outbreak has prompted the following changes to maintain required and recommended medical appointments for children in DCS care:

- It is important that resource parents identify the Primary Care Providers (PCP) for foster children placed in their homes. If a child is ill, or you have concerns, call the office of the PCP with any questions, and you will be guided whether to monitor the child from home, bring the child to the office, or go to the emergency department.
- If your foster child is a newborn or young infant, or the child has medical issues, the child should be seen as recommended by the medical provider who is caring for the infant.
- Be aware that as of now healthcare providers are canceling well-child visits. Please document if the provider was unable to conduct a well-child visit due to the current situation.

Youth in College

DCS has identified all of our youth in dorms and have put in place back-up plans. Contact is being maintained with those youth and their 3CMs if case plans fall through. 3CMs are asked to maintain routine weekly contact to make sure the older youth's needs are being met.

Office Coverage

- Effective as of Wednesday March 18th, local DCS offices will staffed by local leadership and essential personnel only. All appropriate precautions will be followed for any employee reporting to the office.
- Clerical staff will rotate schedules as needed and assist with printing documents for field staff, as well as other duties, unless determined by the local office director.

Remote Work Plans

- Staff who are working remotely will be required to respond in the field.
- The current process used to assign work to staff will continue to be utilized.

Training

- Cohort training is being conducted online. The mentorship program should be encouraged to be held virtually, through Skype, Webex or Microsoft Teams. Laptops are being mailed to local offices for staff in cohort.

General Health and Safety

- Staff who feel sick should remain at home. Staff should also stay home if a member of their household feels sick and make arrangements with their supervisor to work remotely.
- Staff who are sick should be directed not to report to the office. If appropriate, a plan for the staff to complete work from home for the period of time they are ill can be developed.
- If a staff member suspects they have been exposed to COVID-19 or have symptoms, they are to contact their local health department and primary care physician and then contact their direct supervisor.
- Central Office and district leadership must maintain the confidentiality of employees while ensuring the health and safety of other staff.
- Deep-cleaning (to help reduce the transmission of viruses) has begun for all offices, but offices are being prioritized determined by their exposure.
- Staff members are expected to perform essential work activities. If there are concerns about this or employees are unwilling to do so, they may request to use any leave time they have available. Otherwise, leave will be unpaid.
- If a household informs a DCS staff member that they have symptoms or have been exposed to COVID-19, tell them to contact the local health department and their primary care physician. The local health department will notify the person when the quarantine has expired.

Preventive actions to help contain the spread of respiratory viruses include:

- CDC: How to Protect Yourself
- Avoid close contact with people who are sick and stay home if you are sick.
- Maintain a distance of approximately 6 feet from others when possible.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wipe down the things you touch often — door knobs, phone screens, home and workplace equipment — with disinfecting wipes.

Essential and Non-Essential Travel

- For now, in-state travel protocols are status quo. Remember to take the recommended precautions of washing your hands, practicing social distancing, etc.
- For staff members working remotely, travel will be calculated from the employee's home address.
- Staff will only travel out of state to complete essential functions related to child safety and well-being. If planning to travel out of state, please consult with your regional manager. It will be assessed on a case-by-case basis.

- No DCS staff member will attend any conferences, in state or out of state, until further notice.
- CDC: Considerations for postponing or Canceling a Mass Gathering

There are a list of resources on DCS Community for staff members to ensure business continuity while maintaining public safety.

To get the most updated information on COVID-19:

Indiana State Department of Health

Centers for Disease Control and Prevention

Please continue to check your email regularly for any changes or updates as this issue is quickly evolving. Thank you for your dedication to providing quality services to our children and families during these uncertain times, while also taking steps to maintain the health and well-being of staff, partners, families and children.

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