

Child Safety and Permanency Division: Interim guidance on prioritizing child safety and conducting visits during COVID-19 pandemic

The Minnesota Department of Human Services (DHS) Child Safety and Permanency Leadership Team has developed this guidance related to prioritizing child safety and conducting visits during the COVID-19 pandemic as we face this challenge as local, national and international communities. It is of the utmost importance to ensure the safety, health and well-being of staff, community partners, resource parents, families and children as we continue to provide services and support to youth and families in the State of Minnesota.

This guidance is designed to help county child welfare agencies, private licensed child-placing agencies and staff navigate various policy and practice issues that may be impacted by the COVID-19 pandemic in Minnesota. Circumstances are changing daily and the department will try to keep guidance as up-to-date as possible. Please subscribe for updates on the DHS [website](#) and the Minnesota Department of Health's (MDH) [website](#) to get the most current information on the changing circumstances related to COVID-19, and how they impact Tribal Nations, counties, providers, and families. Counties and Tribal Nations should consult with their county and tribal attorneys if there are questions regarding any court orders related to cases that are in conflict with Governor Walz's [Executive Order 20-20](#) directing Minnesotans to stay home and limit movements outside of their home beyond essential needs.

Child Protection Intake and Screening

Pre-screening COVID-19 Questions

In addition to gathering the usual information around the child maltreatment report, it is recommended that staff performing child protection intake duties pre-screen calls to assess if the reporter knows 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 in the SSIS which household member(s) are affected and provide as much detail as possible so a worker who may be making contact with the family will understand the current state of risk regarding COVID-19.*

COVID-19 screening questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone in the household have a fever, cough or other signs of illness?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or anyone in your household come into contact with any person under investigation (PUI) for exposure to the COVID-19 Coronavirus or anyone with known COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has anyone in the household been tested for the COVID-19 virus?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did anyone in the household test positive for COVID-19?

COVID-19 screening questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	If a test is pending, is the individual isolated/quarantined while awaiting results?
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If the reporter does not have answers to these questions, the caseworker assigned the case should reach out to the family to assess if any of these risks exist prior to making face-to-face contact.

Screening

As parents and caregivers adjust to the change in circumstances, new types of situations are being reported to local child welfare agencies related to COVID-19. While these new circumstances pose new challenges, as always, screening decisions take into account the totality of the circumstances, including the context surrounding the alleged incident, reported to the agency. Conditions related to poverty may occur more frequently in this environment. Under these circumstances, agencies should work to assist parent(s) and caregiver(s) in providing necessary care for a child to remedy these circumstances. Please reach out to the rapid consultation team with questions about individual cases at 888-234-1138 or dhs.csp.rapidconsult@state.mn.us.

Child Protection Assessment and Investigations

Protocol for Initial Contacts/Home Visits

Maintaining contact with clients to ensure their safety and well-being continues to be an essential function for the child welfare agencies in Minnesota. See [DHS Bulletin 20-68-13](#) for temporary guidance on face-to-face contacts with children and caregivers during the COVID-19 emergency.

In-home and out-of-home case management: Contacting children and families

With schools and businesses closing and parents experiencing higher levels of stress for a variety of reasons, including potential loss of work, it is increasingly important for us to remain in contact at least monthly with children, families, and resource and kinship families to assess safety and address imminent needs they may have. During this time, caseworkers may need to increase contact with families to ensure safety, and to address needs related to well-being.

Make contact with families on your caseload

Caseworkers should first check in with the children, parents, foster parents, and pre-adoptive parents on their caseload through video-conferencing when possible. It is important to assess how children and families are doing and identify their concerns during this challenging time, including determining any safety or risk factors that may be present or increased because of new circumstances. Video-conferencing offers a safe alternative to face-to-face contact, when available to counties. The video-conference (or phone call when video-conference isn't possible) will enable a caseworker to assess the child's safety, needs and well-being. If caseworkers identify any emergency situations, they should talk to their supervisor immediately about next steps. Please note that telephone contacts do not meet the requirement for monthly caseworker visits with children in out-of-home placement; however, a waiver has been received that allows video-conference contacts to meet that requirement. Video-conferencing is recommended, but not required for in-home cases.

Meet with your supervisor to prioritize cases

After contact has been made with families, caseworkers and supervisors should meet to discuss the cases and any imminent situations that require follow-up. The following provide some recommended topics to discuss (some of these recommendations may only be appropriate for out-of-home care cases):

- Children and families you have not been able to reach, and needed resources to make contact
- Children with compromised immune systems, and steps needed to reduce risk of exposure to COVID-19 (work with the child's medical provider for children in out-of-home care; consult public health as needed as well)
- Any urgent needs the family may have, like food, cleaning products, childcare, medical care, medication availability or other financial stressors
- Age of the children, including sibling groups
- Date of last face-to-face contact with children
- Level of risk identified in the Risk Reassessment tool
- Any contributing factors present in the case, including substance use, mental health concerns and domestic violence
- Visitation plans, including barriers to parent/child or sibling visitation continuing by phone or other means
- Trouble accessing any court ordered or essential services for family members.

We encourage agencies to consider plans of action if a caseworker is not able to reach a child or family via video-conference (or phone when video-conferencing isn't possible), or if the video-conference/phone call raises a concern about the child's safety or well-being. Video-conferencing is the only allowable option to face-to-face contact with children in out-of-home placement.

Making contact by phone or video conference

Monthly visits with all foster children are required. [DHS Bulletin 20-68-11](#) modifies the required monthly visitation to allow video-conferencing with a foster child or youth placed in a family foster home or residential facility. These guidelines can be used as well for monthly visits required for pre-adoptive placements, and as needed for in-home visits. Video-conferencing in lieu of face-to-face contact with children residing at home while receiving services is recommended, but not required; telephone contacts are an option for in-home cases. Caseworkers should consult with their supervisor to make decisions about how to meet the intent of these requirements when video-conferencing is not possible.

The department recognizes that there are challenges to video-conferencing, including limited access to internet and cellular coverage, and access to the tools needed to do video-conferencing.

The purpose of monthly contact is to assess a child's safety and well-being. During the COVID-19 pandemic, there may be additional concerns related to children not being in school, challenges and barriers related to online learning, and child care. There may also be economic insecurity or housing insecurity as result of illness or the measures being taken to address COVID-19 across the state. Check in with parents, foster parents, pre-adoptive parents and caregivers to assess their needs for additional resources and supports. Caseworkers are encouraged to become familiar with local resources available to families in economic crisis and to be ready to refer families to these resources. Consider collaborative discussions with parents and children to talk about ways to support them.

Supervising visits between children and parents and siblings

Parent/child visitation and sibling visitation is established by the out-of-home placement plan and/or court orders. Agencies must consider the individual circumstances of each case, including the level of risk and needs of the child and family. Consultation with the county attorney is recommended when in-person visitation is court ordered. Responsible social service agencies must provide reasonable efforts to maintain visitation. Agencies must arrange other options for parents and children to communicate with family members such as increased phone calls, FaceTime, Skype or through other technology. Consider engaging parents in discussions about how to best facilitate parent child visitation in the safest manner possible.

Conducting safe visits in the field, when necessary

If video or other contacts with child and/or family indicate an urgent need to conduct a face-to-face visit, use the COVID-19 screening questions. If you are unable to contact the family before a home visit, or if it is intended to be an unannounced visit, ask the COVID-19 screening questions regarding all household members before you enter the home. Consult with your supervisor if the family indicates “Yes” to any of the screening questions.

Use precaution during and after home visits

Whenever a caseworker visits a family’s home, they should take common-sense precautions to reduce their exposure to COVID-19. These include:

- Avoid touching surfaces in the family’s home as much as possible. Use a tissue to touch a surface when needed.
- Avoid shaking hands with family members or engaging in other forms of physical greetings.
- Maintain a distance of six feet or more between yourself and family members during home visits whenever possible.
- Clean and sanitize your hands both prior to and after each home visit by washing your hands with soap and warm water for at least 20 seconds or using hand sanitizer or sanitizing wipes.
- Clean and disinfect your home, car, and workspace with alcohol or bleach-based products often.
- Clean and disinfect your clothes often.
- Avoid touching your face.
- Avoid sharing writing utensils and technology devices.

Moving children with COVID-19 or with known or suspected exposure to COVID 19

Should children become infected with or are exposed to COVID-19, or someone in the home where the child is living becomes infected with or is exposed to COVID-19, the agency can support the family in following the recommended [guidance](#) by the Centers for Disease Control (CDC). Should it become necessary to remove or move a child either diagnosed with, or with known or suspected exposure to COVID 19, or who may be at high risk of complications related to COVID-19, the agency should consult with the child’s medical provider and with staff from the county public health about how to do this safely for all involved.

How to Talk to Children about COVID-19

Below are resources to assist child welfare agency staff, families and resource families in talking to children and youth about what is happening and to help them understand why child welfare agencies are taking certain steps. It is important to help children and youth understand that this is serious, while not causing them to be afraid.

- [Talking with Children about Coronavirus Disease 2019](#) (CDC)
- [Talking about Diseases in the News](#) (Bradley Hospital)
- [How to Talk to Your Kids about Coronavirus](#) (PBS)
- [How to Talk to Kids about Coronavirus](#) (NY Times)

Managing stress and anxiety during COVID-19 pandemic

The outbreak of COVID-19 may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make us all, including the people we care about and our community stronger. Here are a variety of resources to help workers, supervisors, children, families and resource families cope.

- Take breaks from watching, reading or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of the physical body. Take deep breaths, stretch or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other enjoyable activities.
- Connect with others. Talk with trusted people about concerns and emotions and responses to this crisis.
- Call a health care provider if stress gets in the way of daily activities for several days in a row.

Read more about how to reduce stress in the article [Stress and Coping](#), from the Centers for Disease Control and Prevention and the article [Managing Stress and the Threat of COVID-19 \(PDF\)](#), from the Minnesota Department of Health, has strategies for staying calm in a crisis.

In summary, all agency staff should keep in close communication as these requirements and recommendations may change quickly based on CDC, Minnesota Department of Health, and Minnesota Department of Human Service guidance. Thank you for your dedication to providing quality child welfare services during these uncertain times, while also taking steps to maintain the health and well-being of staff, partners, families and children.